hospice & palliative care manitoba

Bereavement Volunteer Handbook

2007

“Grief is a normal and natural reaction to the death of a loved one”
“Grief is a natural expression of love for the person we have lost.”

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“Your link to quality end-of-life and bereavement care”

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Introduction to Grief and Bereavement

The natural reaction to a loss is grief. It is part of a normal healing process, which is common across the majority of cultures. There is no set amount of time for grieving; it varies from person to person. Some people may experience an intense grief reaction; for others it may be mild. Grief may begin immediately or be a delayed response. In some cases, grieving can be brief, while for others it may go on for years. Some people grieve privately, while others are more public about their grief.

Many factors may influence the intensity and duration of grief, such as the relationship to the deceased, previous experiences with loss, the degree of material or emotional dependency on the deceased, the type of death, and so on.

This handbook has been developed as a guide for you, the bereavement volunteer, to refer to when you make contact with the bereaved person. If you experience any difficulties or situations that you feel need clarification, contact the Hospice and Palliative Care Manitoba Program Coordinator. You are asking your client to reach out for help if she/he needs it, so remember your own advice.

People will often ask you, “How long will this take to get over?” Remember, the work of grief is ongoing; it takes as long as it takes. A quote from J. William Worden makes an excellent comparison, "Asking when mourning is finished is a little like asking how high is up." As the bereavement volunteer in contact with the client what is important is that the client not moves ahead prematurely. Remembering that everyone’s experience is different, the following information about common phases of grief may be helpful in understanding what some people might be going through.

You grieve because it’s of help to you.
It enables you to go forward after loss.
It heals you so that you are able to love again.

Rachel Naomi Remen,
Kitchen Table Wisdom

Phases of Grief

Phase I: When a Death Occurs
Immediately following a death, there is a sense of shock, numbness, and disbelief that can last minutes or weeks. The person may feel panicked or overwhelmed, or experience strong physical reactions. When there has been a lengthy illness, the griever may experience a sense of relief for the person who died and for herself now that the stresses of care giving are over. This period allows the person to take information in at a slower rate and to prepare for the adjustments that lie ahead.

	Healthy Grief Responses	What Helps
Social	• withdrawal from others • dependence on others • fear of being alone	• establish a relationship: be comfortable, present • make sure support is available • be aware of and sensitive to cultural differences
Physical	• palpitations • shortness of breath, crying • diarrhea, constipation, vomiting • physical symptoms of shock (i.e. cool, clammy; feeling faint; heart racing) • change in appetite, sleep patterns	• be practical • offer comfort and care related to physical reactions • if having physical symptoms, encourage a medical examination
Emotional	• numb, empty, flat expression • indifference to daily activities • withdrawn or explosive • needing to review the death	• listen, acknowledge, encourage repeated review of the loss • allow expression of pain; don't try to hurry her • remain calm
Cognitive	• confusion, sense of unreality • poor concentration, forgetfulness, daydreaming • disbelief, numbness • constant thoughts about the person	• listening and validating the person's experience • recognize that denial is normal and healthy – accept denial without supporting false hopes
Spiritual	• blaming God • lack of meaning or direction • wanting to die / join the dead person	• begin to understand what this loss means to the bereaved, e.g. possible difficulties, other losses
Grief Task to be Completed: To move from denial to acceptance that the loss has really occurred.		

Phase II: Confronting the Pain

Later, as the numbness wears off, the person will begin to feel the emotional pain of grieving. The intensity of this may surprise and frighten her, but the pain is healthy and can be resolved. The time required for this work will be affected by the quality of the person's support, other losses, preparations for the death, the nature of the relationship with the person who died, and the griever's general approach to life.

