Objectives

• Define Loss, Grief, and Bereavement

• Understand the basic types of grief
  • Anticipatory
  • Normal
  • Complicated

• Discuss supportive techniques and resources
Definitions

- **Loss:**
  - A loss may be a person, thing, relationship, or situation.

- **Grief:**
  - Grief is an emotional response to loss

- **Mourning:**
  - Mourning is the outward, social expression of loss

- **Bereavement:**
  - The reaction of the survivor to the death.
  - The adjustment to a life without the deceased.

ELNEC definitions.
Three Types of Grief:

1. Anticipatory Grief
2. Normal Grief
3. Complicated Grief
• **Grief before and impending loss:** Anticipatory grief refers to a grief reaction that occurs before an impending loss. Typically, the impending loss is a death of someone close due to illness but it can also be experienced by dying individuals themselves.

• **Opportunities to prepare:** Anticipatory grief allows for those experiencing it to begin processing the grief before the death and make preparations that may have not been done earlier. Examples may include: making medical and financial decisions, making funeral plans, and expressing wishes. This is also time to help the dying person to achieve things on their “bucket list”. It can also be a time to celebrate the life of the dying person while they are able to participate.

• **5 Tasks of Dying:** A concept written about by Dr. Ira Byock, an international leader in palliative care. These prompts allow for the dying and their loved to lead explore the idea of closure.
  
  • Ask for forgiveness.
  • Offer forgiveness.
• Say Thank you.
• I love you.
• Goodbye.
2. Normal Grief

- Majority of people experience normal grief

- Normal, dynamic process that occurs in response to any type of loss.

- Highly individualized, depending on person’s perception of the loss and influenced by context and concurrent stressors

- Physical, emotional, cognitive, spiritual, and behavioral reactions
• **Common Normal Grief Reactions**

• **Emotional**: Abandonment, Sadness, Shock, Guilt, Anger, Depression, Anxiety, An emptiness, Loneliness, Everything is bland, Fatigue, Yearning, Relief, Emotional instability,

• **Physical**: Appetite changes, Aches and Pain - back, chest, stomach, headache, Shortness of Breath, Lowered immune system, Lack of Energy/ fatigued, Nausea, Constipation, Panic Attack-like symptoms

• **Behavioral**: Crying, Agitation, Searching for the deceased, Sleep disturbances, Appetite disturbances, Social withdrawal, Dreams of the deceased, Absent-minded behavior
• Common Normal Grief Reactions

• **Cognitive:** Forgetfulness, Slowed Thinking, Feelings Disbelief, Preoccupation, Confusion, Ruminating, Sense of Presence, Fantasizing, Lack of Concentration

• **Social:** Lack of interest in activities, Avoiding others, Being dependent on others, Being overly sensitive, Relationship difficulties, Hyperactive or underactive

• **Spiritual:** Asking Why, Disruption to life’s certainties, Questioning of spiritual beliefs and values, Re-evaluation of core beliefs, Turning away from faith, Turner closer to God or Higher Power, Need for more ritual
Grief doesn’t happen linearly. A grieving person can move back and forth between different aspects of the process. Grieving is extremely individualized.
Warning Signs: Difficulty functioning in daily life, Extreme focus on death, Excessive bitterness, anger, or guilt, Neglecting personal hygiene, Alcohol or drug abuse, Inability to enjoy life, Hallucinations, Withdrawing from others, Constant feelings of hopelessness, Talking about dying or suicide

Social Workers and other mental health professionals in PACE should be the ones to assess and determine if someone is experiencing complicated grief. They should be the ones to intervene and/or refer to other professionals that may specialize in complicated grief if needed.
• **Chaplain**  
  • Provide spiritual care, grief, bereavement support, and can give guidance to those grieving.

• **Social Workers**  
  • Provide psychosocial and mental health support.

• **Acknowledge the death**  
  • Rituals: Can help facilitate resolution of grief.  
  • Memorial table: display photos of deceased participants

• **Grief groups**  
  • Community or in-house grief group

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**Grief Resources in PACE**

- **Chaplain**  
  - Provide spiritual care, grief and bereavement support, can give guidance to staff,

- **Social Workers**  
  - Provide psychosocial and mental health support, family dynamics,

- **Acknowledge the death**  
  - Participants and staff need rituals to facilitate resolution of grief  
  - Rituals provide an invitation for patients and staff to talk about the deceased and their feelings  
  - Provide opportunity for participants/staff to talk about their feelings  

- **Rituals**:
  - Ritual is important, having a regular time to celebrate life and honor those that have passed is extremely important.  
  - Post staff “condolences” to family and friends  
  - Post funeral arrangements  
  - Facilitate staff and resident attendance at funeral services  
  - Have a “moment of silence”  
  - Place a rose on the residents chair

- **Memorial shelf/table**  
  - Having pictures of those that passed the previous month (time to be determined by your team). This allows for staff and ppts to openly acknowledge grief.
• Open communication about death and dying:

• Grief groups:
  • Become familiar with what groups are offered in your community
  • Create an in-house grief group.
• **Interdisciplinary team**: As with end-of-life care bereavement care is best provided from the IDT perspective. Each member can offer support to families, other participants, and staff. The IDT can also provide perspective and information to the person in charge of ongoing bereavement care.

