



Bereavement Volunteer Handbook

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Introduction to Grief and Bereavement

The natural reaction to a loss is grief. It is part of a healing process. There is no set amount of time for grieving; it varies from person to person. Some people may experience a more intense grief reaction than others. Grief may be expressed outwardly immediately or it may emerge over time. 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 are supporting someone who is bereaved. If you experience any difficulties or situations that you feel need clarification, contact the Palliative Manitoba Program Coordinator. You are asking the person to reach out for help if they need it, so remember your own advice.

People may ask you, "How long will this take to get over it?" 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." This guide is intended to help you understand what some people *might* be going through. When providing grief support, you have to use your best judgement.

The following point cannot be stressed enough: there is no "normal" or "right" way to grieve. To provide grief support, we have to listen to people non-judgementally and empathetically. The point is to companion people on their journey, not make them act or feel a particular way.

**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

Grief Reactions

When a Death Occurs

Immediately following a death, there is often 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 themselves now that the stresses of care giving are over. They may also feel guilt. This period can sometimes help a person take information in at a slower rate and to prepare for the adjustments that lie ahead. For others, it may be a period that seems to be spinning out of control.

Remember, there are no rules, and no two people's grief is alike.

| | Possible Grief Responses | What Helps |
|------------------|--|---|
| Social | <ul style="list-style-type: none"> • withdrawal from others • dependence on others • fear of being alone | <ul style="list-style-type: none"> • establish a relationship: be comfortable, present • make sure support is available • be aware of and sensitive to cultural differences in grieving practices and daily life |
| Physical | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • be practical • offer comfort and support related to physical reactions • if having physical symptoms, encourage a medical examination • If it's a medical emergency, advise 911 if necessary |
| Emotional | <ul style="list-style-type: none"> • numb, empty, flat expression • indifference to daily activities • withdrawn or explosive • needing to review the death | <ul style="list-style-type: none"> • listen, acknowledge, encourage repeated review of the loss • allow expression of pain; don't try to hurry them • remain calm |
| Cognitive | <ul style="list-style-type: none"> • confusion, sense of unreality • poor concentration, forgetfulness, daydreaming • disbelief, numbness • constant thoughts about the person | <ul style="list-style-type: none"> • listening and validating the person's experience • recognize that denial is common |
| Spiritual | <ul style="list-style-type: none"> • seeking a connection with a higher power • blaming a higher power • lack of meaning or direction • wanting to die / join the dead person | <ul style="list-style-type: none"> • begin to understand what this loss means to the bereaved, e.g. possible difficulties, other losses • If there is a concern that the person might want to die and may be experiencing thoughts of suicide, take this matter seriously. Notify a coordinator immediately and contact 911 if the risk is imminent. Please see the section on suicide awareness. |

Confronting the Pain

When a person is grieving, people can experience different types of pain. The intensity of this may surprise and frighten them, but the pain is healthy and can be resolved. The time required for this work will be affected by the person's support systems, other losses, preparations for the death, the nature of the relationship with the person who died, and the person's general approach to life.

| | Possible Grief Responses | What Helps |
|---|--|--|
| Social | <ul style="list-style-type: none"> continued withdrawal, lack of interest needing company but unable to ask rushing into new relationships self-conscious | <ul style="list-style-type: none"> help person identify how loss affects them; changes, self-esteem, finances check person's support system, find out how supported they feel |
| Physical | <ul style="list-style-type: none"> tight chest, shortness of breath, sharp pangs diarrhea, constipation restlessness, aimless activity, gnawing emptiness nightmares, vivid dreams, hallucinations experiencing symptoms of illness | <ul style="list-style-type: none"> offer practical advice as appropriate if having physical symptoms, encourage a medical examination |
| Emotional | <ul style="list-style-type: none"> feelings can be acute and conflicting, including anger, sadness, guilt, depression feeling lost, overwhelmed, anxious unrealistic fears about others or self | <ul style="list-style-type: none"> listen, acknowledge, be comfortable with expressions of feelings and pain mention particular concerns to your supervisor for referral |
| Cognitive | <ul style="list-style-type: none"> forgetfulness, daydreaming, confusion continuing disbelief, numbness inability to concentrate or understand sense of going crazy, losing touch with reality | <ul style="list-style-type: none"> offer information about grief such as books and pamphlets pertaining to grief continue to validate reactions validate their personal timetable for grief help them find own solutions |
| Spiritual | <ul style="list-style-type: none"> continued blaming lack of meaning or purpose in life trying to contact the dead person | <ul style="list-style-type: none"> offer hope; help gain perspective on their progress through grief acknowledge the difficulty in finding meaning and purpose |
| <p>Some people feel a need to acknowledge, experience, and work through feelings of hopelessness, yearning, and despair – or other painful grief responses.</p> | | |