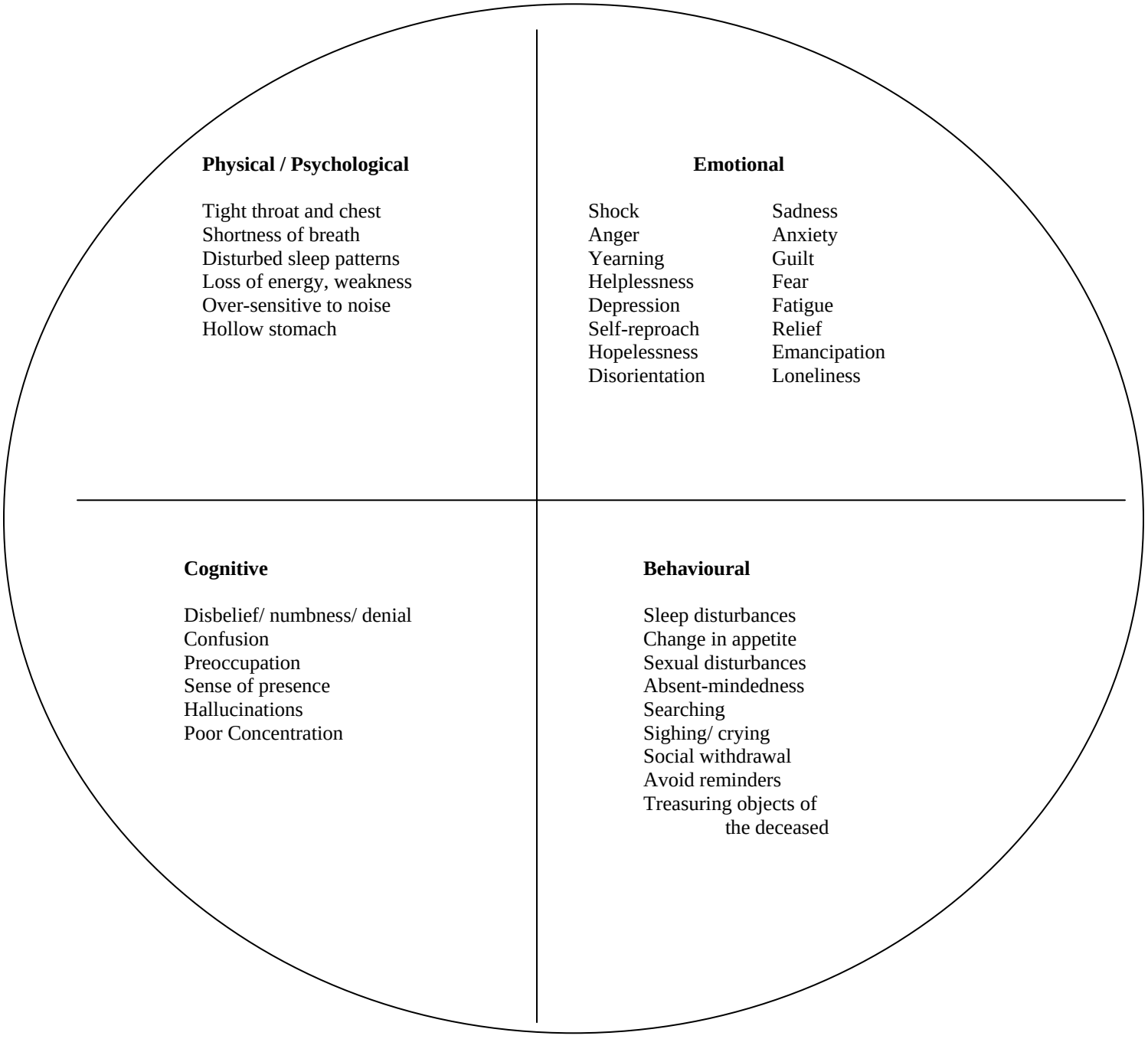
	Healthy Grief Responses	What Helps
Social	• continued withdrawal, lack of interest • needing company but unable to ask • rushing into new relationships • self-conscious	• help person identify how loss affects him; changes, self-esteem, finances • check person's support system, find out how supported he feels
Physical	• tight chest, shortness of breath, sharp pangs • diarrhea, constipation • restlessness, aimless activity, gnawing emptiness • nightmares, vivid dreams, hallucinations • experiencing symptoms of illness	• offer practical advice as appropriate • if having physical symptoms, encourage a medical examination • encourage both grieving, taking a break
Emotional	• feelings are acute, conflicting, extreme anger, sadness, guilt, depression • feeling lost, overwhelmed, anxious • unrealistic fears about others or self	• listen, acknowledge, be comfortable with expressions of feelings and pain • mention particular concerns to your supervisor for referral
Cognitive	• forgetfulness, daydreaming, confusion • continuing disbelief, numbness • inability to concentrate or understand • sense of going crazy, losing touch with reality	• offer information about grief such as books and pamphlets pertaining to grief • continue to normalize reactions • give permission for her personal timetable for grief • help find her own solutions
Spiritual	• continued blaming • lack of meaning or purpose in life • trying to contact the dead person	• offer hope; help gain perspective on her progress through grief • acknowledge the difficulty in finding meaning and purpose
Grief Task to be Completed: To acknowledge, experience, and work through feelings of hopelessness, yearning, and despair – or other painful grief responses.		

Phase III: Re-Establishing Connections
As grief becomes more resolved, the person will have the energy and desire to reconnect with the world once again. The loss begins to be seen in perspective and as part of the past.

	Healthy Grief Responses	What Helps
Social	• more interest in others' daily affairs • ability to reach out • energy for social relationships • desire for independence re-surfaces	• encourage social connections • refer to community resources
Physical	• dreams and hallucinations decrease • physical symptoms subside • appetite returns to normal • gut-wrenching emptiness is gone • more settled sleep	• review changes and progress made
Emotional	• emotions settle down, less extreme • feeling of "coming out of the fog, more peace and happiness • some guilt about how life goes on	• review person's grief process • acknowledge the griever's strengths and abilities
Cognitive	• fewer thoughts of being crazy • increased perspective about death • ability to remember with less pain • improved concentration	• encourage the person to take on responsibilities, make choices, learn skills as appropriate • remind people that grief reactions will surface with major changes
Spiritual	• re-connection with religious beliefs • new direction, life has meaning • acceptance that death is part of life	• ensure that the person is not moving into this phase prematurely
Grief Task to be Completed: To adjust to a life without the person who died; to re-invest energy in new activities and relationships; to find new meanings.		

Phases of Grief adapted from Victoria Hospice Society

Reactions to Grief



Reactions to Grief source: Cook & Oltjenbruns

Difficult Grief

Grief is never an easy journey. Often a person's strengths, coping mechanisms and network of family, friends and acquaintances are often enough to sustain her through her grief. However, there may be times when she feels unable to cope or is immobilized by grief for what seems an unacceptable length of time. She may feel overwhelmed by the amount of grief experienced in response to one or more deaths. This is what is meant by difficult grief.

Difficulties can occur in any phase of grief. The difficulty can arise immediately around the time of the death. It may surface as the person works through the thoughts and feelings that she has about the death and adjusts to life without the person who died. Or it can occur later in her grief as she faces building a future without the person who has died.

There are a number of situations that contribute to difficult grief.

The nature of the death itself. The untimely and unexpected nature of a sudden death will bring many challenges to those who grieve. Aspects of a death that are violent or horrifying, as in suicide or murder, are difficult to confront and work through.

The pressures and demands in the bereaved person's own life. At the time of the death, the number of major changes or transitions in the person's life will influence the course of the grief journey. There may be heavy responsibilities and stresses that interfere with the ability to grieve – for example, starting a new job and struggling to control feelings so the grief will not affect attendance or performance at work.

Having a history of losses, trauma or abuse. A bereaved person's present grief can trigger unresolved feelings and thoughts about past experiences. For example, if the person were physically abused as a child, the pain of her grief now can bring up old feelings and memories of pain from her childhood.

Most often the bereaved person's responses and reactions are reasonable, given what has taken place in her life. When she understands what is happening, why, and what she can do about it, the difficult situation begins to be more manageable.

Phase I: When a Death Occurs – Walking the Edges

Difficulty in grieving in this phase is sometimes referred to as *delayed grief*, which is grief waiting to be expressed.

In the first phase of grief, *When a Death Occurs*, the bereaved person is dealing with shock and trying to accept that the death has occurred. If she is not yet feeling and expressing her grief, other people may comment on how well she is doing. However, it is important to find ways to acknowledge and express her grief.

