When Grief Comes to Work

Managing Grief and Loss in the workplace

A Handbook for Managers and Supervisors

Yvette Perreault 2011

www.abrpo.org

AIDS Bereavement and Resiliency
Program of Ontario

Presence. Compassion. Change.

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Written by: Yvette Perreault 2011

Written for: The AIDS Bereavement and Resiliency Program of Ontario www.abrpo.org

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i) Acknowledgements

With deep gratitude:

To the AIDS Bereavement and Resiliency Program of Ontario – "the little project that could…." and the small but mighty team that created a range of tools for bringing loss and resiliency work to Ontario's HIV/AIDS sector. It's been a privilege to work with the provincial Advisory Committee members and the core group of managers who actively encouraged and supporting the writing of this handbook as a practical resource for other managers. You've been a patient group- waiting a long while for this final version to appear. I am deeply grateful for the financial support of the funders – the AIDS Bureau, Ministry of Health and Long Term Care.

To the staff and managers we've worked with in Ontario's AIDS sector over the many years- it is through sitting with you over time that we've been challenged to expand our theoretical framework and the scope of our workshop material to meet the reality you experience.

To the bereaved who have survived and who continue to face ongoing multiple losses and yet are dedicated to making meaning and finding creative ways to move forward with grace.

To the workers who build their resiliency with each change and transition in their organization.

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And to all those Executive Directors and supervisors who are determined to create sane, safe, supportive environments for their paid and unpaid workers- through the perpetual upheavals, crises and chaotic moments! I truly hope material in this handbook supports and affirms the efforts you make every day.

Yvette Perreault
Toronto
March, 2011

Part One: Understanding

Section I

What You Will Find in this Section…

I. Introduction

- Who We Are

- How to Use this Handbook

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- Your Understanding of Grief and Loss
  - A Quiz

Introduction

> *"Loss, grief and trauma are subjects that have tended to be neglected in the management and human resource literature, and equally, the workplace has been a neglected area in the study of death, grief and bereavement."[1]*
>
> *Thompson*

Let's face it. No one really wants to deal with the pain of grief and the stress of loss, and certainly, as managers, most of us didn't get grief, loss and trauma training as part of our training. Yet however prepared or unprepared we are as managers, grief, in some form, *will* come to work.

This handbook is intended to address this particular set of workplace issues- namely those that arise from experiences of loss, grief and trauma. These issues can surface within the workplace itself, or can be imported into the work setting from workers' personal lives. This handbook will be useful for managers, supervisors and human resource specialists who are interested in developing their understanding of how the very real issues associated with loss, grief and trauma can be tackled when they show up in work settings. This handbook is a blend of theory and practice, and can be used as a resource for building effective policies and practical responses to the complexities of managing grief, loss and bereavement in the workplace.

Work is an important part of most people's lives and it plays a significant part in shaping our identity and our network of social relationships. Given how much time most of us spend in the workplace, it seems important to give careful consideration to the workplace issues that influence staff and volunteers and make a major contribution to their well-being (positively or negatively), and consequently, to the well-being of the workplace. Loss and grief will inevitably touch all of our lives and the reality of death is also part of human experiences.

When grief events occur, workers recognize that they are expected to continue to work productively and to find ways to accommodate the impact of loss. While there are people who may need professional help to cope with loss, most of us rely on our families, friends and social networks for support. In the current social context, work life is an important part of a person's support network. Which then makes the workplace a logical component of a grieving worker's circle of support.

Who We Are

Early in 1994, as a response to the multiple losses being endured by the community-based AIDS service organizations in Ontario, the AIDS Bureau (Ministry of Health and Long Term Care) funded an initiative to provide tailored supports to the workers in Ontario's 50+ AIDS service organizations and to the HIV-affected communities. Since that time, the AIDS Bereavement and Resiliency Program of Ontario (ABRPO) has developed provincial grief supports (workshops on *Loss and the Resilient Worker*), piloted a national project looking at loss and resiliency in the AIDS sector (*Project Sustain*), created training programs and produced training materials (*The*

Basics of Grief and Loss and Peer Facilitator Training), and built innovative community interventions for long-term survivors (*Survive to Thrive Retreats* and *Turning to One Another Project* between community members and AIDS-service agencies). ABRPO has worked with hundreds of groups, delivering workshops and trainings to thousands of workers and community members over the past seventeen years. Materials about our organization and these projects can be found on ABRPO's web site: www.abrpo.org

This handbook was developed specifically for managers and supervisors in workplaces that deal with grief and loss. While ABRPO is situated in an HIV/AIDS sector, the material in this handbook is not specific to HIV/AIDS, so will be generally applicable to any manager working in human services. We welcome your comments as you work with this material.

How to Use this Handbook

There is a lot of material in this handbook- we don't imagine that anyone will digest this in one sitting. The content covers 3 distinct areas:

- ***Theoretical Perspectives****:* Selections of key foundational information about grief, bereavement and trauma and their impact on individual workers and on organizational life. This material can be found in ***Part One- Sections II, III, IV.***

- ***Practices***: Practical check-lists and interventions for individuals, teams, and the organization as a whole. This material can be found in ***Part Two- Sections V, VI, VII.***

- ***Policies and Procedures***: Considerations for grief and loss policy development to support individuals and help foster resiliency in the workplace. This material can be found in ***Part Three- Section VIII.***

You will find it helpful to review particular sections of this handbook when:

- You have a worker who is dealing with a death or loss
- You are responding to a critical loss or traumatic event impacting the organization
- Your team or the whole organization is going through change and transition
- You are reviewing existing policies and procedures
- You are planning staff and volunteer orientation and training.

Format of this Handbook:

➢ At the beginning of each section, you will find a *detailed* Table of Contents for that particular section.

➢ A general introduction to the section is followed by the content for that section: concrete information, theoretical framework, or intervention outlines, tip-sheets, sample policies, workshop outlines, etc.

➢ You will find a brief summary at the end of each section.

➢ Sections pertain to the impact of grief and loss events:
  • Related to the individual
  • Related to workplace teams
  • Related to the workplace as it goes through change and transition.

➢ A list of resources is provided at the end of the handbook, as well as references in the Endnote section.

The diagram that follows is the overall organizing 'pathway' for this handbook. The center ball represents the general issue you are managing, and the highlighted ball reflects the particular focus of that section of the handbook. While these balls are presented one at a time in this handbook, we appreciate that managers and supervisors will likely be juggling some aspect of all of these balls – usually all at the same time!
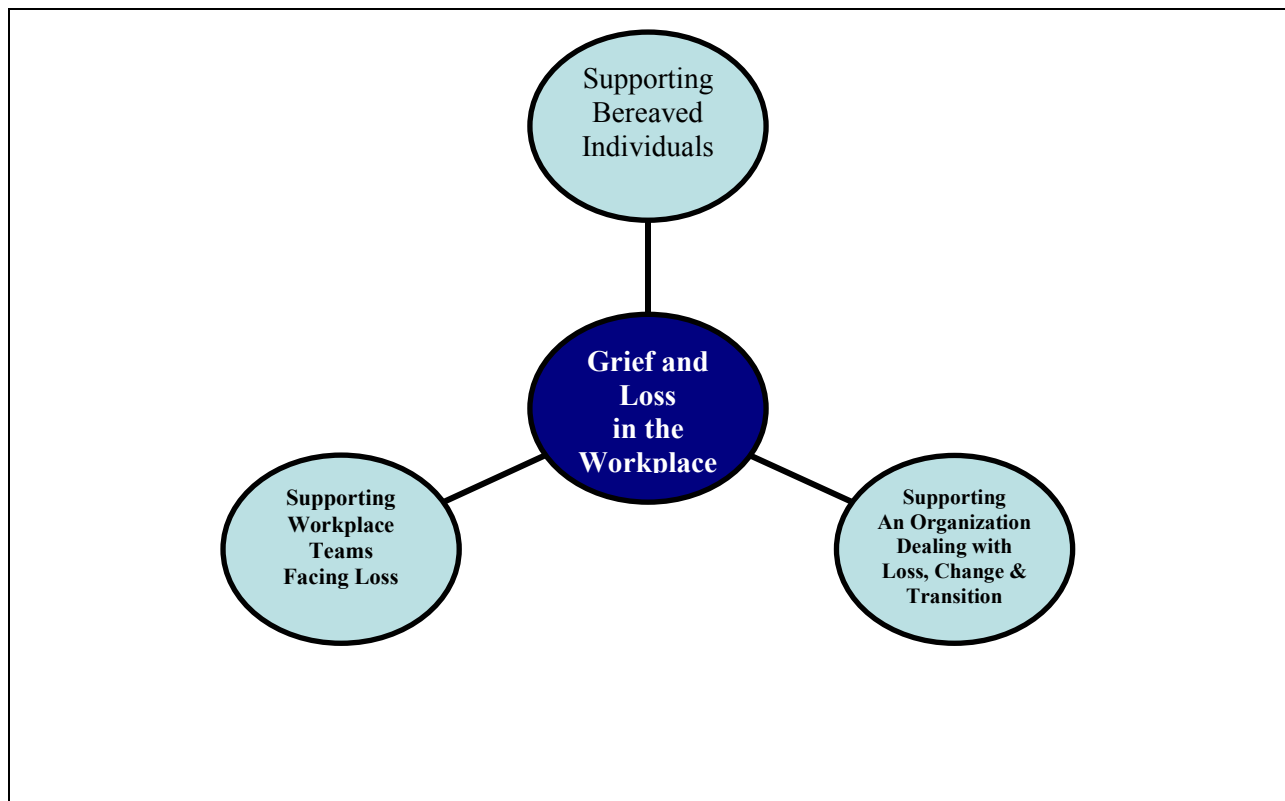
Your Understanding of Grief and Loss

Although grief and loss are an inevitable part of life, our varied reactions to death and loss remain topics we rarely consider or discuss with others, particularly colleagues in our workplaces. As you consider a strategy for a workplace response to loss, it will be important to begin with a picture of what *you* think about grief and loss- based on your own background and life experiences. To get a sense of what you believe to be true, we invite you to take a few minutes and complete the following Quiz.

A Quiz

What's Your Understanding of Grief and Loss?

Instructions: Note *True or False* for each statement.
Answers are found at the end of this questionnaire.

❑ 1. Grief can be cured and drug therapy or psychotherapy are the most effective treatments.

❑ 2. Periodic thoughts of not wanting to go on living and brief visual and auditory hallucinations of the deceased are normal grief reactions to the death of a close family member.

❑ 3. Rebuilding assumptions about the world and reconstructing meaning are essential components of adapting to loss.

❑ 4. Frequent moves, estrangements, and geographical separation from family members can adversely affect the grieving process.

❑ 5. Anxiety is not a normal feature of grief.

❑ 6. Sudden, unexpected, untimely or multiple death is more likely to complicate grief.

❑ 7. We are permanently changed by grief, some become impaired; others stronger and wiser.

❑ 8. Time heals all wounds.

❑ 9. Grieving people should be prevented from actively taking care of a dying family member.

❑ 10. To accept grief and loss as part of one's professional life, the caregiver may have to distance herself and hide personal feelings.

❑ 11. The grieving process is the same for everybody.

Quiz adapted from: *Care for the Caregivers* (2007): *Nurses Association Of Botswana in collaboration with Dr. Sandra L. Bertman*[2]

Answers:
1. F   2. T   3. T   4. T   5. F   6. T   7. T   8. F   9. F   10. F   11. F   *How did you do?*

Most of us don't actually know a lot about grief and loss- that's the point of this handbook- to help managers learn and to provide you with useful information and strategies. This handbook will leave you with some clear answers and a foundation on which to build your own structured response to the experiences of your bereaved workers.

Part One: Understanding

Section II

What You Will Find in this Section…

II. Perspectives on Grief and Loss *in the Workplace*

- The Spectrum of Losses
- Facts About Grief at Work
- Grief Impacts the Workplace
- The Specific Context of HIV/AIDS
- The Benefits of Supporting Bereaved Workers
- Workplace Well-Being
- Summary

II. Perspectives on Grief and Loss *in the Workplace*

> *"We understand that death and loss from a variety of sources will affect every working person at some time"*[3].
>
> *American Hospice Foundation Workplace Task Force: Grief at Work*

The Spectrum of Loss Responses

While it is important to take into account the impact of death-related losses in the workplace, it is equally important to recognize the extensive range of significant losses that are *not* connected with death. This handbook is not only about death-related losses, but also about the impact of other types of significant losses that are part of life. These include: divorce or significant relationship breakdown; becoming disabled or chronically sick; taking care of a sick or frail family member; being a victim of crime; losing a job, etc. Just as individuals respond to death-related losses in unique and diverse ways, so too will responses to non-death losses vary.

For most people, major life changes come with two dimensions: *losses and eventually gains*. A loss can have life-changing consequences and it can be a critical moment that redefines and reshapes a life. We appreciate that loss comes with sorrow, and with time, we also know that dealing with loss can build capacity and resiliency.

It is important to remember as you read through this handbook, that no matter what we might say, 'one size does not fit all', and you best will know what might be effective in your work particular work environment.

Facts about Grief at Work

Canadian data specifically related to the hidden costs of grief is the workplace is limited, but estimates from the 2008 Labour Force Survey[4] indicate that both the incidence and the number of days lost for personal reasons (illness or disability, and personal or family responsibilities) has shown a rising trend since 1997. Several factors have contributed - notably an aging workforce; high worker stress; and more generous sick and family-related leave benefits. Work time lost for personal reasons increased from the equivalent of 7.4 days per worker in 1997 to 10.0 days in 2008.

We do have grief- specific data from the USA. According to *The Grief Index: The Hidden Annual Costs of Grief in America's Workplace* (2003)[5], the lack of understanding of grief at work is a significant problem:

- The grief caused by the death of loved ones, divorce, and other major life events cost businesses more than $75 billion in 2003.

- Illnesses or deaths in the family are the second most common problems affecting workplace performance.

- 90% of those in physical jobs indicate a much higher incidence of physical injuries due to reduced concentration in the weeks or months following a loss.

- 70% of grieving people surveyed report increased or new use of alcohol or mood-altering substances up to 6 months or more following a major loss.

- 90% of grieving people surveyed report that their ability to concentrate is reduced following a loss.

- Grief isn't limited to the death of a loved one. Workers may be affected by many different types of loss (i.e., a pet, a divorce, house fire or theft, family crises, etc.).

- While grief is the normal and natural reaction to loss, it is typically not resolved by the time workers return from a bereavement leave. In fact, the initial shock of a loved one's death is usually just wearing off, and true grieving has just begun. That means workers will be grieving while they doing their jobs.

Grief Impacts the Workplace

The manifestations of grief and loss have collective and cumulative effects on organizations beyond the impact to individual workers[6]. The organizational effects include:

- Absenteeism, illness, high job turnover
- Unpredictable results on the job
- Reduced confidence
- Concentration and memory impacted
- Decrease in productivity
- Brittle, fragile, angry workers, emotional outbursts
- Inability to set limits and say no, not using lieu days or taking vacations
- Poor morale, flatness, lack of creativity
- Outdated agency responses to grief and loss: what worked for one cultural group may be considered inappropriate for another
- Employer costs: higher benefit premiums, costs of relief staff, costs of hiring and training
- Disruption to clients and communities.

Being well equipped to tackle these complexities is a challenging enterprise. In a society where the grief of others makes us uncomfortable, the workplace often reflects this tendency. We are anxious for a rapid return to full functioning of grieving co-workers, or alternately, we see medical treatment as a cure for those struggling to cope with grief[7]. It may be a juggling act to reconcile the needs of workers with employers' needs for performance and productivity. However, we believe that with knowledge and practical tips, you will have a solid foundation for developing workable strategies that suit both the needs of your staff and volunteers, as well as the culture and effectiveness of your organization.

The Specific Context of HIV/AIDS[8]

If you're managing an AIDS agency, you're managing a grief-saturated agency

As of this writing, approximately 15,000 Canadians (8,267 Ontarians) have died of AIDS[9]. Each one of these deaths represents a life that touched countless networks of family members, loved ones, neighbours, co-workers, acquaintances, and the many paid and unpaid caregivers who accompanied these individuals through their battle with AIDS. With these deaths comes the legacy of loss - the tens of thousands of bereaved among us who grieve, actively, quietly, publicly, and privately. These are grieving people who, for the most part, still come to work. The impact of grief is profound and pervasive, yet many people lack accurate information about this fundamental human condition – bereavement. Most employers were not given training to assist them in supervising grieving workers and managing loss-saturated organizations.

- AIDS deaths continue in Ontario: close to 200 in 2007[10]. A range of other losses accompany an HIV diagnosis: quality of life, ill health, stigma and marginalization, financial considerations, concerns for the future, etc. We are also seeing non-AIDS related deaths in the sector.

- All these losses result in a grief response

- Grief and loss are central to the experiences of community members, clients, staff and volunteers in responding effectively to the challenges associated with HIV/AIDS

- Most service-users, caregivers (personal and professional) and impacted communities are experiencing ongoing multiple losses, disenfranchised (unrecognized) grief and complicated mourning

- Many AIDS-serving agencies are experiencing the negative impact of multiple losses resulting in decreased individual and organizational capacity

- These challenges are continuing to occur within our agencies at a time when agencies are coping with ongoing transition, stretched resources, more complex and diverse clients demands.

- HIV/AIDS workers report experiences of permanent *"white water of ongoing loss, change and transitions"*.

- In spite of these challenges, the amazing resiliency and capacity in AIDS agencies can be called on to create innovative and effective individual and organizational responses to loss, grief and bereavement – for example, the AIDS Candlelight Vigils and the Names Project featuring thousands of unique and remarkable quilt panels.

The Benefits of Supporting Bereaved Workers

Grief is certainly challenging for both the individual worker and managers in an organization, but it can also make a positive contribution by drawing on the humanity of an agency when people come together[11].

Those who are helped to work through a loss are more likely to be able to give support to colleagues who face similar difficulties. On the other hand, if bereavement has not been adequately dealt with, there may be continuing problems in an individual's relationships to work. *If the agency doesn't care about me, why should I care about the success of the agency?* A simplistic approach to grief can not only exacerbate the potential problems, but also miss out on the excellent opportunities in terms of personal growth, mutual support, development and even transformation[12].

The reality is that loss and grief will affect most if not all of us during our work years. Although morale and productivity are significant justifications for programs that support workers dealing with grief and loss, the best rationale is a human one[13]. The need to respond effectively to grieving workers and offer appropriate support lies at the heart of a high-functioning work environment and work-team collaboration. The right kind of support offered in the workplace is more than symbolically reassuring. The message the organizational culture offers workers is that major losses are significant experiences and the workplace will support workers in their efforts to balance the associated stresses and challenges. In return, the agency expects employees to return to work with capacity to keep fulfilling their responsibilities and being part of a team.

Workplace Well-Being

The need to take seriously the 'people factor' in organizational life has received increasing attention in recent years. The idea that an organization's most important resource is its human resource has become well established as a management principle. One management approach that does justice to the implication of valuing our human resource is the emerging field of *workplace well-being*.[14]

> *The Canadian Office of Public Service Values and Ethics defines workplace well-being as: "a holistic approach to creating high performance organizations through establishing the right conditions to generate high levels of worker engagement. Workplace well-being is connected to physical health, mental health, and wellness but primarily emphasizes the social and psychological dimensions of three inter-rated elements – workplace, workforce and the work people do."*[15]

Bereavement in the workplace offers a great opportunity for organizations to demonstrate a *workplace well-being* style of management. Bereavement is able to cut through social and organizational barriers because it is a sharp reminder of our common humanity[16]. A caring style

of management can sound sentimental to some, but it need not be. It demonstrates a passionate commitment to the task and to the people by reflecting:

- *A commitment to our workers:* If we want the whole-hearted support of staff and volunteers to their work and to the agency, that commitment has to be reciprocal.

- *A commitment to the task and productivity*: Bereavement is a process that takes time, naturally and inevitably. It uses a great deal of emotional and physical energy, some of which would otherwise be available for work. The aim is to help people recover their ability to function positively in their life, including work, as soon as possible, without hurrying them artificially through the bereavement process.

- *The whole person approach:* each of us has one brain in one body through which we live at work and away from work. We focus our energy and attention on the task at hand, but some mental boundaries are not to be confused with rigid barriers between our professional and personal lives. The whole person is always there. *A grieving individual will be a grieving worker.*

Summary

This Section situated grief and loss responses as a key component in developing a *workplace well-being* framework. An organizational approach helpful in supporting people at work to cope effectively with loss and bereavement will include:

- An unequivocal commitment to staff as a resource rather than a cost even if during bereavement they might be less productive than usual.

- A commitment to support workers during bereavement, recognizing that bereaved staff who are well supported by their employer and subsequently work through their grief well, will invariably grow in the process and strengthen their loyalty to the organization, and be in a position to support peers going through similar experiences.

- A commitment to people in the whole of their lives, recognizing that the quality of life outside work is relevant to their contributions at work.

- And will support an organizational culture in which:
  o It is acceptable to have "off" days
  o Authentic and open communication is encouraged
  o Human vulnerability is respected, not seen as a weakness
  o Feelings and their expression are seen as part of our humanity – not as an unprofessional response and a cause of embarrassment
  o A management style is promoted which takes account of the human needs and pressures on staff and their families.

In order to achieve these results, consideration needs to be given to providing managers and supervisors with:

- Information and understanding of grief, loss, trauma and bereavement processes as they may affect staff and volunteers

- Training in how to help affected workers and how to find further resources that they may be able to draw on, inside and outside of the organization

- In addition to outside supports, someone inside the organization needs to be identified as a focal point for good information about bereavement, which is likely to involve some introductory training in active listening and basic counselling skills, including assessment skills.

Grief and loss will impact workers which will in turn impact the organization. An effective response to grief is a good investment for the well-being of workers, and for the organization.

Part One: Understanding

Section III

What You Will Find in this Section…

III. An Organization will Face Loss in these Situations

- Descriptions of the 3 aspects of loss in the workplace

    o   When Death or Loss *Come to Work*
    o   When Death or Loss Occur *as Part of the Work*
        ▪   Sudden versus expected deaths/losses
    o   When *'the Workplace Dies'*
        ▪   When there are significant organizational changes
        ▪   Other types of loss responses associated with the workplace

- Summary

An Organization will Face Loss in These Situations

As a manager, you will be responding to workplace losses in the types of situations depicted in the diagram below. Each ball represents one specific area of loss. Further discussion about each of these balls or aspects of loss will be found in this section. *However, if you are most interested in practical applications, skip ahead to Part Two: Sections V, VI and VII.*

You and your organization will be dealing with loss[17]:

1. **When death and loss *come to work*-** when you are supporting bereaved individuals who have experienced a personal loss.

2. **When death and loss occur *as part of the work*-** client deaths or traumatic events, as well as the deaths of workers, volunteers, Board members. You will be managing individuals and teams in their work-related grief responses.

3. **When the organization is facing *significant changes or transitions*** that impact workers, clients and community members. A key aspect of change is the psychological process people go through in order to let go of the familiar and move forward with the desired 'new'. These loss reactions are often less tangible than the death of a loved one, or of a client, but can result in as much distress and turmoil for the workers.
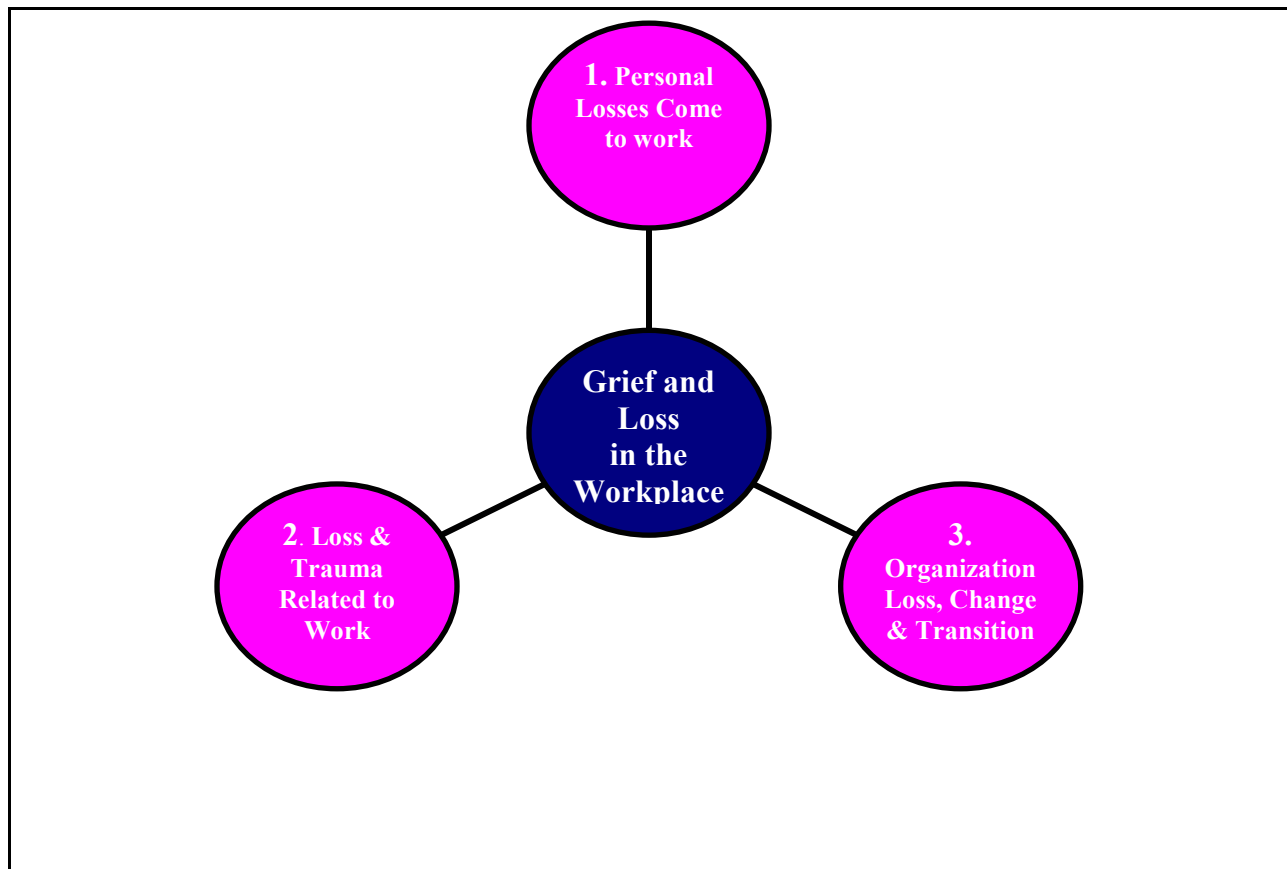
Descriptions of the 3 aspects of loss in the workplace

1. When Death or Loss *Come to Work*

> *"Margaret's mother died after a short illness. What do we say? We've sent flowers and a card to the funeral home and we've given her generous time off- some paid, some unpaid. Is more required? What do we do if she comes back to work and she's still not herself?"*

Workers will bring their grief to work when they've lost something they're attached to:

- The concrete loss of a loved one, a pet, a part of their identity through illness, major life passages etc. This represents the breaking of a bond or significantly altering it, and the grief response begins. This type of concrete loss is the most obvious to recognize and respond to. The **goal** is to effectively support grieving workers and create a positive atmosphere for both bereaved workers coming back to the office, and for the rest of the team.

According to the Last Acts Workplace Task Force (1999)[18], there are additional end-of-life concerns that most affect workers. These include:

- **Caregiving** for a seriously ill or elderly family member (30% of the workforce has some responsibility for an elderly relative. And 54 % of the workers say it likely they will be responsible for the care of an elderly parent or relative in the next 10 years)

- **Death of a loved one**. The death of a spouse, child or immediate family member brings about a profound loss response from workers. The death of a parent, sibling or part of the extended family of origin (nephew, niece, grandparent) can also have a major impact. It is often difficult for a grieving worker to represent to coworkers the meaning of the relationship with the person who died. It is also difficult for a worker to convey to friends and coworkers the intensity or importance of the experience surrounding a long-distance death of a loved one, especially when the distance makes it impossible for coworkers to attend funerals.

- **Chronic or life-threatening illness**. A life-limiting or disabling chronic illness represents a major threat and crisis for the individual and demands sensitive handling by employers and coworkers.

> *"The challenges that families must face when confronted with a terminal diagnosis of a loved one are complex. They include evolving new structures and dynamics as the person they love slowly slips away. It means learning how to cope with setbacks and deterioration, as well as periods of seeing remission. It means dealing with the complexities of extended grief, which can wear individuals down and lead at times to ambivalence about the wisdom of extending life….*

It means talking with a dying loved one about mortality and other issues that do not arise when death strikes suddenly and unexpectedly. It means learning to make space for extended grief in lifestyles that are busier than those of earlier generations."

Joseph Nowinski[19]

2. When Death or Loss Occur *as Part of the Work*

> *"Another client died this week- of an overdose- no one expected it- and it's the fourth client death this spring. I expected to lose people in this work but I just don't have enough information about how to deal with my own multiple loss response, let alone how to take care of my clients and my co-workers."*

Loss shows up in the workplace when:

- There are client deaths - anticipated or sudden

- The clients are dealing with loss and trauma

- A co-worker is facing chronic or life-threatening illness- or traumatic life event. It is typical for coworkers to become friendly and share a sense of camaraderie and understanding. Some of these relationships extend beyond the workplace. However, a worker who experiences a life threatening or chronic illness generates complex responses from coworkers. Feelings of vulnerability and empathy are two of the most common responses. Short term work accommodations may be made willingly and generously, but these can be difficult to sustain for extended periods of time without engendering resentment and conflict.

- Volunteer or staff deaths occur- impacting the team and the clients. *"Because of the amount of time we spend with our coworkers, the impact of a death of 'one of our own' can be great"* (Lattanzi-Licht, 1995)[20]. The death of a coworker represents and unwelcome reminder of the reality of death in all of our lives. It means coworkers will need to deal with the changes and anxiety that the experience generates.

- People we're attached to leave the workplace.

Sudden versus Expected Deaths/losses

When death is expected, workers have:
- opportunities to prepare
- opportunities to attend to their grief beforehand (anticipatory grief)
- time to plan a memorial/funeral
- opportunities to say goodbye

In sudden death, workers:
- have no time to prepare, to say goodbye
- will be left with the burdens of 'unfinished business'
- may be left with regrets
- are faced with many practical matters to attend to
- have no time to absorb this new reality
- are confused over which decisions can wait

The shock of a sudden death may complicate grieving:
- How did the news arrive?
- What was the cause of death?
- Is there a body? Is the body presentable? Is there an opportunity to see the body?
- Will people have an opportunity to attend the memorial or funeral?
- What happens next in terms of the practical workplace matters?

3. When 'the Workplace Dies' – When there are significant *organizational changes*

> *"I can deal with death, I am not certain how to handle all the organizational changes that seem relentless around here- how can a loss framework help with workplace changes?"*

This type of loss occurs when workers are threatened with the loss of something or the possibility of significantly altering a bond- *this includes real or perceived shifts in the workplace:*

- Organizational changes- new mission & vision, strategic directions
- Programs change- downsizing, mergers,
- Financial changes- cuts, office closures, program terminations
- Reorganization and team restructuring
- Leadership and management changes
- Facility moves
- Shifts in community and social/ political support

- **Note:** people can experience grief from 'positive changes' that affect roles and relationships and alter existing bonds/attachments: job promotions, workplace restructuring, retirement, etc. These types of losses can be complicated to recognize as situations that generate a grief response. Workers can be anxious and irritable (see section on Loss and the Brain)

- **When they recognize that there is something they have desired but have never had and never will have.** This includes dreams never attained, connections never

solidly established, possibilities not realized. These types of losses can be the most difficult to identify- they are experienced as *existential losses*.

In the context of most work related changes or losses, advance preparation, worker input, and participation in the planning can help in worker adaptation. We are aware that this may not always be possible. When workers are laid off or terminated with no warning and are told to clear their desks and leave right away, remaining workers are left feeling shock, vulnerability, and high levels of distress. These reactions can be considered loss responses and are reportedly experienced with the intensity of 'sudden death'.

Other Types of Loss Responses Associated with the Workplace

Loss is often equated with death-related losses- but the reality is much broader than this. Work-related loss can also occur in these ways:

- **Loss of power or status:** in terms of work, when we encounter restructuring, layoffs, terminations, or leave on disability, we can experience a loss of power or status, and that can be significant in terms of how we experience our lives in general. A 'worker identity' is a core frame of reference for some.

- **Ability:** the onset of disability, ill health or other changes in circumstances, can lead to a loss of ability. Technological change can mean somebody's ability in a particular area is not longer required because the technology to which it related is not longer used.

- **Hope, Ambition or Aspiration**: All of these can be lost when we miss a certain opportunity or when circumstances changes. Disappointment is a form of grief reaction to a loss. Examples are: the end of a project because of funding changes or projects where the time, energy, efforts might be lost; applying for a new position, but not being the successful candidate; feeling unable to make a difference with our work.

- **Relationship or connection:** Where we 'fall out' with a friend or colleague, or they move to another department, or leave the workplace

- **Meaning:** We can lose a specific meaning- a crisis of faith, or we can experience a loss of meaning as a result of other losses. For example, someone whose work is made redundant may lose their sense of career and worker identity. Things that seemed important or worth working toward are now thrown into question. Part of the personal searching that follows a major loss centers on a re-ordering of values and priorities.

- **Security:** We develop 'points of reference' that help give a sense of familiarity, comfort and safety. When one of these landmarks of security is lost, we can begin to feel insecure. Loss of security can be particularly problematic when it is either multiple (that is several aspects of security are lost at the same time after a workplace assault and theft), or cumulative (when one loss of security is followed by another and another).

- **Respect and Honour:** Whether the loss of respect and honour is justified or not, its impact can be just as potent. Loss of respect can also include loss of self-respect and thus of confidence, which in turn, can lead to other losses, such as capability in certain areas.

- **Unfinished Business:** if someone has had a conflict with a colleague who then dies or leaves before they have had a chance to resolve their disagreement, the impact may be felt with new colleagues.

Each of these experiences creates unique challenges that typically reflect on people's work performance, engagement and morale. These types of losses also have significant workplace implications for team vitality, cooperation and mutual support.

Summary

Losses come to work, losses occur at work, and losses result from workplace changes. These various loss-generating situations will impact staff, volunteers, clients, and community members in diverse ways. Even a single major loss event is experienced in as many unique ways as there are impacted workers and community members. These realities position workplace supervisors in a perpetual state of *multiple loss management*, continually juggling complex, layered, grief spheres that impact staff, volunteers, teams and organizational culture in overlapping ways.

Workplace Losses Generate a Multiple Loss Environment

You as a Manager

Personal Losses come to work

Loss & Trauma Related to Work

Organizational Loss, Change & Transition
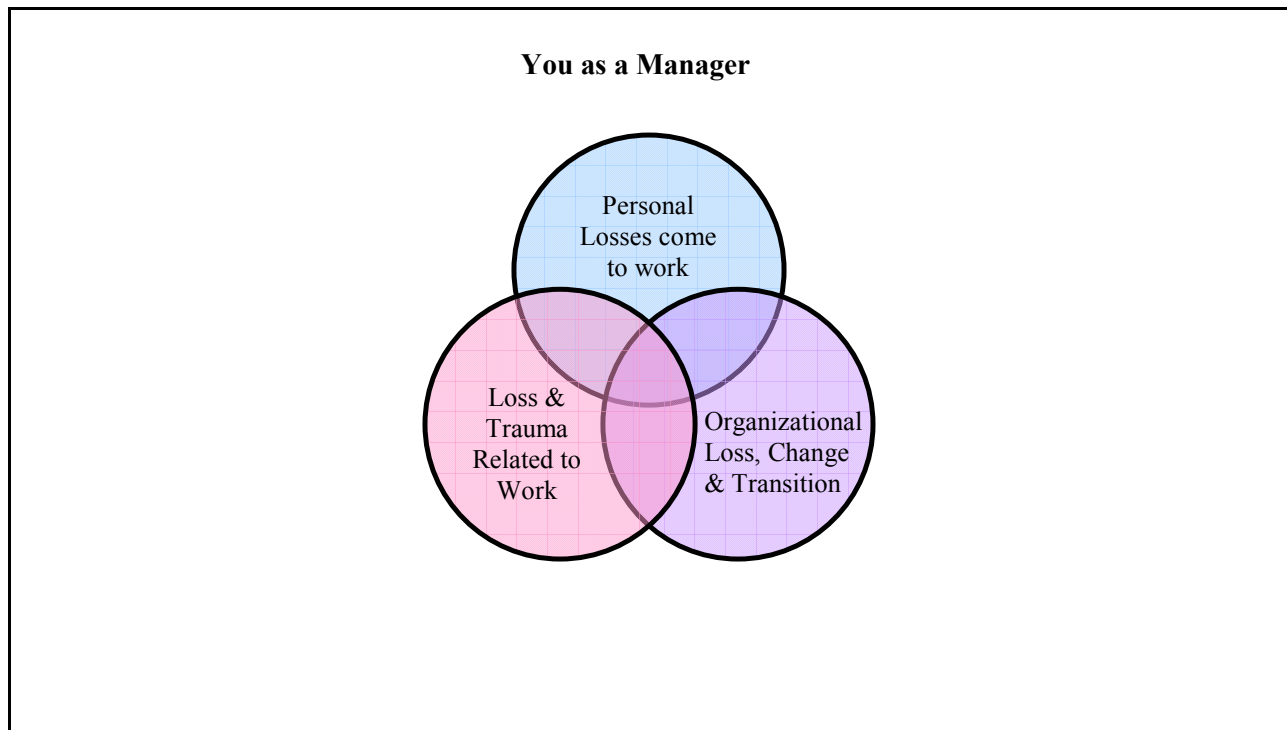
Part One: Understanding

Section IV

What You Will Find in this Section…

IV. Understanding the Impact of Loss, Grief and Trauma *on Individuals*

- Loss, Grief and Trauma- the Basics
    - Common Myths about Grief
    - Definitions of Commonly Used Terms
        - Attachment
        - Bereaved
        - Anticipatory Grief
        - Grief
        - Mourning
    - Common Avoidance Patterns
    - Signs and Symptoms of Grief

- Journey of Grief - *diagram*
- Four Tasks of Mourning
- The Process of Grieving
    - The Grief Loop
    - Resolution of Grief
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- We Manage Loss Differently- *Styles of Grieving*
    - A Note on Medicalization of Bereavement
    - Social and Cultural Context of Grief
    - Variables of Loss Impacting Individual Workers

- Relearning the World
    - Transformational Grief
    - 3 Essential Questions to help Transform Loss

IV. Understanding the Impact of Loss, Grief and Trauma *on Individuals*

Loss, Grief and Trauma – the Basics

We do not expect managers and supervisors to be grief counsellors. Rather, we believe that some basic understanding of grief, loss and trauma will assist managers and supervisors in providing a supportive environment both physically and emotionally for grieving workers. The material in this section will give supervisors a better understanding of *why* some behaviours occur and in turn become more aware of when referrals to external supports are appropriate.