Re-Establishing Connections

The person may reach a point where they will have the energy and desire to reconnect in meaningful ways. Some people may find that they gain a new perspective on the loss.

| | Possible Grief Responses | What Helps |
|--|--|---|
| Social | <ul style="list-style-type: none"> • more interest in others' daily affairs • ability to reach out • energy for social relationships • desire for independence re-surfaces | <ul style="list-style-type: none"> • encourage social connections • refer to community resources |
| Physical | <ul style="list-style-type: none"> • dreams and hallucinations decrease • physical symptoms subside • appetite returns to normal • gut-wrenching emptiness is gone • more settled sleep | <ul style="list-style-type: none"> • review changes and progress made |
| Emotional | <ul style="list-style-type: none"> • emotions settle down, less extreme • feeling of "coming out of the fog", more peace and happiness • some guilt about how life goes on | <ul style="list-style-type: none"> • review person's grief process • acknowledge the person's strengths and abilities |
| Cognitive | <ul style="list-style-type: none"> • fewer thoughts of being crazy • increased perspective about death • ability to remember with less pain • improved concentration | <ul style="list-style-type: none"> • encourage the person to take on responsibilities, make choices, learn skills as appropriate • remind people that grief reactions will surface with major changes |
| Spiritual | <ul style="list-style-type: none"> • reconnection with religious beliefs • new direction, life has meaning • acceptance that death is part of life | <ul style="list-style-type: none"> • Have conversations about spirituality and explore this domain with them if they are interested |
| <p>Some people feel a need to adjust to a life without the person who died; to re-invest energy in new activities and relationships; to find new meanings.</p> | | |

Possible Reactions to Grief

Physical / Psychological

Tight throat and chest
Shortness of breath
Disturbed sleep patterns
Loss of energy, weakness
Over-sensitive to noise
Hollow stomach

Emotional

| | |
|----------------|--------------|
| Shock | Sadness |
| Anger | Anxiety |
| Yearning | Guilt |
| Helplessness | Fear |
| Depression | Fatigue |
| Self-reproach | Relief |
| Hopelessness | Emancipation |
| Disorientation | Loneliness |

Cognitive

Disbelief/ numbness/ denial
Confusion
Preoccupation
Sense of presence
Hallucinations
Poor Concentration

Behavioural

Sleep disturbances
Change in appetite
Sexual disturbances
Absent-mindedness
Searching
Sighing/ crying
Social withdrawal
Avoid reminders
Treasuring objects of
the deceased

Reactions to Grief source: Cook & Oltjenbruns

Difficult Grief

Grief is never an easy journey. It is misleading to say there is difficult grief and there is easy grief. That being said, a person's strengths, coping mechanisms and network of family, friends and acquaintances are often enough to sustain them through their grief. However, there may be times when they feel unable to cope or are immobilized by grief. They may feel overwhelmed by the amount of grief experienced in response to one or more deaths.

Difficulties can occur at different times after a loss. Difficulties can arise immediately at the time of the death. They may surface as the person works through the thoughts and feelings that they have about the death and adjusts to life without the person who died. Or difficulties can occur later as they begin to live without the person who has died.