Why the bereaved person may experience difficulty in this phase:

- The need for protection from overwhelming and unpleasant information.
- Trying to create a sense of control amidst the chaos caused by the death.
- The need for more support than is available.
- The need to focus on important immediate responsibilities.

Difficulties the bereaved person may experience:

- Inability to accept the reality of the death.
- Ongoing numbness or a prolonged sense of shock, disbelief and panic.
- Inability to take care of the business and practical tasks that are required following a death.

Things to consider:

i) **Opening to the grief.** The bereaved person will need safety, support, permission to express thoughts and feelings.

Encourage the bereaved person to:

- Identify people with whom she can be honest and vulnerable.
- Allow her feelings to come when she feels safe, either alone or with a companion.
- Talk or write about the death and the person who died as often as she wants to. Use a journal or tape recorder.
- Talk things through with a counselor or a spiritual mentor.

ii) **Accepting the reality of the death.** Information about the death and what happened may help the bereaved person to accept that the death has occurred.

Encourage the bereaved person to:

- Get detailed information about the death from other family members, the doctor, or the coroner, etc.
- Memorialize the person who died., e.g. plant a tree, start a memorial or scholarship fund, create a memory book or album, etc.
- Attend to responsibilities created by or associated with the death. Settle the estate, acknowledge support and condolences, donate medical equipment, or restore normalcy by returning to routines. She may need practical help with these tasks.

Making the transition:

- Grief is more apparent.
- A variety of feelings arise.
- Memories are recollected and reviewed.

Phase II: Adjusting to Loss – Entering the Depths

Difficulty in grieving in this phase is sometimes referred to as *distorted grief* , which is grief that is out of proportion in its intensity.

In the second phase of grief, *Confronting the Pain*, the bereaved person is dealing with what this loss means to her and the emotional pain of grieving. Difficulties here arise through powerful grief reactions that persist in what becomes a repeating pattern; the person seems to be "spinning her wheels" in some aspect of her pain. These difficulties are usually expressed through ongoing anger, guilt, depression, or confusion.

Why a bereaved person may experience difficulty in this phase:

- The nature of the death, as mentioned earlier, can be challenging to accept.
- The simultaneous presence of many other changes and stressful events.
- The person may feel misunderstood or criticized by other people who think she is overreacting. This absence of support becomes another loss to grieve.
- If the person is dealing with the justice system, each new contact may re-open the wound of her loss as she relives the details of the death. She may feel angry or disillusioned that the justice system is not responsive or accountable to her as a victim.

Difficulties the bereaved person may experience:

- The grief is so intense that she is distracted by it and cannot focus on anything else.
- Friends and family are uncomfortable or concerned with the intensity of the grief and unable to give the support needed.
- Thoughts and images of the death haunt the person as her mind tries to understand what happened.
- The person's emotions consume her energy, and feelings persist without relief or change. She feels overwhelmed and exhausted by these repeating patterns.

Things to consider:

i) **Resolving the pattern**. Looking at the patterns of reactions can help the person know when they occur, what triggers them and what helps to settle them.

Encourage the bereaved person to:

- Seek counseling to learn different strategies that give her a new perspective on the patterns.
- Check out the reality of her disturbing thoughts with an objective person.
- Discuss options and resources with her doctor, counselor or spiritual mentor if experiencing panic attacks.

ii) **Managing the intensity or amount of grief**. Understanding that the bereaved person's responses are part of the normal continuum of grief can alleviate worries about being 'crazy'.

Encourage the bereaved person to:

- Find safe ways to discharge excess energy and emotion, through active and creative outlets. Physical activities such as hitting a ball, running, chopping wood, or gardening can be a helpful release. Creative activities such as playing music, painting, woodworking, keeping a journal, or working on a memorial album can be beneficial outlets.
- Share with others who can understand by joining a support group.
- Practice prayer, meditation or visualization regularly.
- Join an organization whose work is related to the loss or find ways to make restitution.

Making the transition:

- Intense times come less frequently and do not last so long
- Thoughts and emotions can be worked through.
- Energy returns.

Phase III: As Life Goes On – Mending the Heart

Difficulty in grieving in this phase is sometimes referred to as *prolonged grief* ,which is grief that is out of proportion in time.

In the third phase of grief, *Re-establishing Connections*, the world becomes important again. The bereaved person will need to find meaningful, yet realistic, ways to keep the person who died in her life. When the person has difficulties in this phase, she feels tied to her grief and unable to move forward in her own life. The griever has been unable to bring resolution to the grief in a way that gives it some perspective. The person is unable to complete the third phase, re-connecting with the world in a new way, and the grieving goes on and on.

Why the bereaved person may experience difficulty in this phase:

- Lack of a sense of closure with the person who died.
- Fear of the future without the person who died.
- If the bereaved person's health is not good or her social network is limited, finding a new routine may be difficult.

Difficulties the bereaved person may notice:

- Inability to see a future for herself.
- Ongoing focus on the loss and guilt about life going on.
- Awareness of unfinished business with the person who died.
- Feelings of depression and isolation because family and friends have become impatient or avoid talking about the person who died.

Things to consider:

i) **Facing the future.** The bereaved person may worry still about unfinished business. A trusted friend or advisor can help the person to examine their fears of the future.

Encourage the bereaved person to:

- Make a list of things that feel unfinished. Complete any outstanding tasks related to the death. Attend to things one by one.
- Find ways to create closure through memorial activities or projects, such as writing a letter to the person who died, etc.
- Try an 'empty chair conversation' in which the bereaved person imagines talking to the person who died and say all the things she wanted to say.
- Identify and contact supportive people and resources in the community.
- Set small realistic goals in moving towards the future.

ii) **Attending to herself.** The person may feel that she gets positive attention as a grieving person and fear that support will disappear if she 'gets on with her life.' Guilt feelings may prevent her from participating in enjoyable activities. Information about the normal grief process helps her to understand what is reasonable to expect of herself.

Encourage the bereaved person to:

- Give permission to focus on her own needs.
- Reach out to others; reconnect with an old friend, start a new activity, or join an organization.
- Celebrate her good memories of the person who died.

Making the transition:

- The death and loss become integrated as part of personal history.
- Remembering and missing occur without threat to daily functioning.
- Interest in life is recovered.