If we accept that attachment and loss are a basic part of life, then we must accept that grief is central to human experience. Death and dying, and loss more broadly, are subjects that many people do not readily want to confront and will therefore try to avoid where possible. While this is perfectly understandable up to a point, it can also be unhelpful. It can prevent us from developing an understanding of how significant such matters are in the workplace and can leave us ill-prepared to deal with the considerable challenges grief and loss can present.

For some people at various points in their life, traumatic events become part of their experience. This reality can have significant implications when these workers are in environments where others, clients and colleagues alike, are dealing with similar traumas. It is useful for managers to understand some basics about the range of grief, loss and trauma responses, to be prepared to support people through their process, and where possible, to help them grow and develop as a result of their experiences. An approach that negates or minimizes loss, *"just get over it and move forward",* means that opportunities for development are missed and that people are discouraged from the transformational potential of grief in the future. This can be an enormous waste of human potential- for both the individual concerned and for the workplace.

Common Myths about Grief

Myths and misconceptions about grief abound[21]. These misconceptions can cause problems when grief impacts the staff and volunteers in your agency. The more you and others managers in your workplace understand these myths and realities, the more effective your organization can be in balancing a caring, compassionate work environment with a realistic focus on productivity and meeting team and organizational goals.

Some Myths:

- All losses result in the same type of grieving
- Bereaved individuals only need express their feelings in order to 'resolve grief'
- To be healthy after the death of a loved one, just put that loss out of your mind
- The intensity of mourning is a testimony to your love for the deceased

- We steadily recover from grief in about a year
- Sudden, unexpected death is the same as losing someone to an anticipated death
- Only close family members grieve
- People who are grieving are best left alone and all mention of the deceased should be avoided
- Individuals should leave their grieving at home or get on medication to feel better.

Some 'Truisms' About Grief and Bereavement:

- Bereavement is a normal, natural experience - although traumatic and disruptive
- Response to loss is not a uniform phenomenon-variability must be recognized. Some show intense distress and others don't
- Grief has no timetable. A major loss tends to resurrect old issues and conflicts for the mourner
- Grief is not a linear process, but more of a spiral as mourners revisit aspects of grief again and again
- Grief is experienced within a social context. Society's view of death and expectations of "*appropriate grieving*" influence expression of loss
- The goal of grief work is to grieve *"well"* not to grieve *"right"*
- Support is about stimulating the mourner's own coping skills
- While grief and loss are an inevitable part of life, most people lack a language and an understanding of grief that would help them identify and cope with normal, natural responses to loss.

Definitions of Commonly Used Terms

Attachment
- A bond of affection or loyalty- can be *tangible* (person, place or thing) and *intangible* (hopes and dreams)
- Requires an investment of emotional energy
- To grieve is to honour the profound truth of the attachment

Bereaved
- The state, or fact, of having suffered a loss of something physical or symbolic, tangible or intangible

Anticipatory Grief
- The process stimulated by awareness of impending loss and/or death

Grief
- The physical, emotional, mental and spiritual responses *within us* stimulated by the fact of the loss- being bereaved. Grief is a process that allows us to say good-bye to what was and to get ready for that which is yet to come.

- Grief is comprised of our psychological reactions to a loss. It is not an illness- although it is a struggle. It is generally characterized by a sense of emptiness or absences. Although grief is a phenomenon that can apply to every human being, it is not a case of 'one type of response fits all'. For many years, grief was presented as a biological process, therefore assumed to be pretty much the same for everyone. However, theoretical developments and research evidence have combined to show us that this is not a realistic or practical way to view grief. We now recognize that different people grieve differently and there will be significant differences between individuals and across groups.

Bereaved
Fact of Loss

Grief
Reactions
to the Loss

Mourning
Public
Expression

Disenfranchised Grief
When our losses aren't recognized,
our ways of reacting to grief aren't
supported, and our public
expressions of mourning aren't
available to us.
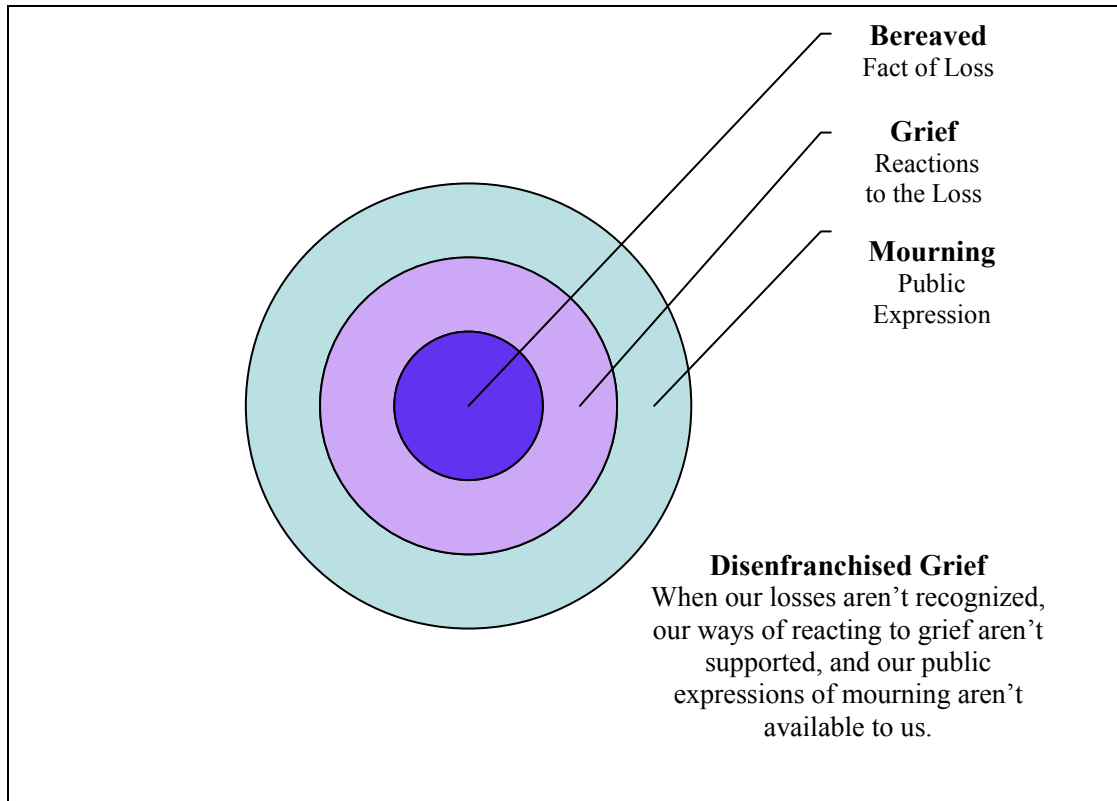
Mourning
- Any *public shared expression* of a person's thoughts, behaviours and emotions related to the loss. Mourning is social and culturally determined.

- Grieving is in some ways very personal and intimate, and can be an isolated activity- but that is only part of the story. There is also a dimension of collective grieving, whether this is across a whole society (9/11), a sub-section of a society (AIDS deaths), or a family group or group of friends, or work colleagues (school shooting). Some people distinguish between grieving as an individual process, and mourning- which involves the social aspects of responding to loss- the rituals, shared expressions of grief. When our grief styles differ, as would be expected in a workplace, there may be considerable conflict as a consequence of highly charged emotions being expressed in distinctly different mourning styles. This is a tension to manage creatively.

Common Avoidance Patterns

Given the painful nature of grief, it is understandable that people would attempt to avoid their uncomfortable and often socially challenging responses to loss. In order to keep their responses in check, people often use one or more of these *avoidance patterns*[22]. It is useful to recognize these avoidance patterns as adaptive in the short term, but potentially problematic if they lead to a persistent inability to deal with the loss.

1. Postponing   *"I'll deal with it later - it hurts too much right now and I feel like I'm falling apart."*

2. Displacing   Projected/externalized grief – *"I'm furious at the stupid photocopier; my anger has nothing to do with grief!'* **or**

Internalized grief – *"I'm feeling so unhappy and I get mad at myself for little things."* (making no connection to a recent loss).

3. Replacing   Premature reinvestment (new relationship, overwork) – *"I'm just going to refocus my energy and feelings into these new projects"* in an attempt to keep the difficult feelings of grief at bay.

4. Minimizing   Cognitively diluting feelings through rationalization – *"I wasn't that close to him."* or *"I'm just the volunteer, so I can't be grieving."*

5. Somaticizing   Unexpressed feelings manifested as physical symptoms – *"My aching chest and exhaustion have nothing to do with Dad's death."*

Signs and Symptoms of Grief

While experienced and expressed in diverse ways, expect grief to encompass the holistic dimensions of human responses: physical, emotional mental and spiritual (including sexual and social)[23].

People often express these signs and symptoms of grief with phrases noted in the summary page that follows. They may not have identified these responses as 'grief reactions'.

Signs & Symptoms of Grief

1. Physical
- I'm exhausted
- I have spasms in my back and neck is seized up
- My head aches all the time
- I can't shake this flu
- My ulcers are acting up
- My jaws are so sore – I must be grinding my teeth at night
- I have such a tightness in my chest/difficulty breathing
- Sometimes I don't care about sex, then I have the urge to have a lot of sex
- My stomach feels like its in knots half the time

2. Emotional
- I'm always on the verge of tears
- Those kitten commercials make me weep
- I'm so irritable I've been biting people's heads off lately
- I'm just pissed off at everything and everybody
- I can't feel anything – I'm numb – I'm not really connected
- I'm having nightmares
- I don't want to feel
- I am anxious all the time these days

3. Mental/Attitudinal
- I just can't seem to concentrate/my mind is not here
- I walk into a room and forget why I'm there
- I completely forgot about that meeting yesterday
- I can't slow down/I can't stop my mind from racing
- I can't get to sleep even though I'm exhausted
- I just want to be distracted: sex, drugs, alcohol, more work…

4. Spiritual
- What am I doing here? There's no point in doing this work
- These deaths are relentless/the suffering is so enormous
- I'm mad at God/the Creator/the Divine
- Why is this happening to me? To us?
- This is not how life is supposed to be
- I can't make one more new friend
- No use in making attachments which won't last
- I so desperately want some joy in my life/want peace of mind
- I'm just not creative anymore

The Journey of Grief

devised by Bess Will

Loss

Protest

Searching

Despair

Reorganization

Reinvestment
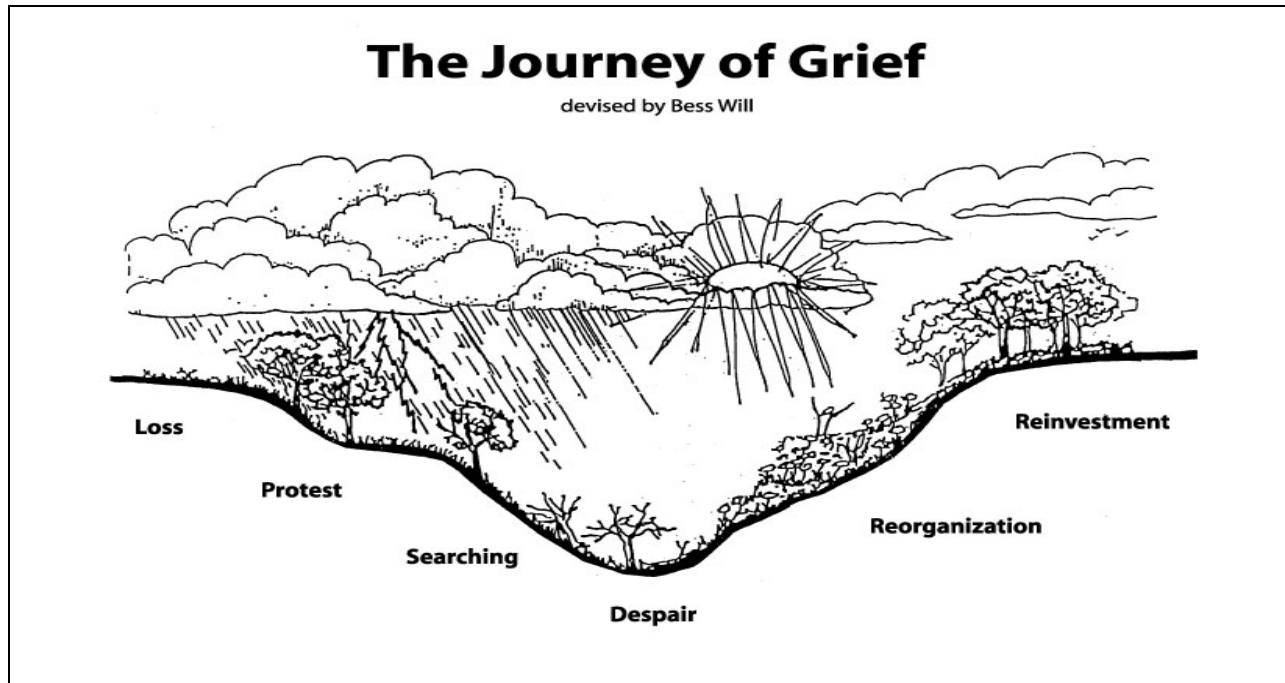
The Four Tasks of Mourning[24]

1. To Accept the Reality of the Loss

  • The mourner must talk about the death, body, funeral or memorial service.

  • **Negation** of this task is not believing through prolonged denial involving either denial of the facts, the significance of the loss or the irreversibility of the loss

2. To Experience the Pain of Grief

  • It is impossible to lose someone you are attached to without feeling some pain. The survivor will have to deal with the pain at the time of the loss, or will confront it many years later; but they will have to deal with it!

  • Emotional acceptance occurs when the survivor no longer needs to avoid reminders of the loss for fear of experiencing intense pain or remorse.

  • **Negation** is not to feel resulting in increased physical or psychological problems

3. To Adjust to an Environment in Which the Deceased is Missing

  • Survivors are not usually aware of all the roles played by the deceased until well after the loss occurs. This is the task where 'secondary losses' need to be identified and mourned. A secondary loss may be defined as 'a physical or psychosocial loss that coincides with or develops as a consequence of the initial loss'. Examples would include the role of the 'cook' in a relationship, which may have belonged to the deceased; or the

identity of a mother once a child has died. Each of these secondary losses initiates its own grief and mourning reactions: "every physical loss will engender psychosocial loss" (Rando, 1984).

- **Negation** is not adapting to the loss and promoting their own helplessness

4. To Withdraw Emotional Energy and Reinvest in Other Relationships

- Mourners sometimes believe they are dishonouring the dead if they withdraw emotional attachment. They may fear another loss if they reinvest.

- When "all the feelings, thoughts, memories, and expectations that bound the griever to the deceased are gradually worked through by being revived, reviewed, felt, and lessened" (Rando 1984), this task may be considered complete.

- **Negation**: people may get stuck at this point and later realize that, in some way, their life stopped at the moment the loss occurred

The Process of Grieving

It's no longer about the *Stages*- but a *Process of Grieving*

Our theoretical understanding of grief is evolving. Based on the work of Kubler-Ross in the '60's, people came to understand grief as a series of stages we moved through in a linear fashion. We now have a far greater theoretical understanding of grief. Models are emerging that encourage us to see grief involving a ***dual process***[25] *(Stroebe and Schut).* This dual process model suggests that people will focus *on the past and what they have lost* as part of their grieving process, but will also focus *on the future and what they have to rebuild*- **at the same time**.

They also describe how these two processes (looking back and looking forward) involve a degree of oscillation- swinging back and forth between the two. This can make it challenging to identify where people are in their grief process.

Focus on the Past	Dual Process Theory of Grief- both are going on *at the same time* → **Focus on the Future**
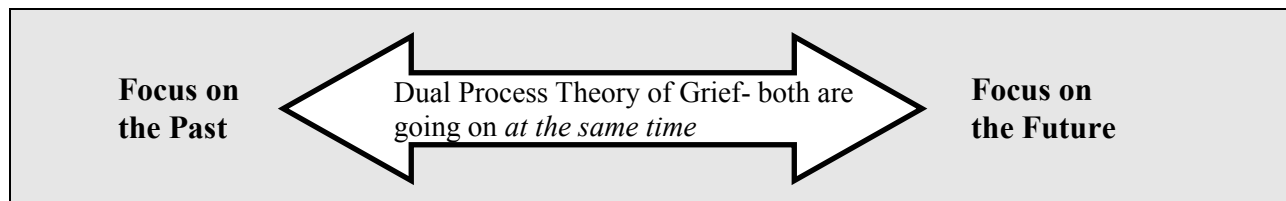
People sometimes think they are stuck or failing when they keep returning to issues from the past. This dual process theory supports this natural back and forth swing.

In addition, there is the important theoretical work of Neimeyer and his colleagues which presents grieving as a process of ***meaning reconstruction***[26]. This involves developing a new

'narrative' or story to make sense of our lives without the person, thing, or relationship we have lost. Storytelling around the loss becomes vitally important as a way for people to move forward. Sometimes the stories are about the past and sometimes they shift towards the future. Making meaning in *both* dimensions reflects the natural flow of how we cope with loss.

Typical Grief is Complex: the Grief Loop

When we experience a major loss, the very foundations of our being can be shaken. We can lose our sense of security. This can mean that people who are grieving feel they are *"losing it"* because their everyday, taken-for-granted assumptions no longer seem to apply. It is important to establish this as a common feature of a grief reaction, not to be confused with depression or other mental disorders[27].

Grief has also been described as a roller-coaster experience- a series of '*grief loops*'[28]. The image below helps us understand the normal trajectory that grieving follows. It suggests that grief will not be a smooth movement from one stage to another, but rather a tension between avoidance, confrontation with the present reality and eventual accommodation with an emerging future- made more difficult if it is a future we would not have chosen.

People who are grieving will experience a wide range of emotions, ranging from sadness to extreme sorrow, through to anger and bitterness at the other extreme. All these emotions are generally underpinned by a profound sense of emptiness. These emotions are not only wide ranging, but also quite intense- something that can lead others to back away from the intensity. This can leave grieving people alone without the support they need as people step back from the blasts of anger, expressions of sorrow or flat, empty responses.

Resolution of Grief: *It's not about putting the past behind us*

Dominant in western culture was the established wisdom relating to grief that people needed to 'let go and move on'. This notion has been challenged in recent years as we have seen the development of the *continuing bond theory*[29]. It is based on the idea that grieving involves finding a way of keeping the person or thing we have lost firmly in our lives- as memory, as part of our resiliency. The language of '*putting loss behind you and going forward*' is no longer believed to be useful.

In spite of the current practice of offering a few days bereavement leave, the fact remains that grief is not a matter that is resolved within a few days. The effects of a profound loss can last for weeks, and months.

Grief and Time: *How long is this all going to take?*

People wonder how long it takes for someone to move through their grief response. The answer varies. It depends on the degree of attachment, the suddenness and manner of the death/loss

event, an individual's past experiences working through other losses, and their particular social support systems. Generally, it takes time for individuals to live into the impact of a death or significant loss. The immediate few weeks following a death may be filled with practical matters- organizing the memorial, dealing with family members, probating the will, sorting through possessions, etc. It may not be until a significant anniversary, such as a birthday or holiday, that the reality of someone's death may hit 'full force'. This experience is known as STUGS: *Sudden Temporary Upsurges of Grief*[30].

Many of us still hold to the myth that *"the intensity of the pain decreases with time"*:
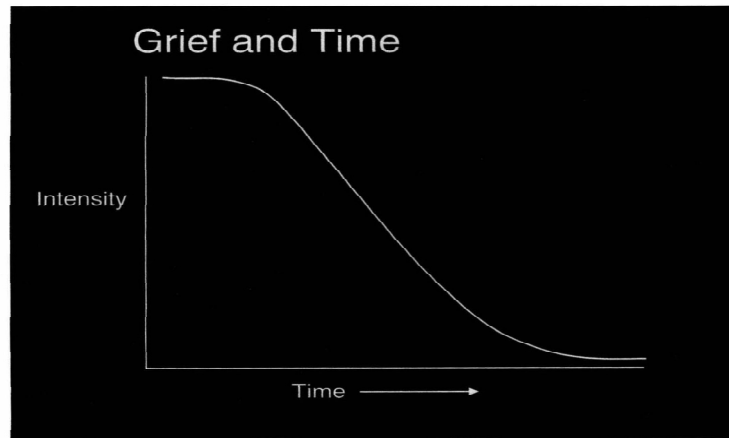
But the reality is more like this next graph: STUGS – *Sudden Temporary Upsurges of Grief*
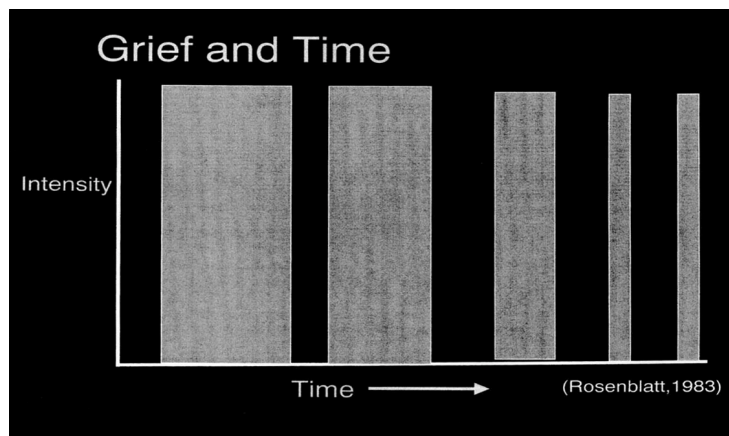
(Rosenblatt[31])

A STUG often occurs at significant times, such as anniversaries, when the feelings of grief return with an intensity that surprises people. These upsurges of grief usually do not last as long as the first experience of a 'grief hit' and individuals learn to manage their memories and feelings. It has been said that people *survive* the first year after a death as they experience the rawness of the *'first of everything'*- the first birthday, the first anniversary, the first Thanksgiving, the first anniversary of their death date, etc.   The second year is often the time in which the more reflective aspects of the tasks of grief take place.

Remember, grief takes time and is not a smooth, straightforward process.

We Mange Loss Differently: *Styles of Grieving*

Martin and Doka (1999)[32] suggested that we look beyond gender to understand *different patterns or styles of grief.* Their study found that gender, culture, and initial temperament all interact to produce a dominant pattern of grief. Based upon the underlying concept of emotion regulation, Martin and Doka proposed three basic patterns of grief: ***intuitive, instrumental, and dissonant.***

*Intuitive relates to emotional and spiritual expressions as dominant; Instrumental relates to the physical and mental, and **Dissonant** refers to being limited to a type of grief expression not naturally suited to the individual.*
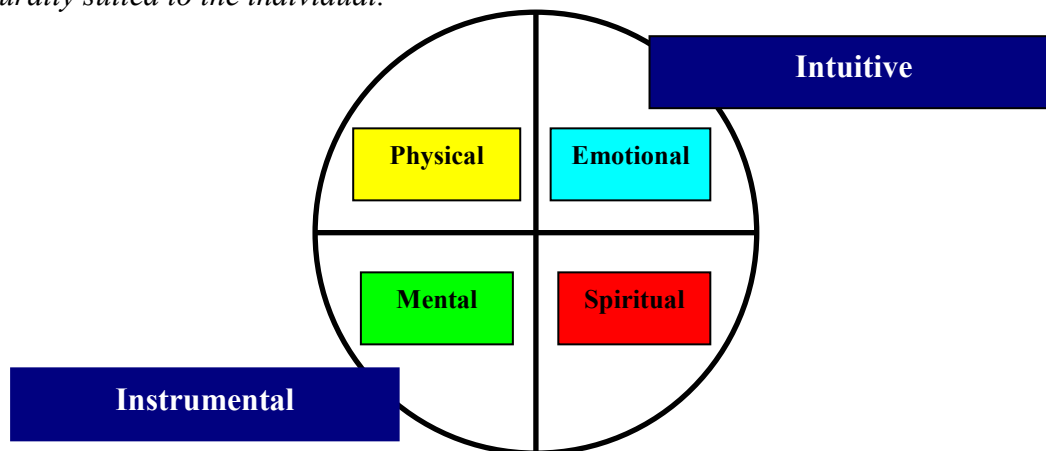
1. ***Intuitive pattern.*** Intuitive grievers experience, express, and adapt to grief on a very affective level. Intuitive grievers are likely to report the experience of grief as waves of **affect, or feeling.** They are likely to strongly express these emotions as they grieve—shouting, crying, or displaying emotion in other ways. Intuitive grievers are also likely to be helped in ways that allow them to ventilate their emotions. Self-help and support groups, counselling, and other expressive opportunities that allow these grievers to ventilate feelings are likely to be helpful.

2. ***Instrumental pattern.*** Instrumental grievers are more likely to experience, express, and adapt to grief in more **active and cognitive ways**. Instrumental grievers will tend to experience grief as thoughts, such as a flooding of memories, or in physical or behavioural manifestations. They are likely to express grief in similar ways—doing something related to the loss, exercising, or talking about the loss. Instrumental grievers are helped by strategies such as 'bibliotherapy' (the use of self-help literature) and other interventions that make use of cognitive and active approaches.

3. ***Dissonant pattern.*** Dissonant grievers are those who experience grief in one pattern but who are inhibited from finding appropriate ways to express or adapt to grief that are compatible with their experience. A man might experience grief intuitively but feel constrained from expressing or adapting to grief in that way because he perceives it as contrary to his male role. Similarly, a woman might also experience grief in a more intuitive way but believe she has to

repress that feeling in order to protect her family. Counselling with dissonant grievers involves helping to identify their inherent pattern, recognizing the barriers to effective expression and adaptation, and developing suitable intervention techniques.

Intuitive Griever	**Instrumental Griever**
FEELINGS are intensely experienced	**THINKING** is predominant to feeling as an experience; feelings are less intense. There is a general reluctance to talk specifically about feelings
Expressions such as crying and suffering mirror the inner experience	Mastery of oneself & the environment are most important
Successful adaptive strategies facilitate the experience & expression of feelings	Problem-solving as a strategy enables mastery of feelings & control of the environment in creating the new normal
Prolonged periods of confusion, inability to concentrate, disorganization & disorientation	Brief periods of cognitive dysfunction are common- confusion, forgetfulness, obsessiveness
Physical exhaustion & anxiety may result	Energy levels are enhanced, and symptoms of general grief reactions to the loss go unnoticed

A Note on the Medicalization of Bereavement

Significant problems can result when people regard the effects of normal grief responses as *symptoms of an illness*. There is a strong argument that the term *illness* should not be used at all to describe a normal experience of loss. What is being rejected is an uncritical acceptance of a very complex, multi-level psychological, social and organizational issue as a *medical disorder requiring treatment.*

> *"Our lives consist of a series of attachments and inevitable losses, and evolution has given us the emotional tools to handle both. Humans have developed complicated and culturally determined grieving rituals that no doubt date at least as far back as the Neanderthal burial pits that were consecrated tens of thousands of years ago. It is essential, not unhealthy, for us to grieve when confronted by the death of someone we loved. **Almost everyone recovers from grief, given time and support…** To slap on a diagnosis and prescribe a pill would be to reduce the dignity of the life lost and the broken heart left behind, and would substitute a shallow medical ritual for the sacred mourning rites that have survived for millenniums."*
>
> Allen Frances *Good Grief* New York Times August 14, 2010[33]

Social Context of Grief

Grief is generally described as the highly unique personal response to loss. But the social context of grief and the social construction of what is viewed as 'normal and acceptable' grief in Western society shapes our perceptions of grieving individuals[34].

Most grievers would confirm that the most common comments they receive are those which would *minimize* their loss or offer distraction from their grief in an attempt to help them to regain control over their vulnerability and emotional expression. These social norms are so deeply entrenched into every institutional structure that all individuals in Western society learn to identify with the need to *be strong* and *keep control* at all times- and they often apologize and withdraw socially when they fail to do so. Because these values are so pervasive and normalized, it is difficult to expose the ways they stunt/affect the integration of loss in all aspects of life.

- Grieving individuals may have lost much social support and stature as a result of their loss experiences (death due to suicide, AIDS, etc). It is important to be aware of and perhaps offer additional support in the context of this very unsupportive social milieu.

- Grief is a universal experience, but it is often hidden from sight as if were a source of shame and personal failing rather than a manifestation of the price we pay for loving others and for forming meaningful attachments, both tangible and intangible.

- It's useful to focus on the grief experience as it is unfolding, rather than on how it should manifest. Understand why individuals face strong pressure to confirm rather than to reflect on their actual experiences. Normalize bereaved individuals' responses in light of abnormal societal expectations.

- Public education about grief and the social context of grief may build awareness and greater acceptance of diversity within grief responses.

> *To encourage bereaved individuals to express grief openly outside of a highly supportive context is to set them up for social stigma and isolation.*

Variables of Loss Impacting Individual Workers

Grieving workers exhibit typical responses to grief that include decreased energy, anxiety, difficulty concentrating and making decisions, preoccupation and feelings of helplessness[35]. Because grief affects us in all dimensions of being: physiological, psychological, social and spiritual, coping and adaptation will also take place across all these dimensions. The work of integrating a loss takes places across a significant span of time. Full integration of loss continues across a long period of time.

Key influences on individual workers' response in the workplace to loss, especially the death of a loved one include:

- **Nature and quality of the relationship.** The specific type of relationship is perhaps less significant as an influence than the strength of the attachment. Significant levels of ambivalence can be a key complicating factor in grief. Also, an unrecognized relationship, such as the death of a divorced spouse, an affair, or same-sex lover can force grieving workers to present a façade at work and seek support from outside sources.

- **Roles played by the person who died.** Each person contributes to the family and work setting in unique ways, taking on both tangible and expressive roles. A new worker can take over the responsibilities of a coworker who dies, but she or he will perform those duties in a different manner. Tangible roles (meeting or social planner, recorder, historian, etc) are adaptable across time. The expressive roles (nurturer, clown, challenger) are more complex and have an emotional component attached to them. These roles are more difficult to replace.

- **Circumstances of the death.** Traumatic, violent or sudden deaths require a more complex adaptation. Before integrating the loss, the grieving person must deal with the effects of trauma and the layer of anxiety it places over day-to-day life. Deaths by suicide or homicide complicate grieving.

- **Availability of support**. Social support is considered the critical variable in facilitating the integration of a loss. In general, most people have support available to them; the question is their ability to access and use that support appropriately. Workplace support is part of the overall support a grieving person receives and is often symbolic. Feeling understood and having the difficulties of the situation recognized sustains the person who is grieving as s/he learns to endure the loss.

Relearning the World

Grieving involves developing a new narrative, a new set of meanings that help us make sense of our lives and lead us through it. We *relearn the world* after a major loss:

> *"No other person grieves for us. The challenges are ours to meet. Yet, there is much that others can do for us as we relearn our worlds, find new places in our physical and social surroundings, learn how to continue to care about those who have died, and struggle to find new, meaningful and hopeful directions for our life stories"*   Attig[36]

Transformational Grief

Grief can also be transformational. This means that although the process of grieving may be a very painful one, the outcome can be an extremely positive one. People can grow and develop and become strengthened by the experience of coping with a loss. This is more than the

simplistic idea that "every cloud has a silver lining". It is about the fact that grief can be a major life challenge, and in rising to meet that challenge, we can become stronger, and better prepared for the next challenge.

A crisis, like a death or significant loss, is a turning point in someone's life, an event that produces a situation that will either get better or get worse, but will not stay the same. What we have known about crises for some time is that they can have positive or negative outcomes[37]. Positive developments can include:

- Appreciation
- Stronger relationships
- Resilience
- Mental and emotional preparedness
- New vistas and possibilities
- Discovering new skills and talents
- Life review
- Wisdom to pass on

---

3 Essential Questions that help Transform Loss:

Who Am I?
as my assumptions about the world and about me
are thrown into question by the experience

Who Have I Been?
as I search for anchors in my own past experience,
and prior losses come into my awareness

Who Am I Becoming?
as I integrate the changes that
this experience brings to my life

Summary

This Section reviewed basic grief and loss information and presented current theoretical frameworks about the journey people move through as they cope with a variety of losses due to death and non-death related situations.

Characteristics of grief included:

- While diverse, grief responses will encompass the holistic dimensions of human response.
- Grief is different for everyone: relationships are different, support systems vary, resources are not always available, variety of coping styles, gender differences, cultural and religious differences, grief depends on what else is going on in our lives
- Grief takes a long time
- Grief is an emotional roller coaster
- Grief is highly stressful
- Grief impacts holidays, anniversaries and significant events
- Grief affects relationships
- We don't *get over* a loss- rather, we *integrate* the reality of that loss into our lives.
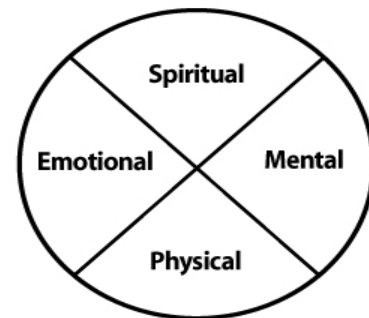
Enhancing your level of knowledge and understanding of grief will allow you to provide *normalizing* information to those around you. It will also gives you a framework in which to understand the overwhelming, confusing and sometimes chaotic and conflicting experiences of loss survivors.

Part One: Understanding

Section V

What You Will Find in this Section…

V. Complicated Grieving and Traumatic Loss

- Complicated Grieving
    - Disenfranchised Grief
    - Multiple Loss
    - AIDS-related Multiple Loss Journey- *diagram*

- Sudden, Accidental or Traumatic Death
    - Complicating Situations for Sudden Loss Survivors
    - Human-Caused Disasters
    - The Unanswerable "Why?"

- Traumatic Grief- when Trauma and Grief appear Together
    - Factors Associated with Complicated and Traumatic Grief
    - Trauma has Three Parts
    - Grief and Trauma can be Distinguished in these Ways - *chart*

- Absence of Rituals in Trauma

- Post-Traumatic Stress Disorder- not only about the clients
    - HIV and PTSD- *abstract*
    - The Differences between Grief, Trauma and PTSD – *chart*

- Summary

V. Complicated Grieving and Traumatic Loss

In this section, you will find information about elements that complicate a grief response and some material on trauma and traumatic grief.

It is important, but not always easy, to differentiate between what is an expected grief reaction and what might be complicated grieving or responses to traumatic losses. With complicated grieving, additional help is likely to be needed. If you are not aware of the need for such a distinction, the result can be either a situation in which *'normal grieving'* is causing unnecessary concerns, or one in which very real concerns are being missed.

This brief discussion of complicated grieving should be sufficient to show that in supporting grieving workers, part of what needs to be considered is whether the thoughts, feelings and actions of the individual fall within the parameters of expected grief reactions, or are in some ways problematic above and beyond the challenges that grief always presents. This is not so that you can put some people in the category of *'poor coper'*, but rather to recognize in a positive and supportive way who may need additional help.