• **On-going reassessment**: creating structures that allow for initial assessment of grief for family members, participants, and other staff members can make sure that no one falls through the cracks.

• **On-going support for staff**: PACE staff members grieve the loss of participants. They also may be experiencing other losses in their personal life. Having support systems available to provide care can be good for morale and help with staff retention.

• **Discussion of Complicated grief risk(s)**: (refer to slide 8) When providing bereavement care being aware of complicated grief factors can help you better serve those who are grieving.

• **Respect of developmental, cultural, and spiritual needs**: As with end-of-life care bereavement care is person-centered. Knowing the individual backgrounds, needs, and preference of those you are serving allows you to provide personalized support.

• **Bereavement services available at least 13 months after death of loved one**: 13 months of bereavement support can help the bereaved through the first year of
their loss, often considered the most intense (see normal grief). Interventions can include visits, telephone calls, 13 month bereavement mailings, and support groups.
• **Companioning about:**
  - Being present to another person’s pain
    - Not about taking away or relieving the pain
  - Respecting disorder and confusion
    - Not about imposing order and logic
  - Going into the wilderness of the soul with another human being
    - Not about thinking you are responsible for finding the way out
  - Being still..
    - Not about frantic movement forward
  - Discovering the gifts of sacred silence
    - Not about filling every moment with talk
  - Listening with the heart not about analyzing with the head
  - Bearing witness to the struggles of others
    - Not about judging or directing those struggles
  - Honoring the Spirit
    - Not about focusing on the intellect
  - Curiosity
    - Not about expertise
  - Learning from others
    - Not about teaching them
  - Walking alongside...
    - Not about leading or being led

• **Listen to their story:**
  - Provide presence. Use actively listening skills.

• **Normalize the grief process**
  - It is a normal, predictable, expected, and human reaction to a loss
• **Listen to their Story**
  - Provide presence
  - Active listening, touch, silence, reassurance
  - Identify support systems
  - Use bereavement specialists & resources

• **Normalize the grief process.**
  - Grief encompasses a number of changes. It appears differently at various times, and it comes and goes in people’s lives.
  - It is a normal, predictable, expected, and healthy reaction to a loss.
  - Grief is each individual’s personal journey and a person’s manner of dealing with any kind of loss must be respected.
• **Talk with others:** Talk about your loss with friends, family, co-workers. Grief is a process, not an event.

• **Take care of your health:** Don’t neglect your own health. Grieving puts a heavy burden of stress on your body it can leave you feeling tired and weak. It is important to
get plenty of rest, eat regularly, and stay active.

• **Be flexible:** Grief can be a like a roller coaster ride with ups and downs. These changes can happen at a moments notice especially in early grief. Be flexible with yourself and plans.

• **Be patient:** Be patient with yourself. Greif takes time. The grieving process often includes setbacks. Reminders can trigger a flood of emotions. Don’t be surprised if this happens, and don’t consider it a sign of weakness.

• **Read and Journal:** find a book on grief you connect with. Ask others
for suggestions. Journaling can be a great way to process the many emotions of grief.

• **Pray or meditate:** Connecting deeper with your spiritual practice and belief systems can help ground you.

• **Plan ahead for anniversaries:** Think about how you would like to honor your loved one on a birthday, anniversary or holiday.

• **Professional help or support groups:** Professionals can help with grief becomes complicated (see previous slide) and grief support groups and can help by connecting with other who are further down the road of the grieving process.
• Create your own memorial service. Celebrate their lifetime accomplishments, values, and principles. Consider carrying the torch of a cause they believed in as a memorial. Start a scholarship, plant a garden, or make a donation in their name.
Bibliography/ Resources

• End-of-Life Nursing Education Consortium (ELNEC)
  • http://www.aacn.nche.edu/elnec

• National Hospice and Palliative Care Organization (NHPCO)
  • http://www.nhpco.org/

• Bereavement
  • http://www.hopethroughhealing.com/
  • http://www.onecaringplace.com/
  • http://www.stephenministries.org/
  • http://www.gundersenhealth.org/resolve-through-sharing


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