Client Assessment

In working with the bereaved, there will be people you are concerned about. It is important to trust your intuition and investigate the situation further. Some factors that may give rise to difficulties in grieving and which may require skilled attention include:

- history of a difficult relationship with the person who died.
- circumstances of the death that were violent or unexpected.
- difficulties in any of the phases of grief.
- lack of support network, as perceived by the griever.
- multiple concurrent losses / deaths.
- history of difficult grief.
- "unfinished business" with the person who died.
- unacknowledged losses.

Always discuss your concerns with the Program Coordinator for possible referral for professional counseling.

Multiple Losses

'Multiple losses' refers to the experience of grieving for many people and/or things at the same time in response to one or more deaths. As a result of multiple losses, the usual support system is likely to be seriously depleted. People find it hard to comprehend the extent of the grief or to tolerate the intensity of a bereaved person's feelings. It takes considerable time and energy to grieve multiple losses. The lack of connection with others may increase the sense of isolation and hopelessness.

Due to the loss of her familiar self and familiar world, the griever may find herself thinking or saying something like, "I don't know who I am anymore." She may be spending more time thinking about herself than about her grief or those who died. She might indulge in some harmful behaviors, such as recklessness, or drug or alcohol abuse. When she is in touch with her grief, her reactions seem chaotic, as thoughts and emotions connect each grief with another. The person may experience a 'snow ball' effect of feeling out of control.

Multiple losses result from:

- A number of deaths close together.
- A host of other losses as the result of one death. For example, a person's spouse of 50+ years dies after a lengthy illness. She has no children, finds that her social support network is seriously depleted and that her personal resources are at a low ebb.

Difficulties a bereaved person may experience:

- Being overwhelmed by so much loss and grief.
- Feeling of fear that she can't cope with the intensity of her own emotions.
- Feeling disconnected from her former life and personal identity.
- The person focuses on self to the exclusion of others.

Things to consider:

i) **Understanding the impact**. The bereaved person might begin by identifying her losses and significance. Looking at the ways that life has changed enables the person to understand why she is feeling such depth of grief, despair and isolation.

Encourage the bereaved person to:

- Give herself permission to be as affected as she is by the circumstances of her life.
- Allow time for grief; take time for healing activities in her daily routine.
- Identify her grief issues and choose where to focus her attention.
- Begin to rebuild meaningful connections in her life. Identify new and remaining support people.
- Ask for help from friends, family and professionals.

ii) **Renewing a sense of self**. It is essential for the bereaved person to focus on herself, first, before she can move forward in her grief process.

Encourage the bereaved person to:

- Take care of herself; attending to physical, emotional and social needs.
- Give herself permission to spend time in leisure activities and things that she would usually enjoy.
- Practice prayer or meditation regularly.
- Nurture the positive in herself and her view of life.
- Accept offers of support and have suggestions ready for the question, "What can I do?" such as, mow my lawn, or invite me to dinner once a month.
- As she is able, reach out to the people with whom she feels comfortable.

iii) **Identifying themes in grief**. The similarities in fact, thought or feeling between the multiple losses will be the themes in the grief process. Awareness of these themes can help to provide a sense of order in the chaos and be more manageable for the griever.

Encourage the bereaved person to:

- Find ways to pace her grief, taking it in manageable doses.

- Allow times to express grief balanced with times that the feelings and thoughts are controlled or managed.
- Create rituals for closure. Remembering those who have died will help the person integrate the past with the present.

iv) Getting support for the grief. This is a time when the person needs and deserves all the help she can get. If she is grieving multiple losses, she needs sufficient support and safety to begin expressing the complexity and intensity of grief. A bereavement support group may provide support for the challenges that the person faces and a venue for sharing.

Encourage the bereaved person to:

- Learn coping strategies that help with her grief. She might try something new or different.
- Spend grief time alone and with companions.
- Connect with others through a bereavement group, or chatlines and bulletin boards on the Internet.
- Use active and creative outlets to express her grief.

In Conclusion

As the bereaved person moves through her grief, she may encounter particular difficulty only with a certain issue or she may find that each step of the way is painful and challenging. Grief is unique for each person. The Bereavement Volunteer, in consultation with the Program Coordinator, can encourage the person experiencing difficult grief to get the help and support she needs to deal with what this loss means for her.

Difficult Grief and Multiple Losses printed with kind permission from the Bereavement Service of Victoria Hospice Society, August, 2002

Recognition and Intervention of Suicidal Behaviour

Loss and aloneness are very significant, troubling experiences that challenge a person's ability to cope. With the loss of something or someone, the person may feel that the value of his life is diminished.

While occurring infrequently, the volunteer will occasionally work with bereaved people who are feeling suicidal and it is important to assess the risk that the person might actually attempt suicide. There are several factors to consider when determining the potential risk of suicide. These include:

- thoughts of suicide,
- the presence and details of a plan, including the timing of when the person is going to carry it out, general history: including history of previous psychiatric problems, previous suicide attempts, living alone and previous suicide by a friend or family member,
- insufficient internal and external resources (see below),
- use of drugs or alcohol.

If any of these risk factors present themselves, call Hospice and Palliative Care Manitoba immediately. If you cannot contact HPCM in person and you feel there is an imminent danger of suicide, contact the police or a crisis team, such as the Salvation Army Mobile Crisis Unit in Winnipeg, immediately. The next working day, contact HPCM and talk to one of the Program Coordinators. This will give you support, allow you to debrief and ensure there has been follow up for your client.

It is important to be aware that healthy grief responses in Phase 1 are very similar to the feelings of someone who may be suicidal. It is only once you assess the degree of risk and ask pointed questions about suicide that you may make a judgment about the possibility of suicide. Suicidal thoughts occur in the acute stage of crisis, but moral taboos might prevent people who are feeling suicidal from telling others about these feelings.

When working with a client who is feeling suicidal, we need to:

- *listen in order to understand his feelings,*
- *define the causes of the suicidal feelings,*
- *evaluate the client's situation,*
- *explore resources available to the client,*
- *acquire a no-suicide contract with the client,*
- *debrief.*

Listening

Verbal clues may be direct, such as "I'm going to kill myself," or "I don't want to live anymore," or indirect, such as "You will miss me," or "I can't take it any more." Don't ignore these signals, as they indicate that the client is asking for help.