Disenfranchised Grief

Disenfranchised grief is a significant concept introduced by Kenneth Doka[38]. Experiences of grief can be disenfranchised in the following ways:

- The *griever* is disenfranchised: *"She doesn't need to attend the funeral, she is just the receptionist" or "He's got developmental disabilities- he won't understand."*

- The *relationship* is disenfranchised: *"I'm just the volunteer" or "They were just friends"- while their real connection as lovers is not recognized.*

- The *loss itself* is disenfranchised: losses associated with peri-natal deaths often receive less attention *"It's probably better that you lost that pregnancy; you can always go on to have another baby".*

> *Disenfranchised grief can also apply to losses that are not death related. An example of this is where change can be seen as a **positive development**- a promotion. But if a promotion means losing status with one's peers, losing a familiar set of circumstances, then complicated loss responses can result.*

Disenfranchised grief can make a significant loss even more difficult to deal with as a result of the stigma and/or lack of social support that can accompany such grief. What can compound grief in the workplace is the extent to which workplace culture can be characterized by a lack of support and sensitivity- associated with the idea that workers should leave home issues outside of

the work setting. Such an unrealistic and uncaring culture can make a major contribution to rendering workplace grief as disenfranchised grief with all the potential problems this entails.

Multiple Loss can be characterized by:

- The experience of constant and sustained loss, often while **anticipating** further losses. . Multiple losses: can include non-death losses such as relationship separation. Losses in this situation can include: loss of identity, loss of contact with children and family; loss of home; confidence; financial security, etc.

- Cumulative Losses: multiple losses but occurring one after the other. People can be overwhelmed by blow after emotional blow. If those same losses had been spread out over a period or years, people may have managed, but in rapid succession, the result may overwhelm someone's normal abilities to cope with stress. AIDS related losses are an example of cumulative, multiple losses

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AIDS-related grief[39]

Just as AIDS has challenged us to rethink much about individual and community health, so too has the disease expanded our understanding of grief, particularly as it relates to multiple, cumulative and continuing losses.

While there seems to be a natural constellation of responses to death, there are unique factors associated with AIDS that increase the complexity of grieving. The impact of the social isolation, stigma, disenfranchisement, lack of spiritual support, fear of contagion, multiple loss, homophobia, illness-related complications, and survivor guilt is tremendous.

Among the manifestations of grief associated with AIDS are a greater than usual amount of rage, fear, shame and unresolved grief, feelings of guilt, helplessness, loss of intimacy, increased physical symptoms, self-destructive behaviours, insecurity, numbness, and pessimism. In any general study of bereavement, these symptoms might signal "pathology". But this type of reaction can also be seen as a normal response to catastrophic events rather than a maladaptive reaction to a normal stressor.
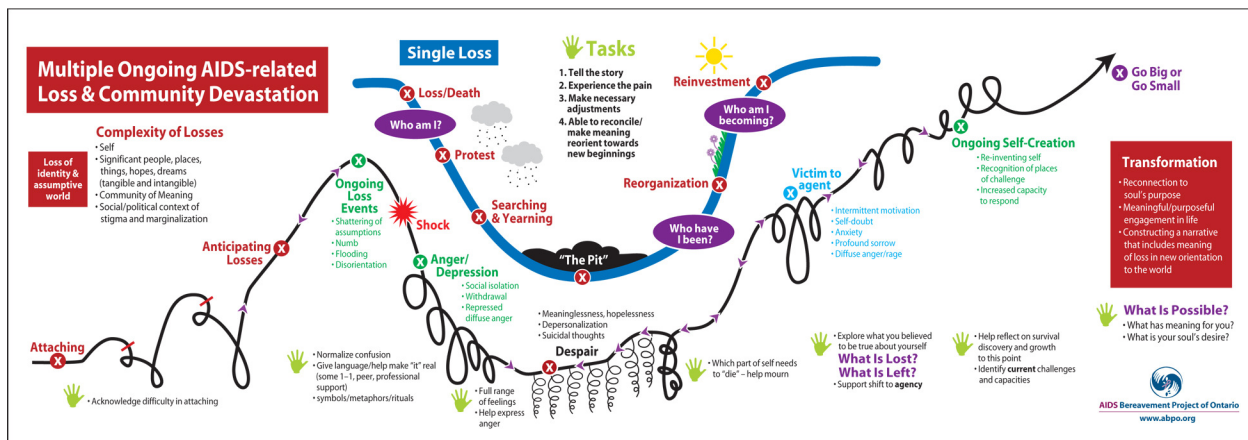
AIDS –related Multiple Loss Journey 2002 created for Survive to Thrive by ABRPO

This Multiple Loss Journey was developed by long term survivors of AIDS-related losses. The words are theirs. This map contrasts their experiences of single loss (top solid line), with their experiences of ongoing stigmatized losses and their challenges with moving forward in life.

Sudden, Accidental or Traumatic Death

A sudden, accidental, unexpected or traumatic death shatters the world as we know it[40]. It is often a loss that does not make sense. We realize that life is not always fair and that sometimes bad things happen to good people. The sudden death leaves us feeling shaken, unsure and vulnerable. These types of losses are not uncommon in human service organizations, such as HIV/AIDS work, refugee and newcomer services, street outreach work, shelters and hostels, prisoner's rights work. It is useful to appreciate the distinctions between anticipated losses due to illness like cancer, and the effects of sudden and traumatic losses.

Types of Sudden Losses

A *Sudden Loss* is one that occurs without any forewarning, which often makes it a traumatic loss. Common examples of sudden deaths include: heart attacks, strokes, ruptured aneurysms, accidents, post-operative complications, anaphylactic reactions (bee stings, severe allergies), rapidly fatal leukemias, sudden infant death syndrome and rapidly progressive infectious diseases such as respiratory anthrax, certain pneumonias, Legionnaire's, SARS, and until recently, AIDS. Sudden deaths also include suicide, homicide, natural disasters such as the tsunamis, tornados, fires, floods and earthquakes, and human-caused disasters such as L'Ecole Polytechnique massacre, the Air India bombing, or the September 11th attack on the World Trade Centre.

Complicating Situations for Sudden Loss Survivors

Death due to a *sudden or traumatic accident or disaster* can raise a number of complex issues for the survivors. The grief process is often very different from an expected or anticipated death. Homicide, suicide, or exceptionally tragic events can lead to post-traumatic stress reactions on the part of survivors and family members. Sudden loss or death creates special problems for the survivors. Many of these problems compound the grief response.

1. The grief response following **sudden loss** is often intensified since there is little to no opportunity to prepare for the loss, to say good-bye, to finish unfinished business or prepare for bereavement. Families and friends are suddenly forced to face the loss of a loved one instantaneously and without warning. This type of loss can generate intense grief responses such as shock, anger, guilt, sudden depression, despair and hopelessness. A sudden tragic event shatters our sense of order and thrusts us into a world forever changed. Survivors of sudden loss may experience a *greater sense of vulnerability and heightened anxiety*. The safe world we once knew, no longer exists. We fear for ourselves, our family and friends. Survivors can become overwhelmingly preoccupied with thoughts that such a random act of violence might happen again.

2. Along with the primary loss of the person, families and loved ones may experience **concurrent crises and multiple secondary losses**: lost income, loss of home, loss of social status. The role the loved one held in the family is gone. It takes time for the family to reorganize. Family may be left feeling in a state of perpetual disarray with a lingering sense of unease and disorganization. Marital and other family relationships can become strained.

3. Additional problems arise if the **grieving survivor was involved** with the disaster or was physically injured. Memories of the accident or the disaster may dominate the person's mind. They may be taken up with feelings of numbness, unreality and fear. The bereaved person may suffer from 'survivor guilt', wondering why they survived when others have died and believing that they could have or should have done more to prevent the tragedy.

4. The reaction to sudden deaths can be further complicated if the death is due to a **violent act**. If there is a trial, the grieving process may be unduly prolonged, stretching out to the time it takes for the trial. It may be particularly difficult on the family if the killer of their loved one is not caught or goes unpunished.

5. **Suicide** is one of the most agonizing kinds of death for surviving spouses or family members to endure. This type of death can result in shame, anger and guilt if family members blame themselves, or are blamed for the death. Suicide is also one of the disenfranchised or publicly unacknowledged losses. Many times the reason for a death due to suicide is hidden. The threat of social stigma contributes to family secrets.

6. Families may feel unable to fully grieve and reach closure in situations when there is no positive confirmation of the death, when the **physical body has not been recovered** or if the body is available but the family is unable to view it. This factor can make it difficult to grasp the reality of the death has occurred as survivors continue to hope. Only when the reality is

fully grasped can survivors move past the trauma to face the full realization and the pain of grief.

7. In public or particularly newsworthy events, survivors may also have to deal with ***intrusion by the media.*** As we well know the media can become an additional pain source—not respecting the family's privacy, replaying tragic events—such as the explosion of the Challenger space shuttle or plane crashing into the World Trade Towers—over and over again. With criminal incidents families and survivors must deal with the police, investigators and lawyers.

8. Since the death was not anticipated, the deceased may have left ***unfinished business*** which the surviving family members may need to handle. These may be domestic concerns but could equally well be work-related or legal matters. Legal and financial affairs following certain types of death e.g. suicide, deaths in which the body is never recovered, may be complex.

9. The ***search for meaning*** of the loss can challenge a survivor's religious and spiritual beliefs. Sudden losses in particular can precipitate an existential crisis as the survivor searches for meaning. They start questioning their internal belief system and values. Goals, plans and purchases which were important the week prior to the event, abruptly seem trivial in comparison. Survivors are forced to look at and re-evaluate life priorities.

Human-Caused Disasters

Human caused disasters such as L'Ecole Polytechnique shooting in Quebec catch us off guard. These acts are viewed as random acts of violence, can be more frightening than natural disasters, often perceived as 'an act of God'. It is difficult for us to believe that fellow human beings are capable of such atrocities. There are several differences between human and natural disasters that make the event even more stressful:

- There is no warning, therefore no time to prepare. Unlike a hurricane or slow-rising flood, there is no way to get ready for a human-caused disaster.
- We don't expect this kind of disaster. Most of the disasters in this country are weather related or accidents.
- TV, radio, the web, and newspaper coverage make us all feel like part of the disaster. Many experienced the events 'first-hand' watching the live media coverage. Thus even more people became secondary victims of the event.
- To feel safe again, we have given up some of the freedoms and life-style choices we have taken for granted in the past. Witness the changes in travel, restrictions on what can be taken on a plane, mail handling and increased security at public events.

The Unanswerable "Why?"

Trying to make sense of or understand sudden losses can be difficult. Survivors are left asking *"Why?" "Why did this happen?"* Yet these tragic events were beyond anyone's control; they are a sudden, unexplainable loss. It is human nature to want to answer the question "Why?" yet it may be difficult if not impossible to find an answer. "Why?" is really more of a plea for meaning and understanding.

"Why? Why must I face this sorrow? Why? There are no pat answers. No one completely understands the mystery of death. Even if the question were answered, would your pain be eased, your loneliness less terrible?

"Why" may be more than a question. It may be an agonizing cry for a heart-breaking loss, an expression of distress, disappointment, bewilderment, alienation, and betrayal. There is no answer that bridges the chasm of irreparable separation. There is no satisfactory response for an unresolvable dilemma. Not all questions have complete answers. Unanswered "Why's" are part of life. The search may continue but the real question might be "How [do I] pick up the pieces and go on living as meaningful as possible?"

Rabbi Earl Grollman[41]

Traumatic Grief - When Trauma and Grief appear together

"Generally speaking, the clinical and research fields of psychological trauma and grief and bereavement have proceeded independently, with few links between those who study these issues or in the design of research studies." (Green, 2000)[42]

Our challenge as responders – in whatever context we are dealing with the impact of loss – is to have some understanding of both trauma and grief, the conceptual differences between them, and an assessment and intervention framework from which to respond appropriately to both when required.

Conceptually, it is important to understand the links between trauma and grief, and to appreciate the overlap between them. ***There is little doubt that all loss is characterized by some degree of trauma, and loss is inherent in all trauma.*** The circumstances which can most bridge the two areas are those involving *traumatic loss*- loss in which the mode of death is sudden and/or unexpected, and violent[43].

It is important to recognize that in traumatic grief, both trauma and grief reactions may occur together. When this occurs, both elements of trauma and grief must be dealt with simultaneously- a major challenge to the functioning of most individuals affected by these dual processes. The diagram below depicts the overlapping loss, grief and trauma experiences of some workers.

Workers are coping with…

- Grief due to Death & other Losses
- Traumatic Events
- Organizational Change & Transition
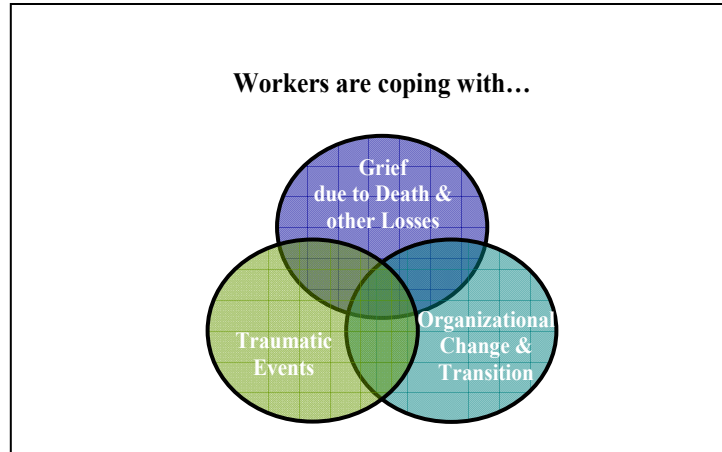
Factors Associated with Complicated and Traumatic Grief

The literature on grief and bereavement highlights factors that may result in more prolonged and/or difficult bereavement[44]. These factors include:

- the characteristics of the death
- characteristics of the relationship with the deceased person(s)
- the survivor's particular vulnerabilities including past mental health challenges
- previous life experiences including losses and trauma
- support in one's family and social network after the death
- other crises that may arise in the aftermath of the death.

While all deaths may be perceived by the survivors as personally traumatic, there are circumstances that are *objectively* traumatic (Rando, 1993). Deaths caused by accidents, suicides, homicides, disasters, and wars can readily qualify as traumatic stressors, leading to a mixture of post-traumatic stress and mourning.

> *The nature of the death or the circumstances surrounding it is a very significant factor in traumatic grief. The form and context of dying that generally characterizes traumatic grief and mourning, rather than the death itself, lends meaning to the mourning that is substantially different from 'normal' grief.*
>
> *T. Rando (1993)*

Circumstances in which the death is sudden, unexpected, or untimely offer no opportunity for the psychological preparation afforded in situations in which, for example, loved ones know death is impending. Horrific, brutal or grotesque deaths involving mutilation or extreme pain further compromise our ability to cope. Circumstances involving violent or stigmatized deaths (including suicides, homicide, AIDS, etc) are yet more unacceptable and leave survivors at greater risk for complicated mourning and Post-Traumatic Stress Disorder (PTSD) (Green,

2000). Situations involving the death of a child may also frequently result in complicated and traumatic grief, often made more difficult by the manner in which the child died (Rando, 1993).

Trauma

*Trauma may be any event that has an individual has directly or indirectly experienced or perceived as instilling a sense of helplessness, powerlessness, fear, hopelessness and/or a loss of safety, whether physical or emotional. **A trauma can be defined as a psychological wound**[45].*

Trauma Has Three Parts[46]

It is a mistake to consider a single traumatic incident as a solitary event. Every traumatic event is comprised of three distinct stages, any one of which can increase or decrease the ultimate impact of trauma. The three stages are:

1. Circumstances leading up to the traumatic incident
2. The traumatic incident itself
3. The circumstances following the incident, both short-term (minutes and hours) and long- term (days, week, months)

Before the trauma ⟹ **The actual traumatic event** ⟹ **After the trauma**

The time following a traumatic event is critical. The quality of contact and help the victim receives can greatly influence the outcome. Sometimes what occurs after the incident is more emotionally devastating than the incident itself. Consider these two situations:

- A gay man whose lover died a lingering and painful death to AIDS is yelled at after the funeral by biological family members of the deceased "You faggot- if my son hadn't met you he wouldn't be dead".

- The widow of war veteran is honoured by the military during the lengthy repatriation processional with her husband's casket.

In the first instance, not only was the stigma of the death traumatic and the way the individual died traumatic, but the post-death events were also traumatic. Each traumatic facet of the loss will need to be addressed. Just as a tidal wave sometimes follows an earthquake, the aftermath of trauma can wreak even greater damage.

Grief and trauma can be distinguished in these ways:[47]

Grief	Trauma
Grief feels real	Trauma feels unreal
Sadness is the most common emotion resulting from grief	Terror is the most common emotion with trauma
Pain is the most common feeling with grief	Feelings of pain, helplessness and fear often result with trauma
With grief, the bereaved often dreams of the loved one that they lost	The bereaved often dream of being in danger when they are experiencing trauma
When someone is experiencing grief, the pain generally runs its course over time	When someone is experiencing trauma, the lack of treatment can worsen the condition
	Traumatic situations sometimes inhibit the grieving process, or block it altogether

Intrusions, preoccupations and memories experienced by the survivors differ: ***in trauma, the content is reminiscent of the trauma, and in bereavement it is of the lost person.*** In trauma, the survivor may experience intrusive images of the scene of the trauma and be preoccupied with the traumatic event itself, whereas in bereavement, the survivor is more likely to be preoccupied with the lost person, images of the person, and re-experiencing the lost person's presence.

Following trauma, a survivor may avoid reminders of the event and may have difficulty in talking about the event at times, whereas in grief, survivors may search out places of familiarity related to the deceased but try to avoid reminders of the absence of the person while feeling driven to talk about the lost relationship and lost person.

In circumstances of traumatic bereavement, survivors frequently experience both types of reactions together or alternatively. Imagine the overwhelming tension of both sets of reactions - alternating between, or experiencing at the same time, the two often conflicting sets of thoughts, feelings, and psychological demands!

Understanding the Relationship Between Trauma and Grief in Responding to Loss

Why is it so important for us to understand the relationship between these two phenomena- trauma and grief? While grief and trauma may both arise from different circumstances, a single event can produce both. Trauma can be conceptualized as an overlay on the grief process, which interferes with understanding and accepting the reality of the death. ***In other words, co-existing trauma impairs grief work.***

Green, Grace and Glaser (1985) found in their study of the Beverly Hills Supper Club fire that the effects of traumatic stress and bereavement operated separately, and that while both had to be dealt with, ***the trauma effects had to be dealt with before the grief issues could be addressed.*** But other studies indicate that while sometimes grief and traumatic stress are manifested independently, at other times there seems to be interplay between them (Rando, 1993; Raphael & Martinek, 1997). While it would be easier if this very complicated set of responses came in discrete packages, it clearly does not, ensuring that the experiences of trauma survivors will be extremely complex and variable.

The trauma experience is characterized by the continual intrusion of the death event. While our understanding of the processes is still somewhat unclear, it seems that the alternating cycle of denial and intrusion may interfere with the emotional responses necessary in resolving or accommodating to the loss. Addressing the first task of grieving- recognizing and accepting the reality of the loss and its unfolding impact on the lives of survivors of traumatic grief - presents a reality 'too terrible to bear'. In addition, the role of visual horror (real or imagined) or other intrusive, violent memories may interfere with reminiscing and the positive or pleasant memories inherent in the processes of grief and mourning.

Sudden, unexpected and traumatic deaths produce circumstances in which it seems that time stops, and the death and circumstances surrounding it become 'frozen in time', like an overexposed snapshot, profoundly influencing future reactions and sometimes development, especially for children and adolescents. Posttraumatic stress responses appear to take emotional priority as the only means of managing the overwhelming horror and profound helplessness. Survivors must often give priority to coping with intense feelings and perceptions that result in a struggle for emotional containment, or management of post-trauma symptoms rather than more 'normal' expressions of grief.

The Absence of Rituals in Trauma

Death related losses often have rituals associated with them that have the effect of bringing people together and generating support and a sense of *"this is difficult, but at least we're in it together"*.[48] Rituals are imbued with meaning and that also makes them very significant.

A significant difference between grief and trauma is that loss situations will often have rituals associated with them that help to provide a sense of stability- an anchor in a storm- a funeral or memorial. Trauma (such as being the victim of a violent attack) is less likely to be accompanied by such rituals. This can be very significant as a traumatic reaction will often generate a strong sense of social isolation, and if there is not social support offered at this time, the reaction may be intensified due to additional uncertainty and vulnerability.

Without social rituals, a loss can become associated with isolation, rather than solidarity, and there may even be a sense of shame associated with a loss- thereby creating a situation of disenfranchised grief. The absence of rituals can make any loss more difficult to deal with, but the absence is particularly felt when there aren't socially sanctioned ways to acknowledge traumatic losses perhaps not due to death.

Ghost Rider Memorial bikes appear where cyclists have been hit by motorized vehicles
http://www.good.is/post/ghost_rider/

Post-Traumatic Stress - not only about the clients

Agency Example

Consider your recently funded project targeting refugee and newcomers. Your area of the city has a large population from war-tone northern African countries. You make a concerted effort to hire workers from these communities who recently became landed immigrants to Canada. You are aware that 3 of these staff are also war survivors- you don't know exactly from which sides of the conflict. They still have family "back home" and are working hard to get them here. The new workers need these jobs. You know these workers are perfectly suited to do the outreach with the populations you intend to reach with the new project.

However, what you may not know is that one of these workers was forced to watch as the militia decapitated her husband. They forcibly confined and raped her repeatedly before she managed to escape into the jungle and make her way to a refugee camp. This worker has not disclosed this information to you, but you see the behaviour and wonder what might be happening. You see that she struggles in her job, seems overly anxious at times, has trouble concentrating, has had to leave several meetings suddenly and has taken several short unpaid leaves. Your job expectations are clear- and she doesn't seem to be reaching her goals. Her position is part time, so she's not entitled to benefits.

As previously noted, shocking losses can be particularly difficult. Types of traumatic losses that can lead to a post-traumatic stress response include:

- Deaths that occur without warning, providing no opportunity to anticipate, prepare or say goodbye
- The death of one's child- or other 'out of time' losses
- Deaths that occur as the result of violence
- A death in which the body is never recovered
- Multiple losses - deaths of more than one person (as in HIV/AIDS)
- Deaths or other types of losses (rape, battering) that occur as a result of the wilful misconduct of others, carelessness or negligence. Causes of these types of losses include violent acts, disease, accidents, suicide, homicide, war and terrorism.

When the death is particularly shocking in some way, there also can be symptoms of posttraumatic stress disorder. There are four groups of symptoms that indicate PTSD[49]:

1. Re-experiencing the traumatic event through painful, intrusive thoughts or nightmares about the death event.

2. Avoidance or emotional numbing and efforts to stay away from activities, places or things related to the death event.

3. Feeling detached from others and an inability to feel positive emotions.

4. Persistent anxiety and physiologic arousal - difficulty sleeping, irritability, difficulty concentrating and a tendency to become easily startled.

Although many of these symptoms are also common in normal grief, if all four clusters are present, an individual might be experiencing PTSD. Professional assessment and support is advised in these situations.

HIV and PTSD[50]
Theuninck. A.C., Lake, N., Gibson, S. (2010) HIV-Related Posttraumatic Stress Disorder: Investigating the Traumatic Events. AIDS PATIENT CARE and STDs, Volume 24, Number 8, 2010

Abstract
This study examined the relationship between the experience of various HIV-related events (receiving the diagnosis, receiving treatment, experiencing physical symptoms, self-disclosing HIV positive status, and witnessing HIV-related death) and posttraumatic stress symptoms in a sample of 100 gay men living with HIV. Self report data revealed that 65% met criteria for having experienced a traumatic event in accordance with the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR) posttraumatic stress disorder (PTSD) criterion A.

The experience of shame, humiliation, or guilt during an event was measured but not found to be a significant indicator of having been traumatized. A total of 33% qualified for a PTSD diagnosis. Stepwise multiple regression analysis showed that receiving medical treatment, experiencing physical symptoms, and witnessing HIV-related death were most associated with HIV-related PTSD symptoms. Given that multiple HIV-related events are potentially traumatic, the screening, assessment and treatment for HIV-related PTSD may need to be considered by HIV services.

Conclusions
The findings from this study add to the growing base of empirical evidence that PTSD does occur in response to a variety of HIV-related events above and beyond the diagnosis itself. *The results also support the view that HIV-related PTSD is primarily associated with fear, helplessness, or horror as opposed to shame, humiliation, or guilt.*

The Differences between Grief, Trauma and PTSD[51]

Consider these 3 scenarios:

- *Grief:* client dies after a long AIDS related illness. Survived a decade longer than anyone expected and was surrounded by loving family and friends at the Hospice when he died.

- *Traumatic Loss:* client is killed in a car crash. The accident involved a head on collision with a transport truck drifting into the wrong lane of the highway. Also killed were the client's spouse and her eldest son. The youngest son remains alive.

- *PTSD:* One of the staff members happened to be driving on the highway at the time of the crash mentioned above, and got out of the car to help, only to hear the screams of the family members as they died trapped in a burning vehicle.

The following table provides a summary of the specific aspects associated with these various levels of loss. These differentiations are used by health care practitioners to assist with assessing, diagnosing and treating. More detailed descriptions can be found in the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV), published by the American Psychiatric Association. This is the main diagnostic reference of Mental Health professionals in North America.

A current debate in the bereavement field is whether or not typical grief and bereavement should be included in the DSM-IV. Some argue that it is a normal process and should not be labelled. Others argue that by including variations of grief responses in the DSM-IV, clinicians will be more aware of the subtleties and will more readily diagnose post-loss distress, which means sufferers will have their therapies and medications covered by insurance as the symptoms fall under a recognized diagnosis.

The following chart looks at the differences between Grief and Bereavement, Traumatic Grief and Post-Traumatic Stress Disorder.

[52] Grief and Bereavement	Traumatic Grief	Post-Traumatic Stress Disorder
Sadness	Death of significant other (Death need not be violent to result in traumatic grief)	Injury to self/others including fear, horror or helplessness
Desperation	Reactions exist for more than 2 months following death	Violent or non-assaultive death that includes fear, horror, helplessness
Irritability	Intrusive distressing preoccupation with deceased	Reactions exist for more than 1 month following incident
Insomnia	Hyper vigilant: scanning of environment for cues of deceased	Intrusive distressing preoccupation with terror/horror inducing elements of incident
Crying/sighing	Wish to be reunited with deceased (separation anxiety focus)	Hyper vigilant scanning of environment for potential threat/danger
Pangs of grief	Avoidance not prominent	No separation anxiety manifestation
Intense yearning	Feeling of futility about future	Avoidance prominent
Separation distress	Difficulty acknowledging death	Omen formation- signs of other pending losses
Seeking out familiar places/persons related to…	Shattered world view	Feelings of futility about future
Pain acknowledges loss	Excessive irritability, bitterness or anger about unfairness of death	Focus on elements of horror and terror more than absence of deceased
Able to maintain interest; experience pleasure	Prolonged impaired social/occupational functioning	Shattered world view
Tactile, visual, auditory illusions/hallucinations of deceased		Excessive irritability, anger, assaultive behaviour related to overwhelming sense of powerlessness and/or absence of a sense of safety
No humiliation experienced; Not demoralized; Non-suicidal; Accepts support		Cognitive dysfunction-difficulty focusing, retaining and processing verbal information
Accepts reality of the death; Moves forward		Prolonged impaired social/occupational functioning

Summary

This Section looked specifically at complicated grieving and traumatic loss. Complicated grieving includes losses resulting from disenfranchised grief, multiple loss, sudden or accidental death, suicide and human-caused disasters. Traumatic grief was also discussed and the differences between grief, trauma and post-traumatic stress disorder were identified in a chart.

As a manager or supervisor, consider the type and depth of losses experienced by your workers as you develop a support plan for them.

Grief and trauma may share many important features including intrusive thoughts, painful and intense reactions, fears of being overwhelmed, efforts to avoid reminders of what must be considered one way or other, feelings of hopelessness and personal guilt, and decreased or inadequate family and social support.

Traumatic bereavement involves a complex overlay of symptoms that arise from the difficulty in moving on with the grief process due to preoccupation with the trauma and its imagery. It also involves the double psychological burden of dealing with both processes- a grief response and a trauma response.

Part One: Understanding

Section VI

What You Will Find in this Section…

VI. Stress-Related Responses of Workers

- Stress-Related Responses of Workers
    - Compassion Fatigue
    - Vicarious Trauma
    - Burnout

- Differentiating between Stress-Related Responses of Workers - *diagram*

- Compassion Fatigue Symptoms in Individuals and Impact on the Workplace- *chart*

- Important Considerations about Stress, Trauma and the Brain
    - The Triune Brain
    - The Effect of Trauma
    - Indications of Trauma
    - Why an Individual's Sense of Safety and Well-being is so Important

- Summary

VI. Stress-Related Responses of Workers

As an adjunct to grief and loss, there are other stress-related responses experienced by human-service workers. These are distinct from multiple loss responses associated directly with death or other clearly identifiable losses and traumatic events. Stress-related reactions of workers include:[53]

> ➢ Compassion Fatigue
> ➢ Vicarious Trauma
> ➢ Burnout

There are important distinctions to be made between each of these three reactions because the strategies for addressing each of these areas will differ. Your assessment of the behaviours you perceive will inform your response to the individuals you supervise and to future training and development plans for your agency.

Compassion fatigue has been described as *"the cost of caring for others in emotional pain"* (Figley, 1982)[54]. Human services organizations have gradually begun to recognize that workers are profoundly affected by the work they do, whether it is by direct exposure to traumatic events (providing direct home support to vulnerable populations) or secondary exposure to traumatic events (rape crisis centre counsellors and workers in shelters for battered women) and working with clients who are chronically in despair, witnessing people's inability to improve their very difficult life circumstances, or feeling helpless in the face of poverty, stigma and marginalization (street outreach workers).

> *"The capacity for compassion and empathy seems to be at the core of our ability to do the work and at the core of our ability to be wounded by the work".*
>
> Figley (1982)

Compassion Fatigue symptoms are normal displays of *chronic stress resulting from care giving work performed over time.* When Compassion Fatigue hits critical mass in the workplace, the organization itself suffers. Chronic absenteeism, spiralling employee benefits costs, high turnover rates, friction between employees, and friction between staff and management are among organizational symptoms that surface, creating additional stress on workers and impacting productivity.

Accepting the presence of compassion fatigue in a worker's life serves to validate the fact that the worker is a deeply caring individual. But workers should not have to make a choice about caring for others or caring for themselves. It is possible to practice healthy, ongoing self-care, to maintain clear boundaries, and to find supportive supervision- while successfully continuing to care for others. An awareness of the symptoms and their disruptive impact can lead to positive change, personal transformation, and a new resiliency.

Vicarious trauma has been used to describe *the profound shift that workers experience in their world view* when they work repeatedly with clients who have experienced trauma. Workers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic stories.

Burnout is a term that has been used a great deal to describe *the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work.* Burnout does not necessarily mean that our view of the world has been damaged, or that workers have lost the ability to feel compassion for others. Burnout can be fairly easily resolved: changing jobs can provide immediate relief to someone suffering from job related burnout.

Differentiating Between Stress-Related Responses of Workers[55]

Compassion Fatigue

Stress-Related Responses of Workers

Compassion Fatigue refers to the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate

Burnout

Vicarious Traumatization
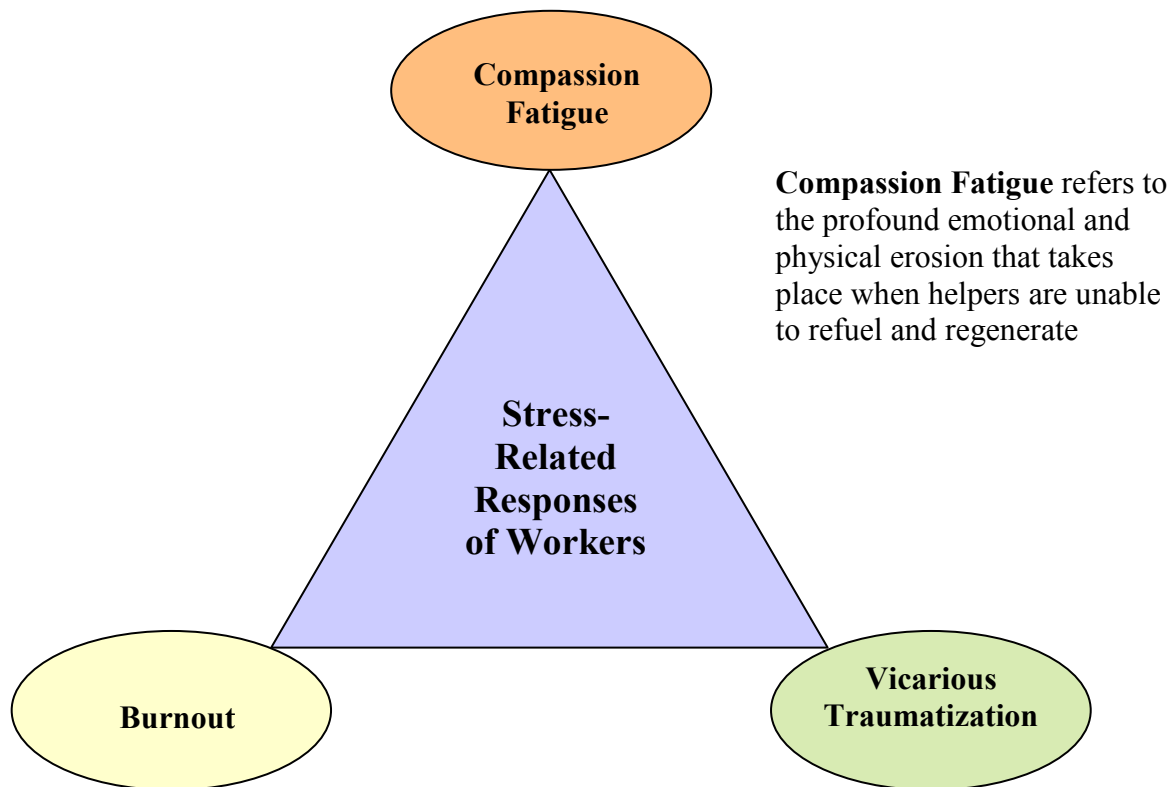
Burnout describes the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work. Burnout does not necessarily mean that our view of the world has been damaged, or that we have lost the ability to feel compassion for others.

Vicarious traumatization has been used to describe the profound shift that workers experience in their world view when they work with clients who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered by being repeatedly exposed to traumatic material.

The following chart compares the compassion fatigue responses experienced by individual workers with the impact those responses will have on the organization when compassion fatigue affects more than one member of a team.

Compassion Fatigue Symptoms in Individuals and Impact on the Workplace[56]

Individual Symptoms	Organizational Symptoms
Excessive blaming	High absenteeism
Bottled up emotions	Constant changes in co-workers relationships
Isolation from others	Inability for teams to work well together
Receives unusual amount of complaints from others	Desire among staff members to constantly challenge agency policies and rules
Voices excessive complaints about administrative functions	Outbreaks of aggressive behaviours among staff
Poor self-care (i.e., hygiene, appearance)	Increase in grievances and complaints related to co-workers and organization
Compulsive behaviours such as substance over-use, overspending, overeating, gambling, sexual addictions	Inability of staff to complete assignments and tasks
Reoccurrence of nightmares and flashbacks to traumatic events	Inability of staff to respect and meet deadlines
Chronic physical ailments such as gastrointestinal problems and recurrent colds	Negativity towards management
Apathy, sad, no longer finds activities pleasurable	Lack of flexibility among staff members
Difficulty concentrating	Blurred personal and professional boundaries
Mentally and physically tired	Strong reluctance toward change
Preoccupied	Inability of staff to believe improvement is possible
In denial about problems	Lack of a vision for the future

Note how these individual and organizational symptoms are similar to multiple loss overload and trauma responses described earlier. The behaviours of workers and resulting organizational impacts can be similar. However, because the *source* of the stress is different, it is important to appreciate the distinctions between these various stressors when developing individual and organizational interventions.

> ***Think of compassion fatigue as an occupational hazard- a repetitive stress injury of sorts- like carpal-tunnel syndrome of the psyche!***

Important Considerations about Stress, Trauma and the Brain

What does the brain have to do with stress, trauma and loss? Everything[57]!

Emotion is so fundamental to human activity that most other neurological functions are layered on top of it, including the higher functioning and cognition necessary for effective work performance. Every single action we take starts with our emotions. We used to think that emotions were *over there* and cognition was *over here* and if could get rid of emotions, then we could really learn and perform. We now know that emotions and thinking are radically interconnected. Neuroscience has shown us that *emotional thought* is the platform for learning, memory, decision-making, and creativity. Emotions can be a barrier, or a conduit, to higher functioning and engagement. If an individual is overly anxious, triggered by loss and trauma reactions, they are not likely going to perform well. This is true for our workers, as well as for our clients.