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

The cause of death. The untimely and unexpected nature of a death can 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 – 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 painful feelings and thoughts about past experiences. For example, if the person were physically abused as a child, the pain of their grief now can bring up old feelings and memories of pain from their childhood.

Some people may be willing to share information about difficulties they are having and others may not. It is important to meet people where they are at in their grief. As people develop coping skills, the situation may begin to appear more manageable.

When a Death Occurs – Walking the Edges

When someone dies, it is possible that someone will have little outward reaction. There can be a number of reasons for this. It is possible that they prefer to process things internally. They might have coping mechanisms that support them through the loss. At times, someone might be in a state of shock and a grief reaction can be delayed.

If someone is not outwardly displaying their grief by crying and seeking support, this does not necessarily mean they are having difficulty. For others, it could be a sign that they need more support. The way to find out is to *ask* them how they are doing in a respectful manner.

If they are experiencing difficulty, it may be because:

- They feel a need to protect themselves from overwhelming and unpleasant information.
- They are trying to create a sense of control amidst the chaos caused by the death.
- They need more support than is available.
- They 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:

Opening to the grief. The bereaved person will need safety, support, permission to express thoughts and feelings. Over time, they may experience a variety of new feelings.

Encourage the bereaved person to:

- Identify people with whom they can be honest and vulnerable.
- Allow their feelings to come when they feel safe, either alone or with a companion.
- Talk or write about the death and the person who died as often as they want to. Use a journal or tape recorder.
- Talk things through with a counselor or a spiritual mentor.
- If they desire, 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 return to routines. They may need practical help with these tasks.

Adjusting to Loss-Entering the Depths

Sometimes grief can be overwhelming in its intensity. Sometimes the grief reactions seem persistent or cyclical and the person seems to be “spinning their wheels” in some aspect of their pain. These difficulties are usually expressed through ongoing anger, guilt, depression, or confusion.

If they are experiencing difficulty, it may be because:

- As mentioned earlier, the nature of the death 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 they are 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 their loss as they relive the details of the death. They may feel angry or disillusioned that the justice system is not responsive or accountable to them.

Difficulties the bereaved person may experience:

- The grief is so intense that they are 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 their mind tries to understand what happened.
- The person’s emotions consume their energy, and feelings persist without relief or change. They feel overwhelmed and exhausted by these repeating patterns.

Things to consider:

i) Examining cyclical grief reactions.

Encourage the bereaved person to:

- Look at the patterns of reactions to see when they occur, what triggers them and what helps to settle them.
- If the situation seems to be beyond what you can offer as a volunteer, contact the program coordinator and share counseling resources with the person.

ii) Managing the intensity or amount of grief. Understanding that the bereaved person's responses are part of the 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 running, chopping wood or gardening can be a helpful release. Creative activities such as playing music, painting, and 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.

Over time, the person may find that the intensity subsides, energy returns and thoughts and emotions can be worked through.

As Life Goes On – Mending the Heart

Rather than forgetting about the person who died and “moving on”, it is helpful for the person to find meaningful ways to keep the person who died in their life. Sometimes people can feel tied to their grief and unable to move forward in their own life. When someone is struggling, it can be difficult to reconnect with the world and find balance in their life.

If they are experiencing difficulty, it may be because:

- 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 their social network is limited, finding a new routine may be difficult.

Difficulties the bereaved person may experience:

- Inability to see a future for themselves.
- 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.

Encourage the person to:

- Make a list of things that feel unfinished. Complete any outstanding tasks related to the death. Attend to things one by one. Be cautious when discussing this, it may be difficult or impossible to “complete” some tasks.
- 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 they 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 self. The person may feel that they get positive attention as a grieving person and fear that support will disappear if they ‘get on with their life.’ For others, guilty feelings may prevent them from participating in enjoyable activities. Information about grief helps them to understand what is reasonable to expect of themselves.

Encourage the bereaved person to:

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

Over time, coping skills help the person continue with their life while maintaining a bond with the person who died.