Non-verbal clues may be harder to recognize. They include both activities and psychological changes. Activities that may suggest someone is contemplating suicide include: making final arrangements (giving away possessions, saying goodbye), quitting one's job or hobbies, and acquiring the means of suicide (stockpiling medication). Psychological changes include feelings of hopelessness, guilt, fatigue, and an irrational outlook on the situation. Also important to note are patterns of change in an individual's typical activities, and whether a number of such changes are occurring at once.

Get the client to tell you his story; talk about the events in his life so he feels you are connected to him. Establish a rapport with him and really listen to the feelings that underlie his words. Present yourself in a calm and confident manner. Be yourself; establish a personal relationship. Assure the client that his feelings are normal and not "crazy".

Defining

Ask, "Are you considering suicide". Be direct and candid. Asking "Are you thinking of hurting yourself?" without using the actual word suicide will not always get the true response. Remember that asking about suicide will not increase the risk; the client will usually answer you honestly when you inquire about his thoughts and plans. Continue to be calm. Discuss the difference between wanting to die and wanting the pain to end – it is normal for grieving people to want the pain to end. Explore the actual suicide plan and try to find out if he still has some internal resources left.

Evaluating

Summarize the situation as the client has described it- you want to make sure that you are correctly hearing what he is trying to say. Ask, "Am I hearing that you…?" Stay focused and calm. Assess the situation from your perspective: is the client in danger? If so, tell the client that you are concerned and that you will do everything you can to prevent him from completing suicide. Say things like, "Don't go away", "I'll do something", "I'll help".

Resources

Explore the client's internal resources (previous coping methods) and external resources (family, friends, support groups, church, crisis agencies). Help the client recognize that he does have some control over his thoughts and feelings. Help him recognize some of his own internal resources. Can he brainstorm and develop his own plan to lessen his risk of suicide? Possibly you will have to suggest ideas to mobilize resources, including contacting the local crisis unit for support and intervention.

Contract

Have the client commit to a "no-suicide" contract if you have determined that he is not in immediate danger. Find out how the client plans to fulfill the contract, going over in detail any resources to which you have referred him. Make sure that he has several options and understands all of them. If the client will not agree to a "no-suicide" contract, or if you feel that he does not have the self-control to adhere to it, you may need to contact an external agency such as the local crisis unit or the police.

Debriefing
After a suicide call, it is essential to debrief with the HPCM Program Coordinator. Recognize your limitations and that the decision to enter and adhere to a "no-suicide" contract belongs to the client.

Concerned About Suicide?

Summary

1. Take the client's suicidal thoughts seriously.
2. Be open and direct in asking about intent, plans, method, and timing.
3. Be confident and positive. Do not sound panicked.
4. Be yourself; establish a personal relationship.
5. Do not challenge or criticize the client for feeling suicidal.
6. Treat suicidal thoughts as an emotional problem, not as a moral issue.
7. Assure the client that his feelings are valid and not abnormal or "crazy."
8. Help to clarify the problem and explore alternatives.
9. The fact that the client will talk to you shows a will to live. Connect with that will.
10. Assess the resources available to the client and help him to use them.
11. If a suicide plan is in progress, try to reverse it.
12. Contract with the client, turning over responsibility and control to him.
13. Be familiar with referral sources for ongoing help.
14. Inform your Program Coordinator about any concerns for a client or if you have identified any person who is at a possible risk (even low risk).

In general, the strategies used to intervene when someone is feeling suicidal are support and control. We show a client that he is supported when we listen, express concern and are non-judgmental. To protect the integrity of the individual, we show the client that he is in control when we help him explore available options and choose an alternative to suicide.

Remember that while thoughts and plans for suicide occur infrequently, bereaved people will occasionally contemplate suicide. In working with bereaved people and paying attention to their process, there will be people you are concerned about. Trust your intuition. Always discuss your concerns with the Program Coordinator for possible referral for professional grief support and in order to debrief your own feelings and experiences.

Concerned about Suicide? adapted from Klinic Crisis Line Training Manual

Getting Started

As you anticipate making your first contact with the bereaved person you may experience a natural anxiety. Please remember how important your contact can be to someone who is grieving – your best resource is your very self! Your contact may remind a griever who feels isolated and lonely, that someone cares, or allow grievers to hear themselves out loud. People often have more insight when they are able to speak their feelings.

It can be challenging to support someone who is grieving. You may wonder if your phone call or visit has done any good at all. You may feel frustrated or overwhelmed when you talk with someone who is grieving.

People who are grieving may have strong feelings of sadness, anger, guilt, or hopelessness. You may be uncomfortable listening to them when they express these feelings. It helps to remember that talking about feelings does

not create the feelings - they are already there. Emotions may seem stronger when they are spoken out loud. Giving the griever an outlet to express his emotions helps the healing process begin.

It can be exhausting trying to think of ways to help the griever solve his problems. *It is important to remember that you are there to listen and support - not to solve anyone's problems. When you can listen with acceptance, people often realize what they need to do. Let them work through this process - don't try to offer solutions.* It can be hard to resist giving advice when people ask, "What do you think I should do?" Resist telling what you think and allow the person to make his own decisions. Sometimes you can affirm decisions he has already made, reminding him that he is already into the process.

Remember, you don't have to keep the conversation going. Let the silences be there. Sometimes people talk to distract themselves from their feelings. A comfortable silence can be worth a thousand words.

It is important that you set limits as to the frequency and length of your contacts. As a guideline, we suggest a reasonable length of time for a supportive phone call would be 15-30 minutes and for a visit, a maximum of 1 and1/2 hours.

If you have any concerns about the bereaved person or about the process of providing support, do not hesitate to talk to the Program Coordinator at Hospice and Palliative Care Manitoba.

Getting Started adapted from Victoria Hospice Society

The First Call

Prior to making bereavement call:
Review the information given on the initial referral sheet:

- The name of the deceased, age, date of birth and death.
- The name(s) of grievers, who they are (spouse, children, friend).
- Addresses, phone numbers, and important commitments.