The Triune Brain[58]
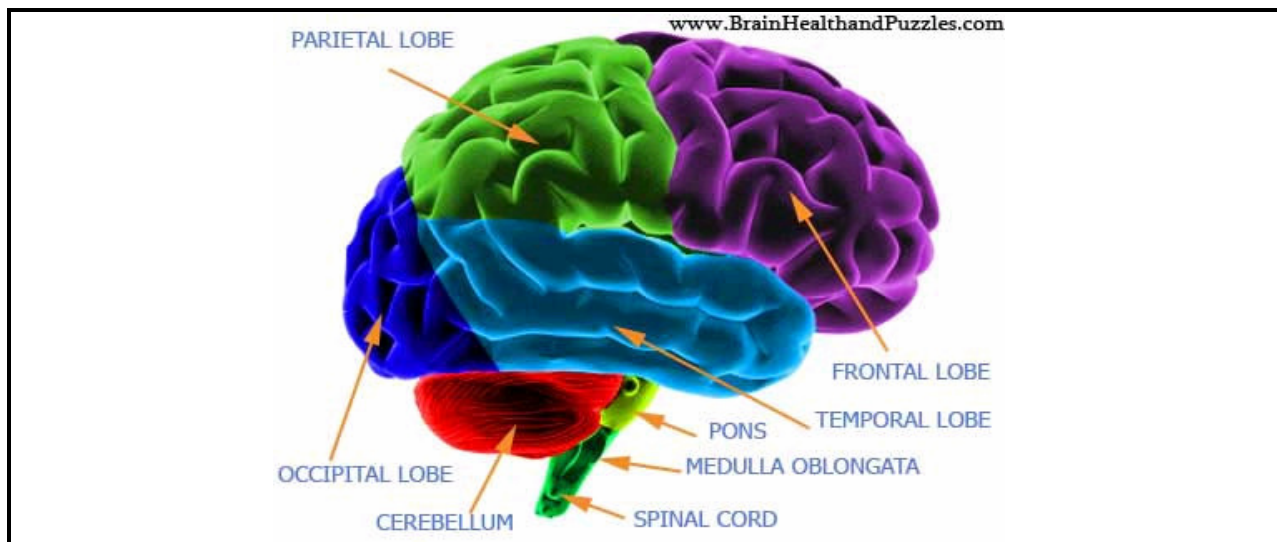
The easiest way to understand how the brain operates in higher functioning is to view it as having 3 levels, each with its own form of memory, its own way of gathering information, its own sense of space and times, its own intelligence and its own meaning for controlling behaviour. The triune brain as whole works through a precarious, constantly changing balance among the 3 levels. The 3 levels are:

1. **The 'reptilian brain' or the brainstem**- (lowest and most inner part of the brain). Survival and safety; primitive emotions driving the basic functions of feeding, fighting, fleeing and sexual behaviours. The various functions of this part of the brain are instinctive and focused on enhancing survival. If this relay station doesn't turn on, the higher brain centres will not be activated.

2. **The limbic system or midbrain** (middle level- also found in birds and mammals). Dedicated to the social emotions. All experience must pass through the limbic system before patterns are identified and meanings developed in the neo-cortex. The limbic system controls the individual's basic value system, enhances or suppresses short-term memory and what we store in long-term memory.

The limbic system determines how the brain will respond to all information received.

If new experiences trigger memories to which positive feelings and values are attached, then the response to the new will be positive. However, if the experiences that originally created the memory were associated with pain, anxiety or fear, then the response to the new experience will also be negative. This part of the brain is largely impervious to change through learning, but is can be changed through some forms of therapy that do not rely on verbal dialogue. New learning is done by expanding values and registering new experiences.

3. **The neo-cortex** (Frontal lobes- only found in highest order of primates). This houses our intellect. All formal learning occurs in the cerebral cortex- part of our neo-cortex. All verbal speech originates from here, as does planning, lists, pictures, foresight, hindsight, insight, coordination of our relationships with the outside world, vision, tasting, hearing, smelling, body and motor responses and memory. For effective problem-solving and creative functions to take place, the person must be operating in the neo-cortex part of the brain. While the neo-cortex has control over conscious activity and thought, ***it is dependant on the lower levels of the brain to pass on information, to yield control over the various activities and keep the entire system activated.***

The Effect of Trauma

When a traumatic incident has occurred in the worker's life, particularly when that person was a child, the brain is changed and the response to the trauma is imprinted. So if someone has responded to the trauma with aggression, he will tend to be aggressive whenever an event triggers a reaction. If the person has withdrawn, that behaviour is also patterned.

Under times of stress, the midbrain reacts faster and takes over- therefore the higher functioning required for peak workplace performance cannot take place. If the worker is functioning in the midbrain, they may be unable to concentrate, remember, pay attention, think clearly or make sense of what people are saying. Learning and higher functioning takes place in the cortex, and this is only possible when the individual is not in an aroused or anxious state.

When the brain perceives a serious threat, it responds based on biological and/or psychological systems. The two major responses to threat are dissociation, also known as freeze and surrender, and hyperarousal, also known as fight or flight. When the brain activates these systems, there are changes in its development and organization. These changes affect the emotional, behavioural, cognitive, social and physiological behaviour of the individual. The actual response of each individual to threat varies tremendously. If the worker is functioning in the brainstem, they may also exhibit survival reactions such as freezing, fighting or fleeing.

People are often faced with reminders or triggers of the original trauma that cause pain and anxiety. They may act stunned or numb, gaze off into nowhere or seem unfocused, evasive or unclear when answering a question. These responses occur because they are trying to dissociate from the original trauma. The more prolonged the trauma, the more pronounced the long-tern chronic and potentially permanent changes in the emotional, behavioural, cognitive and physiological functioning of the individual. People who survive traumatic events and have a low level of fear are often impulsive, hypervigilant, hyperactive, withdrawn or depressed. They may also have sleep difficulties and anxiety.

Indications of Trauma

- persistent somatic complaints, fatigue
- avoidance and statements about helplessness
- hyperactivity
- "zoning out" , inattention
- isolation and aggression
- perfectionists, with a fear of taking on new tasks (hopelessness)
- difficulties maintaining social connections, poor social skills, poor attachments, heightened irritability

The misperception regarding traumatized individuals is that they choose their behaviour because of their anger and mistrust. Based on neurological research, traumatized individuals do not choose their behaviour, rather, whenever they perceive their sense of safety as being threatened, they automatically react with a *'fight, flight or freeze'* response.

Why an Individual's Sense of Safety and Well-being is so Important

Stress and emotional responses of an individual absolutely impact their ability to function. Both real and perceived threats have a direct effect on brain functioning by causing the brain to *down-shift*, thereby stopping normal learning and functioning processes. Attending to the emotional dimension, which includes triggers in the present, and memories from the past, is central to holistic, positive functioning, regardless of the source of the stress. For individuals to become fully engaged in a workplace activity, they must be aroused, but not threatened, feel relatively safe, and be willing and able to channel their motives/interests/desires into the task at hand.

> *"When stimuli implying a threat to the individual are received, consciously or unconsciously, from the inner or outer environment, the brain will down-shift, taking direct control over cognitive functions away from the neo-cortex and giving it to the limbic system or the reptilian part of the brain. When down-shifting occurs, self-preservation becomes more important than learning or higher functioning and the cerebral cortex is put on hold."*
>
> *Hart (1983) - cited in Mackeracher*

Summary

This Section looked at stress-related responses of workers, not necessarily related to the direct experience of death or grief, but associated with the continued stress of frontline human service work. Stress-related responses were differentiated as: burnout, compassion fatigue and vicarious trauma.

Individual and organizational symptoms of these stress-related responses were also highlighted.

Because emotions and thinking are radically interconnected, material on the effects of stress and trauma on the brain was included in this Section. Neuroscience has shown us that *emotional thought* is the platform for learning, memory, decision-making, and creativity. Emotions can be a barrier, or a conduit, to higher functioning and engagement. If an individual is overly anxious, triggered by loss and trauma reactions, they are not likely going to perform well. This is true for our workers, as well as for our service users.

Part Two: Supporting

Section VII

What You Will Find in this Section…

VII. Supporting Bereaved Workers *as Individuals*

- Situations in which *Grief Comes to Work*

- How Can I Help?
  - Remember there are Different Ways of Grieving
  - A Note on Counselling
  - The Power of Presence: *Be There*

- Helps and Hindrances with Bereaved Individuals- *Checklists of 'Do's and Don't's*
  - Four Tasks: Theory and Guide for Helpers- general support
  - If You Are A Bereaved Person Returning To Work
  - If You Are A Workplace Colleague Of A Bereaved Person
  - If You Are The Manager Or Supervisor Of A Bereaved Worker

- One Size Does Not Fit All
  - Cultural Competence and Loss

- Summary

VII. Supporting Bereaved Workers *as Individuals*

As noted in Section III, you will be managing loss in three distinct situations:

1. ***When Death or Loss Come to Work***
    - ***Challenges for the Worker dealing with significant loss, illness, dying and death-outside of the workplace***

2. When Death or Loss Occur as Part of the Work
    - Sudden versus expected deaths/losses

3. When the Workplace "Dies" – when there are significant organizational changes
    - Loss responses associated with workplace transitions

This section will present concrete strategies for responding to bereaved individuals in situations ***When Death or Loss Come to Work.***

This section is related to human interactions; to the micro-level responses that are geared towards supporting *individuals* facing loss, grief and trauma. The material will offer practical suggestions for supporting a bereaved individual worker, and will include checklists for the bereaved worker themselves, along with helpful "do's and don'ts for colleagues and supervisors.
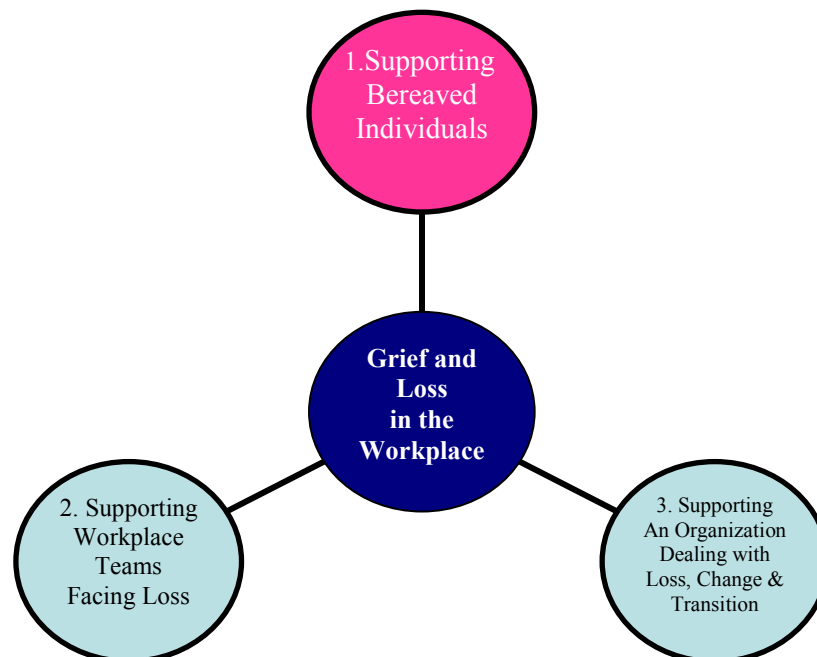
Situations in which *Grief Comes to Work*

Everyone suffers death and loss at some point and everyone deals with their grief differently. Grief can be all-consuming, an issue that spills over into the workplace long after the precipitating event has passed, particularly if the loss relates to a significant aspect of someone's support system or intimate circle.

Loss Related situations:

- *Micah* - Street Outreach worker: his lover dies of AIDS after a long illness that has seen many ups and downs. Everyone expected his lover to come through this health crisis too
- *Maria* - Director of Finance: her teenage daughter is killed by a drunk driver
- *Eileen* - Researcher: has a still born child at 26 weeks into her pregnancy
- *Omar* - Support worker: his mother is living with Alzheimer's and after years of taking care of her, Omar is forced to place her into a locked care facility
- *Anika* - Volunteer Coordinator: loses her house, all her possessions, and the family dog, in a raging house fire
- *Roberto* – IT specialist: diagnosed with aggressive late stage lymphoma

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In directly addressing grief, loss and trauma in the workplace, we are dealing with challenging and difficult circumstances. *Not addressing* grief, loss and trauma can leave us with yet *more* challenging situations as workers struggle to re-engage with their work and their colleagues. Given a lack of training, it is understandable that managers are often uncomfortable in dealing with a worker's grief and have difficulty finding the right balance between being compassionate and maintaining work productivity.

Managers can play a key role in helping a person to heal. Resuming the normal routine of work is part of the healthy recovery process. We don't expect managers and supervisors to be therapists and counsellors. However, knowing something about the various aspects and tasks of loss and about behaviours associated with a grief process and trauma responses can be extremely helpful in understanding how to better support grieving and traumatized workers.

The complexities of death and loss situations may push managers in the direction of finding simple, straightforward remedies for the difficulties encountered. Realistically, it is more useful to recognize that there are no easy, one-size-fits-all solutions. It is to be expected that you will try something and will not always be able to achieve the outcomes we would like. There may well be times when your efforts inadvertently make matters more complicated – at crisis points things can get significantly worse, as well as significantly better. But by developing a comprehensive understanding and a goal of attending to grief issues, managers can make an important contribution towards ensuring that the workplace concretely and consistently supports workers dealing with loss.

How Can I Help?

Remember there are Different Ways of Grieving

For many years much of the literature relating to loss and grief was based on the idea that there is a healthy or correct way to grieve and that anyone who deviated from this was experiencing abnormal or pathological grief. We now have a much more sophisticated understanding of the complex and variable nature of grief reactions and are much more fully aware of the dangers of responding inappropriately to someone who is grieving a significant loss. We now know that *help* needs to be based on a careful assessment of the situation and that we cannot work on the basis of a standardized model of what constitutes grieving.

A Note on Counselling

One of the problems associated with bereavement in western culture is that there is a strong tendency for people to assume that if somebody is grieving, the appropriate response is to offer *bereavement counselling*. Someone who is grieving may not need this type of assistance at all. Making such an assumption can be disempowering.

> *"Frequently, we leave death and loss to the psychological professions and in this way, support the falsity that death is an individual and private matter….we no longer speak about the universality of loss or the commonplace ordinariness of dying, death and loss. And except for significant disasters, we seldom recognize every individual's death and loss as a community experience… Recently two students were shot dead at one of the local universities in my city. I watched the TV coverage of the aftermath and was struck by the reporter's final observations: "Students and staff at the university are being provided with counselling". I would like to live in a society where the first words about comfort and healing are recorded in the following way: "…and staff and students are now talking and commiserating with family, friends and colleagues".*
>
> *Kellehear*[59]

It is also a mistake to assume that counselling is the only, or even the best, response to situations where somebody needs help in coping with their grief. Thompson and Bevan[60] refer to the importance of what they call "bereavement interventions" – that is moving beyond assuming that whatever the problem is in relation to a loss, the answer is counselling. Counselling can be extremely effective in those situations where having the opportunity to talk issues through is an appropriate and helpful response, but it is limiting to over generalize the role of counselling. For example, where a worker's spouse has died, there may be a great need of assistance in a wide range of factors – practical and financial – that are more pressing than the need to talk through the emotional dimensions of the situation. This is where supports such as occupational social work and practical support can be useful alternatives or additions.

Both grief and trauma can play havoc with our sense of meaning. In situations of traumatic loss, therapeutic supports can indeed be helpful. These types of losses can have the effect of turning upside down what is often referred to as our 'assumptive world' (Neimeyer)[61]That is, our whole framework of meaning can be unsettled, if not shattered by a major loss. In recognition of this, we have seen the development of *meaning reconstruction theory* (Neimeyer). We make meaning socially and communally- in relation to others. Central to this perspective of meaning-making is the importance of narrative or storytelling- best done with a social network that supports an individual in the evolution of their story following a loss. Counselling and therapy can offer a particular kind of support, but connecting with others lets us know we are an accepted part of a social network and a community- even with these losses.

> *"For centuries, storytelling has been used as a powerful and beneficial tool in the healing process. Healing stories can touch our hearts and help us understand that life is a series of challenges – not all good, not all bad. Healing stories can help us expand our consciousness so that we can see our lives and the world in new ways. Yes, telling and hearing stories can be powerful medicine"*
>
> *Carol[62]*

The Power of Presence: *Be There*

It may sound trite, but when someone is grieving, what they may first need is simply somebody to be present for them, someone who may not be actually 'doing' anything, but whose presence and human connection and demonstrated concern provide an important source of support. The message in the workplace is *"we care about you, as a person going through a difficult time"*. Unfortunately, one thing that can prevent this from happening is a strong tendency for people to avoid painful situations related to grief to avoid the discomfort of not knowing what to say or do, or not feeling capable in dealing with the sensitive and often intense reactions accompanying a major loss. So we back away, rather than offer quiet, steady presence.

Similarly, we have to be careful not to allow the trivializing of the situation. For example, it is not unusual for people who are genuinely trying to be supportive to have the opposite effect by making comments that minimize the significance of the issue. In particular, it can be dangerous to give false reassurance in the form of *"Everything will be okay",* when that person is feeling that, at this particular time, nothing is okay and will never be again. *Platitudes are not helpful*. Then danger is that people can either go to one extreme of not being involved at all (avoidance) or go the other extreme of playing down the significance of the issues (minimizing) or being triggered into their own undealt with personal loss stories (displaced reactions).

> *"Mourners are put off by others who fail to see who the shape and proportion of what lies before them is anything but ordinary and who offer simple advice about what they need to address their losses. They rightly set aside pamphlets and books that give no hint of understanding how daunting their situation is, and they reject those who try to comfort them by parroting superficial words of understanding. Grieving reminds them of the profundity and the mystery of living, in which finiteness, change, uncertainty and vulnerability recur and persist."*   *Attig[63]*

Helps and Hindrances with Bereaved Individuals in the Work Environment

The following checklists offer concrete 'Do's and Don'ts' and helpful hints for:

1. General support: *the Four Grief Tasks (not specific to the workplace)*

2. You as the bereaved person

3. The workplace colleagues of a bereaved person

4. The manager and immediate supervisor supporting a bereaved worker

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1. *Four Grief Tasks — Theory and Guide for Helpers*[64]
(not specific to the workplace)

What follows is a discussion of basic grief tasks, and some general 'do's and don'ts' for supporting an individual through a significant loss. These 'do's and don'ts' are not specifically related to the workplace so can be a useful guide for any person dealing with a bereaved individual in their lives.

"Grief is the process that allows us to say good-bye to what was
and to get ready for that which is yet to come"

William Worden (1978) defines grief as "***A universal human response to loss***."
It is an experience involving complex emotions, spiritual states, behaviours and thoughts. He presents a workplan design intended to lead the individual from disintegration (feelings of 'falling apart') to re-integration (perception of 'pulling it together').

There are 4 basic tasks involved in the work of responding to a significant loss:

- **Task 1: Accept the reality of the loss** by moving from denial and avoidance to recognition of the loss.

- **Task 2: Experience the pain of the loss.**

- **Task 3: Adjust to a new environment** where the lost person, part of self, object etc. is missing by working through feelings of loneliness and awkwardness, reaching out to others and remembering one's own resiliency.

- **Task 4: Withdraw emotional energy from that which is lost and re-invest** that energy in new beginnings, relationships and activities.

We'll next look at each of these tasks in more depth.

Task 1: Accept the reality of the loss - by moving from denial and avoidance to recognition of the loss.

Discussion: Shock is healthy and denial is a normal reaction when things change. The relatively brief experience of shock helps a person begin to adapt to the loss. This experience will usually last a few minutes or a few days. If it persists, it may become maladaptive and work against the person suffering the loss.

DO accept people in their apparent denial of the loss, change or transition. "It's hard to believe". Use the correct language "he has died"- he's not "lost".

DO accept how difficult it is for them to accept the death or loss. "It doesn't seem possible that this is happening." "It is really tough."

DO encourage people to talk about their experience of the loss- then LISTEN.   You are listening for their story of attachment- what mattered to them about this connection and what is the meaning of the loss for them? Talking about it can help make it real.

DO support people with practical matters- phone calls, errands, funeral/memorial arrangements, etc.

DO NOT rush in to set them straight or forcefully encourage them to accept reality.

DO NOT support false hopes and misconceptions. You can say softly, "Yes, you really want it to be different, but this is how it is and I am truly sorry about your loss".

Task 2:   Experience the pain of the loss

i) Discussion: this is the suffering part of grief, the slow, painful adjustment to everyday living without that special person. The reality begins to dawn. With reality comes powerful feelings. Worden notes that feelings come in no particular order.

DO speak directly to the person and address them by name as it helps orient them in the here and now: "Yes, Mary, I wouldn't mind seeing that last photo of George again".

DO act in a relaxed and accepting way. Continue to be yourself.

DO address the loss directly- say the name of the deceased or mention the transition explicitly: "Now that you require a visiting homemaker to help you with household tasks…."

DO LISTEN

ii) Discussion: People need to work through the fear that normally occurs anytime our lives which have major transitions and significant losses.

People can experience waves of agonizing feelings and may worry that they "will not make it" or may ask "how long with this anxiety go on? They may be reminded in small but poignant ways of their loss. Nights can be particularly long and painful. If it is a loss due to death, they may see or hear or feel the presence of the dead person or pet. These experiences may be comforting or disturbing, but they are not that unusual. They are part of saying goodbye. Some cultures are more accepting of these paranormal experiences.

They may worry about being forgetful, absentminded and unable to concentrate or make decisions.

DO acknowledge the fear and encourage the taking of small steps, "one thing at a time", and "one day at a time".

DO give reassurances that having these intense feelings is not unusual and is normal part of moving through loss and change.

DO give reassurance that in time, the pain will lessen. How much time is difficult to say. The intensity of the pain diminishes, but the experience of loss continues for long time - perhaps years. Anniversary dates, birthdays, holidays, music, places, other losses, may trigger acute grief responses again. This does not mean they are going backwards. The waves of pain will subside and "good feeling" times will increase.

DO NOT hurry people along by suggesting it is time they snapped out of it.

DO NOT say that fear is foolish. Loss is incredibly disruptive.

iii) Discussion: It is necessary to identify and come to terms with any self-blame or guilty feelings about the loss itself. If there are feelings of guilt, there is seldom any logic to it. It is never satisfied by explanation and indeed may escalate if denied.

DO accept the expression of guilt and express that it's natural to feel guilty. We often have some degree of ambivalence in our attachments.

DO acknowledge that they wish things had happened differently: "You would have liked to have more time". Encourage people to talk about any regrets they may have about the situation.

DO reinforce the good things. People need this reassurance and can better receive it after experiencing your acceptance of their negative feelings.

DO NOT rush in and say: "Now stop it- this thinking is foolish".

iv) Discussion: Expressing and "letting go" of anger is also a significant part of the process. Anger may be directed at the fact of the loss, anger at God for causing this to happen, anger at caretakers who didn't do enough, anger at others who have not "lost" someone or something, anger at events over which we have no control.

DO encourage people to vent feeling: "How are you feeling about all this?" They may unload hostility by exploding angrily, expressing quiet bitterness, and breaking into tears. It is not always comfortable to sit with someone when they are angry- be careful not to get caught up in their distress.

DO try to be sensitive to any indication that people want to deal with negative feelings. Sometimes people have been taught to focus only on the "positive" and are suppressing the more difficult, painful reactions.

DO listen non-judgmentally.

DO NOT give advice about being busy, getting involved and forgetting the past and making the best of it.

DO NOT attempt to talk someone out of it, do not defend God or the care-providers or shame the person about their reaction.

Task 3: **Adjust to a new environment where the deceased person, part of self, or lost object is missing by working through feelings of loneliness and awkwardness, reaching out to others and remembering one's own resiliency.**

Discussion: This task requires working through feelings of "loss of part of self". People may worry that after the loss <u>they</u> will not be the same. To some extent, this is accurate- many things will be different after a loss. However, it is important that people begin to consciously become aware not only of "what is lost", but also of "what is left"[65]

There may still be times of extreme exhaustion and preoccupation with feelings of loss which inhibit initiative- taking. Life seems to have no flavour. Self-confidence is shaken. However, this may be balanced by swings to positive feelings of being alive and moments of looking forward to something. Sometimes this can result in feelings of guilt "I shouldn't be happy"

DO encourage gently the giving and acceptance of simple social invitations, even if they don't seem enjoyable at first.

DO accompany people on first outings and assist with the practical tasks associated with the loss (sorting through papers, cleaning out closets, setting up new furniture arrangements, etc).

DO acknowledge that some sorrow may always be there, but the intensity will lessen and the duration will lessen. If it is a loss to death, examine what the deceased might have wanted for the one left behind.

DO explore with people what has gotten them through tough times before in their lives and then help them identify and build on these internal strategies of resiliency.

Task 4: Withdraw emotional energy from that which is lost and re-invest in new beginnings, relationships and activities.

Discussion: This is a time of "making meaning" of what has been and discovering "what is possible" in this new time. It is not unusual for people to feel "disloyal" about enjoying new people and activities or discovering that one appreciates certain aspects of a new situation.

DO gently encourage new beginnings such as joining groups, taking courses, entertaining.

DO NOT push or be too eager.

DO NOT "gush" or be overly enthusiastic about efforts of the person to re-establish social ties and begin new projects.

DO support ways to remember and honour the past and to celebrate accomplishments and steps forward.

2. If you are the bereaved person returning to work

Also see the Mourner's Bill of Rights and the article on 'Fresh Grief' found in the Appendices

Considerations if you are a bereaved person coming back to work:[66]

Do
- Let yourself experience the pain of grief
- Share how you are doing with those you feel comfortable and safe with (including colleagues)
- Allow yourself more rest than usual: bereavement can be extremely tiring
- Avoid heavy alcohol and drug use to dull the pain – it will delay your ability to process your loss
- Be cautious about major decisions in the early months
- Expect the need to talk about the loss to continue for longer than you might expect
- Break yourself in gently and gradually when returning to work
- Be explicit with your manager about the kind of support you want and don't want

Don't
- Try to avoid the pain
- Be embarrassed about your reactions
- Fight the need to talk about it over and over
- Return to work until you feel you are ready
- Take on new tasks or responsibilities too quickly
- Be surprised if your concentration is affected
- Be surprised if you have vivid dreams
- Be embarrassed by your grief: it's a consequence of your involvement and love

When You Are Grieving
- Be sure office knows what happened (as much as you are comfortable sharing).

- Consider easing back into your routine.

- Let co-workers know what is helpful and what is not.

- If you feel emotional or overwhelmed, excuse yourself and find a private place for a few moments.

- Keep your supervisor informed of how you are doing.

- Consider talking with your Employee Assistance Program (EAP), a bereavement professional and/or joining a support group.

- Be sure to take care of yourself (eating, sleeping, exercise).

- Make a list of all your work projects or daily activities, and note which ones can be done by someone else. When people offer to help, you can then be specific about any assistance you may need.

- Be patient. Grieving is hard work and takes time.

As a Bereaved Person, you may be experiencing your grief in these ways:

Feelings
- Shock and numbness
- Longing, sadness or depression
- Disappointment, anger and resentment
- Loneliness, fear and helplessness
- Guilt, shame, regret
- Hope and despair
- Happy memories
- Resignation or acceptance

Your Dreams
Vivid dreams are a method by which the unconscious mind works over the feelings mentioned in the previous section, sorting them out while the conscious part of the mind is at rest

Your Body's Responses
Your body responds to bereavement as well. You may frequently experience such physical sensations as:
- Sleeplessness
- Breathing difficulties
- Headaches and other body discomforts
- Tiredness and dizziness
- Stomach and bowel upsets
- Difficulty concentrating and remembering things

The Healing Process
Healing happens when you allow yourself to have your responses and share how are doing with others. You will want to think and talk about what you are experiencing and what you remember. Be prepared to do this thinking and talking again and again. It may seem like repetition, but your story is never quite the same. Be prepared to let your body "feel the feelings" as well as your heart and mind.

Time Frame
How long will it take? Every bereavement is unique, but mourning someone close to you is not a short term process. The overwhelming aspects of acute grief may loosen their grip intermittently after a few days, but the full process can take months, even years. If after a few weeks, you still feel constantly overwhelmed by extreme grief, it will be helpful to consult someone. Your supervisor can help you access supports.

Practicalities

Allow yourself more time than usual to do things at home and work. Be more prepared than usual to accept offers of help, include matters relating to bereavement. These may include:

- Registering the death
- Letting people know
- Decisions: where the body should be; cremation or burial; where the ashes should go
- Funeral arrangements
- Letters and callers
- Pension, insurance and other financial matters
- Personal possessions

Work

Consider your colleagues as potential resources for emotional and practical help. Arrange to meet your supervisor before you return to work so that you can talk things over. Pace your return to work in consultation with your supervisor. Here are two practical suggestions:

- It may be possible to return initially on a part-time basis
- Recognize that your concentration and capacity for creative thought will be below par at first. Some relatively easy, undemanding work may be a good way of easing you back in.

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3. If you are a workplace colleague of a bereaved person

If someone in the workplace with has experienced a death, as a colleague, you might feel a little anxious about how to support them. The bereaved worker is likely experiencing a variety of intense and likely unfamiliar thoughts, experiences and emotions that are hard to control. Keep in mind that *everyone grieves uniquely and that there is no right or wrong way to grieve.* Some behaviours that you might observe include:

Shock

"Bob came back to work right after the death of his spouse. He's carrying right on as if nothing had happened." After the death of a loved one, nature may protect us from the pain at first, by providing a cocoon of numbness. The full realization of the loss may come much later. And it can be tempting for the bereaved to rely on former routines -- like work responsibilities -- to escape from the reality of their loved one's death.

Denial

"Marie comes into work talking about her dead child as though the child was still alive." Because a parent knows that a child has died, doesn't mean that the parent feels that the child is dead. The parent may comprehend intellectually what has happened but not accept it emotionally. Later when the bereaved parent begins to feel the reality of the death he/she will want to remember and talk about the memories of the dead child.

Withdrawal From Others
"Sheila doesn't eat lunch with us since her mother died unexpectedly. She used to be so concerned about everyone in the office but now she doesn't seem to care about us or to be a part of us any more." When a family member dies suddenly, the wound can be deep. The family needs time to heal, and for some time solitude may be a healthy part of the healing process.

Anger
"I just asked him if he had finished writing the report and he started shouting at me. What's the matter with him?" Anger is a normal reaction of a grieving individual. It can be directed at the health care system, or the judicial system, depending on the cause of the death, or the anger may burst out in inappropriate ways ... at anyone who happens to be around.

Tears
"As the manager at work and as the father at home I was expected to make decisions, be the responsible one. When my son died the only time and place for me to grieve was in my car on the way home. The tears would flow - I don't even remember the drive - and then when I got home the tears dammed up again and I was everyone else's 'Source of strength'."

"It's been six months since my worker's husband died. She keeps bursting into tears and can't seem to concentrate on her work."

Tears are an important emotional release. People may cry quite openly, but many may not be able to cry at all, or may have to seek a private place where they are not expected to be everyone else's support. Socialization, gender and culture can influence whether or not a bereaved person feels permission to express sorrow outwardly through tears. There is no time limit on grief. Just at the time when friends and co-workers think that the grieving process is over, it may be just beginning because the reality of the loss is just sinking in.

People experiencing grief may show it in many ways -- including not at all. Numbness, tears, sadness, anger, withdrawal from others, mental confusion, lack of ability to concentrate, blocked creativity, exhaustion and other physical ailments all are normal and may be vital, necessary parts of the process of moving on after a loss. It is important for the bereaved person to understand that her/his painful reactions are normal and it is "okay" to express them. You can support this process.

How To Help A Co-Worker Who Is Grieving [67]

Do
- Listen with a non-judgmental ear
- Respect their reticence and their openness
- Acknowledge the loss. Care more about the person than your own embarrassment
- Respect the person's need to be alone, but don't isolate them
- Encourage the person to talk if they want to. Be clear about your limits
- Don't try to take away the pain – just help the person express it

- Beware of using clichés. If you have trouble thinking of something to say, just say "this must be so hard" If you don't know what to say, just say so. A simple, honest response will be more helpful than direct advice.
- Enable people to cry, or be anxious or angry without loss of self-respect or safety
- Ask how you can help
- Offer specific kinds of help, such as childcare and petcare, preparing a meal or writing thank you notes
- Check with the bereaved person whether close colleagues also know about the loss
- Check whether the bereaved wants others to be informed (who and how?)
- Acknowledge important anniversaries suitably and sensitively (deaths, as well as births, life transitions, etc)
- Discourage people from making major decisions early in their bereavement
- Learn about local community resources you might suggest to support people in their grief
- Be sympathetic, but don't neglect your work
- Alert a supervisor if you have any concerns, such as problematic substance use, changes in hygiene, sleep or eating patterns, or if the person is talking about suicide or homicide.

Don't
- Avoid talking about the person who has died. Most people want to remember and share stories about their loved one
- Pressure them to get on with work if it's not essential
- Minimize the impact of the loss
- Offer empty reassurances that things are going to be okay, when what's needed is permission to share grief
- Offer open-ended support if that's not what you can provide
- Expect bereaved colleagues to be back to normal quickly
- Let your worry about saying the wrong thing stop you from offering support
- These phrases are generally not helpful:
  "It's a blessing that he or she is no longer suffering"
  "Time heals all things, keep yourself busy"'
  "You have your family to live for"
  "You are young -- you can have more children"
  "It's God's will"
  Also avoid saying "I know just how you feel" -- because unless you've experienced a similar type of loss, you don't know how the other person feels. Even if you have had a similar loss, you cannot walk in another's shoes.

Be There!
- You may not know what to say, but if you can show your natural concern in your own way and in your own words, the bereaved person will sense your sincerity.

- You may want to attend the funeral or memorial service; sit Shiva with the family; perhaps send a card at the time of death, or later on, welcoming the bereaved parent back to work with an expression of your sorrow ... It is better to say something than nothing.

- You may feel awkward and unable to cope but if you avoid the bereaved person, you may add pain to an already painful experience.

Working Together
- There are some things you can do to help if you work with a bereaved person. The individual may not be able to concentrate at work the way he/she used to and a temporary sharing of the workload will lessen the burden.

- If the bereaved person works for you, you can temper the workload, and give work that ensures success and will not cause frustration or failure.

- It is important for the bereaved person to accomplish a new task everyday, but the tasks can be set to optimize success.

- If the bereaved person is your employer, you can express your sorrow and your sympathy. Be aware that she or he may be unusually short-tempered, which can be a reflection of his or her grief. This will subside with time. You may notice a change in his or her efficiency and workload capability.

- Patience and understanding on your part can assist the bereaved person through this grieving period -- whether worker, co-worker, or employer.

The Person Has Changed
"It's been eight months now since Sita's teenager was killed by a drunk driver. When will she be back to normal?" Sita will not be herself again. To be herself again implies that the child would still be alive and be part of her life. Sita will go through the natural process of grieving, and will eventually emerge with a different outlook toward her relationships -- in both her personal life and the workplace. Sita is learning to live with the *new normal* of her life.

There Are No Short-Cuts
There is no fixed or established time for grieving. It is different for everyone. For instance, some research suggests that it can take as long as 18-24 months just to stabilize after the death of a child. Some people say the first year is the hardest, experiencing all the milestones: first birthdays, mothers/fathers days, religious holidays etc. leading up to the first anniversary of the death. But grief does not end at the one-year mark – and the task of learning to live with grief is a lifelong journey. There will be recurring bouts of sadness, emotional challenges or physical symptoms of distress, throughout his or her lifetime. Be patient with your co-worker. She or he may not proceed as fast as you expect or you would like.

I've Done Everything I Can...
When you've done everything you can, it's all right to recognize that you may not be able to help enough. But you can tell the bereaved person about the help offered by EAP and/or groups like Bereaved Families of Ontario. Sometimes when people have experienced a difficult loss, such as the death of a sibling, a spouse or child, they feel that no one can possibly understand what they are feeling. In these situations, other bereaved parents, spouses or siblings can help. That is the essence of the peer/mutual support model that groups like Bereaved Families offer.

4.   If you are the manager or supervisor of a bereaved person

This handbook makes the point that we should not underestimate the important role of having grief and loss policies in place, and an organizational culture that supports those policies. The key to having a culture that makes such policies a lived reality, rather than simply a binder on a shelf, is to make the well-being of our workers a primary focus of what we do. There are various ways in which help and support can be offered.

What is presented here can be seen as an extension and a consolidation of how organizations and the individuals within them can play a positive role in responding to the demands that loss, grief and trauma make on us. An employer's attitudes and actions relative to a worker's loss have long-lasting implications, affecting the entire workforce's morale, job satisfaction, productivity, commitment and loyalty. ***Grief will come to work.*** It is unrealistic to assume that people can somehow put their feelings 'on hold' for as much as an eight-hour work day. When a person is grieving, co-workers are typically affected as well. What follows are some practical strategies for interacting positively with a bereaved worker as their manager or supervisor.

Understanding

When it comes to supporting, a key component is understanding- in both senses of the word. People involved in key positions in the organization need to have a degree of knowledge and understanding about the issues of grief and loss, and in addition, people need to be understanding, in the sense of being appreciative of the difficulties involved. You need to be able to show appropriate empathy in dealing with the challenges of managing life after loss.

Tips for Managers: Do's and Don'ts[68]

We'll start with Don'ts and end with the Do's we consider helpful:

1. **Don't:** Force the mourner into a role by saying "You're doing so well." Allow the mourner to have troubling feelings without the sense that they are letting you down.

2. **Don't:** Tell the mourner what he or she *should* do. At best, this reinforces the mourner's sense of incompetence, and at worst, your advice can be completely off the mark.