Assessment

In working with bereaved people, 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 grief
- lack of support network, as perceived by the griever.
- multiple concurrent losses / deaths.
- “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 can 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 their familiar self and familiar world, the griever may find themselves thinking or saying something like, "I don't know who I am anymore." They might indulge in some harmful behaviors, such as recklessness, or drug or alcohol abuse. Their reactions may seem chaotic. 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. They have no children, finds that their social support network and personal resources are seriously depleted.

Difficulties a bereaved person may experience:

- Being overwhelmed by so much loss and grief.
- Feeling of fear that they can't cope with the intensity of their own emotions.
- Feeling disconnected from their former life and personal identity.
- The person is not able to focus on much else.

Things to consider:

- i) **Understanding the impact.** Looking at the ways that life has changed can help the person understand the depth of their feelings.

Encourage the bereaved person to:

- Give themselves permission to be as affected as they are by the circumstances of their life.
- Allow time for grief; take time for healing activities in their daily routine.
- Identify their grief issues and choose where to focus their attention.
- Begin to rebuild meaningful connections in their life. Identify new and longtime 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 themselves, first, before they can move forward in their grief process.

Encourage the bereaved person to:

- Take care of themselves; attending to physical, emotional and social needs.
- Give themselves permission to spend time in leisure activities and things that they would usually enjoy.
- Practice prayer or meditation regularly.
- Nurture the positive in themselves and their view of life.
- Accept offers of support and have suggestions ready for the question, "What can I do?"
- As they are able, reach out to the people with whom they feel comfortable.

iii) Identifying themes in grief. Sometimes people will experience similar thoughts and feelings across multiple losses. Awareness of these themes can help to provide a sense of order in the chaos.

Encourage the bereaved person to:

- Find ways to pace themselves (e.g. taking a break for self-care).
- Create rituals for closure.

iv) Getting support for the grief. If someone is grieving multiple losses, they need 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 their grief. They might try something new or different.
- Spend grief time alone and with others.
- Connect with others through a bereavement group, or chat lines and bulletin boards on the Internet.
- Use active and creative outlets to express their grief.

In Conclusion

As the bereaved person moves through their grief, they may encounter particular difficulty only with a certain issue or they 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 they need to deal with what this loss means for them.

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

Recognition and Intervention of Suicidal Behavior

***Note:** This section is for informational purposes only. It is important that you bring any indication of suicidal thoughts or behaviour to the attention of a professional as soon as possible.

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 their 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 (which can lower inhibitions).

If any of these risk factors present themselves, call Palliative Manitoba immediately. If you cannot contact PM in person and you feel there is an imminent danger of suicide, contact the police immediately. You can also call the Manitoba Suicide Line at 1-877-435-7170. The next working day, contact Palliative Manitoba. This will give you support, allow you to debrief and ensure there has been follow up.

It is important to be aware that grief responses can be very similar to the feelings of someone who may be suicidal. It is only once you assess the degree of risk and ask direct questions about suicide that you may make a judgment about the possibility of suicide. Suicidal thoughts can 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 person who is feeling suicidal, we need to:

- *listen in order to understand their feelings,*
- *define the causes of the suicidal feelings,*
- *evaluate their situation,*
- *explore resources available to the person,*
- *acquire a no-suicide contract with the person,*
- *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 anymore." Even something like "If I didn't have my dog to look after"... Don't ignore these signals, as they indicate that the person 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 person to tell you their story; talk about the events in their life so they feel you are connected to them. Establish a rapport with them and really listen to the feelings that underlie their words. Present

yourself in a calm and confident manner. Be yourself; establish a personal relationship. Assure the person that their feelings are common 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 person will usually answer you honestly when you inquire about their thoughts and plans. Continue to be calm. Discuss the difference between wanting to die and wanting the pain to end – it is common for grieving people to want the pain to end. Explore the actual suicide plan and try to find out if they still have some internal resources left.