When you call:
Introduce yourself; tell the client you are a **Hospice Volunteer** and that you are calling to find out how he is getting along. Explain why you are calling; explain the system of regular phone contact usually starting at once a week. *Always ask if it is a convenient time to talk, or would he prefer to be called at a later date.*

Listen as the client talks to you:
Listen to what he says and how he is saying it. The voice can tell you a lot; whether he is young or elderly, positive or uncertain, well or ill, brisk and efficient or raw with weeping.

If someone cries, don't hang up. Let him regain his composure and continue to talk to him, or ask if you might call back in a few minutes. Be sure to call again if he requests it.

Some people are on the defensive and can be abrupt, even rude. That is alright; they are hurting a lot.

Some ways to keep the conversation going:

- Ask how he is eating and sleeping; how he is feeling.
- Ask if he has a support system - family, friends, and neighbours.
- If the deceased was a spouse or good friend, ask about their courtship or how they met.

- Let him tell you their stories through his memories.

Your goal is to encourage the client to talk and support him through that process:
As the bereavement year progresses, tell him of other activities HPCM offers (e.g., seasonal events, Bereavement Walking Groups, etc.). Hospice also has a list of some other community resources available for people coping with grief (Community Resource List).

Remember, the first call is the hardest for you and the griever.
Eventually, you'll both feel more at ease and a trust will be built.

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The First Call adapted from Victoria Hospice Society

Practical Reminders

1. As part of being respectful of your boundaries and those of your client (see "Boundaries and the Family Dance"), be careful not to give your home phone number.
    - If making calls from your home, block your number by pressing *67 prior to dialing.

2. If you are not able to contact your client after three calls, notify the HPCM Program Coordinator to decide if a card or letter should be mailed, and for further course of action.

3. Leave a "caring" message on answering machine. Give your name, HPCM volunteer, etc., and ask him to call Hospice at 889-8525 if he wishes further contact.

4. If you are calling someone at work, ask if it is a convenient time to talk; if not, determine a time that will be suitable.

5. Record all calls made, even if you did not reach your client. Forward your yellow reports to HPCM each month and indicate if you need more.

6. The person will already have received an introductory package of information from HPCM. If he finds reading helpful, let him know that books are available o borrow from the HPCM library.

7. If the person asks not to be called again, remind him that he can call HPCM if he needs our support in the future (at 889-8525). Write a note on the yellow sheet to document the call, and mail to HPCM.

8. Take care of yourself along the way. Remember to attend the Bereavement Support Meetings for shared learning, problem solving, and your own emotional support.

Practical Communication Tips

To Do	Not to Do
Small gestures of caring spoken "he will be missed," or "I'm sorry" "You're in my thoughts", "I care" let the person know you are there to listen.	Avoid clichés such as "He had a good life," or "He is out of pain." Also avoid spiritual sayings that can provoke anger.
Be a good listener. Accept how the griever is feeling or behaving. Ask to hear her story about her loved one. Listen and encourage her stories each time you talk.	Do not minimize the loss. Do not give advice. "What I would do is…", "You should…"
Accept silence. Silence is better than idle chatter. It demonstrates trust and acceptance on your part. Remember no words can bring comfort to take away her pain. Be present and patient.	It is not necessary to say anything. Do not speak just to fill the silence. Also – an honest and caring "I don't know" is an answer.
Ask a bereaved person how she feels.	Do not attempt to tell the bereaved how she feels. Do not assume that you know. A statement such as, "You must be relieved that he is no longer in pain" is inappropriate.
Say the name of the deceased when talking.	Do not change the subject when the griever mentions her loved one or starts to cry.
Try to recognize the griever's feelings while hearing the content of her words	Do not sympathize or patronize. "You'll feel better…""I know exactly how you feel." You cannot know their exact circumstance and pain. Everyone is unique.
Encourage the person to talk.	Do not pressure her to talk. Always be respectful and polite.
Use open-ended questions. "How did you feel about that?" "What would you like to have seen happen?"	Do not probe or question as it could be seen as being nosey rather than helpful. Remember why you would need the details of an event; is that information needed in the first place?

Bringing Bereavement Support to a Close

It is important to remember that, officially, you will be in contact with this person for a limited time, approximately fifteen months. It is also important to make sure the client is aware of the guidelines concerning the time frame. Ending the relationship is a process that must begin approximately two to three months before the last contact. The tasks of ending should be worked on together. When you first mention that the end of your HPCM contact is coming closer, the bereaved person may have a number of reactions. Ask for his thoughts and feelings.

Some Common Reactions

The bereaved person may:

- bring up a problem or difficult issue that will require ongoing support .
- let you know that ending is a bad idea.
- become more dependent on you.
- abruptly try to end the relationship before you do.

Your honesty, support and encouragement through this time is very important.

Some Common Markers for Closure:

Indications that the client may be approaching readiness for closure of bereavement support:

- He remembers or dreams pleasant memories of the deceased.
- He talks less of grief, more about other matters.
- He begins reconnecting with others.

Tasks of Ending:

1. Review the progress he has made during the year, changes that have occurred, what you have seen and remembered.

2. Talk about things that are still a concern for him. Attend together to those that can be resolved in the time remaining; plan for those that can't.

3. Discuss what he has done to help him and to do his grief work, and how these skills can be used in the future.

4. Recognize that this ending is another loss for both of you. Share your feelings about the relationship and its ending, and encourage him to share also.

5. Ask what plans he now has for support.

6. Encourage and assist him in making connections (new or old) with others who can provide ongoing support.

7. Reassure him that help is available if needed from HPCM at 889-8525.

Bringing Bereavement Support to a Close adapted from Victoria Hospice Society Bereavement Program

Boundaries and the Family Dance

Elizabeth Causton, Social Worker with the Victoria Hospice Society Crisis Response Team, provided in-services throughout the Province of Manitoba in May 2001 entitled "Psychosocial and Communication Issues in Palliative Care". In her presentations, Ms. Causton likened working with families to a dance. The dance is well known and has been well practiced by the family. The following notes have been reviewed by Ms. Causton and are used with her kind permission.