3. **Don't:** Say "Call me if you need anything". Vague offers are meant to be declined, and the mourner will pick up the cue that you implicitly hope they won't call. Be specific about what kind of support you are willing to provide, such as "I'll stop by Thursday evening with dinner". "I'll complete that report over the weekend so you can rest". Bereaved people may be reluctant to seek help or even be too confused and disorientated to assess what they need.

4. **Don't:** Suggest that time heals all wounds. The wounds of loss never completely heal and grief work is more active than this phrase suggests. We can feel powerless to help someone who is immersed in a grief response, and if we are not careful, this can lead to comments that

are more about reassuring ourselves than the person we are trying to help. We cannot take away a person's pain.

5. **Don't:** Delegate helping to others. Your personal presence and concern will make a difference.

6. **Don't:** Say "I know how you feel". Each griever's experience of grief is unique, so invite the mourner to share his or her feelings, rather than presuming that you know what the issues are for that person. Expressing empathy is important, but this needs to be done in a way that respects the individual circumstances of the person concerned, and not in a blanket fashion. You do not know how someone else feels, even if you have had a very similar experience. Implying that your feelings are indeed the same as his or hers can be seen to devalue the unique experiences of your colleague.

7. **Don't:** Use trite platitudes by saying things like "When one window closes, another opens", or "God works in mysterious ways". This suggests to the mourner that you don't want to work to understand their unique situation and story. This can also give a misleading message that you are playing down the significance of their experience and are not interested in being genuinely supportive. Being helpful involves understanding what is going on for someone. Sweeping comments imply that we do not know enough about the specifics of this individual's circumstances to be able to offer direct, thoughtful, informed responses.

8. **Don't:** Try to hurry the person through grief by urging them to get busy, to give away the deceased's possessions, etc. Grief work takes time and patience and cannot be done on a fixed schedule. A grieving individual will need to respond to grief at their own pace and in their own way, so allowances may need to be made in terms of expected quality or quantity of work.

Now the Do's

1. **Do**: Open the door to communication. If you aren't sure what to say, ask, "How are you doing today? or "I've been thinking about you and wondering how things are going right now?"
Communication and information are important foundations of a caring workplace community.

2. **Do:** Listen 80% of the time and talk 20% of the time. Very few people take the time to really listen to someone's deepest concerns. Be one of the few. Both you and the mourner are likely to learn a lot as a result.

3. **Do:** Offer specific help and take the initiative to call the mourner. If you also respect the survivor's privacy, your concrete assistance with the demands of daily living will be appreciated.

4. **Do**: Expect future rough spots with active attempts at coping with difficult feelings and decisions for months following the loss. Workplaces commonly underestimate how long grieving is likely to last and how intense it is likely to be[69]

5. **Do:** *Be there* for the mourner. There are few rules for helping aside from openness and caring. While workers are going through stormy patches, we can do our best to provide an anchoring point.

6. **Do:** Talk about your own loss experience and how you adapted to those losses. Although the mourner's coping style may be different from your own, your self-disclosure will help. These shared stories can make it clear that loss is indeed an inevitable part of life and a challenge that we will all face. It is a common human experience. Connecting with another in this way by talking about our own losses, if handled sensitively (remember the 80%-20% rule), can be extremely helpful in decreasing isolation.

7. **Do**: Use *appropriate* physical contact and non-verbal communication – like a hand on the arm, or a hug, when words fail. Learn to be comfortable with shared silence, rather than chatting away in an attempt to cheer the person up.

8. **Do:** Be patient with the griever's story, and allow him or her to share memories and worries and future plans. This fosters a healthy continuity as the person orients towards a changed future.

9. **Do:** It is important to make sure that grief arising from losses that may be stigmatized in some way, such as unconventional relationships, death by AIDS, suicide or murder, is not treated any less supportively.

Practical Tips for an Immediate Supervisor:

The workplace can be crucial in helping someone *feel at home* after a major loss. By helping establish a degree of normality and continuity, supportive colleagues and managers can be extremely useful. However, if colleagues and managers 'walk on eggshells' and fail to provide the degree of stability needed, then can make the situation worse for the grieving worker, and set a negative example for the rest of the team.

*   Make contact with your bereaved worker as soon as possible after you learn of their loss. Offer your condolences. Listen and respect confidentiality. Expect a range of responses, from sadness to tears, anger to "I'm okay".
*   Which aspects of the situation are confidential and which can be safely shared with colleagues? Which colleagues?
*   Be prepared. Know your organization's policy on bereavement and personal time and be ready to explain the policy to the worker.
*   Be as flexible and negotiable as possible in allowing your worker to have the time and space to deal with their loss.
*   Arrange for back-ups and replacements necessary to cover the person's work during their absence. Ensure that phone calls and e-mail messages are re-directed.
*   Get information on services, funerals and memorials to the person's colleagues in a timely fashion.

- If appropriate, help to organize some form of group acknowledgment to support the worker, such as issuing a card or flowers, or planning group attendance at a memorial ceremony.
- Ensure that support continues when the person returns to work. The first few days may be particularly difficult adjustment.
- Have back-ups or a buddy system in place when the worker returns to work to provide support and check in with the worker periodically to see how he or she is doing.
- Consider adjusting the workload. Expect productivity, but be patient and reasonable in your expectations.
- Be sensitive to the cycle of upcoming holidays or trigger points that might be difficult for the worker.
- Recognize that other cultures may have customs, rituals or ways of dealing with loss that differ from those to which we are accustomed.
- Watch for warning signs of prolonged grief and ongoing performance issues, such as poor grooming, severe withdrawal, substance over-use, or other uncharacteristic behaviours might be warning signs.
- Offer resources for professional help. As a supervisor, you are in a unique position to observe a need for help and to recommend assistance through a referral to your EAP or appropriate community resources.

One Size Does Not Fit All

Be aware that there are broad patterns of responding to loss and considerable variation in terms of culture and gender and previous loss history. Rejecting the one size fits all approach in some ways is the other side of the coin to personalizing the loss. But it goes beyond that to recognizing that there are not only individual differences in grief reactions, but also group or cohort differences in terms of such social factors as gender, ethnicity, age expectations.

Cultural Competence and Loss[70]

- Recognize that 'help' has different meaning across cultures. Accept the wide variation in expressions of grief and ways of coping with loss.

- Notice the cultural influences in your own life, how they affect your grief responses, and what you consider to be "normal and appropriate" related to mourning.

- Be creative and explore alternatives in your care for bereaved workers. Be prepared to take risks and make mistakes.

- Be open to learning about cultural traditions and beliefs. Identify strengths from the person's cultural background and use them as resources.

- Remember – loss is a universal experience, having a profound effect on our lives, regardless of our differences in mourning.

Chinese funeral ritual from http://www.bearspage.info/h/tra/ch/fun.html

Summary

This Section introduced the practical aspects of supporting someone experiencing the grief of a loss. The material provided lists of 'Do's and Don'ts' for:

> ➢ Individuals moving through the four tasks of grieving- some general tips for helping anyone in your circle.

> ➢ The bereaved individual returning to work

> ➢ The colleagues of a bereaved individual

> ➢ The manager and the immediate supervisor of a bereaved worker

The Section closed with a reminder to consider the cultural context of the bereaved individual and to appreciate that "one size does not fit all".

Part Two: Supporting

Section VIII

What You Will Find in this Section…

VIII. Supporting Workers Experiencing Stress Responses and Traumatic Events

- Stress-Related Responses of Workers
    - What to do about Compassion Fatigue?
    - The Individual Worker
    - Tips for Managers

- Supporting Workers who have Experienced Traumatic Loss Events
    - Trauma Revisits
    - Responding in Situations of Traumatic Grief
    - The Elements of Trauma Support

- Additional Information for Supporting an Individual with Traumatic Loss
    - *"Managing Trauma is like Learning to Drive a Car"*
    - Ten Foundations for Safe Trauma Support

- Summary

VIII. Supporting Workers Experiencing Stress Responses and Traumatic Events

This section includes:

> ➢ Guidelines for individual workers coping with stress-related responses
> ➢ Responding to workers who have experienced traumatic loss situations
> ➢ Additional information for supporting individuals with traumatic loss.

1. Stress-Related Responses – of Workers

In the previous section, material on stress related responses in the workplace was presented pertaining to compassion fatigue, burnout and vicarious traumatization. This section offers some practical ideas for self-care for workers and tips for managers.

What to do about compassion fatigue?

There is a lot workers can do about this situation. Acknowledging that stress exists is a great step! Compassion fatigue is a process and generally so is healing from its effects. Maybe some people can fully return to a full well of resources by taking a holiday or going for a massage but most workers need to make life changes and put their own health and wellness on the list of priorities. *Compassion fatigue is much more complicated than just being tired. It seems that it more often represents a conflict between our deepest values and the work that we do*[71].

Do workers recognize when they are depleted?
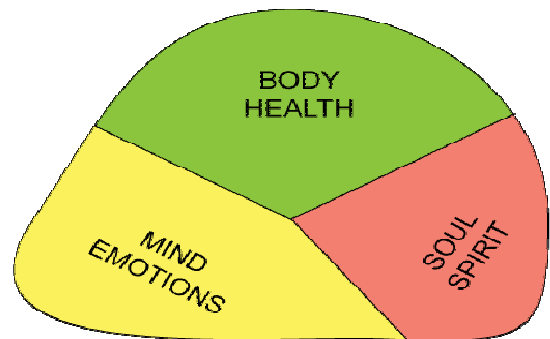
There are many reasons workers develop compassion fatigue or burnout. These factors can be broken down into two main categories: The individual and the specific context:

The Individual:
A worker's current life circumstances, personal history, coping styles and personality style all effect how work-related stressors impact an individual's system. Most workers also have other life stressors to deal with, many are in the *sandwich generation* meaning they take care of both young children and aging parents. Workers are not immune to pain in their own lives.

The Specific Context:
Workers in the human service field often take on jobs that other people don't want to hear about, or spend their time caring for people who are marginalized in our society (people living with HIV, drug users, the homeless, abused, incarcerated or mentally ill). The working environment is often stressful and fraught with workplace negativity as a result of individual compassion fatigue and general unhappiness. The work itself is also very stressful, dealing with clients who experience chronic crisis, difficulty controlling their emotions, or clients whose lives may not get better.

Supporting others requires workers to open their hearts and minds to their clients – yet, this very process of empathy is what makes staff and volunteers vulnerable to being profoundly affected by their work. A common and understandable coping mechanism in care giving is to simply stuff the overwhelming emotions that surface repeatedly in the work. Most people never take the time to understand how their jobs affect them emotionally, mentally, physically and spiritually.

Authentic and Sustainable Self-Care Begins With the Individual Worker[72]:

Workers may have unrealistic expectations that they should be able to endure the stories and not suffer. For most people, this simply isn't true. We are impacted by what we witness. This means that self-care must incorporate several distinct levels of practice in order to have a sustainable impact:
1. Stress relief
2. Stress reduction
3. Stress resiliency

1. ***Stress relief:*** Many workers are doing some of the right things to ***de-stress***: running, taking baths, sleeping well, eating well, taking vitamins, going for health check ups, reading for pleasure, etc., but it isn't making a significant difference in the day to day. These activities are important, but not sufficient. Stress relief strategies only work as prevention or as the final step once a person has reduced their current stress load and improved their resiliency.

2. ***A reduction in stress*** means cutting back on things in our lives that create stress for us. Once the stress is reduced, then focus on resiliency, which makes the remaining stressors more tolerable.

3. ***Stress resiliency*** includes breathing, meditating, yoga, deep relaxation, etc. When we are stressed, our bodies are in a fight, flight or freeze mode and in that mode, our bodies cannot heal as efficiently *(see Section on Stress and the Brain).* We need to engage a system of relaxation so that our bodies can take a breather and start to heal.

> ### For Individual Workers[73]
>
> *"I can't stand it… and I can't stop it…but I can deal with it!"*
>
> ### Level I: Change the Channel
>
> ❑ Physical activity & body knowledge
> ❑ Stress reduction techniques
> ❑ Weave revitalizing activities into your life
> ❑ Build in time-outs and time-off
>
> ### Level II: Get Outside Support
>
> ❑ Tell your stories
> ❑ One-on-one professional help
> ❑ Peer support groups
> ❑ Debriefing and Supervision
> ❑ Ritualized closures and remembering
>
> ### Level III: See the Bigger Picture
>
> ❑ Set a life goal
> ❑ Soul/spiritual connection
> ❑ A time to stop, reflect, make meaning and integrate
> ❑ Re-choose what you are doing

Compassion Fatigue and burnout can lead to very serious emotional, physical and psychological problems. Workers deserve to feel well. Workers deserve to have help when they are depleted and overwhelmed. Support them in talking with a trusted health care practitioner about options.

> *"The real enemy of resiliency is NOT the presence of stress, rather the problem is the absence of disciplined, intermittent, recovery".*   Frost

Tips for Managers

- Compassion fatigue, traumatic loss and vicarious trauma are occupational hazards in the human service sector. Successful interventions will encompass a holistic perspective, using strategies that speak to the hearts, minds and physical well-being of your workers.

- ***Well designed supervision groups have been identified as one of the most effective ways to address the issue of compassion fatigue in the workplace[74].*** Supervision groups also provide an ideal venue to promote and develop additional strategies that can then be brought back to the workplace.

- Introduce the topic of compassion fatigue at a staff meeting. Discuss it as an occupational hazard, something that happens to those who do their jobs well, and have a group discussion about ways to deal with it around the workplace. Your staff may have innovative ideas.

- Offer professional development for your staff. Research shows that this is a protective factor.

- Offer counselling as part of your benefits package and encourage people to use the service.

- Bring in compassion fatigue specialists to speak to your team or provide opportunities for staff to attend a compassion fatigue workshop.

- Provide supportive supervision for your staff and include compassion fatigue in your discussions, but don't be insulted if workers don't want to speak to you directly about it.

- Get some support yourself! Managers tend to be very isolated and have very stressful jobs – it's a challenging combination. Workers are more likely to take the topic seriously if you are modelling balance and well-being in your own work life.
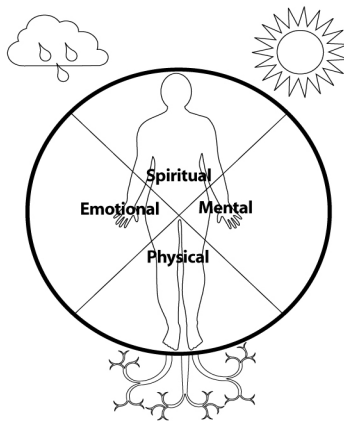
> **When you are Thriving…**
> - ❑ **What nourishes you?**
> - ❑ **What sustains you?**
> - ❑ **What replenishes you?**
>   *ABRPO*

2. Supporting Workers who have Experienced Traumatic Loss Events

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Situations that involve traumatic elements:

- *A Director's 78 year old mother is hit and killed by a dump truck as she is out for her afternoon walk*

- *Neighbourhood teens, who are clients of your agency, are shot down in the local park by gang members. There are 2 bullet holes in the window of your Youth Workers' office space.*

- *A tsunami in another part of the world devastates the towns and villages where two of your staff have family member. They are unable to reach their families by phone.*

- *An older staff is robbed at knife point at a bank machine one evening. He was stabbed 3 times*

As a supervisor, you are not expected be providing trauma counselling to your staff. However, it will be helpful for you as a manager to know what the elements of good trauma support include so that you can refer a traumatized worker to an appropriate resource, and can follow up with sensitive inquiries.

You don't have to be a trauma expert to appreciate the distinctions between grief and trauma, both in their impact and the resolution. This awareness can assist managers in developing, and offering, appropriate supports and interventions, and in knowing when to bring in additional resources. If read by enough of your staff, this material can help create common language and a common framework of understanding in your workplace related to the key elements in providing formal and informal trauma support.

Trauma Revisits[75] -

A primary difference between traumatic and grief reactions is that, in most cases, grief will resolve itself over time, while there is considerable evidence to suggest that not all traumas will necessarily resolve themselves:

"Many people spontaneously recover from traumatic incidents. However, population estimates suggest that a significant group (typically around 25 percent) will not recover on their own and could benefit from some kind of support. There are no specific figures for recovery from traumatic incidents at work."

Rick, O'Regan & Kinder[76]

Traumatic memories can surface, unbidden, causing deep stress and anxiety for workers. The importance of recognizing that traumas will often require externally delivered, structured, supportive interventions is especially significant in relation to frontline workers. These workers may or may not experience traumatic losses *directly*, but they are likely to be exposed to client traumas in the course of fulfilling their job duties and may be dealing with vicarious trauma or traumatic grief. Providing a caring and nurturing environment is a necessary condition of support, but not sufficient.

Responding in Situations of Traumatic Grief[77]

> *"Workers look to management for support and assistance when traumatic situations occur. A sensitive approach by management can become a major force in how swiftly and thoroughly the workers will recover. Managers who take an overly defensive, aloof, or adversarial position in these matters (often due to fear of litigation) can make the situation far worse. Such a defensive approach will exacerbate the worker's anger, or send the response "underground", to be re-triggered when a similar event occurs in the future. A neutral, even-handed, caring approach will serve the best interests of all."*
>
> *Ernestine & Ernestine*[78]

A few general principles for responding in situations of traumatic grief may be helpful. Some may seem quite self-evident. First, you must have enough background knowledge to recognize circumstances that may contribute to traumatic grief.

In terms of supporting grieving workers in your organization, it is always a good idea to consider the traumatic aspects of the loss. Gather information about the nature of the event, the person's role in the event, the degree of violence, horror, sense of personal responsibility, degree of family and social support, etc. *Remember, the more traumatic elements present, the more trauma – rather than grief- will be the dominant dimension.*

A general guiding principle: *when trauma is present, do not probe for feelings, or attempt to deepen any responses that may require containment*. However, do give permission for feelings and responses to be expressed if you are assured that the individual is grounded and remains 'in present time'. Seek out appropriate and competent referral sources for the worker when you recognize that trauma elements are associated with the loss. Offer these references in a timely and sensitive manner.

Important questions to consider:

- Do you use an Employee Assistance Program (EAP)? If so, does it offer more than counselling? There are limitations in seeing counselling as a panacea for all problems that have any sort of emotional dimension to them. *See the Appendices for a tool to assess your EAP for grief awareness: the Employee Assistance Professionals' Checklist.*

- Are your occupational health services tuned into loss, grief and trauma issues? Do they understand the sensitivities and subtleties involved? Has the staff had appropriate training on such matters or are they relying on their general professional education?

- Are the managers and human resource staff aware of the issues concerning appropriate support for workers dealing with loss, grief and trauma?

The Elements of Trauma Support

There are three distinct areas of support following a traumatic event[79]:

Support Following a Traumatic Event

Establish a Degree of Safety | **Healing** | **Recovery**
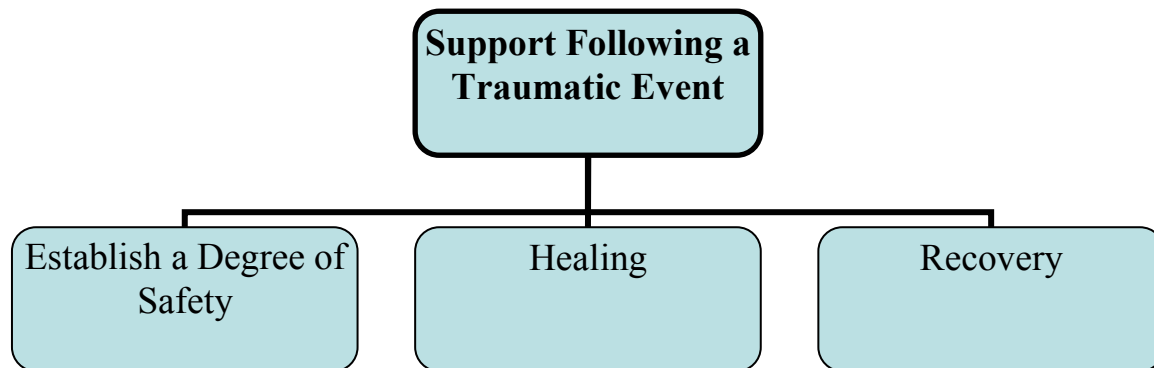
1. Establish a degree of safety

Grieving and traumatized people can feel very insecure and without 'grounding'. Supporters need to give careful consideration to what can be put in place to help establish a sense of safety and security. This can range from practicalities - for example, if someone has been assaulted, it can amount to putting in safety measures to ensure workers are protected from the threat of assault, to offering emotional support and presence to someone who appreciates contact with people in times of distress.

Practical Support when Trauma Revisits

Here are some practical interventions that are appropriate in the workplace when an individual is experiencing a panic or anxiety attack related to past trauma.

- ***Grounding someone:*** This is as practical as it sounds. If someone feels like they are 'losing it', have them sit down and put their feet on the floor. Say *"I'm going to help you get grounded so you can stay in the here and now"*. Keep your voice steady, slow and loud. *"Slow your breathing down. Take deep slow breaths. Keep your eyes open and focus on me."* Stay with the person until the anxiety has passed. Don't probe for information about what came up for them that led to this situation.

- ***Supporting the split*** between their inside experience and their outside experience can help people tolerate being in situations where they are prone to anxiety attacks (p. 131 for more details). This simple technique involves accepting and stating aloud the

reality of both parts of their experience simultaneously. With slowed breaths, feet on the floor, and eyes open, encourage the person to repeat after you- "I'm feeling very scared here (experiencing the self's reality), while at the same time actually looking around, evaluating the situation, and saying (if it is true), "**and** I'm not in any actual danger right now" (observing self reality). It is very important that the conjunction *and* is used to imply a connection between the two phrases. *But* would imply negation of the first phrase. The message is "both realities count", not "there is nothing to be afraid of".

2. Healing

This involves the early stages of helping somebody come to terms with the situation they find themselves in. Listening is something we have to keep doing – not something we do once then switch off. They may need to go over more than once what happened to them. This type of repetition can be helpful provided that it does not become *rumination*- where people get stuck in negative thoughts about a situation. Related to trauma, it is important for a workplace to understand that someone who has been traumatized may continue to have vivid memories of the traumatic event, a process that can lead to considerable distress. If key people in the organization are not aware of this, they may misread the situation and mishandle it. Managers and supervisors can be taught basic skills in helping 'ground' someone who is getting triggered and needs direct support.

3. Recovery

Over time in trauma situations, the goal is to support people in getting to the point where they feel secure and stable in present time and can look at how they might grow as a result of the painful experience they have endured. It can be a positive process of putting the negatives behind and establishing a new balance or emotional stability.

Solomon & Siegal[80] emphasize that it is important that we use whatever resources available to us to contradict the sense of helplessness that can characterize grief and trauma. This involves helping people establish a degree of power and control in circumstances where they feel helpless and powerless:

> *"To make meaning of traumatic experience is usually not enough. Traumatized individuals need to have experiences that directly contradict the emotional helplessness and physical paralysis that accompany traumatic experiences."*
>
> *Solomon & Siegal[81]*

Help people gain greater control of their lives. This theme of promoting a greater sense of control and gently challenging feelings of helplessness and powerlessness is therefore an important principle of good practice in supporting people through experiences of loss and trauma. An important part of competent staff care is being able to balance negatives and positives. Clearly, when we are talking of grief and trauma, we are referring to situations characterized by considerable pain and suffering. There are inevitably negatives involved in this.

However, referring back to the notions of post-traumatic growth and transformational grief discussed earlier, we should not lose sight of the potential for promoting growth, resiliency and for drawing the positives from the situation, as we recognize and address the negatives involved.

> *"This is no easy challenge and brings us back to key leadership values and practices. Good leaders will be well tuned into these concerns and will be in a strong position to shape a culture that is sensitive to the negatives, but not fail to recognize the benefits of promoting growth, individual and organizational learning that can arise from painful times".*   *Thompson[82]*

3. Additional Information for Supporting an Individual with Traumatic Loss

The following information is particularly relevant for counsellors, but the concepts outlined may increase your awareness of what a traumatized employee could be working through in their therapeutic relationships. It also gives you additional background material on which to make sensitive inquiries about their personal well-being. The material is summarized from a very practical resource: The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment. Rothschild, B. (2000).

"Managing Trauma is like Learning to Drive a Car"[83]

On Braking and Accelerating

Safe driving involves timely and careful braking combined with acceleration at the rate that the traffic, driver, and vehicle can manage. So does safe trauma support. It is inadvisable for the supporters to accelerate or attempt to deepen the trauma healing process, or for an individual to accelerate towards their own trauma, until each first knows how to *hit the brakes* – that is, to slow down and/or stop the trauma process – and can do so reliably, thoroughly, and confidently

The symptoms of PTSD are depleting. Typically the person with PTSD alternates periods of frenetic energy and periods of exhaustion. Sometimes the healing process is difficult because the individual doesn't have the reserves necessary to focus, confront and resolve the issues at hand. Reducing hyperactivity in the person's personal and work life and in the therapy sessions will not only give the person much relief but will enable them to rest more effectively. This in turn will give them a greater capacity and resources to face their traumatic past.

A useful analogy is to liken the person with PTSD to a pressure cooker or a boiling kettle with a cork stuck in its spout – like the kettle image. The unresolved trauma creates a tremendous amount of pressure both in the body and in the mind. With a modern pressure cooker, once the pressure is built up, it becomes impossible to open it, and if you could, it would explode. You must first slowly
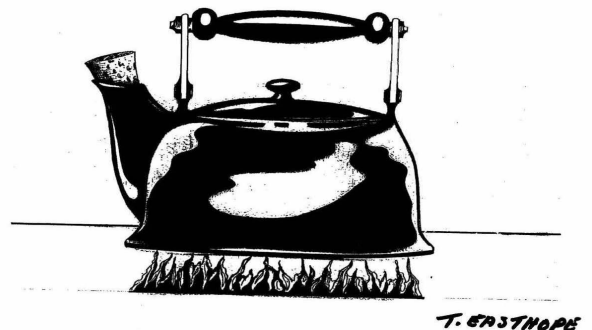
relieve the pressure, a little "pft" at a time. Then, and only then, can you open any pressure cooker safely. The same applies to PTSD. If you try to open the person up while the pressure is extreme, you risk explosion- which in a traumatized person's case, can mean decompensation, breakdown, and serious illness. However, with careful application of the brakes to gradually relieve the pressure, the whole process of healing becomes less risky.

Direct work with traumatic memories should not begin until the therapeutic relationship is secure for the client and the client feels safe with the therapist. It may take time to establish this deep trusting relationship- which is why brief solution focused therapies, or Employee Assistance Programs that only cover a limited number of sessions may not be particularly effective.

Oases, Anchors, and the Safe Place

Many people who are trauma survivors benefit from activities that give them a break from their trauma. It is useful to know if an individual recovering from traumatic events has developed some version of 'taking a break' from intrusive thoughts and feelings. Diverting activities have common features.

> **An oasis** must be an activity that demands concentration and attention. *Watching TV and reading do not work.* Procedures that have not yet become automatic often do the trick – gardening, car repair, cooking a new recipe, computer games, solitaire- and this might include work-related projects.

> **Anchors** are concrete, observable resources, usually chosen from someone's life, so that the positive memories in both body and mind can be utilized. Examples include a grandmother, a special teacher, a spouse, an animal, a place, an object, an activity. A suitable anchor is one that gives a feeling in body and emotion of relief and well-being. These anchors can be used as braking tools anytime the memories get tough.

> **The Safe Place** is a specialized anchor- usually an actual, earthly location that the person has known in life- so there will be somatic resonance in the memory of it- sights, smells, sounds, etc. connected to that site which will make it highly accessible and useful to the individual. The person can imagine that safe place during times of stress and anxiety and it can be used to reduce hyperarousal during a difficult period.

Ten Foundations for Safe Trauma Support[84]

A reliable therapeutic process will have considered each of the following steps.

1. First and Foremost: Establish safety for the individual within and outside of therapy

2. Develop good contact between therapist and client as a prerequisite to addressing traumatic memories or applying any techniques – even if that takes months

3. Client and therapist must be confident in 'applying the brake before they use the accelerator'

4. Identify and build on the client's internal and external resources

5. Regard defences as resources. Never *get rid of* coping strategies/defences. Instead, create more choices.

6. View the trauma system as a *pressure cooker*. Always work to reduce, never to increase, the pressure.

7. Adapt the therapy to the client, rather than expecting the client to adapt to the therapy. This requires that the therapist be familiar with several theory and treatment models.

8. Have a broad knowledge of theory – both psychology and physiology – of trauma and PTSD. This reduces errors and allows the therapist to create techniques tailored to a particular client's needs.

9. Regard the client with his/her individual differences, and do not judge her for the failure of an intervention. Never expect one intervention to have the same result with two clients.

10. The therapist must be prepared, at times, or even for the a whole course of therapy, to put aside any and all techniques and just be with, and talk with, the clients.

Summary

This Section outlined practical strategies for addressing the stress-related responses of workers, particularly compassion fatigue. This was followed by material on supporting workers who have experienced traumatic loss events. The information included the 3 elements of trauma support, as well as additional suggestions that counsellors or therapists might be incorporating in their work with trauma survivors.

It was noted that working in a context where one feels a sense of safety and security can be vitally important when loss or trauma surface. This is because such experiences are likely to have the effects of introducing a degree of insecurity due to the unsettling and destabilizing nature of such events. The sense of security generated by supportive and well-informed management can provide a useful counterbalance and act as an anchoring point for someone distressed as a result of loss.

Paying attention to grief and loss issues involves being able to see the situation from the point of view of the bereaved worker, and not imposing your own perspective. It may also mean learning some new theories. While it is not expected that supervisors become trauma experts or therapists, new language and perhaps new styles of communicating this new understanding may help provide a secure workplace environment for staff and volunteers who are trauma survivors.

Part Two: Supporting

Section IX

What You Will Find in this Section…

IX. Supporting a Team: *When Death or Loss Occur as part of the Work*

- Situations where *Loss Occurs as part of the Workplace*
  - What You Will Notice as a Manager
  - Grief Reactions Affect Productivity

- Providing Support for Teams and Work Groups
  - Four Tasks for Organizational Support following a Loss in the Workplace
  - A Check-list for Managers and Supervisors
    - When A Worker Dies

- Team Support Following a Death or Traumatic Event
  - A Note on Debriefing

- *After a Death*- An Outline for Debriefing Staff and Volunteers

- *After a Traumatic Event*- Debriefing Process for Staff and Volunteers

- Organizational Strategies to address Vicarious Trauma

- Social Aspects of Grief Responses
  - Considerations in Creating Rituals
  - Ritual Basics
  - Three Examples of Rituals

- Summary

IX. Supporting a Team: *When Death or Loss Occur as part of the Work*

As noted in Section III, directors and supervisors will be managing loss in 3 distinct situations:

1. When Death or Loss Come to Work
   - Challenges for the Worker dealing with significant loss, illness, dying and death- outside of the workplace

2. ***When Death or Loss Occur as Part of the Work or in the Workplace***
   - ***Sudden versus expected deaths/losses***

3. When the Workplace "Dies" – When there are significant organizational changes
   - Loss responses associated with workplace transitions

This section will present concrete strategies for working with **teams and groups** in situations ***When Death or Loss Occur as Part of the Work or in the Workplace.***

For background information on the impact of grief and loss on individuals and on workplaces, see Sections II, III and IV. For concrete strategies for supporting bereaved individuals, see Section V.

This Section looks at situations where loss and traumatic events occur as part of the workplace, and you are responding to teams or groups within the workplace or community. Discussion and descriptions of formalized debriefings are included, both for death and for traumatic events. Organizational strategies for responding to vicarious trauma in the workplace follow. Outlines of rituals used by agencies to facilitate good closures complete this Section.

Situations where loss occurs as a part of the workplace include:

- A long time Reception Volunteer who covers the front desk and phone lines every Tuesday, usually brings in home-baked cookies for the staff. He goes in for open-heart surgery but does not survive the operation.

- The Chair of the Board, a well known PHA activist, dies of AIDS-related lymphoma.

- A Support Worker is violently attacked by a client who has a sudden and surprising psychotic breakdown. She was doing a home visit, as she had many times, and there were never any problems with this client prior to this incident.

- Unexpected client deaths: Three clients overdose when a new type of heroin comes to the streets.

- The Director of Fund Development races out of the office to grab a quick bite to eat before his evening meeting with the Walk Committee. He leaves his light on, files are left on his desk, and his computer is still on. He is run down in the crosswalk by a transport truck turning right on a red light. He is killed instantly. He had a date later that night with a new partner who volunteers with your agency.

These types of loss events happen. And they rarely show up in isolation of other loss-generating events. In fact, these real examples of losses at work often were added to an already existing burden of personal loss events for staff: divorce, job losses, moves, parental and child care issues, family and pet deaths, etc; and organizational transitions, such as office relocation, program changes, funding cuts, staff changes, etc.

All these types of losses result in varying grief responses for the workers- some more complex and overt than others. These overlapping loss responses will also manifest in an organizational manner.

The image below depicts the cyclical pattern of loss responses found in community-based AIDS agencies. The workers are coping with complex levels of multiple losses primarily due to death, but also including other types of personal and organizational losses. This pattern of response is not particular to AIDS agencies.

Do you have a sense of the cyclical patterns of coping with losses found in your own organization?

Grief and Coping Process Associated with AIDS Multiple Loss
© Val Gervais, 1998

Expeditious Reinvestment of Feelings into a Recommitment (This helps to honor those who have died and contribute to those who now need your support within the shortened period of time available to grieve before the next loss occurs.)

Tension and Emotions Build

Episodic Expressions of Grief Over reactions / Out of proportion expressions Sick humour

Anger Sadness & Depression Guilt Helplessness

Numbness (In response to being overwhelmed)

Memorialize & Share (with those who understand)

Heightened Anxiety (Especially for those HIV+) & **Catastrophic Thinking** (Associated with anticipation of greater loss)

Distance Oneself Temporary to Permanent & Develop Protective Strategies (Provides opportunity to Integrate, Reflect, and Replenish energy)

What You Will Notice as a Manager

These manifestations of multiple losses listed below can typically be found in HIV/AIDS organizations which have their roots in death and ongoing loss[85], but these 'organizational symptoms' will also be apparent in other human service agencies working with any elements of ongoing, cumulative losses:

Aspects of grief
- unresolved and anticipatory grief
- challenge learning to live with death and loss as a constant companion
- preoccupation with one's own mortality
- difficulty tolerating ambiguity and uncertainty
- survivor guilt
- struggle to make meaning out of what one has witnessed

Individual Responses
- loss of normal emotional responsiveness
- numbness and isolation
- uncontrollable emotional states
- dissociative mental states, disconnection from self and others
- pessimism and fatalism, view of the world as hostile
- fearfulness, insecurity and despair
- loss of safety in community

Worker Behaviours
- forgetfulness and disorganization
- inability to concentrate
- inability to retain information
- preoccupation
- lack of interest or motivation
- lowered tolerance levels
- fatigue
- loss of interest and involvement in work
- decrease in productivity and morale
- increase in workplace absenteeism
- can't take holidays, seems driven to work
- difficulty in setting limits
- 'callused', cold or 'jaded' worker unable to connect with others
- projection: avoid hearing the horror by interrupting people or distracting them from accounts of pain
- relentless anxiety, uncertainty over who is next
- self-neglect, self-destructive behaviours

Grief Reactions can also affect productivity in other ways:[86]

- **No-loyalty:** grieving people, who are hurt and bitter and have no sense of security, experience a significant drop in loyalty to agency goals
- **Disgruntled:** Unhappy workers who have been dealt with in a manner than leaves them disgruntled can lash out publicly at the agency, causing damage to an agency's reputation. Others simply go through the motions to get through another day and put out little real effort. For others, anger influences the work pace and sense of morale and spirit
- **Accidents and Errors:** Individuals can be so disoriented and anxious that they are prone to accidents and errors that might not normally occur
- **Low Morale:** The lowered morale of workers who feel unfairly treated or are embittered by friends' terminations drains energy from the workplace. The worry about what still might be lost is a powerful distraction, as is rumour and speculation. People feel that there is a cloud hanging over everything in the workplace – that it's hard to come into work with this feeling of dread.
- **Avoiding Work:** Coming to work is not pleasant, so people are chronically late, absent and medical issues increase.
- **Numbing Out:** Drug and alcohol use may occur as workers fall back on self-medicating to deal with workplace agitation.
- **Holding Back**: Managers may set easily attainable goals to minimize risk of failure
- **Stress:** The threat of loss and the grief over what has already been lost increases stress levels. The ongoing stress of unattended grief has psychological as well as physical repercussions. The net effect of this consumption of energy is the lowering of productivity in both hidden and obvious ways.
- **Not able to leave work:** resulting in increased lieu time, unused vacation time.

Providing Support for Teams and Work Groups

> **Four Tasks for Organizational Support following a loss in the workplace:**
>
> ➢ *Task I.* Give workers frequent, accurate information when there has been a loss in the workplace
>
> ➢ *Task II.* Allow workers time to have their unique and varied grief and loss responses
>
> ➢ *Task III.* Provide supports, including rituals, group debriefing sessions, individual support/counselling referrals
>
> ➢ *Task IV.* Offer training and education sessions related to grief, loss and trauma to help workers effectively manage their own grief, and the grief of others, in the workplace. Also offer sessions to help reduce worker stress and build their resiliency. Group sessions provide a mechanism to integrate the language and practice of loss, stress, coping and resiliency into the organizational culture.