Evaluating

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

Resources

Explore the person's internal resources (previous coping methods) and external resources (family, friends, support groups, church, and crisis agencies). Help the person recognize that they do have some control over their thoughts and feelings. Help them recognize some of their own internal resources. Can they brainstorm and develop their own plan to lessen their 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 person commit to a "no-suicide" contract if you have determined that they are not in immediate danger. Find out how they plan to fulfill the contract, going over in detail any resources to which you have referred them. Make sure that they have several options and understand all of them. If the person 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. Even if you make a contract, it is important to notify Palliative Manitoba and/or a crisis line like the Manitoba Suicide Line (1-877-435-7170).

Debriefing

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

Concerned About Suicide?

Summary

1. Take the person'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 person for feeling suicidal.
6. Treat suicidal thoughts as an emotional problem, not as a moral issue.
7. Assure them that their feelings are valid and not abnormal or "crazy."
8. Help to clarify the problem and explore alternatives.
9. The fact that the person will talk to you shows a will to live. Connect with that will.

10. Assess the resources available to the person and help them to access the resources.
11. If a suicide plan is in progress, try to reverse it and take immediate action.
12. Contract with the person.
13. Be familiar with referral sources for ongoing help.
14. Inform your Program Coordinator about any concerns for a person 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 them that they are supported when we listen, express concern and are non-judgmental. To protect the integrity of the individual, we show them that they are in control when we help them 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 Klinik 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 their emotions helps the healing process begin.

It can be exhausting trying to think of ways to help the person who is grieving solve their 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 their own decisions. Sometimes you can affirm decisions they have already made, reminding them that they are 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 1 hour and for a visit, a maximum of 1 and 1/2 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 Palliative 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 person you are a **Palliative Manitoba Volunteer** and that you are calling to find out how they are 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 they prefer to be called at a later date.*

Listen as the person talks to you:

Listen to what they say and how they are saying it. The voice can tell you a lot; whether they are young or elderly, positive or uncertain, well or ill, brisk and efficient or raw with weeping.

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

Some people are on the defensive and can be abrupt, even rude. You are not expected to be subjected to verbal abuse. It may be worthwhile to suggest calling back another time.

Some ways to keep the conversation going:

- Ask how they are eating and sleeping; how they are feeling.
- Ask if they have 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 them tell you their stories through their memories.

Your goal is to encourage the person to talk and support them through the process:

As the bereavement year progresses, tell them of other activities PM offers (e.g., seasonal events, Bereavement Groups, etc.). PM also has a list of some other community resources available for people coping with grief (Community Resource List) that is available on the website.

***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.***

The First Call adapted from Victoria Hospice Society

Practical Reminders

1. As part of being respectful of your boundaries and those of the person you are supporting, 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 the person after three calls, notify the PM 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, PM volunteer, etc., and ask them to call Palliative MB at 204-889-8525 if they desire 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 them. Forward your reports to PM each month and indicate if you need more.
6. The person will already have received an introductory package of information from PM. If they find reading helpful, let them know that books are available to borrow from the PM library.
7. If the person asks not to be called again, remind them that they can call PM if they need our support in the future (at 204889-8525). Inform the Palliative Manitoba Program Coordinator and document the call.

8. Take care of yourself along the way. Remember to attend the Volunteer 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," "I'm sorry", or "you're in my thoughts" let the person know you are there to listen. | Avoid clichés such as "He had a good life," or "He is in a better place." Also avoid spiritual sayings because you cannot assume they share the same spiritual beliefs. |
| Be a good listener. Accept how the griever is feeling or behaving. Ask to hear their story. Listen and encourage their 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 their 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 they feel. | Do not attempt to tell the bereaved how they feel. 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 their loved one or starts to cry. |
| Try to recognize the person's feelings while hearing the content of their words | Do not sympathize or patronize. "You'll feel better when..." or "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 them 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 nosy 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 12-15 months or shorter if they request it. It is also important to make sure the person is aware of the guidelines concerning the time frame. Ending the relationship is a process that must begin approximately two to four months before the last contact. The tasks of ending the relationship should be worked on together. When you first mention that the end of your PM contact is coming closer, the bereaved person may have a number of reactions. Ask for their thoughts and feelings.