The Dance

Each family has a dance and every member of the family knows, deep in his soul, his own steps in that dance, as well as with whom he dances best and with whom he dances not as well. Every family dance has both a history and a reason, and, even in crisis, no one is "just making it up as he goes along." The new dance is still done in the *context* of the old one. A house full of noisy children in life, for example, will still be a house full of noisy children at the end of a family member's life. The dance has not changed.

The value of our role is to stand on the edge of the dance floor in order to observe, comment, and normalize. The hardest part of staying on the edge of the family dance floor may be finding it. This is because, as Santorelli (1999) reminds us, some boundaries, such as where the sea meets the sand, are fluid.

Therapeutic Distance

Working with awareness and knowing where we stand in relation to our clients – both allow us to approach the dance of clients and families with more compassion, acceptance and clarity about boundaries – theirs and ours.

Signs that we may be on someone else's dance floor:

- Extremes of emotion – we cry each time we talk about the person who has died or we have intense anger that we cannot let go.
- Finding it hard to "share" (using words like **my** patient, **my** client, **my** families).
- Controlling the client or his family – their decisions, behaviours, belief systems, or even their dance steps – becomes important.

Hooks

Hooks are the connections we have to particular patients and/or family members who remind us (often unconsciously) of an unresolved or unfinished event, relationship, loss, or fear that we have experienced on our own dance floor.

Objectivity

According to Santorelli (1999), we have two tendencies when we work with other human beings who are suffering. We may become "lost" in sympathy and grief, losing any sense of distance or objectivity, or, in our fear of not being able to be both close and clear, we remain aloof, sometimes so much that we can't even see the dance floor, much less connect with the dancers on it. When we work from a therapeutic distance, when we strive to approach people with clarity, awareness, compassion, and wisdom, we will find that we can both feel deeply and act wisely.

How to be clearer about where we stand

In order to be clearer about where we stand, we must:

- Be more clear about our own needs.
- See and value our own dance.
- Be in a dance that nurtures and supports us.

In order to work in a way that is healthy for us, our clients and their families, there must be a place where we are held, acknowledged, appreciated and valued. There must be a place where not only are we allowed to grieve and find meaning in our work with loss and grief, but also where we can find meaning in our own lives, on our own journey.

References

Santorelli, Saki 1999. *Heal Thyself: Lessons on Mindfulness in Medicine*. New York: Random House.

Listening is the oldest and perhaps the most powerful tool of healing. When we listen, we offer with our attention, an opportunity wholeness. Our listening creates sanctuary for the homeless parts within the other person: that which has been denied, unloved, devalued by themselves or others; that which may have been hidden. Listening creates holy silence. When you listen generously to people, they can hear the truth in themselves, often for the first time.

– Rachel Remen, Kitchen Table Wisdom

Boundaries and the Family Dance adapted from *Psychosocial and Communication Issues in Palliative Care,* in-service lecture by Elizabeth Causton, 2001. Reviewed by and printed with kind permission of Elizabeth Causton, MSW, RWS, Victoria Hospice Society, July 2002.

Self Care Issues

Self care is never a selfish act – it is simply good stewardship of the only gift I was put on earth to offer others. Anytime we can listen to true self and give it the care it requires, we do so not only for ourselves but for the many others whose lives we touch.

- Parker Palmer, *Let Your Life Speak*

Listening to true self begins with taking the time to reflect on our lives and what gives us meaning. Elizabeth Causton, Social Worker with the Victoria Hospice Society, offered her thoughts on self care during the May, 2001 workshop *Psychosocial and Communication Issues in Palliative Care*. The following notes have been reviewed by Ms. Causton and are used with her kind permission.

Self care is done with intent. As caregivers we start by considering what are our particular obstacles to self care – do we have a sense of obligation to duty, do we lack energy or time? What prevents us from being aware of and caring for our true selves. What are the beliefs behind these obstacles? A "Fix-it trap" belief is based on the conviction that it is our job to fix everything and that it is even possible to achieve this.

As caregivers we are all wounded healers, and it is that wounding that takes us into a deeper part of ourselves. Self care then becomes a labour of love in which we see and hear and validate ourselves; in which we tend to our own wounding. In that way, grieving is a way of engaging in self care.

Remember:

- Without rest, we take on a survival mode.
- The goal is to find balance between doing and not doing.
- To remember who you are, what you love, what is sacred and true.
- In the rhythm of the universe, there is always a pause. It is important to find the pauses in our lives, to be still and breathe.
- When we are ready to engage in self care, we will know what heals us.

Questions to reflect on in self care:

1. *Who am I?*
   This touches the spirit within and is like coming home. What comes up? How do you feel?
2. What do I love?
   What is it in life that you love? We become what we love.
3. How shall I live knowing I shall die?
   How will you spend the time you have been given? Is there one obligation that you are willing to let go? What can you do with the gift of time make available – how might you give this gift of time back to yourself? If it's not possible to change anything or alter any obligations, change by saying "I choose" rather than "I have to."
4. What is my gift to the family of earth?
   What is it that you give back? We can only know this as we know that which is within.

Mother Teresa said, "...We cannot do great things in this life; we can only do small things with great love..." Listening to true self equips us to care ourselves and for those who grieve and whose lives we touch.

Self Care Issues adapted from *Psychosocial and Communication Issues in Palliative Care*, in-service lecture by Elizabeth Causton, 2001. Reviewed by and printed with kind permission of Elizabeth Causton, MSW, RWS, Victoria Hospice Society, July 2002.

Acknowledgments

This handbook was compiled with the assistance of many people. Many thanks to:

- Vera Appleyard, practicum student, Centre Youville Centre St.Vital, and Palliative Care Resource Coordinator, South-West District, Interlake Regional Health Authority
- Moira Cairns, Bereavement Counselor, Victoria Hospice Society
- Elizabeth Causton, Social Worker, Victoria Hospice Society
- Jan Marie Graham, Palliative Care Coordinator, Central Regional Health Authority
- Brenda Hearson, Education Coordinator, Hospice and Palliative Care Manitoba
- Carol Macpherson, Program Coordinator, Hospice & Palliative Care Manitoba

Special thanks for their contribution to this handbook and their fine work in journeying with those who grieve…

- Volunteers from Hospice and Palliative Care Manitoba
- Volunteers from South-West District Palliative Care

This Volunteer Handbook has been up-dated and reviewed by Betty Vallejo with the support of Mary Ann Rosenbloom –Program Services Coordinators and with the approval of Executive Director Janice Mulder. August 2, 2007.