A General Check-list for Managers and Supervisors [87]

- Remember, what seems like a small gesture to you, may be a source of lasting support to a team that has suffered a loss.
- Review bereavement policies and procedures.
- Do you have policies and procedures that address the full range of losses and bereavement?
- If so, do these procedures have a suggested checklist of things that should be done. following a death so managers know what to do and are consistent in their responses?
- Do the policies allow the manager some flexibility to address both the agency and worker needs?
- Do the policies address families in the broadest sense of the word?   Include same-sex and domestic partners?
- Consider addressing the topic of grief and loss in management orientation and/or trainings.
- Reinforce your organization's sensitivity to grief and loss by addressing and/or responding to public losses, such as large-scale fires, accidents, natural disasters, etc.
- Develop an Intranet that enables workers to access information and resources about grief and loss, and provides links to useful Web sites.
- Hold workshops, such as 'lunch and learn' or information sessions for workers on topics related to understand grief and loss, such as how to support a grieving friend, myths and misconceptions about grief, what to tell children when someone is seriously ill or has died, or how to care for themselves while grieving.
- Create a resources bulletin board for information and community events on topics related to grief and loss as well as other useful topics.

When A Worker Dies: Checklist for Agency Support At the Time of the Loss

Designate a staff person to be the contact person around the time of the funeral or memorial. A visit or call with the family may be needed to clarify the information below:

- Does the next of kin need support for planning what to do immediately?
- Do they need financial support to help pay for funeral expenses, or for food for a reception or memorial?
- What are the wishes of the deceased or immediate family?
- What kind of support might they need from the organization?

Consider the following issues as well:

- Who at work needs to be informed (and how) and who might attend the funeral?
- Time off to be arranged sensitively
- Any transport implications?
- Any workers who are themselves next of kin? Do they want to attend- or not?
- A personally signed letter from the most senior person appropriate to the next of kin, expressing appreciation of the deceased as well as condolences.
- A donation to the specified charity or flowers to be sent

If it is a sudden loss:
- How long will the office space be left intact?
- Who cleans out the desk and the computer of someone who died suddenly at work?
- What happens if sensitive material is found?
- Where do personal belongings get returned to?
- How will the transition be made to a new worker in that location?
- How will the deceased be remembered in the workplace?

Team Support Following a Death or Traumatic Event

Group Support

Group support can be divided into two types[88]. There is the formal type of support, such as *group work.* This involves working *with* groups – usually in a structured way. The second type is informal. This comprises colleague and management support and can be characterized as support *through* groups – that is, where being a member of a support group provides considerable emotional sustenance. Both kinds of support are important when tackling loss responses.

The significant role of group support is confirmed by the reality that individuals do not exist in isolation – they are part of a social network which serves as a major reference point for the

construction of identity[89]. A supportive work setting can help reaffirm a sense of connectedness, whereas an unsupportive setting can reinforce feelings of isolation and estrangement.

A healthy workplace can offer workers the significance of connectedness which directly alleviates some of the distress associated with grief and loss:

> *"All too often, mourning is described as if it were a strictly individual process, as if each of us were an island buffeted by the waves of misfortune, unconnected to anyone or anything beyond ourselves. While loss does indeed have deeply personal meanings, and we must respect our need to some of our "grief work" privately, it is worth reminding ourselves that much of this grief work has to do with affirming, strengthening and enlarging our connectedness to others".*   Neimeyer[90]

A Note on Debriefing

In terms of workplace interventions related to grief, loss and trauma, it is important to consider **debriefing.** There has been debate recently over the value of debriefing. Given a growing body of negative literature related to trauma debriefing and counselling, organizations are uncertain whether providing debriefing as part of a post-death or trauma protocol.[91] At one time, formal debriefing was unquestionably a positive form of support. However, some research suggests that in some circumstances, debriefing can cause distress by opening up old wounds.

This does not mean debriefing should never be used, but that is should be used with caution- that it is being used at the right time, in the right way, with the right person, rather than as a standard practice across the board.

When debriefing is to be used, it can be helpful to consider its goals. Everly and Mitchell[92] summarize the goals of debriefing as:

> **1. Stabilization.** This involves mitigating the acute stress that an individual may be experiencing at the time.

> **2. Restoration.** This involves a return to what is known as homeostasis – that is a steady state of psychological functioning or emotional stability.

> **3. Reduction.** The third goal is a reduction of the level of difficulty being experienced, helping people to return to their normal level of functioning.

Following are two outlines for staff and volunteer loss debriefing sessions that are used by the AIDS Bereavement and Resiliency Program of Ontario:

➢ *After a Death:* a debriefing outline for use with staff and volunteers following a significant death
➢ *After a Traumatic Event:* a debriefing outline for use following for a traumatic event, such as a shooting, violent attack, natural disaster.

1. *After a Death*[93] - An Outline for Debriefing Staff and Volunteers

Purpose of Debriefing:

To debrief following a death helps bring closure to the death event and assists workers in normalizing and working through their individual grief responses. It provides workers with a concrete sense that the agency is attending to their needs by offering a supportive container for processing their responses to the death itself and also by acknowledging the varied attachments and relationships workers had with the service- user who died. While debriefing can be done individually, it holds the most power when facilitated in a group as opportunities for team building and creating mutual support also arise.

Intent of the Debriefing Session: To provide workers with a **'safe place'** to:

a) Acknowledge their connection to the person who died, to tell their story of heartful connection or difficult attachment;

b) Review their time with the person who died: their own highs and lows;

c) Review worker impressions of the agency's efforts and effects in providing support to the person who died: what went well and what could have gone better;

d) Focus on the specifics of the death-event, the dying process, the memorial service, etc. particularly if there were difficulties or complications;

e) Bring closure to any unfinished business associated with the person who died or to make a plan for completing outstanding work;

f) Provide workers with a safe place to express grief-related emotions;

g) Provide workers with a context for their grief-related responses through the presentation of basic grief theory (journey, tasks, common avoidance patterns, emotional body, etc). This serves to normalize grief-related behaviours and emotions;

h) Provide a forum for reinforcing worker self-care practices and give workers information about additional agency supports, such as Employee Assistance Programs.

Setting Up a Session:
➢ Most useful when set up within a week of the death.
➢ Set aside 1-1.5 hours. Invite those workers who have been directly involved in the care of the person who died. It is beneficial to have supervisors present to attend to any follow-up matters.
➢ Provide refreshments and a comfortable space where participants can be seated in a circle and can see one another. Ask that workers not be interrupted by phone calls for the duration of the session if at all possible.

➤ It is not advised to invite volunteers or service-users to this type of session as staff may not feel comfortable speaking openly. A separate session can be scheduled for volunteers and clients using a similar format.

➤ Supplies: flip chart and markers, a candle and photo of the dead person if available, and a plant or flowers near the candle/photo. This sets up the clear message that *something different from a meeting is about to happen here.*

➤ Facilitator will provide basic information, clearly focus the discussion through having questions written up on the flip-chart, invite people to speak when they are ready, contain cross-talk, and ensure all participants have an opportunity to express themselves in the time allotted.

➤ Materials: copies of the grief journey and tasks, steps of closure. Have copies of Four Tasks Guide for Helpers available as a reference for workers when spending time with other clients/residents who may be in a grief response.

Structure and Content of a Debriefing Session:

1. **Introductions:**
   Welcome participants. Ensure that people have a basic outline of the purpose and content of the time by having an agenda up on a flip-chart. **If** people do not know each other, invite a round of names and agency affiliation. Participants could also be invited to then say a sentence or two about how they are doing coming into this session.

2. **Guidelines:**
   Ask the participants for their group requirements to ensure that they make the best use of this session. This would include their needs for confidentiality, speaking one at a time, using 'I' statements, no cross-talk, etc. These group guidelines are written up on a flip chart.

What follows is a range of the types of questions we would ask in each category. Participants are not expected to respond to all of these questions.

3. **Talk About Your Connection to the Person Who Died**
   - How did you come to know him/her?
   - What happened in your time with this person?
   - What were the challenges?
   - What were the delights and learnings?

4. **About the Dying Process:**
   - Did you know the person was dying?
   - What happened for you around the death itself?
   - How were you informed about the death?
   - How was that for you?
   - Did you get a chance to say goodbye?
   - If not, what would you have liked to have said?
   - Do you have questions about the death-event that can be answered during this session?
   - Have you had previous experience with death?

5. **About the Memorial or Funeral:**
   - Did you attend?
   - What was your experience of this good-bye ritual?

6. **Regrets and Unfinished Business:**
   - In your experience, are there things that did *not go well* in this client-relationship or in the dying process?
   - Is there anything you wished you had done but didn't get a chance to?
   - Anything you wished this agency or other service agencies had been able to do differently?

7. **Triggers of Past Losses:**
   - Are there any other good-byes present for you now?
   - Any anniversary times or other deaths you are aware of? Simply mention them.

8. **Educational Component:**
   Briefly review the Holistic Health Framework, the Grief Journey and the Grief Tasks. Participants are then asked to indicate how they normally respond to a death and to let their colleagues know what would be supportive to them in the workplace. This information is particularly useful for supervisors as there may be opportunities to put these supports in place.

9. **Ongoing Self-Care:**
   This is a reminder for participants to notice and attend to their immediate physical and emotional needs. Indicate that it is 'normal' following a loss for other significant losses to come up- either in memory or in dreams. This simply means those losses may require further attention. Review agency and community resources available for follow-up, should that be desired.

10. **Closing Circle:**
    As noted in the Grief Journey, there is an aspect of "gains" or legacy inherent in loss. Invite participants to close with one 'gift or gain' they have from knowing this person. Gains could also be an affirmation of themselves in a challenging situation.

Providing Structure in Chaos after a Traumatic Event

The fundamental elements of good trauma support should be reviewed and, where appropriate, incorporated into traumatic-loss related team and organizational responses. The three fundamental elements are:

1. Establish safety
2. Help workers reconstruct the trauma story
3. Restore the connection between survivors and their communities (in this case, the workers, the organization and the workplace).

Guidelines for a Manager following a Traumatic Event[94]:

*   Be aware of staff who have suffered other traumas; they may experience the old distress, compounded by the latest trauma
*   Anyone with a relevant pre-existing medical condition should see their health care practitioner as soon as possible, particularly if the event is shocking to them
*   Encourage staff to call home before the event becomes publicized through the media
*   Inform absent staff of the event, as this can spare them the shock of hearing about it from other sources or arriving at work without prior knowledge
*   Ensure a co-coordinated, sensitive management response
*   Expect short-term reduced efficiency from staff, including those who appear to be on the periphery
*   Encourage staff to return to work the following day, even if they only perform light duties
*   Arrange the debriefing within 48-72 hours of the incident (if possible)

Debriefing by a Trained Team following a Traumatic Event

Background
The staff group debriefing for workers is designed to enable affected and involved staff to share some of what they have experienced. You may consider a similar discussion with volunteers and community members. This helps normalize what they are going through, and promotes an environment of mutual understanding and support, in which they can (without being compelled) talk with each other about the incident and its aftermath. The debriefing will operate at a factual and practical as well as at a feeling and affective level. This allows workers to discuss any worries about the incident, such as safety arrangements or response times. It will also be another chance to talk about what future support options are available.

The group debriefing is a combination of input from facilitators and staff reactions. The facts of the incident are the starting point; and then people's different perspectives on what happened and the impact on them. Staff may have different views about what happened and also the impact the traumatic event had on them. Anticipate a wide range of responses. Some may need to express their anger, fear, guilt or disappointment. To do that may make others feel less isolated as they

realize that they are not necessarily the only ones feeling the way they do. Without such a debriefing, some staff may feel that everyone else is less affected than they are, which can become a source of resentment towards the others for not apparently really caring about the person who was victimized or died.

A caution: Suggestions made by those involved in the debriefing need to be taken seriously, with a commitment to investigate their feasibility. Promises in the heat of an emotional discussion need to be avoided. *Feedback and follow up on any suggestions workers may have made is essential*. Suggestions made at such a time, even if they are apparently small, may carry the significance and emotional power of possibility preventing such traumatic events in the future. This is why they need to be taken so seriously.

2. *After A Traumatic Event*[95]- An Outline for Debriefing Staff and Volunteers

Post-traumatic loss debriefing is a structured group process approach to help survivors manage their physical, cognitive and emotional responses to a traumatic loss event[96]. It creates a supportive environment to reduce the trauma associated with the loss and it initiates an adaptive grief process. The particular pattern of the emotional reactions and types of responses will differ with each survivor depending on the relationship of the deceased/victimized, circumstances surrounding the death/traumatic event, and coping mechanisms of the survivors.

To debrief following a death/traumatic event helps bring clarity and some closure to the event and assists workers in normalizing and working through their individual loss responses. It provides workers with a concrete sense that their agency is attending to their needs by offering a supportive container for processing their responses to the traumatic event. Debriefing also acknowledges the varied attachments and relationships workers had with the person who died/suffered the traumatic event. While debriefing can be done individually, it holds the most power when facilitated in a group as opportunities for team building and creating mutual learning and peer support also arise.

Stages of Traumatic Loss Debriefing

1. **Introductory Stage:** Introduce survivors to the debriefing process. The facilitator defines the natures, limits, roles and goals of the debriefing process. The facilitator clarifies the time limits, confidentiality, and strives to create a secure environment in which to share stories and anxieties.

2. **Fact Stage:** Information is gathered to recreate the event from what is known about it. During the fact phase, participants are asked to recreate the events for the facilitator. The focus is on facts at this stage, not reactions.

    Participants are asked to make a brief statement about their relationship with the deceased/traumatized individual(s), how they heard about the death/loss, and circumstances surrounding the event. It is important that the group share the same story concerning events

and that secrets or rumours not be permitted to divide members from each other. Group processing of the events also provides the facilitator with an opportunity to listen for any attributions of guilt, extreme emotional responses, or stress reactions.

Participants are encouraged to engage in a moderate level of self-disclosure, with facilitator introducing general statements such as, *"Could you tell me what that was like for you?"*

It is important for the facilitator to:

    a) Try to achieve an accurate sense of the survivor's world

    b) Be aware of the survivors' choice of topics regarding the traumatic event

    c) Gain insight into their priorities for the moment, and

    d) Help survivors see the many factors which contributed to the traumatic event and to curtail self-blame.

This low initial interaction is a non-threatening warm-up and naturally leads into a discussion of impact and reactions in the next stage. It also provides a climate in which to share the details of the death/traumatic event and to intervene to prevent secrets or rumours that may divide survivors.

3. Review Stage

    a) **Relationship Review:** A review of the story of the deceased can be the next focus, if appropriate. Thompson (1990) maintains that a "life review" provides an opportunity for the group members to recount personal anecdotes about the deceased. The opportunity to share "remember when..." stories lessens tension and anxiety within the survivor group. This also serves to ease the acceptance of an outside facilitator by the group. "Tell me about this person…."

    b) **Event Review:** Provide participants with an opportunity to reflect on past traumatic events that may be triggered by this event. Situate this traumatic event in context: Is this type of traumatic situation a common experience – i.e. is there a history of violence in this community? What makes this event stand out? How do participants perceive the socio-political context of this event?

4. Impact/Reaction Stage

It is useful to have information about how participants process loss events: *are they instrumental (physical/mental) processors or intuitive (emotional/spiritual) processors?* An instrumental group would benefit from discussing their physical and cognitive reactions first. An intuitive group would benefit from discussion of the feeling component first[97].

a) **Feelings** are identified and integrated into the process. At this stage, survivors should have the opportunity to share the burden of the feelings they are experiencing in a non-judgmental, supportive and understanding manner. Survivors must be permitted to identify their own behavioural reactions and to relate to the immediate present, i.e., the "here and now."

The facilitator begins by asking feeling-oriented questions: "How did you feel when that happened?" and "How are you feeling now?" This is a critical component where survivors acknowledge that "things do get better" with time.

Each person in the group is offered an opportunity to answer these and a variety of other questions regarding their feelings. It is important that survivors express thoughts of responsibility regarding the event and process the accompanying feelings of sadness.

At this stage, as in others, it is most critical that no one gets left out of the discussion, and that no one dominates the discussion at the expense of others. All feelings, positive or negative, big or small, are important and need to be listened to and expressed. More importantly, however, this particular stage allows survivors to see that subtle changes are occurring between what happened then and what is happening now.

b) **Physical and Cognitive Reactions:** This stage explores the physical and cognitive stress reactions to the traumatic event. Acute reactions can last from a few days to a few weeks. Selected post-traumatic stress reactions include nausea, distressing dreams, difficulty concentrating, depression, feeling isolated, grief, anxiety and fear of losing control.

The facilitator asks such questions as, "What reactions did you experience at the time of the incident?" and "What are you experiencing now?"

The facilitator encourages survivors to discuss what is going on in their work lives and in their interpersonal relationships.

5. Learning Stage: This stage is designed to assist survivors in learning new coping skills to deal with their grief reactions. It is also therapeutic to help survivors realize that others are having similar feelings and experiences.

The facilitator assumes the responsibility of teaching the group something about their typical stress response reactions. The emphasis is on describing how typical and natural it is for people to experience a wide variety of feelings, emotions and physical reactions to any traumatic event. People need to know that their reactions are not unique and that there are universally shared reactions.

In the situation where ongoing multiple loss and traumatic events are the norm for a group, use relevant theories and models that encompass these dimensions of loss and/or trauma.

Critical to this stage is being alert to signals of poor coping in order to prevent negative outcomes and to help participants return to their pre-crisis equilibrium and interpersonal stability.

6. Closure Stage: This final stage seeks to wrap up loose ends, answer outstanding questions, provide final assurances, and create a plan of action that is life-centered. Survivor groups often need a direction or specific shared activity after a debriefing to bring closure to the process. Discussion surrounding memorials are often suggested and need appropriate direction.

Survivors should be aware that closure is taking place, therefore, no new issues should be introduced or discussed at this stage of the debriefing process.

The facilitator should:

   a) examine whether initial stress symptoms have been reduced;

   b) assess the coping abilities of the survivors; and

   c) determine if increased levels of relating to others and the environment have occurred, i.e., are the survivors genuinely hopeful regarding their immediate future? Are the survivors managing their lives more effectively?

The group may also close by planning a group activity together such as a "living task," for example, sharing a meal, planning a tribute, or similar activity to promote a sense of purpose and unity.

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*The information on **Rituals** provided at the end of this Section will provide you with some concrete examples of agency traditions that support transitions, closures and endings in a structured way.*

Organizational Strategies to address Vicarious Trauma

This section specifically identifies organizational supports that could be effective in buffering or mediating burnout and points to workplace characteristics that may also prevent vicarious trauma.

> *"I think you see the worst of people, working here … the worst of what people do to each other. And I think when you don't have proper resources to process that, to work through it, to understand it or put it in some kind of context, it just leaves you feeling a little baffled about what's going on out there, and the way things work in the world and your role in all of that".*
> *A young worker in a battered women's shelter*
> *(as quoted in Bell, 1999)* [98]

To date, most research has focused on the *individual characteristics* thought to contribute to vicarious trauma. There has been less focus on the *organizational structures* that may contribute.

Bell, Kulkarini and Dalton (2003) examined the research on vicarious trauma and then outlined various *organizational strategies* suggested by practitioners working with trauma survivors to prevent vicarious trauma in the workplace.[99]

Implications for Agency Response

The primary focus of discussion about the prevention of vicarious trauma has been on the individual (for a good summary, see Yassen, 1995[100] and Trauma Information[101]). However, as with burnout, *the organizational context of trauma work is a factor in the development of secondary or vicarious trauma.* Authors have suggested both prevention and intervention strategies in the areas of organizational culture, workload, work environment, education, group support, supervision, and resources for self-care. Each of these will be discussed in turn below.

> *Organizational Culture*
> The values and culture of an organization set the expectations about the work. When the workplace includes contact with traumatic situations, it also sets the expectations about how workers will experience trauma and deal with it, both professionally and personally. Of primary concern is that leadership in organizations that serve trauma survivors, such as rape crisis centers, shelters for battered women, or programs that work with refugees and newcomers, acknowledge the impact of trauma on the individual worker and the organization. It is not uncommon for feelings and reactions generated by trauma to leave the worker feeling ineffective, unskilled, and even powerless. An organizational culture that 'normalizes' the effect of working with trauma survivors can provide a supportive environment for social workers to address those effects in their own work and lives.

> *Workload- variety of Responsibilities*
> Research has shown that having a more diverse workload is associated with decreased vicarious trauma. Such diversity can help the worker keep the traumatic material in perspective and prevent the formation of a traumatic worldview. Managers can develop

procedures that attempt to distribute workload among staff in a way that pays attention to the risk of vicarious trauma certain clients might present to workers. Organizations can also maintain an attitude of respect for both clients and workers by acknowledging that work with trauma survivors often involves multiple, long-term services. Organizations that are proactive in developing or linking clients with additional services (such as self-help groups, experienced medical professionals for medication, in- and out-patient hospitalization, and resources for paying for these services) will support not only clients, but also decrease the workload of their staff. Developing collaborations between agencies that work with traumatized clients can provide material support and prevent a sense of isolation and frustration at having to 'go it alone'.

Work Environment
Although it is more of a challenge in certain settings, protecting workers' safety should be the primary concern of management. Paying for security systems or security guards may be a necessary cost of doing business for some agencies that provide services to traumatized individuals. Ensure that workplace safety plans are current and comprehensive.

Education
Loss and trauma-specific education also diminishes the potential of vicarious trauma. Information can help individuals to name their experience and provide a framework for understanding and responding to it.

Group Support
Both the burnout literature and the writings about vicarious trauma emphasize the importance of social support within the organization. Staff opportunities to debrief informally and process traumatic material with supervisors and peers are particularly helpful. Critical incident stress debriefing is a more formalized method for processing specific traumatic events but may be less helpful in managing repetitive or chronic traumatic material (Horwitz, 1998). Support can also take the form of coworkers' help with paperwork or emergency backup. Time for social interaction between coworkers, such as celebrating birthdays or other events as well as organized team-building activities and staff retreats, can increase workers' feeling of group cohesion and mutual support.

Supervision
Effective supervision is an essential component of the prevention and healing of vicarious trauma. Responsible supervision creates a relationship in which the worker feels safe in expressing fears, concerns, and inadequacies. Organizations with a regular group supervision format establish a venue in which traumatic material and the resulting personal impacts may be processed and normalized as part of the work of the organization.

Resources for Self-Care
Agencies can make counselling resources available for all staff that interact with traumatic material. If there are many employees encountering the same type of trauma in the agency or within the larger community, agencies may consider the feasibility of

forming a peer support group, as discussed earlier. In addition to providing resources for therapy, organizations should provide opportunities for structured stress management and physical activities. Organizations with limited resources might consider exchanging training on areas of expertise with other agencies that have experts in stress management.

As a reminder

Experiencing grief and loss directly, and working with clients who have experienced traumatic events challenges many of the beliefs held in the dominant culture about justice and human cruelty. Being personally exposed to these realities can take a toll on workers' emotional resources and may effect their perceptions and worldviews in fundamental ways. Personal knowledge of oppression, stigma, abuse, violence, and injustice can be a difficult and isolating aspect of work. As a result, some may become overwhelmed, cynical, and emotionally numb. Some may even leave their professions.

Although for years mental health professionals have understood these reactions to be an aspect of burnout, identification of vicarious trauma as a distinct construct encourages those in the profession to re-examine the relationship between trauma and this type of worker distress.

Managers and educators are also challenged to consider the organizational dimensions of vicarious trauma. Some responses, such as altering workloads or providing benefits plans with extensive mental health coverage, may be costly to the organization; however, neglecting such an investment may also be costly to the agency in terms of staff turnover and low morale.

Other organizational responses, such as creating an agency culture that acknowledges the potential for vicarious trauma, may be less costly. Simply naming the stress of the work may help workers feel supported and give them permission to seek personal solutions for whatever stress they may experience. In the end, these responses are likely to lead to a healthier environment for both workers and their traumatized clients and a higher and more consistent quality of service.

http://lovelyalmond.blogspot.com/

Social Aspects of Grief Responses: Considerations in Creating Rituals

The Role of Rituals[102]

While there are clearly personal, intimate aspects to any significant loss, this does not alter the fact that death and loss are as much a sociological phenomenon as it is psychological – that is, we need to consider the *social aspects* as well as the personal or psychological ones. The community dimension is a crucial part of this consideration. Part of the notion of community is a shared symbolism that gives a sense of connectedness. Rituals can be seen as an important part of that symbolism.

> *"Ritual reaffirms community. It offers an opportunity for the different strands of a community, potentially fragmented by a crisis, to stand together and publicly demonstrate their fundamental unity"*.   Doka

It can be very helpful for managers and supervisors to consider the role of agency rituals in managing grief issues in the workplace. The benefits of rituals should not be underestimated.

When people want to carry out a particular ritual in the workplace, unless this has health and safety implications, its use should not be discouraged. In certain circumstances, it may be appropriate for the workplace to develop an appropriate ritual of its own as a way of recognizing and honouring losses and bringing people together to help deal with the implications. For example, lighting a candle in the entrance hall following a client death so that anyone arriving, including staff and volunteers on duty, become aware of the situation as they enter the building. Some agencies print a first name and place it next to the candle. Other agencies plant gardens in memory of the dead, or conduct community Candlelight Vigils to say goodbye to community members who have passed.

> *"By doing something concrete and visible, such as engaging in ritual, we can begin to create symbolic mastery over events. Ritual allows a reorganization of community and continuity in a chaotic time. Collectively, it offers a reassurance that while we cannot control the tragedy itself, we have reasserted control in its aftermath"*. Doka

Ritual Basics[103]

This section deals with the elements of ritual, the creation of ritual, and some plans for rituals focused on healing and transformation of the community. These ideas are offered to inspire groups to look to their own cultural resources and to talk with their elders about what was traditionally done in their own communities.

From earliest times, the clan, the group, the community gathered together to ritualize significant moments of life, death, and passage. In many cultures ritual has been a resource for people to deal with grief, loss, and emotional pain. Rituals and gatherings in the circle have provided ways

to reclaim the healing power of community and to make meaning out of difficult moments that people have experienced individually or as a group. Sadly, in many places traditional rituals and gatherings in community were lost for a variety of reasons—the migration of refugees, the break up of local communities by war and violence, the power of some churches who were against popular rituals and gatherings, and the 'advance of modern ways'- such as therapy.

The Nature of Ritual

Most often we think of ritual as a prescribed order of ceremony, like worship or liturgy that follow ancient traditions to call upon and connect with the divine. Rituals in this sense elevate all involved to the realm of sacred mysteries beyond and to the spiritual connection with the ancestors.

Besides formal religious ceremonies, there are also many other kinds of rituals that touch the ordinary moments of life. One definition of the word ritual is *"a pattern of activity that is repeated over and over again"*, like a ritual afternoon cup of tea, a ritual bath, or the way some families and workplaces eat their main meal together. With mindful attention to the many human and ordinary moments of life, ritual can imbue them with extraordinary meaning. Mindfulness can transform many routines into rituals.

Personal Rituals

Many of the great religious traditions have brought the sacred dimension to daily moments of life. In the process of healing, mindful attention to daily routines can bring a sense of energy and renewal to body, mind, and spirit. The following are some simple suggestions of rituals that can bring the sacred dimension to life. They can easily be integrated into a worker's self-care plan:

- *Candle Rituals*: Lighting a candle to connect with the Light within— at a difficult moment, a time of distress or depression, at a time of joy, for a dinner celebration, to honour the memory of a loved one.

- *Cleansing Rituals* to cleanse negative energy or difficult memories— a ritual prayer; a ritual shower or bath; a cleansing diet or fast; use of water, salt, music, bells, or incense to clear dense energy.

- *Forgiveness Rituals* to forgive and let go of hurts from the past— a prayer, a ritual gesture related to another person.

- *Thanksgiving Rituals* to acknowledge the blessings of life— a prayer, candle, flowers, gesture

- *Rituals of Remembrance* to connect with— persons who have died, events of the past, special moments.

- *Creation of a Sacred Space*— an altar or some simple designated place in the home or garden, or a corner of the office where images, flowers, photos of loved ones, mementos, elements of nature and written prayers may be placed with meaning.

Rituals in Community

There are two distinct types of rituals. It is useful to consider your intention when planning these types of events:

- **A ritual of transition**. This is a way of making a transition from a position where somebody or something was a part of someone's life in a direct and physical way, to a new phase of life where that has changed. A funeral is a clear example of a ritual of transition- a formal way of bringing people together to acknowledge the fact of a transition from one set of circumstances to another.

- **A ritual of continuity.** An example of this is- after someone who was connected to the organization dies, their name is engraved on a plaque that is located on the agency's Board room wall as an acknowledgement of those who came before.

Consider the annual Candle-lighting AIDS Vigil held in a Toronto park next to the AIDS Memorial Wall as an excellent example of a strong community ritual that incorporates both transitions and continuity.

Photo of Toronto's Candlelight Vigil from:
http://alainsojourner.typepad.com

Elements of Rituals

Rituals, both personal and communal, may include many different parts. The ritual circle offers a way of moving from being a passive spectator to being a co-creator of the experience. It is important to create rituals that *"do include us, speak for us, and place us in the position of celebrants and full participants in our community work" (Cane[104])*

The following is a simple formula of elements to help in the creation of participatory rituals:

- **The opening or invocation**— calling upon the sacred to be present, or acknowledging in some way that this is intentionally a different, focused space. This can take the form of a song, a formal prayer, or a gesture, such as lighting a candle or burning incense. The invocation creates the separation between the ordinary and the focused intention of this gathering.

- **The action of the ritual**— deals with the reason why the community is gathered together, or why the ritual is being done. This part may include any or all of the following:
    o   readings from texts, poems, or writings of group members
    o   music and songs
    o   dance and symbolic gestures
    o   a presentation or talk, asking for the benefit of the community
    o   some food
    o   a commitment of the community.

- **Acknowledging community** through a prayer of thanksgiving or a blessing— through gestures or words of the 'host'. The community gives thanks for the gifts of life and for what has been received, and receives a blessing to carry on the journey.

- **A concluding action** or gesture—such as communal candle lighting at the annual AIDS Vigil- to close the event and mark the moment of return to daily life.

- **Elements to use**— water, fire, candles, incense, flowers, food, sound (music, singing, drumming, bells) salt, oil.

How to Plan a Ritual

Rituals can be easily planned by individuals or teams for use on different occasions for the larger group. To truly touch the lives and energies of the group, it is best to include a number of people in the planning of and carrying out of the ritual.

Some of the following questions may be helpful to guide the planning:

- What is the reason or purpose of the ritual or the theme for the gathering of the community?

- What action(s) will best represent the purpose or theme of the ritual?

- What ritual elements do the people already have in the community that you could draw upon— songs, prayers, readings, poetry, dance, physical elements, and images, etc?

- Who in the community are the dancers, poets, speakers, singers who could be drawn into the action?

- What elements of ritual would best serve the community and touch the lives of the people?

- What kind of practice or preparation is needed to do the ritual? The simpler the better. Usually the simplest rituals are the ones that most deeply touch the people. A lot of preparation can get in the way or can block people from being moved by what is most important.

Be well prepared with all of the elements to be used. One or two persons should take responsibility for the process of the ritual, to give people cues for readings or songs, and to give the group a sense of confidence. Keep in mind the stages or elements to be included.

Three examples of rituals:

1. *Remembering our Losses*: held annually at a regional HIV/AIDS Conference

2. *A Good Goodbye* to a staff who is leaving her position. She has requested this ritual as part of farewell lunch.

3. *A Healing Circle* to support workers after a traumatic workplace event. This ritual was suggested by the staff to bring closure to a more formal debriefing that had taken place.

Remembering our Losses

The Opening Doors Conference held annually in eastern Ontario's Gananogue regularly offers a ***Circle for Remembering our Losses***.

This ritual uses a candle and flowers in the centre of a circle to help participants focus on remembering their losses. People select a flower and tell a bit of their story while others witness and are available to provide physical comfort and support. To close the ritual, participants are invited to walk together down to the lake and release the flowers into the water as a way of symbolizing "letting go and moving forward".

Photo from http://liliesandgrapes.blogspot.com

Saying a Good Goodbye[105]   (Budapest, 1993)

Here is another example of a ritual that can be used to say goodbye to a staff who is leaving their position. This type of closure ritual works best when the organizational culture is warm and inviting, when that staff is leaving in good circumstances and is well regarded by their peers. It lets you perform a little magic before you say goodbye:

- Ask the team to stand in a circle around the person who is leaving.
- Take some gold dust (pyrite) and place it in the hand of the person who is leaving.
- Let her blow it to the four corners of the universe (east, south, west and north) with a wish for the future in each direction. When she has finished each wish, all respond and confirm her wishes.

It might go as follows:

- Woman (blowing to the east):"May I find profitable employment with good benefits, stability, and opportunities for promotion!"
- All: "It is done! It is done! It is done!"

- Woman (blowing to the south):"May I find a job that will use my passion and creativity!"
- All: "It is done! It is done! It is done!"

- Woman (blowing to the west):"May I find a new job that will give my heart satisfaction and a workplace team that shares my core values."
- All: "It is done! It is done! It is done!"

- Woman (blowing to the north):"May people who are suffering in this community be healed and may my work never harm others but be for the greatest good of all, including myself!"
- All: "It is done! It is done! It is done!"

- When it's all finished, celebrate together as usual.

http://technicalinfodotnet.blogspot.com/2010/06/gold-dust.html

The Healing Circle Visualization[106]

Here is an example of a specific ritual created to help a group heal and transform after a traumatic event. This ritual brought to a close a series of debriefings, planning sessions and team discussions that also took place after the critical event.

The following guided visualization can be done as a ritual to conclude a workshop or debriefing. The words may be adapted to the culture of the participants.

Find an empty room, or outside space. The centre of the space can be considered a sacred space and filled with images, symbols, flowers, and a burning candle. Invite participants to form a circle. Soft music may be used as background to this visualization.

The host/guide says:
"As we form a circle of healing I invite you to face your left hand upward to the sky and your right hand downward to the earth. With the left hand we receive and with the right hand we give. So now with this position of hands, reach out to take hold of the hands of the persons on either side of you. Close your eyes, and breathe deeply, with your feet planted firmly on the ground. Imagine the energy of the earth entering your feet and legs, circulating throughout your entire body to bring peace and healing to you. As you breathe out, imagine the healing energy moving out your right hand into the hand of the person on your right, filling them with whatever they may need in the moment. Breathe deeply again, and imagine this healing energy flowing from one person to another filling each one here with whatever they may need.

Take a moment as we send this vibrant pulse of healing energy to all here present.

Now imagine that from this circle we can send healing energy and love to the communities where we live and work. (name some of the places of participants), and then on to the larger world (name other countries and places where there is war or suffering). Imagine that you are able to compassionately send healing energy to all those who need support and blessing today— those who will die, those who are dying in spirit and despair, the children of the streets, the perpetrators of violence, and to all beings on our planet. (include any other images that are appropriate)

And after you have sent your healing and blessing to the larger world, imagine now that you are able to return to the safe and sacred space within you— the refuge of your own unique spirit, body and mind. Take a few moments there alone, nourishing your spirit, grateful for the blessings of your life, knowing that you are held and protected at each step of your journey. Take a moment more in your sacred space, then breathe deeply, and when you are ready, open your eyes and be completely present here in the room. Look around the room at each person here. See the spirit of each person and appreciate who they truly are. Bless them with your eyes and remember them in the days to come. As we close this circle of healing we greet each other with Namasté*".

*Definition: Namaste is a Hindi salutation or greeting. *The Spirit within me recognizes and honours the Spirit within you.*

Summary

No individual escapes death and loss, and because organizations are made up of people, the same can be said of organizations. Any organization can be challenged by the presence of loss, grief and traumatic events in the lives of their workers.

Managers who have any degree of responsibility for the well-being of staff and volunteers need to be especially conscious of matters relating to loss, grief and trauma. This is not simply a matter for HR specialists or EAP professionals. Recommended practices include structured debriefing of workers following a death or after a traumatic event, attention to organizational structures that reduce the stress of workers, and creative rituals to support individual and team recovery after a workplace loss. Because grief and loss can have such profound effects on workplace well-being and productivity, it is useful to integrate these practices into all levels of your organizational support structures.