Some Common Reactions

The 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 are very important.

Some Common Markers for Closure:

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

- They remember or dream pleasant memories of the deceased.
- They talk less of grief, more about other matters.
- They begin reconnecting with others.

Tasks of Ending:

1. Review the progress they have made during the year, changes that have occurred, what you have seen and remembered.
2. Talk about things that are still a concern for them. Together, attend to those that can be addressed in the time remaining and plan for those that can't.
3. Discuss what they have done to help themselves and to do their 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 them to share.
5. Ask what plans they now have in place for support.
6. Encourage and assist them in making connections (new or old) with others who can provide ongoing support.
7. Reassure them that help is available if needed from PM at 204-889-8525.

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 presentations throughout the Province of Manitoba way back 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. Causton’s advice is still relevant today. 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 their soul, their own steps in that dance, as well as with whom s/he dances best and with whom s/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 validate. 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 the people we are supporting— both allow us to approach the dance 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** volunteer match, **my** families).
- Controlling the person or their family – their decisions, behaviors, belief systems, or even their dance steps – becomes important.

Hooks

Hooks are the connections we have to particular relationships 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 clearer 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 companions 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, 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 or 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 “self” begins with taking the time to reflect on our lives and what gives us meaning. 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 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.

Self-care is a labour of love in which we see and hear and validate ourselves; in which we tend to our own selves. Grieving can be 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?*
What comes up? How do you feel?
2. *What do I love?*
What is it in life that you love? We can 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 made 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.

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 Victoria Hospice Society, Interlake-Eastern Regional Health Authority, Southern Health and Palliative Manitoba volunteers.

Palliative Manitoba Bereavement Services

1. One-to-one phone support, by trained Bereavement Volunteers, for approximately 12-15 months.
2. Grief seminars offered in partnership with Cropo Funeral Chapel and Chapel Lawn Funeral Home
3. Monthly bereavement letter (by email or letter mail)
4. Pamphlets and a resource library for those interested in reading more on the topic of grief.
5. Bereavement intake line with information package
6. Referrals to bereavement support groups in partnership with Youville Centre, Jewish Child and Family Services, Good Neighbours Active Living Centre (“Taking Steps” Grief Support Groups).
7. Palliative Manitoba Memory Tree- December at St. Vital Centre.
8. Consultation/ Information with Program Services Coordinator about other grief support services within Winnipeg.

PM Resource Library

Palliative Manitoba maintains a resource library which includes a number of books relating to grief and bereavement issues. Some of these books may be helpful for bereaved people and their families; others may help you as a bereavement volunteer.

Below is just a sample of what you will find on our shelves.

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 With 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

| | |
|---|--------------------------------|
| Palliative Manitoba | 204-889-8525 or 1-800-539-0295 |
| Health Links 24 hour health information and referral service. | 204-788-8200 |
| Klinic Crisis Line 24 hour counseling, support, and information for people in crisis or distress. | 204-786-8686 or 1-888-322-3019 |
| Manitoba Suicide Line | 1-877-435-7170 |
| Mobile Crisis Unit | 204-946-9109 |
| Kids' Help Phone 24 hour Canada-wide service, providing information and support for youth. | 1-800-668-6868 |

Websites on Grief

Palliative Manitoba

<http://palliativemanitoba.ca/>

Offers information about support groups, resources at library and links to other websites.

Canadian Virtual Hospice

<http://www.virtualhospice.ca>

An interactive network for people dealing with life-threatening illness and loss.

Compassionate Friends

<http://www.tcfwinnipeg.org/>

This site is for bereaved parents, grandparents, or siblings who have had a child die at any age. Information on grief, chapters of the organization and other resources.

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 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>

Frequently-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.