HPCM Bereavement Services

1. One-to-one phone support, by trained Hospice Bereavement Volunteers, for approximately 15 months after the death of a loved one.

2. Consultation/ Information with Program Services Coordinators about other grief support services within Winnipeg.

3. Pamphlets and a resource library for those interested in reading more on the topic of grief.

4. Bereavement mailing list which includes:
    1. sympathy card to family
    - introductory package with grief pamphlet and list of services
    - one-year anniversary card on date of loved one's death
    - invitations to Memory Tree, grief seminars, and retreat days

5. Seasonal Bereavement Evenings in partnership with Youville Centre, Cropo Funeral Chapel, Thomson In The Park Funeral Home and Cemetery, and Good Neighbours Senior Centre in:
    - January: Beyond the Holidays
    - May: Bouquet of Memories
    - November-December Grieving During the Holidays

6. HPCM Memory Tree - December at St. Vital Centre.

7. Bereavement Walking Programs in partnership with Youville Centre, Jewish Child and Family Services, Good Neighbours Seniors Centre.

HPCM Resource Library

Hospice maintains an extensive resource library which includes a number of books relating to grief and bereavement issues. Some of these books may be helpful for bereaved clients and their families; others may help you, as the bereavement volunteer, to understand and comfort the griever.

Below is just a sample of what you will find on our shelves. For a full listing, see our online catalogue at www.manitobahospice.mb.ca/resources.

General Reading on Grief

Grollman, Earl. ***Living When a Loved One Has Died.***
Reeves, Nancy. ***A Path Through Loss***.
Westberg, Granger. ***Good Grief: A Constructive Approach to the Problem of Loss.***

Loss of a spouse

Felber, Marta. ***Finding Your Way After Your Spouse Dies***.
First Mennonite Church. ***When Your Spouse Has Died: A Guide for the Bereaved.***
Wylie, Betty Jane. ***Beginnings: A Book for Widows***.

Loss of a parent

Akner, Lois. ***How to Survive the Loss of a Parent.***
Chetnik, Neil. ***Father Loss.***
Edelman, Hope. ***Motherless Daughters: The Legacy of Loss.***

Loss of a child

McCracken, Anne. ***A Broken Heart Still Beats: After Your Child Dies.***
Wezeman, Phyllis Vos. ***Finding Your Way After Your Child Dies.***

Grieving children and teens

Brown, Laurene Krasny and Brown, Marc. ***When Dinosaurs Die.***
Mundy, Micheline. *Sad Isn't Bad:* ***A Good-Grief Guidebook for Kids Dealing With Loss.***
Varley, Susan. ***Badger's Parting Gifts.***

Supporting someone who is grieving

Kolf, June Cerza. ***How Can I Help? How to Support Someone Who is Grieving.***
Linn, Erin. ***I Know Just How You Feel: Avoiding the Cliches of Grief.***
Wolfelt, Alan. ***Healing the Grieving Heart: 101 Practical Ideas for Families, Friends, and Caregivers***.

For those helping a grieving child or teen

Colorosa, Barbara. ***Parenting with Wit and Wisdom in Times of Chaos and Loss.***
Fitzgerald, Helen. ***The Grieving Teen: A Parent's Guide.***
Kubler-Ross, Elizabeth. ***On Children and Death.***

Appendix II : Community Resources

Important Phone Numbers

Hospice & Palliative Care Manitoba 889-8525 or 1-800-539-0925

Health Links 788-8200
24 hour health information and referral service.

Klinic Crisis Line 786-8686 or 1-888-322-3019
24 hour counseling, support, and information for people in crisis or distress.

Mobile Crisis Unit 946-9109

Crisis Stabilization Unit 946-9420

Kids' Help Phone 1-800-668-6868
24 hour Canada-wide service, providing information and support for youth.

Teen Touch 783-1116 or 1-800-563-8336
24 hour confidential, non-judgmental help line for Manitoba youth.

World-Wide Web Sites on Grief

Canadian Virtual Hospice http://www.virtualhospice.ca
An interactive network for people dealing with life-threatening illness and loss.

Compassionate Friends http//www.compassionatefriends.com
This site is for bereaved parents, grandparents, or siblings. Information on grief, chapters of the organization and other resources.

Counseling for Loss and Life Changes http://www.counselingforloss.com
The chat line on this site is both written and voice (realtime). Many topical articles by lay people and a list of brochures are included on this site.

Crisis, Grief, and Healing http://www.webhealing.com/
Browse here to understand and honour the many different paths to heal strong emotions.

GriefNet http://rivendell.org/
This site has 37 email support groups which are supervised by a clinical psychologist. Topics include loss of child, parent, spouse, sibling, friend; issues such as men's grief, violence, pet loss, spiritual aspect of grief. There is a cost of $5 US per month, per group. Also offers links to a variety of other internet resources related to death, dying, and bereavement.

Griefworks BC http://www.griefworksbc.com
This site offers grief support information and resources to children, teenagers and adults for losses of all types.

Growth House: Grief and Bereavement http://www.growthhouse.org/death.html
Offers information, reading lists, chat rooms, and links to specialized grief websites.

Hospice & Palliative Care Manitoba http://www.manitobahospice.ca
Offers information about support groups, resources at library and links to other websites.

Hospice Net http://www.hospicenet.org/index.html
For patients and families facing life threatening-illness and loss.

KidSaid http://www.kidsaid.com
A safe place for kids to share and help each other deal with grief about any of their losses. KidSaid is owned and run by GriefNet.

Parents of Murdered Children http://www.pomc.com
To enter this site, choose "topic forum." There are many different bulletin boards with topics from grief to revenge. Note: This is an American site.

The Shiva Foundation http://www.goodgrief.org
Fequently-asked questions and answers about grief, information about grief resources.

Widow Net http://www.fortnet.org/widownet/index.html
An information and self-help resource for, and by, widows and widowers who have survived the death of a Spouse or life partner.