Part Two: Supporting

Section X

What You Will Find in this Section…

X. Supporting the Organization Through Change and Transition

- *When 'the Workplace Dies'*- Situations of Organizational Change that create Loss Responses

- Grief Process as part of Organizational Change
  - The Process of Transition- *diagram*

- Practical Tips for Managers
  - Helping Individual Workers with their Responses to workplace change

- A Process to Support Organizational Change and Transition
  - Endings
  - Neutral Zones
  - New Beginnings
  - Stages of Transition - *diagram*
  - While You're Managing Change: Take Care of Yourself

- Outline for an Agency Transition Workshop:
  - Exercise #1 My Strategies for Coping with Loss and Change
  - Exercise #2 Steps of Closure

- Summary

X. Supporting the Organization through Change and Transition

As noted in Section III, managers and supervisors will be managing loss in 3 distinct situations-which may be occurring simultaneously:

1. When Death or Loss Come to Work
    - Challenges for the Worker dealing with significant loss, illness, dying and death- outside of the workplace

2. When Death or Loss Occur as Part of the Work or in the Workplace
    - Sudden versus expected deaths/losses

3. ***When 'the Workplace Dies' – when there are significant organizational changes***
    - ***Loss responses associated with workplace transitions***

This section will present concrete strategies for responding to individuals in situation ***When the organization is going through significant changes and transitions that initiate loss responses in the workers.***
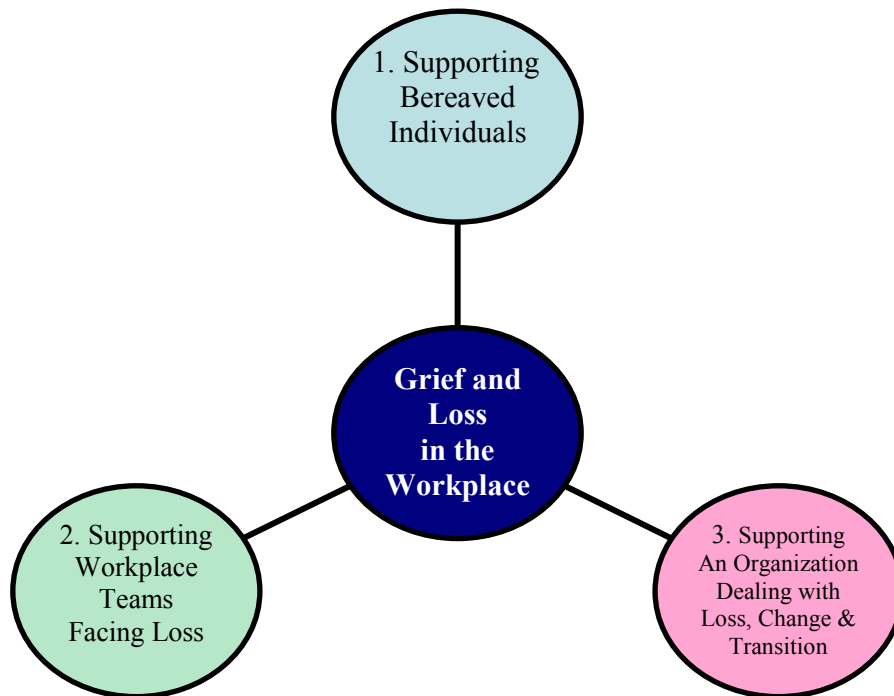
When 'the Workplace Dies' -
Situations of Organizational Change that Create a Loss Response

Loss can be seen to apply to the workplace in many different ways, some obvious, like death, some not quite so apparent, such as the end of a program. Other non-death related losses within the workplace include:

> ➢ Changes of role for specific individuals or for teams
> ➢ Restructuring of programs and priorities
> ➢ Downsizing
> ➢ Expansion
> ➢ Mergers/new partnerships
> ➢ New management
> ➢ An office move because of sky-rocketing rental increases in the current location.

Controversial types of organizational changes resulting in loss responses:

- Laying off of a highly regarded staff because the city is no longer funding their program.

- A sudden termination –without cause- of a staff member whose performance has been problematic- leaving some staff to worry and whisper about the reasons "Who's going to be next?" and others to complain about this person's severance "They should have kicked his ass to the corner a long time ago- why are they being so nice?"

- A financial audit discovers that the bookkeeper has been creatively stealing money from the agency. The money from a big community fundraising event is gone, and the special program those dollars were designated to fund can't be offered. Staff had been hearing rumours in the community that this person had a new vehicle and was planning to build a new house in the Bahamas.

- The current Director of Programs and Services was burned out and took a year's stress leave. Staff were relieved when he took the leave – they had experienced him as volatile, controlling, with unpredictable outbursts. He had not been able to manage effectively for some time. They were exhausted working around his unpredictability. The new Director, a spirited young woman, comes in and quickly attempts to bring changes to the teams, but is finding the staff uncooperative, lacking in morale, fighting with each other- just not engaged. She's thinking of putting several team leaders on notice about their performance and attitude.

All of the situations mentioned above include a loss component. Workers are experiencing both tangible and intangible losses- the concrete losses of a location, a team, familiar programs, the loss of a competent boss and predictable administrative response, the loss of "the way things are around here". Intangible losses relate to the loss of what feels familiar, the loss of safety and security, the loss of a belief in the core values of the organization, in the shared values of a team and how work is done. While the specifics may be different, the underlying response of the

workers is similar: *"I was attached to something, and now it has changed, or they tell me it will be changing. I'm having a reaction to that"*. That feeling and perceptions of change initiate a type of loss response. The theories pertaining to grief and bereavement are applicable in the context of organizational change and transition as well. The framework for organizational transitions is consistent with other types of grief and loss interventions:

What's Lost in this situation?
What were you attached to? What was the meaning of that attachment?

What's Left?
What are your anxieties? What is still here? Who is still here?

What's Possible?
What are your new hopes for the future?

Schneider[107]

Confidentiality

What becomes challenging in the processing of some of these loss events are the confidentiality and HR requirements pertaining to a worker's job performance or to confidential administrative matters. There are certainly instances in which managers can not give specific information to the rest of the staff, even if staff are experiencing a high degree of loss. It is best that these managers do not attempt to facilitate a grief process associated with the situation they may be involved in or have initiated in the first place. It is wise to use outside facilitators to support a team's process of closure in these instances. Outside facilitators do not need all the HR information to deal with workers' responses and to support them in moving forward.

Grief Process as Part of Organizational Change[108]

Change is constant and change is always accompanied by loss- we leave something behind in order to move forward. Grief work is part of everyday life. When there is any type of loss, people go through a process of grieving as they move into the future. This grieving process is part of the cycle of change and transformation. Through their conscious or unconscious grief work, human beings are able to accept and manage change and to move forward.

In organizations, often what is labeled as 'resistance' to change is not resistance at all but a demonstration of the stage of grieving that the person is experiencing related to losses associated with the change.
Birgitt Williams Dalar
The Wellness Revolution for Organizations

In experiencing life and life within organizations, it is best to assume that the majority of people are saying goodbye to something, and so are experiencing some degree of a grief response. Everyone is at different stages of grief about different situations related to their work and to their personal lives. If you make this assumption, you are more likely to pay attention to the

manifestations of grief responses around you- which is likely to change some of your approaches to people and some of your conclusions about people and their behaviour. When management within an organization is oriented toward the impact and pervasiveness of grief work at work, a powerful change can take place within the organization. People become less judgmental of one another, become more compassionate and create more room for reflection and less room for reactivity. Tangible results include a reduction in conflict, increased team work, reduced isolation, greater mutual support.

The grief process is part of the cycle of change and transformation in organizations

In the 1980's, researchers studying how organizations transformed recognized that part of the cycle of change was actually *a cycle of grief*- and that no cycle of transformation to a new higher state happened without going through a cycle of grief. Harrison Owen, creator of the meeting method *Open Space Technology*, used the language of Kubler-Ross to incorporate grief work as part of organizational change theory[109].

The grief cycle begins when an event happens: downsizing, retirement of a colleague, loss of a funding source. It could also be a positive event: a major increase in funding or amalgamation of two agencies, moving to a better building. The event could be seen as 'happy' or 'sad'. Both types of events mean that change is happening, and both types of events initiate a loss response. The loss may be of something that was treasured- or the loss may be of something that was despised. *In either case, there is loss and the work of grief begins.*
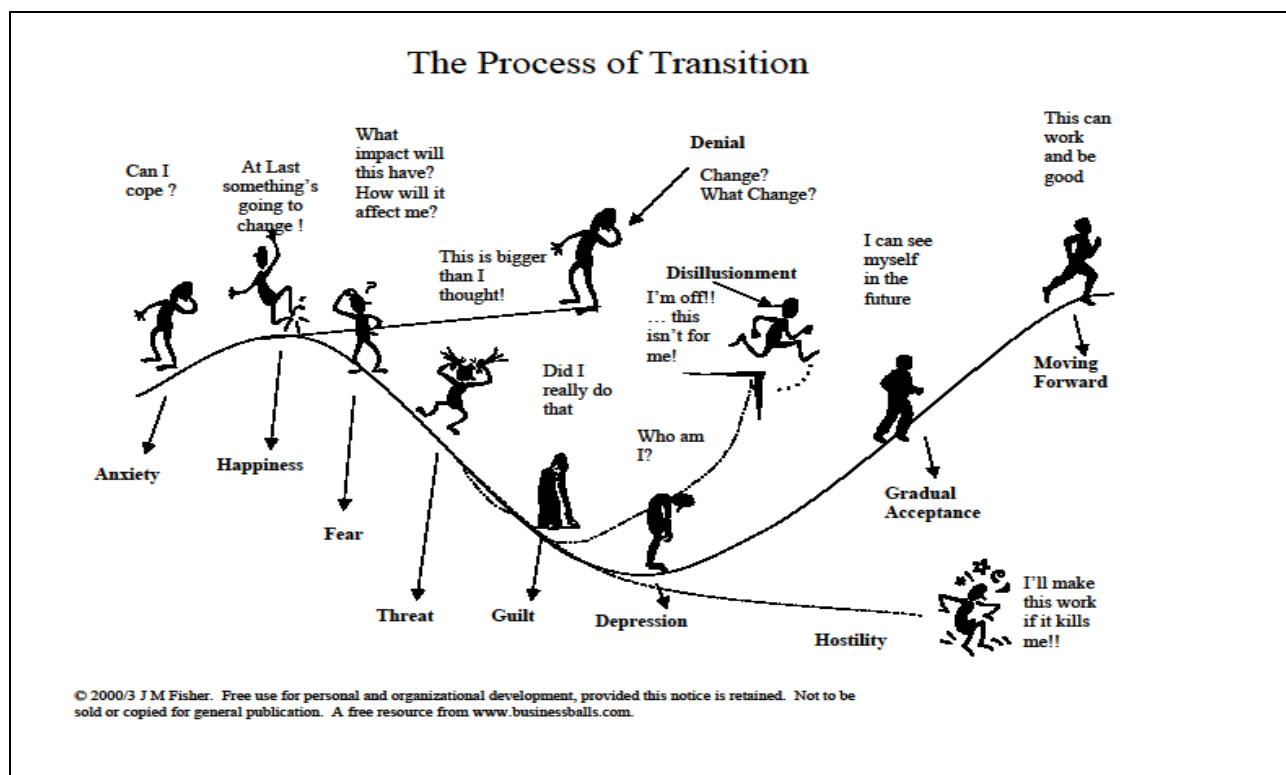
Process of Transition: J.M. Fisher 2003

Practical Tips for Managers

1. Become informed about grief as part of the cycle of change

2. Teach others in the organization about this cycle as a critical process to understand and to work with in order to achieve healthier ways of relating to one another in organizations around time of change

3. Pay special attention to the grief process following sessions where solutions are found creating change for a better future. Even through there initially might be great satisfaction as the organization moves forward, grief responses will arise as change begins- because people are saying goodbye to something- even if everyone was initially in agreement that what is lost is unhealthy and should be lost.

Helping Individual Workers with their grief responses to workplace change[110]

- Accept their feelings without judgment. Let them know it is okay to express reactions.
- Allow enough time to be with the person who is expressing their grief
- Honour confidentiality: be careful not to repeat to others what has been said to you
- Avoid premature advice-giving or trying to fix grief
- Keep your attention focused on what the other person is saying, deferring to their agenda

- Be an active listener-
    - Show interest non-verbally and verbally
    - Open the conversational door "Yes, go on", "Tell me more", I'd like to hear more about that"
    - Rephrase the speaker's content- reflecting the meaning in their communication
    - Reflect what the speaker might feel- "you seem anxious about or angry that…"

- Keep your commitments: if you say "I'll follow up with your team"- then do that quickly
- Handle your own reactions. Your own loss material might come up. Set it aside for the moment, but do make certain to speak to a colleague, friend, therapist, or supervisor about it later. It's very difficult to keep helping people when your own unfinished business keeps surfacing. Don't keep your own "stuff" pushed down.
- Use humour when it is appropriate. Laughing can be a healthy outlet, it can be good medicine and can soften the pain of change. However, the use of humour does not necessarily mean that employees who joke about workplace change and loss are handling things well. Be sensitive - right under the jokes may be tears, anger and frustration. Avoid jumping into a "let's trade jokes" routine which could interfere with the worker's grief issues. These workers need your attention and support too.
- Know when to get more specialized help. Be on the alert for signs of trouble. These include extreme changes in behaviour, talk of violence or "ending it all", excessive use of drugs and alcohol to cope, unusual irritability, etc. Refer these workers to EAP, HR or other professionals.

What to Avoid

- Don't ask too may questions- this can stop a worker's expression of emotions
- Avoid asking questions that begin with "Why…"
- Avoid platitudes such as "Everything will work out for the best". Workers most need room to be heard- without judgment.
- Don't try to minimize feelings: never say "You really shouldn't feel that way", or "It's not that bad", "You're lucky to still have a job".
- Deal with the grieving person's anger but don't take anger directed your way personally. Grief-reaction anger frequently spills out on people who don't deserve it. This will diminish as the person vents and gets oriented to the new situation.

A Process to Support Organizational Change and Transition[iii]

The material in this section is adapted from W. Bridges (2003) Managing Transitions- Making the Most of Change. This is a readable and practical book on working through organizational change by incorporating a loss and transition framework. It is recommended reading for any manager initiating a change in their workplace.

> ### Change + Human Beings = Transitions
> **No way to avoid this. But you can manage it.**

Change is not the same as transition.

- *Change* is situational: the new boss, new site, policies, roles, teams. *Transition* is the psychological process people through to come to terms with the new situation.

- Change is external, transition is internal.

- When we talk about **change**, we naturally focus on the *outcomes* that the change will produce. But the starting point for **transitions** is not the outcome, but *the ending that you will have to make to leave the old situation behind.* Psychological transition depends on letting go of the old reality and the old identity.

Transition Management:

- Appreciate that all transition starts with an ending. After the *letting go* comes the no-person's land between the old reality and the new. This '*neutral zone'* is a time when the old way is gone and the new isn't comfortable yet. It's a time of *dangerous/opportunity*. Here innovation is most possible and revitalization begins. *"It is the seedbed of the new beginning that you seek"* (Bridges).

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│    Endings    │     │   Neutral Zones   │     │  New Beginnings   │
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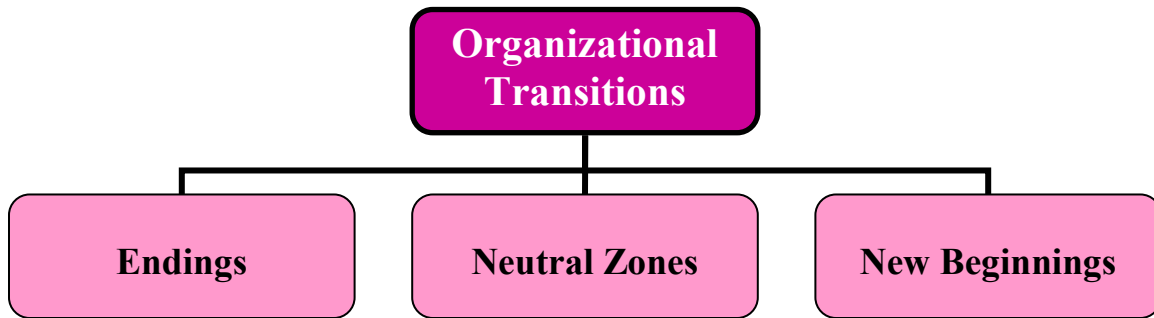
Endings, Neutral Zones and New Beginnings

I. Endings: How to Get Them to Let Go

"It isn't the changes that do you in, it's the transitions"   *William Bridges*

1. Identify Who's Losing What
   - Describe what is actually going to change
   - What are the secondary changes?
   - Who is going to have to let go of something?
   - What's over for everyone?

2. Accept the Reality and Importance of Subjective Losses

3. Don't be Surprised at *Overreaction*
   - Overreaction comes from how past losses have been experienced
   - Most of us have *transition deficits- losses we've never dealt with*

4. Acknowledge the Losses Openly and Sympathetically

5. Expect and Accept Signs of Grieving
   - Denial, anger, bargaining, anxiety, sadness, disorientation, physical illness, confusion, depression, hopelessness, loss of connection and creativity

6. Compensate for the Losses

7. Give People Information and Do It Again and Again

8. Define What's Over and What Isn't

9. Mark the Endings and Treat the Past with Respect

10. Let People Take a Piece of the Old Way with Them

II. Managing the Neutral Zone Successfully

> *"It's like being between trapezes. It's like a journey through the wilderness. It's Linus when his blanket is in the dryer. There's nothing to hold on to."   Marilyn Ferguson*

It's a journey through the wilderness….with a significant change taking place *within* people where old habits are discarded and new appropriate patterns of thought and action are developed. If the internal sorting process doesn't take place, the change isn't likely to produce the results it is intended to.

1. A Very Difficult Time
    - Anxiety rises and motivation falls
    - People feel disoriented, self-doubting, self-protective
    - Energy is drained from work into coping strategies
    - Old weaknesses in the system re-emerge
    - Signals get mixed and systems overloaded
    - Miscommunication, tasks undone
    - People become polarized; discord arises
    - Longing for answers

…But Also a Creative Time

- "If it ain't broke, it don't need fixing"- makes change difficult.
- In the chaotic neutral zone time, the lack of clear systems and signals becomes an opportunity for creativity. Foster innovation during this time.

2. Normalize the Neutral Zone
    - *This isn't a trip from one side of the road to the other- it's a journey from one identity to another, which takes time.*

    - Neutral Zone isn't just meaningless waiting and confusion- it is a time when a necessary reorientation and redefinition is taking place and people need to understand that.

3. Redefine It
    - Valuable to understand the metaphor people are using to describe this uncomfortable time and to change it. Not a 'sinking ship' but 'the last voyage'.

4. Create Temporary Systems for the Neutral Zone
    - Give structure and strength to people during a time when they feel lost and confused.
    - Protect people from further changes while they're trying to regain their balance.
    - Make any further changes coherent and part of the larger whole.
    - What new roles, new org. chart configurations might you need to get through this time - mixed groupings, task forces, project teams?

- Set achievable, short-range goals so people can feel effective. Don't set people up for failure.

5. Strengthen Group Connections
- Neutral zone is a lonely place: set up regular meetings, provide written updates, opportunities to gather and monitor the transition.

6. Use the Neutral Zone Creatively
- Encourage people to find creative solutions to the organization's difficulties.
- Schedule retreats, policy reviews, surveys, suggestion campaigns, problem solving sessions, training opportunities,
- Restrain impulse to push prematurely for certainty and closure.

7. Key questions
- "How can I make this interim between the old and the new not only a bearable time, but a time during the organization and everyone's place in it is enhanced?"
- "How can we come out of this waiting time better than before the transition began?"

III. Launching a New Beginning

"New beginnings are always messy." John Galsworthy

1. Ambivalence towards Beginnings
- Beginnings establish once and for all that the ending was real.
- The new way of doing things represents a gamble.
- For some people, new beginnings destroy the pleasant experience of the neutral zone. Confusion gives them a cover to conceal their own lack of interest in the tasks at hand…

2. The Timing of New Beginnings
- Organic process: cannot be forced, but can be encouraged, supported and reinforced.

What you can do to support new beginnings (the 4-P's):

- Clarify and explain the basic **purpose** behind the outcome you seek. People need to understand the problems behind the change so they can turn their minds to work on it.

- Paint a **picture** of how the outcome will look and feel. People need to experience it imaginatively before they can give their hearts to it.

- Lay out a step-by-step **plan** for phasing in the outcome. People will be soothed by a clear idea of how they can get where they need to go. Transition management plan is not the same as a change management plan- it addresses change on the personal rather than collective level and is oriented to process not just outcome.

- Give each people a **part** to play in both the plan and the outcome itself. People need a tangible way to contribute and participate.

3. Reinforcing the New Beginning
- Ensure consistency between your messages, actions, rewards and desired outcomes
- Ensure quick successes
- Symbolize the New Identity in a concrete manner
- Celebrate the Success: something fun and a break from the routine

4. Aftermath of change
- Living into the new requires care and attention for the survivors of the transition.

- Survivors include: *" those who have been wounded by the change, those who still grieve over what has been lost, and those whose loyalty and ethics may have been so compromised by the experience that they turn hostile, self-centered and subversive".* *(Bridges)*

- The costs of not managing transition effectively include the presence of the following responses in the organization: *Guilt; Resentment; Anxiety; Self-absorption and Stress (GRASS).* If you become aware of GRASS-like responses, there's more work to do in attending to the transitions.

STAGES OF TRANSITION

Based on William Bridges (1998)

① What we Know as Familiar   ⑥ Familiar (New)

② Endings   New Beginnings ⑤

③ Neutral Zone Chaos/Confusion

Turning Point ④

Discover what is LOST
Have to let go of who we were in the old
• help people mourn old identity
• mark the endings
• treat the past with respect
Grief responses: denial, shock, anxiety, confusion, resentment, uncertainty, sadness, anger, fear, blame, relief
What are you saying goodbye to?

Discover what is LEFT
Not who we were – not yet who we will be
Undirected energy: confusion, anger, fear, frustration, anxiety, skepticism, some optimism, discovery, creativity
What really matters to you now?

Discover what is POSSIBLE
Begin to identify with the new ways
Commitment, enthusiasm, trusting, excitement, relief/anxiety, impatience, acceptance, realization of loss
What sustains your resiliency and optimism?

Stages of Transition: AIDS Bereavement and Resiliency Program of Ontario (2007) incorporating material from W. Bridges and J. Schneider

While You're Managing Change: *Take Care of Yourself*

> *"We need to talk about change as an ongoing phenomenon. It is a collage, not a single image: one change overlaps with another, and it's all change from margin to margin."*
>
> *William Bridges*

Dealing with non-stop change in the organization
- Postpone "extra" changes
- Foresee as much as you can
- Do worst-case scenarios
- Make the transition to "change as the norm"- *non-stop change demands a new mindset.*
- Clarify your mission
- Rebuild Trust
- Unload old baggage: personally and organizationally
- Sell Problems, Not Solutions- "Remember, these changes are solving these problems"
- See this as a time of "Challenge and Response"

Dealing with non-stop change in your life
- Remember that even the changes you want to make put *you* into transition
- Figure out what is actually changing
- Decide what is really over for you: it could be a dream, an assumption, a tacit understanding, a belief, an image
- Distinguish between current losses and old wounds
- Identify your continuities
- Recognize your own symptoms of the neutral zone
- Take Time-Outs
- Use the Neutral Zone as an opportunity to take stock
- Look at yourself creatively
- Consider your possibilities in a new light
- Experiment a little every day

> *"With all these questions, there are countless opportunities to make a difference. Opportunities to restore hope and create a sense of meaning in our lives. Opportunities to rebuild a sense of community and increase understanding among diverse people. Opportunities to turn information into knowledge…."*
>
> *Kouzes and Posner*[112]

Outline for an Agency Transition Workshop

What follows is an outline for a one-day session facilitated for a culturally diverse staff of 25. Their agency was moving in a week and tensions were high. Their current office space was too small and staff had been working in 3 separate sites. This move means they will all be working in the same space, but they will be crowded and have cubicles instead of private offices. They will also be changing neighbourhoods.

This AIDS Agency Moves On….

Marking the Transition from the West Side to Downtown

Facilitated by the AIDS Bereavement and Resiliency Program of Ontario
www.abrpo.org

Intent for this session:
- *To create a space to say goodbye to what was and to get ready for that which is yet to come*
- *To mark this transition to a new space by acknowledging the current tone and climate of the place you are in*
- *To better understand the behaviours of workers are in change, loss and transition*
- *To build some agreements about what creates and fosters solid support while the group is in transition*

Introductions and Opening
- Intros by the facilitation team and of participants
- Review Intent

Warm-Up: Grounding and Group Agreements
- Dragon Breaths: grounding exercise
- What do you need to participate as fully as possible in this session?

Loss, Change and Transition – the Basics
- Key foundational understandings
- Review of the material in their packages

Small group Exercise
- Respond to the 4 questions in *My Strategies for Coping with Loss and Change questionnaire (Exercise #1- below)*
- In teams of 4-5, use the questionnaire to look at differences and similarities between you as staff as you individually and collectively cope with loss, change and transition

Ritual of Closure *(Using Steps of Closure Exercise #2- below)*
- Group is sitting in a circle with flowers, pictures, mementos of the current location in the centre of the circle
- *Steps of Closure Exercise*- review 8 steps
- Quiet time to reflect and write
- Invitation to stand and speak to any of the Steps that most impact you

Leaving Behind
- On small coloured sheets of paper, write down what you wish to leave behind. This sets an intention for change. Speak about what you've written as you drop your sheet into the container (or you can do this task silently). Once finished, the facilitator places a lid on the container. The facilitators will take this away and keep it for the next 3 months. In 3 months time, we will meet again and open the container. The staff will find their own sheet, and review what has indeed been "left behind" and notice what might need more attention because it's still present.

Taking with You
- Agreements of how to be with each other in this next while
- Next steps?

Closure and Evaluations

Exercise #1

Questionnaire

My Strategies for Coping with Loss and Change

1. When I am faced with loss, change and transition I generally respond in these ways…

2. These ways help me by…

3. When I am dealing with loss, change and transition, others might notice this about me in the workplace…

4. When I am under a lot of stress as a result of loss, change and transitions, this is what I need from others…and what I don't need from others…

Exercise #2

Steps of Closure[113]

***Steps of Closure* is a life tool that can be used for any ending.** Taken as a whole, the eight steps can be used in a ritual of transition (leaving a job), or used to mark tangible endings (the end of a relationship), or to bring a formal ending to a period of grief after someone's death.

The Steps of Closure speaks to the areas that may carry an emotional charge associated with an ending. The reality for many of us is that there have been too many unpredictable endings with no opportunity for attending to closure.

Typically, one aspect will be more present than others (appreciation, resentment etc.). Speaking to all aspects as fully as possible makes for an experience of closing which is as complete as possible. Closing can be done on your own, or with a group. It is powerful to be witnessed- but most effective when you trust those in the group around you.

1. Gains & Achievements
   What I have gained/achieved as a result of this experience

2. Appreciations
   What I appreciate about myself and/or others

3. Unfinished business
   Naming what is unfinished helps to leave it behind

4. Regrets
   Any regrets I carry from this time

5. Resentments
   What I resent about this experience

6. Ghosts of closures past
   Other similar experiences/closures that are present for me now

7. Moving on; what's next?
   As this experience is ending, can I name what is beginning, and what I will carry forward

8. Ritual
   Any deliberate action that has meaning in relation to closing the experience

Summary

Changes and transitions in an organization can generate a profound loss response in workers and in workplace teams – even when these changes are understood as being '*for the better*'. This Section presented a framework for understanding the transition process workers go through in order to adjust to changes in their evolving workplaces. We identified that workers will move through three key areas as they reach an accommodation with organizational changes, namely: *what's lost; what's left; what's possible.*

The work of *William Bridges* was summarized to provide a step by step process for initiating change in the workplace and supporting individual workers as they make the transition from *what was* to *what will be*.

The Section closed with an agenda of a one-day staff workshop for an agency preparing to make a significant relocation.

Part Three: Developing

Section XI

What You Will Find in this Section…

XI. Supporting the Development of Workplace Plans Policies and Procedures

- Why a Grief and Loss Policy and Procedure Framework?
    - o   What do Workers Want?
    - o   A Culture of Commitment
    - o   The Benefits

- Specific Areas to Consider when Reviewing in Loss Policies and Procedures

- Recommended Policy Areas

- Building an Agency Resiliency Plan: Moving Beyond a Crisis Response
    - o   8-step Planning Framework
    - o   Mapping Resiliency

- Summary

XI. Supporting the Development of Workplace Plans Policies and Procedures

This Section is concerned with the policy context - which can be described as macro-level responses to the challenges involved in death and loss. The material provides a framework to assist organizations in playing a constructive role in addressing the impact of loss, grief and trauma in the workplace.

This Section offers guiding principles and a series of recommended areas for policy and procedure development related to grief and loss. The information serves as a starting point for agencies to examine their current practices, to respond to potential gaps and increase their capacity to respond comprehensively to the impact of grief and loss on their volunteers, staff and organization.
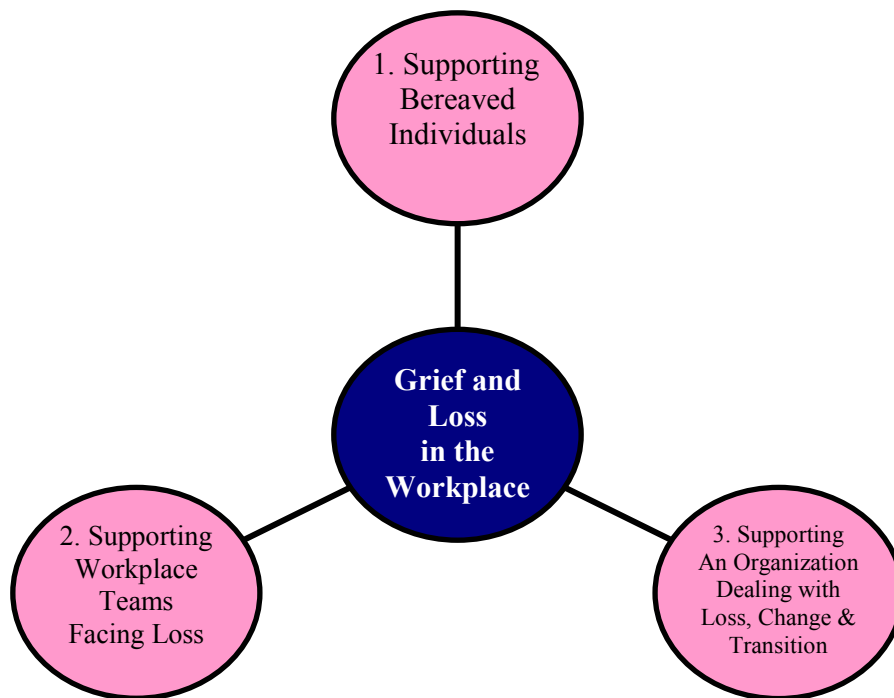
Why a Grief and Loss Policy and Procedure Framework[114]?

What Do Workers Want?

In an era in which competent workers are highly valued, organizational policies should include careful attention to the needs of workers surrounding end-of-life issues, including death and bereavement. Whether they face a life-threatening illness themselves or experience the terminal illness or death of a client, a loved one or co-worker, most workers who cope with end-of-life situations indicate that they could benefit from a culture of support and sensitivity in the workplace[115].

According to the Last Acts Workplace Task Force Study (1999)[116], in the attempt to juggle job and caregiving responsibilities, workers appreciate flexible hours and the freedom to use accumulated leave time. When workers are not allowed any flexibility, they become frustrated and develop negative attitudes towards their employers. A total of 96% of workers identified flexible hours and leave policies for these situations as the most desirable employer-provided supports.

Other desirable supports (84%) were referrals for information or advice about counselling or bereavement services and educational materials dealing with end-of-life tasks and decisions. 83% of workers said they would be interested in confidential sessions about dealing with end-of-life decisions. 82% were interested in confidential sessions about communication between family members and care providers.

Most than 90% of workers and employers agree that psychological problems have a negative effect on attendance, productivity and turnover. One poll showed that illness or death in the family is the second most common problem (58% of workers- National Hospice Association, 1995[117]).

The need for support from employers is an individualized reality. Most workers report that they appreciate support from the workplace. About 65% of caregivers speak to their bosses about their situation. About the same percentage tell co-workers about their situations. But only about 25% of caregivers speak to someone in their Human Resources Department (Last Acts Workplace Task Force, 1999). It is not clear whether workers fail to contact HR personnel because they do not expect services, or because few services were offered.

A Culture of Commitment

People who are grieving or traumatized are likely to appreciate what they may see as a genuine commitment to supporting staff through a very difficult period in their lives. This view can affect the reputation of the organization, with positive effects in terms of recruitment, performance, and retention. A *culture of commitment* can be described as a situation where the law is fully recognized, but the primary focus is on making sure that staff are committed to the organization and are aware that the organization is committed to them. A workplace health and well-being framework can support workers in this regard. What is needed is a balance between understanding that legal requirements are met and on the other, a philosophy of making sure that

the human resource is genuinely seen as the most important resource and is adequately looked after. Looked after, not just in terms of physical matters, but also in relation to the psychological demands of the work- especially when those demands are made more stressful by the presence of grief and loss in workers' lives.

Health and Safety

Health and safety is not just a matter of assessing and managing *physical* risks –there are also *psychological* risks to consider. Stress is now recognized as an important feature of health and safety concerns.[118] The development of occupational health services, combined with the growth of Employee Assistance Programs, recognizes that the workplace brings with it psychological as well as physical risks. The work environment should not be harmful to health, and that includes both physical and mental aspects of employee health.

If supervisors and managers are not aware of the *psychological* aspects of health and safety, it may be challenging for them to recognize the significant implications of loss, grief and trauma. These are extremely complex issues. While much can be done when loss and grief occur, dealing with those matters only when death happens is less than optimal. Preparation resulting in good policies can leave an organization much better equipped to address the concerns rapidly and sensitively when they arise.

The Benefits

Organizations adopting comprehensive end-of-life, grief and loss policies, procedures and programs benefit in these ways[119]:

- Formalized policies and procedures give weight to the issue of grief and loss in agency life

- Policies and procedures are a demonstrable way of translating values into action
- It provides a philosophy of care and support for grief and loss issues and makes explicit what workers can expect. Policies clearly articulate how an agency will respond to loss.
- Employers are better able to offer in-depth, comprehensive programs with a policy framework
- Many human resource personnel/departments lack the expertise to address grief, so outside guidance can help meet worker needs
- While all losses result in grief, this policy framework focuses on losses from illness, trauma, death and significant life transitions that can affect the normal functioning, efficiency and productivity of a workplace
- It provides guidance for managers, supervisors, human resource personnel and those providing worker assistance and other forms of organizational supports (team building, conflict resolution)
- It creates a common language and understanding of agency responsibilities for grief and loss
- Clear policy areas can more readily be identified for new Boards and Executive Directors to build on
- It helps build an agency culture that sensitively and effectively addresses grief and loss issues as an organizational responsibility.

- It fosters individual and organizational resiliency.
- Fewer mistakes. Workers feel less pressure when they know they are understood.
- Improved morale. Workers feel valued when their organization treats them well.
- Less sick leave used. While seemingly counter-intuitive, allowing for sick leave during a period of bereavement encourages workers to be open about their need for time off.
- Lower turnover or less traumatic turnover which means a reduction in hiring and training costs.
- Better teamwork. Interpersonal relationships improve when people feel appreciated and valued.
- Productivity sustained.
- Builds an organizational culture that has the capacity to respond effectively to losses of all kinds.

Specific Areas to Consider when Reviewing Loss Policies and Procedures
(adapted from Grief at Work- Hospice Foundation[120])

As a reminder, it is useful to consider the biases and underlying assumptions any working group will bring to these policy discussions:

*Every society has rule for or norms of grieving that attempt to specify who, when, where, how, how long, and for whom, people should grieve. These grieving rules are often codified in bereavement leave personnel policies. **Whose culture and norms are being reflected in these standard policies?***

Hooyman and Kramer[121]

The following questions relate to specific aspects of illness, death and bereavement. These questions can form the basis for conversations at a management level and within the staff teams as you review or develop policies in these areas:

1. Absence Arrangements

This incorporates compassionate leave, sickness absence and bereavement leave arrangements:

> *"Most organizational policies allow for three days of paid leave at the time of an immediate family member's death. There are few situations in which three days would be sufficient to deal with the emotional and physical realities surrounding the death of an important loved one. For family members who live across the country, or in another part of the world, travel would consume a great deal, if not all, of this allotted leave time".*
> (Lattanzi-Licht[122])

Some people will argue that organizations cannot afford to be more generous as they have operational concerns to deal with and the organization's services and programs have to continue. However, there is also a compelling argument that failing to be sufficiently compassionate and supportive will prove to be much more expensive in the long run in terms of the ill feeling and

resentment that can be generated not only among those directly affected, but also among the wider staff group who witness what they may see as an uncaring approach.

On some occasions, there may be individuals who do not request time off and who throw themselves back into work. This may reflect the response of an Instrumental griever (*see Martin and Doka's Styles of Grieving in Section IV)*. If the performance levels are satisfactory, then this strategy is fine. But if the work performance levels are not satisfactory, it may be necessary to consider enforcing leave time if the worker is not willing to take the necessary steps to address the situation- and they keep misguidedly insisting they are 'all right'.

a. Sick Leave
   What should agency policy be for the sickness of an employee? What should agency policy be when an employee's family member requires care and attention?

b. Donation of Sick Leave
   Can other workers donate sick leave? How much per year?

c. Bereavement Leave
   Are employees granted paid time off after a death? Whose death? How long? Does this vary with circumstances, like travel time? What about part time workers?

d. Leave Without Pay
   Can employees take leave without pay? For how long? What happens when they return?

e. Flex Time
   Is flex time available to accommodate the scheduling needs of employees faced with long-term family illness or lengthy recovery from complicated mourning? Is working from home a possibility?

f. Job Protection
   How secure is the job during a leave period? Can the workload be shared, and for how long?

2. The Importance of Information

a. Following a Death: Informing Others
   Is there a procedure for informing co-workers when a death or significant loss event has occurred? Who is responsible? Who else might get notified about a death or significant loss? How? What level of detail is appropriate to reveal? What are the legalities surrounding disclosure and confidentiality? How much information should be given to protect privacy yet inform the workplace, the clients, and communities?

b. Liaison with the media
   If an organization already has policy on media liaison, then additional consideration may need to be given to the specific demands of communication in situations that might involve traumatic events or loss of life.

3. Family Liaison

Refer to family in the largest possible sense- biological family, legal next of kin, chosen family.

a. Connecting with the Family of the deceased

Who will call on the family and extend agency condolences? Is there a practice of sending flowers, cards, donations? Who is responsible for this?

In some circumstances, such as sudden death in the workplace, it may be useful for the organization to designate a family liaison contact. Consideration will need to be given to who is the best person to fulfill that role and whether they will need any special training in that regard- such as information about specific cultural rituals around death. In some organizations, EAP may be called to provide these liaison services, but the family may regard that as a sign that the organization is distancing itself from the situation.

b. Family Visits to the Worksite

If family members wish to come to the office, who will be responsible for them? Should the agency have a policy to provide for a reception/gathering following a death? Who decides?

c. Helping the Family with the Paperwork

What paperwork needs to be done? Are there survivor benefits? Life insurance? Extended health benefits? Does any of this continue for the survivors? Who should have primary responsibility for helping the family with paper work?

d. Collecting Personal Belongings

Who will gather the personal belongings of a worker who dies- family, supervisor or co-workers? Who will deliver these items to the family? Sometimes 'secrets' are discovered in these belongings. It may be wise to consult legal counsel before drafting a policy of personal belongings.

e. Financial Support

Is there a fund available to help families with funeral or travel expenses?

4. Employee Assistance Programs and other grief and loss resources (such as *the AIDS Bereavement and Resiliency Program of Ontario* and *Bereaved Families of Ontario*). How do workers easily access both internal and external EAP supports and other specialized supports?

a. Resources: Providing accessible resource information to those who have experienced a loss makes it easier for workers to receive the assistance they may need. If the information has to be sought out actively by grieving or traumatized individuals, it is far less likely that they will discover what is available.

5. Organizational Supports for Staff issues

Who has expertise in understanding how loss affects staff teams? Who can provide support for staff impacted by ongoing losses? This is directly related to deaths but also including team matters compounded by grief and loss (impaired care and communication patterns, tensions building in the team, outburst, etc[123]).

a. Training and Development

If the policies that frame your efforts to respond appropriately to the challenges of grief and trauma are to work, then they need to be accompanied by a strong commitment to learning and development. Attempting to provide the support needed without having had sufficient preparation and training can place an organization at a disadvantage. More effective is the organization that has invested in exploring the insights and understandings needed to provide a supportive workplace that makes a positive contribution to worker and organizational well-being.

6. Funerals and Memorials

a. Attending the Funeral or Memorial service

In the aftermath of a death, consideration will need to be given as to whether the agency will have a role in the memorial services or contribute to, or attend, funerals. It is important to have a consistent policy about such matters so that there is no perception of unfairness if responses are carried out on an ad hoc basis. Is there time off to attend funerals/memorials? Who is given paid time off to attend the funeral or memorial service? Will relief staff be brought in? What about out-of-town funerals or memorials? What responsibility will the agency take if the next of kin need help with arrangements?

b. Agency Memorials:

Consideration should also be given to whether there will be any form of commemoration within the organizational setting itself. What are the practices for remembering and honouring those who have died? Is there access to spaces *within* the agency to mourn and remember? Who has access to this? Consider the needs of volunteers, Board members, long time service users and community partners.

Will there be any form of agency-wide memorial service if a staff member dies? or any other way of marking the passing- such as a plaque, a bench on the grounds or a tree in a park? If so, who is involved in such a process? Who will take responsibility for making sure the process is managed effectively? Should the family be informed?

"When organizations have experienced the death of a member, there is great value in a collective ritual. This ritual acknowledges the role of the lost member within that agency. Beyond recognizing the loss in the setting, it gives the members both unique opportunity and permission to grieve. It reaffirms the care and sensitivity of management. Even in public tragedies where the organization is not directly affected, such rituals offer opportunities to educate about grief and trauma, frame a definition of the event, and offer collective action."

K. Doka[124]

Recommended Policy Areas
From the Proactive BC HIV/AIDS Bereavement Response Working Group[125]

Considerations

It is recommended that organizations review their current policies and consider to what extent any concerns related to grief and bereavement have already been dealt with. An important aspect of a policy review is to explore whether there is a need for a stand-alone policy specifically geared towards loss, grief and trauma issues, or whether these matters are best integrated into existing policies. For example, if there is already a policy relating to *employee well-being*, then it makes more sense to further develop this to incorporate loss, grief and trauma concerns rather than start from scratch with a new policy.

When developing policies, it is vital to keep the needs of workers and managers *and* the needs of the organization in mind, as there must be a balance between the needs of each. When developing specific policies and procedures for responding to worker grief, it is useful to consider these questions:

> ➢ How will the agency benefit?

> ➢ Is this cost effective?

> ➢ What personnel policies will best contribute to the overall productivity and resiliency of the organization?

> ➢ What are the consequences of not changing this policy?

> ➢ Is this an opportunity to collaborate with other agencies to meet this need?

I. General Policy Areas

Policy: a definitive statement that provides direction and parameters for decision-making
Procedure: specific instruction that supports the implementation of a policy

The policies that follow are not meant to be complete but are designed to provide a reference for agency development of relevant grief and loss policies and procedures.   The context for these policies considerations is community-based agencies serving HIV/AIDS populations, but will be applicable to other types of community-based organizations providing direct services.

1. Governance/Board Policy

(The Board has ultimate responsibility for ensuring policies in place and provides a vision of agency and worker well-being)

Rationale: Workers in [the HIV/AIDS field] are impacted by ongoing grief and loss issues.

Policy: The Board of Directors will ensure the agency provides appropriate and ongoing support and where available, resources for a successful agency wellness plan.

Procedure:

    i) The Board will approve a range of policies that support a healthy workplace

    ii) The Board will support the allocation, when available, of appropriate resources

    iii) The Board will annually review the Agency Resiliency Plan

    iv) Management staff will be accountable for the implementation of the Agency Plan and will provide regular updates to the Board

2. Agency Resiliency Plan
(To ensure that grief and loss policies are contextualized within this broader goal of enhancing and sustaining 'resiliency' of workers and agency)

Rationale: The by-laws of 'the Agency' support action that enhances and sustains the wellness of the agency, staff and volunteers. An 'Agency' Resiliency Plan will articulate the actions needed.

Policy: The agency supports the development of an Agency Resiliency Plan.

Procedures:

    i) A draft agency wellness plan will be developed within a collaborative and inclusive process with all staff and volunteers

    ii) Administration will consolidate plan for presentation to the Board

    iii) The Board of Directors will approve the Agency Resiliency Plan

    iv) The Resiliency Plan will be included in the Annual Review of "the Agency"

3. Training for Supervisors, Staff
(Basic grief and loss information, including agency policies, worker entitlements and worker responsibilities for self-care)

Rationale: It is the professional responsibility of staff to stay current and up to date concerning their area of work within the agency.

Policy:　　　Every staff member is required to participate in on-going training
and professional development in the area of grief, loss and resiliency.

Procedures:

(to be developed by agency)

4. Notification and Support Policy in regards to Grief, Loss and Trauma

Rationale:　　Staff and volunteers require support when there are client deaths within their
agencies. AIDS-service organizations traditionally have a disproportional high
level of deaths.

Policy:　　　The agency will work to ensure that staff and volunteers are informed when a
death occurs.

Procedures:

　i)　Identify mechanisms to inform colleagues of the death

　ii)　The first staff member to hear of a death would be responsible for informing
the most relevant staff member, i.e. client support – Executive Director

　iii)　Have designated area for honouring the individual who has died

　iv)　Have a designated place and time to allow workers to reflect on the losses
they have experienced and to celebrate those who have died

5. Bereavement Leave and Support

Rationale:　　Support is important for individuals around multiple loss, grief and bereavement
issues to prevent burnout and ensure a healthy workplace.

Policy:　　　The agency will work to ensure adequate and appropriate support opportunities
for staff and volunteers to deal with personal bereavement, the death of a client
and other loss situations

Procedures:

　i)　Standard bereavement leave with pay will apply

　ii)　The agency remains open to discussions around special circumstances which
will be approved by the executive director

　iii)　Provide regular opportunities during work hours for staff discussions of issues
that impact their work and lives

　iv)　The agency will ensure access to outside support . . . e.g. EAP counselling

6. Critical Incident Management

Rationale: It is important to acknowledge that critical incidents do occur in the course of HIV/AIDS work. When a critical incident takes place, it has a multi-layered impact on staff and volunteers and may affect client services.

Policy: The agency will provide to staff and volunteers a culturally appropriate response when a critical incident occurs. A 'critical incident' can be defined as . . . [agency to determine definition]

Procedure:

   i.   Immediate supervisor is notified of incident and gathers relevant information

   ii. A written report is completed

   iii. A qualified supervisor makes decision on how to respond to support staff and volunteers

   iv. Supervisor must link to external resource as dictated by incident . . . e.g. police, child protection

7. Access to Additional Support

Rationale: Staff and volunteers are impacted by dealing with ongoing multiple losses and traumatic events

Policy: The agency will provide a range of internal and external (as appropriate) support services and resources.

Procedures:

   i.   The agency will develop clear guidelines around: Worker and Family Assistance Programs; bereavement leave and memorials; attendance at funerals; educational opportunities related to grief, loss and resiliency

   ii. The role of the supervisor will remain within appropriate boundaries and not take on therapeutic aspects to support the staff or volunteer

   iii. All staff will have the option to participate in identify grief rituals

   iv. A list of community resources will be available to all agency staff

8. Community Relations
(to address any systemic barriers and support collaborative approaches)

Rationale: Agencies and management have the responsibility to minimize systemic barriers that impede individuals being able to receive appropriate and timely grief and loss supports

Policy: The agency will work with other community services to create a diverse range of grief and loss supports

Procedures:

      i) Actively work with other agencies (executive directors) to develop strategies to assess and address gaps in support services for workers

      ii) Develop, implement and share policies/procedures with other services providers in the community

      iii) Share information, issues, strategies with other community HIV/AIDS service providers

      iv) Provide education to other service providers

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Building an Agency Resiliency Plan: Moving beyond a crisis response[126]
From the AIDS Bereavement and Resiliency Program of Ontario

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In this section of the handbook, we consider an 8-step planning framework to support agencies in moving to a crisis response to a strategy that:

 ➢ *Enhances individual and agency capacity to respond to loss and*

 ➢ *Fosters a climate of resiliency within the organization.*

Resiliency Framework

Sustaining Balance between Loss and Hope:
Layers of Stressors and Coping Strategies

*The above tool is based upon Gervais' 1998 Ethnographic Analysis of AIDS Grief and Multiple in an AIDS Service Organization in the Province of Alberta.

1. **Planning Process**

   • Include all staff and key volunteers. This counteracts the feelings of helplessness common to loss saturation.
   • Set up a diverse team to canvass the agency about their bereavement needs.
   • Leadership involvement is critical, as future organizational strategies may include revision of policies and benefits and other workplace changes-
   • Every group has its organizational culture which must be acknowledged and respected. Grief and loss policies and practices will reflect an agency's particular culture.

2. **Assessment**

   • What problems require solutions? Be realistic about the situation but also dare to dream. One of the most significant, albeit unexpected, outcomes of this work is the reported sense of team unity and mutual support that arises from the experience of looking at grief together.

- Identify confounding organizational issues to be dealt with separately. Workers may be reacting to downsizing and financial constraints. While the emotional impact of this can be dealt with in a session on grief and loss, the structural aspects are best kept for another forum.
- Clarify staff expectations of the organization; providing bereavement support is not intended to turn the agency into a therapy group for staff.

3. Acknowledgement of Loss

- Look at loss through the experience of people at all levels of the organization. What is the grief of the administrator? Of the receptionist? Of the volunteers? Note that loss is not only about death but relates to other transitions: staff turnover, program cutbacks, changing offices, expansion.
- Rituals are vital: notices, memorials, quilts, candle lighting. Create "short forms" for discussing complex, painful issues in a way that allows workers to express themselves - and continue with their work.
- Examine structures that impede the necessary flow of information for the acknowledgement of loss on an agency level, e.g. rigid confidentiality policies.

4. Training and Skill Building

- It is necessary to orient all workers to grief at some level, including the board.
- Recognize and appreciate a wide range of normal responses to loss: our responses are unique and culturally determined.
- Train workers to identify their individual patterns of grief. Do they know when they are grieving? How do they communicate that to others?
- Supervisors have a central role in creating a supportive environment.
- Training serves as a collective acknowledgement that grief is not a personal weakness. It also serves as a common framework for discussion and strategy development.
- Train on a holistic level. Include a broad range experiences such as working with emotions, with the body (massage), and with the spiritual aspects of grief and healing (visualization and hope systems).
- Present information on aspects of hardy personalities -those who successfully adjust to stress through *"control, commitment, challenge, and connectedness"*[127].
- Make grief and loss a part of the everyday discourse among caregivers.

5. Support

- Develop a range of supportive interventions: individual debriefings after a death, quality supervision, formal bereavement groups, team retreats, etc.
- Offer programs internally and on work time.

- Provide external support: employee assistance programs. Dealing with current losses can resurrect old losses.
- Encourage contained opportunities for emotional expression, including anger.
- Reconnect people to life-enhancing elements: joy, humour, celebrations.
- Attend to closures in a continual way. We tend to minimize the lesser losses and transitions and focus only on significant losses, but through attention to tl1e smaller goodbyes we prepare for the greater ones.
- Develop clear mechanisms for the Executive Director to access appropriate grief and loss support, consultation and mentoring

6. Structural and Systemic Changes

- Requires commitment of the employer to accommodate acute and chronic stress of grief. Someone needs to champion this cause and keep grief on the agency's agenda.
- Redefine and review bereavement leave, mental health days, dependent-care leave policies-
- Evaluate benefits and internal support systems. Is supervision adequate?
- Look at stress-relieving practices: job variation; flex time; unpaid leave.
- Integrate grief awareness into the philosophy and core values of the agency: grief work is part of a holistic health strategy and promotes healthy workers and a healthy agency.

7. Mechanisms of Appreciation

- Death can too often feel like a failure. Balance the strain of loss by deliberately creating opportunities for positive interactions with workers.
- Set aside regular times to talk about accomplishments and goals.

8. Ongoing Process

- Develop a system for integrating grief awareness into the orientation process of all workers.
- Information to be distributed regularly and programs offered routinely to staff, volunteers, and board: do not wait for the crises.
- Provide for a regular review of bereavement strategies: What else do we need?

What follows is a description of ABRPO's innovative Resiliency Map- a tool used within community agencies to assess and concretely map out individual and organizational resiliency within distinct spheres of relating to self, others, the work and the larger social context.

Mapping Resiliency*: An innovative tool for assessing and building individual and team capacity for responding to loss, change and transition
From the AIDS Bereavement and Resiliency Program of Ontario

The point has been made that grief and trauma can, despite being very painful experiences, produce situations where there can be significant personal growth and development.

From years of work in the HIV/AIDS sector, the AIDS Bereavement and Resiliency Program of Ontario (ABRPO) has identified resiliency as a core competency in dynamic and creative frontline response- for both individuals and organizations. Our research has indicated that there are significant organizational impacts from grief and loss, affecting workers individually and inter-personally[128].

The Resiliency Map was developed in community, for community, by community. It is a tool to help people engage in a meaningful dialogue on the complex issues that HIV/AIDS raises in our communities: grief, loss, hope, resiliency, capacity, death, sexuality, entitlement, empowerment, rage, and belonging - for which we have not yet found sufficiently complex theory and shared language to explore.

Originally conceived of as a flat one-dimensional cone image, the Resiliency Map has evolved into a multi-dimensional tool. This 4 x4 meter floor cloth is being used for assessment, problem-solving, program planning, team-building, psychological, emotional and spiritual healing, and program evaluations - any activity that requires a thoughtful and purposeful identification of stressors, current coping strategies and new understandings of self, organization and community.

RESILIENCY MAP

The Resiliency Map - a 4 x 4 meter floor cloth
AIDS Bereavement and Resiliency Program of Ontario (2002)
based on the research of Val Gervais (1999)

The Resiliency Map allows people to weave a narrative as they literally walk on the Map and articulate their journey with loss related to personal or organizational issues. The Map creates an opportunity for people to describe their motivation for involvement, their challenges in interpersonal relationships when colleagues are grieving in different ways, and to find language for their unique strategies of resiliency. The Map provides a rich opportunity for individuals to share observations about the organizational, community and larger socio-political responses. Through this process, new individual and collective strategies of resiliency emerge as individuals work towards a common understanding of purpose, motivation, and commitment.

While the Resiliency Map has been conceptualized and created within the context of community-based AIDS service organizations, it is certainly transferable to other human services organizations and community members struggling with similar types of losses and organizational stressors.

The Resiliency Map is one tool that supports an open, reflective conversation about loss and pain, hope and meaning in an organization. As a manager, seek out innovative methods and processes that work for you. A *quality of presence* is required for these types of reflective conversations to be effective in an organization. How you personally 'show up' for these discussions on resiliency and well-being matters.

As Schneider points out: "There are several key elements that, if fulfilled, help people find a transformative path through their losses:

- ➢ That they feel cared for, secure, and protected
- ➢ That they feel validated in times of transition and loss
- ➢ That they are challenged when loss becomes their only important identity
- ➢ That they can access facilitative environments –supportive peers and places of sanctuary
- ➢ That they have opportunities for play and humour to have a role in the healing process
- ➢ That they are supported to ultimately find a source of nurturance, validation, forgiveness and adventure from within." [129]

From our experience, resiliency in an organization is well supported when individuals have opportunities to reflect on these key elements, particularly in a team setting.

> *"Resiliency is the capacity of individuals and groups to move forward with hope, clarity and effectiveness in the face of ongoing multiple loss, complex grief, and organizational transitions related to life and work with HIV/AIDS."*
>
> *AIDS Bereavement and Resiliency Program of Ontario*

Summary

This last Section considered the development of workplace plans, policies and procedures pertaining to grief and loss. The material included a review of the benefits to both individual health and well-being and organizational capacity when grief and loss responses are embedded into the policies and practices of an agency. Workers identified what they perceived as supportive related to grief and loss support. Specific areas to consider when undertaking a review of current policies and procedures related to grief were outlined, followed by a planning process for an agency Resiliency Framework.

Part Three: Developing

Section XII

What You Will Find in this Section…

XII. Examples of Plans, Policies and Procedures

1. AIDS Committee of London (Regional HIV/AIDS Connection*): the Agency's Rationale and Guidelines related to ongoing loss and resiliency work with the staff team*

2. American Hospice Foundation: *A Plan for Responding to a Worksite Crisis*

3. Regent Park Community Health Centre: *Community Trauma Response Guidelines*

XII.   Examples of Plans, Policies and Procedures

What follows are examples of plans, policies and procedures that were developed by human services organizations to support individual and community capacity related to crisis responses, and grief and loss responses:

1. AIDS Committee of London (now the Regional HIV/AIDS Connection*): the Agency's Rationale and Guidelines related to ongoing loss and resiliency work with the staff team*

2. American Hospice Foundation: *A Plan for Responding to a Worksite Crisis*

3. Regent Park Community Health Centre: *Community Trauma Response Guidelines*

From: the AIDS Committee of London (ACOL)
(now the Regional HIV/AIDS Connection)
www.aidslondon.com
HR # 3-390
**Rationale and Guidelines for semi-annual Grief, Loss and Resiliency Staff Retreats
facilitated by**

AIDS BEREAVEMENT & RESILIENCY PROGRAM OF ONTARIO (ABRPO)

The AIDS Committee of London recognizes that community-based AIDS work brings with it a collection of stressors on workers that may impact on worker health and effectiveness. These include not only the death of service users and co-workers/volunteers but organizational change, lack of adequate resources to meet community need, working with populations that are disenfranchised and/or not valued by society and the ever-changing nature of HIV/AIDS work. ACOL also recognizes that the employer has some obligation to provide staff with coping skills and strategies to address these stressors.

ACOL's goal of the ABRPO workshops is to provide staff with individual and collective coping skills and strategies that result in more effective and more resilient workers.

The AIDS Committee of London holds one or two 2-day workshops each year with the ABRPO.

The workshops are facilitated by ABRPO staff and provide ACOL staff with a combination of cognitive learning and experiential exercises that provide staff with opportunities to:
- (re)orient themselves to each other as human beings (i.e., as much as possible, outside of the agency hierarchy)
- name and acknowledge changes or stresses in the workplace;
- identify collective losses and explore the individual and/or collective impact of these changes;
- (re)orient themselves to the meaning in the work;
- disentangling more complex agency issues (agency history and/or agency ghosts) so that staff can move to a place of safety to explore common issues

The workshops are not intended to be used as a place to revisit or question organizational decisions made or to be made outside of regular decision-making structures. They may, however (depending on the contract with the ED), be used to explore the impact of such decisions. The workshops are also not intended to be used as a place for staff to address interpersonal issues with other staff members. Should issues arise between two or more staff during the workshops the staff will be given a choice to address issues away from ABRPO or to take it to a private setting during the workshop with or without the use of an ABRPO facilitator.

Based on the workshops, we expect the following outcomes:
- staff will be able to communicate with each other with more ease
- there will be a reduction in interpersonal tension and stress
- staff will have an understanding of how change and loss within the agency is a collective agency loss and not just a collection of individual losses
- agency structures and policies will be consistent with the meaning / values of the work
- staff will be better able to support their coworkers
- increased self and group care strategies that over time may result in less employee burnout and turnover
- the hierarchy can be used to support the staff
- improved service delivery based on a holistic model that incorporates / integrates the cognitive and the affective because staff are also doing this work

Generally all staff will attend ABRPO. However should an individual staff person determine that his/her attendance at a workshop will be detrimental to his/her mental health s/he can opt out of the scheduled session. The staff person who wishes to opt out <u>must</u> discuss this with his/her supervisor who will advise the Executive Director prior to the workshop. If a staff person opts out s/he is expected to perform his/her usual duties at the office while the workshop is taking place. This process is required for each scheduled ABRPO.

The task at this point is to ensure that staff is adequately prepared to participate in each workshop and that the workshops have a focus that is useful and/or meaningful to the staff team.

- New staff will be given the background documents regarding the ABRPO as part of their orientation to the work. Staff is required to read these materials and discuss them with their supervisors. Staff is also encouraged to discuss the material with other agency staff.
- Supervisors will orient all new staff to the ABRPO workshop prior to that person's first workshop attendance
- All staff will be given the opportunity to provide input into the agenda planning for each session. This will normally take the form of a discussions in a general staff meeting and/or in department meetings or a confidential electronic survey with feedback reviewed by the director's team
- The Executive Director will connect with ABRPO staff to share agency feedback regarding agenda planning and to determine the agenda / focus for the workshops. *NOTE that the "contract" between the ABRPO and the organization is in fact a contract between the ABRPO and the Executive Director. Based on staff input the Executive Director will negotiate with the ABRPO the focus of the workshop and may set limits of in terms of what issues can and cannot be explored during the workshops.*

The workshops are intended to provide learning opportunities for people about stressors related to the work and to provide them with tangible coping skills and strategies to address these stressors.

The guidelines listed below will be reviewed at the beginning of each workshop to ensure they are clear to everyone and still relevant. They may change from workshop to workshop depending on the wishes of each group.

GROUP GUIDELINES – JUNE 3 & 4 2010
*To be monitored and upheld by the facilitators as well as by the group members

In order to do this work well I want:
• "Respect don't mean I have to take shit"
• Everyone has power and responsibility to step in / support
• Shared responsibility for the safety and well-being
• "Feel safe" does NOT equal "no risk"
• Don't yell at me
• Room to be messy – "feel safe with each other in our messiness"
• Humour is okay
• Swearing okay – not at one another
• "New Direction" is to be respected – is used as a call to pause, redirect
• Generosity of spirit
• Show up
• Can reflect back on topics raised in ABRPO check in
• Participate at own level
• Clarity about intention of the exercise, the process
• "Trust the process"
• No surprises/hidden agendas
• Can address things but no ambushes or interpersonal issues here
• Respectful listening – no sidebars
• Confidentiality = parameters within the existing organizational culture (issues can be revisited but only with permission)

The intent of these workshops is to learn new coping skills and strategies. This means integrating the (individual and group) learning from the workshop into the work environment.

- Each workshop will be debriefed at the first staff meeting following the workshop and everyone will be asked to participate in the debriefing. The debriefing will consist of but not be limited to the following questions: What worked for you? What did not work for you? Suggestions for next time? What would you like our next steps as a team to be?
- The Directors team will schedule and follow-through with the staff team the organizational development work identified in the workshops
- Each staff person is encouraged to continue to process and integrate the learning from the workshops after the workshop has ended and they are encouraged to approach this integration with the same guidelines that framed the workshop itself.
- However, individuals have a right to decline participation in others' on-going personal processing / integration. Permission must always be requested and can be denied at any point in the process.
- Where an individual refuses to participate in another's process, the staff person who wants to continue processing his/her issues/triggers has several options:

    - Approach his/her supervisor for support and/or guidance.
    - Approach the Executive Director for support and/or guidance.
    - Contact the ABRPO facilitator(s) of the workshop for support and/or guidance.
    - Address the issue personally outside of the workplace through the Employee Assistance Program (if eligible) or personal support networks (if you have any friends).

- Work performance issues that result from the workshops will be addressed within the agency hierarchy (e.g., *I can't work with "Bob" until I process this with him* is a workplace issue). If the issue cannot be resolved by the individuals directly involved, it will be resolved through ACOL policy & procedure related to HR # 8 – 100 Conflict Resolution and Grievances.

The Resiliency Framework worksheet is based on the ***Resiliency Map*** developed for the AIDS Bereavement and Resiliency Program of Ontario (2002).

A Plan for Responding to a Worksite Crisis *(from American Hospice Foundation[130])*

For a concrete example of a crisis response, see Regent Park Community Health Centre's Community Trauma Response Procedures – following this material.

Examples of a workplace crisis: a shooting in the neighbourhood, an assault in the reception area, the death of a worker in suspicious circumstances, etc.

1. **Prior to any crisis, form a *Crisis Response Team*.** Consider carefully, before a crisis, the key people who should be part of this team and why.

2. **In the event of a crisis, gather the Crisis Response Team together as quickly as possible for a planning meeting**
   - Take some time to talk about your reactions and feelings
   - Share the facts about the event and identify the person in the team who will continue to supply correct information to stop rumours
   - Adapt your crisis response plan to the current situation
   - Decide who should be told about what has happened
   - Decide on a format for conveying information
   - Make assignments based on the strength and experience of each person. Give the team members time to confirm that they are comfortable with their assigned tasks and that they feel capable of handing them. Adjust team assignments as necessary. Possible roles include:
     - maintaining contact with workers or managers
     - providing individual support/counselling
     - leading the debriefing for coworkers
     - arranging transportation
     - working on a statement to be made to coworkers and to the larger community

3. **Use the first and most important opportunity to communicate to co-workers** – share accurate information to lay the groundwork for a healthy response. Information should include:
   - what happened, with details as the team deems appropriate
   - funeral arrangements, if known
   - relevant information on grief and its potential consequences
   - suggestions for how people can help themselves through grief (see Fresh Grief article)
   - a resource list of experienced counselors and community agencies

4. **Set up Teams within the Crisis Response Team**
Never do crisis intervention by yourself unless absolutely necessary. Consider the following reasons:
   - Two people can best observe others and look for high-risk staff.
   - With two people, one is free to escort a troubled staff member to a counselling room for individual help.

- Team members involved in the same intervention automatically create a partner with whom to debrief, even before a scheduled debriefing sessions.
- Team members can monitor each other's stress levels.

5. Decide how to announce the event.
- What facts should be shared (with confidentiality in mind)?
- Who needs to know these facts? Consider volunteers, students, service users and community partners.
- Who will work with each of the staff and programs most impacted?
- Is a general staff meeting needed?
- How can the message be personally conveyed? Note, e-mail only if necessary, and not useful for those deeply affected.

6. Discuss group interactions.
- Introduce the team.
- Give basic facts and ask for additional information that people may know.
- Let people talk- look for rumours or untruths and correct information.
- Invite questions.
- Talk about memories if appropriate.
- Discuss how to help the worker when he or she returns.
- Give examples of what to say or not say.
- Talk about the funeral and provide information on the type of service to be held. Include relevant information on cultural and religious services that may be involved.
- Talk about what additional response would be appropriate form the company. A memorial gift, donations to a charity and a memorial service at work are a few possibilities. Ask for volunteers to take the ideas to managements.
- Introduce available resources and hand out materials that can help (such as grief journey, do's and don'ts, EAP information, contact numbers of other community supports)

7. Plan the Team Debriefing
After any crisis intervention, the team should spend some time discussing the event. This debriefing is different from the organizational gathering to examine the event and how it was handled, what worked and what didn't. This debriefing is a time for the team to share the experience in a private, save environment. People not directly involved with the crisis response are not invited to this team debriefing.

a) Team debriefing sessions:
- must be attended
- include only people working on the team
- help team members relax and carry on an informal discussion
- are led by an experienced team leader, a person the team knows and likes

b) The team leader:
- invites people to share what happened and how they experienced it
- discuss which strategies worked and which need improvements

- makes additional resources for further training or counselling available to the team

8. If you are part of a crisis response team, take care of yourself.
- Debrief with a partner, team member or supervisor.
- Attend in-house support meetings.
- Look for ways to relax and attend to healthy routines.
- Acknowledge the feelings of loss that you are experiencing.
- Spend time with friends not connected with the crisis.
- Spend some time alone to reflect on all that has happened.

_____

Regent Park Community Health Centre's (RPCHC) Community Trauma Response Procedures

The policies and procedures that follow are an example of a community trauma response. The specific forms have not been included in this section, but can be obtained by contacting Regent Park Community Health Centre directly through: www.regentparkchc.org

Regent Park Community Health Centre	Services and Operations Policy Manual
Section: Relationship with Clients and Community	Effective Date: April 2003
Topic: Community Crisis Responses Guidelines	Date of Review: February 2009

Background

In the summer of 2001 there were a number of violent deaths affecting current and former members of the community of Regent Park. With each occurrence the staff of the Health Centre was able to participate in efforts to provide support to directly and indirectly affected community members in a variety of ways as circumstances dictated. In the aftermath of these events staff and management felt that it would be much easier to respond in such cases if there was some internal coordination of efforts and more immediate access to information about both resources and appropriate responses depending on whom in the community was affected. The Community Crisis Response Team was formed. It was made up of the Program Directors and Staff from each of the programs who provide direct service to the different parts of the community we serve.

The Team has developed terms of reference, clarity about the types of crises to which the Team will respond on behalf of the Health Centre and a variety of resources and tools to support decisions about when and how to respond to a given community crisis.

Purpose

The purpose of the guidelines is to provide the Community Crisis Response Team with direction for when and how to respond in the event of a crisis in the communities we serve.

Components

The guidelines contain the following components.

1. The terms of reference for the Community Crisis Response Team;
2. The types of community crisis to which the team will respond;
3. Questions to guide the decision about whether the Health Centre should respond to a given crisis and what the responses should be;
4. Evaluation of the response and next steps;
5. Expectations for documenting the responses to the crisis;
6. Considerations for culturally appropriate responses; and
7. Organizations available to provide supports to the community when there is a crisis.

The Appendix contains forms for sections 2 through 4 *(not included here)*.

Confidentiality

It is expected that the Health Centre's policies dealing with confidentiality will be maintained at all times during a crisis.

1.   Community Crisis Response Team Terms of Reference

Purpose
- To identify when it is appropriate for RPCHC to respond to a crisis in the community and what that response should be;
- To provide coordinated support to community members affected by a community crisis, including support for the immediate emotional and resource needs, arrangements and coordination of activities related to the crisis;
- To coordinate responses provided by the RPCHC with other activities related to the crisis in the community;
- To make recommendations for longer-term responses by the RPCHC to issues related to the crisis;
- To identify and facilitate supports needed by staff affected by the crisis and responses to it;
- To evaluate responses to the crisis; and
- To intentionally build the capacity of the organization to respond to community crises.

Roles and responsibilities

- The director responsible for coordination, resource allocation, communication and decision-making is appointed.
- The relationship with affected community members is determined.
- The role of the Health Centre is identified.
- The response is evaluated.
- Recommendations/next steps are identified and communicated as appropriate.

Accountability

The chair of the Community Crisis Response Team reports to the Executive Director. The Community Crisis Response Team makes recommendations to the Management Team.

Membership

- Program directors.
- At least one frontline staff member from Clinical, Community Health, Parents for Better Beginnings and Pathways to Education.
- Executive Director, ex officio.
- Chaired by Community Health Director.

Frequency of meetings

- Meetings are scheduled for the second Thursday of the month.
- Meetings held regularly in the start up phase.
- Meetings held thereafter to debrief/evaluate responses to crises or for training purposes and cancelled otherwise.

2.   **Types of crisis to which the team will respond.**

In general, the team will respond to events that have an impact on a number of people in the community. Thus crisis is really defined by the community itself. The following are a list of examples.
   ➢ murder
   ➢ suicide
   ➢ fire
   ➢ shootings
   ➢ sudden death
   ➢ assault
   ➢ natural disasters
   ➢ world events
   ➢ catastrophic events
   ➢ missing child/loss of child

3.   **Questions to guide the decisions about the nature of the response to a crisis**

   A. *Nature of the Crisis (see Form- not included here)*

   1. What happened?
   2. Who in the community is directly affected?
   3. Are they clients or program participants?
   4. Which staff knows them?
   5. How well do they know them?
   6. What role should RPCHC play?

B. *Immediate Needs of the Person(s) Directly Affected (see Form- not included)*

1. Who will be the primary director (contact/coordinator of efforts)?
2. Which staff have a relationship with person(s) affected?
3. Who is the contact for the person(s) affected?

4. What do the person(s) affected need/want done?
    a. Safety issues
    b. Emotional support
    c. Basics for daily living
    d. Organizing/coordinating services
    e. Fundraising
    f. Family issues
    g. Conflict management/resolution
    h. Interpretation
    i. Communication with community
    j. Communication with press
    k. Medical care
    l. Transportation
    m. Other?

5. What can we provide?
6. Which staff can provide it?
7. What other organizations in the community are involved with them?
8. What role are these organizations playing?
9. What should we provide?

C. *Administrative Considerations (see attached Form- not included)*

1. What staff will be involved?
2. How will they be involved?
3. How long/much will they be involved?
4. What needs to be done to make them available?
5. Informing reception
6. Informing other staff
7. Informing person(s) affected
8. Informing other relevant parties
9. Staff care/emotional support needs

4.   **Evaluating the response to the crisis/next steps**

D.   Evaluation (see attached Form- not included)

This form is to be completed when it is assessed that the immediate crisis is over. The director in charge will arrange a debriefing with the staff involved in the crisis as soon as possible after the events.

Purpose
1. To reflect on the response of the RPCHC;
2. To identify any next steps needed in the community related to the crisis;
3. To check in with staff involved to see how they are doing and if they need any support because of the events; and
4. To identify any changes required in RPCHC policy, practices or programming or training needed by staff related to the crisis or the response to the crisis.

Review of crisis
- Nature of crisis
- Response to crisis
- What worked?
- What did not work?

Next steps
- Community programming   what   who   by when
- Advocacy   what   who   by when
- RPCHC program development   what   who   by when
- RPCHC policy/practices   what   who   by when
- Staff support   what   who   by when

5.   **Documenting responses to the crisis**

E.   Documentation

1. Any individual support provided to **registered clients** of the RPCHC during the crisis must be encountered and charted by the provider(s) according to the guidelines;
2. Individual support provided to people **not registered** as a client at RPCHC will be documented in continuing notes by the provider(s). These notes will be attached to the Community Crisis Response documentation forms completed by the director in charge;
3. An unstructured group encounter will be done by the director in charge or delegate. Each crisis will be registered as a separate unstructured group;
4. Community Crisis Response forms (A,B,C, D) will be completed by the director in charge;
5. Community Crisis Response forms and any attached continuing notes will be kept in unstructured group charts in the chart room.

6.   Coordinated crisis response provided by partner organizations

Very few organizations provided coordinated responses to community crisis like the one being organized by the RPCHC. The following organizations have put together responses.

1. The Toronto District School Board has a debriefing process for students and staff when a crisis affects a particular school community. The TDSB responses are school, not community, based. They send in a team which has to be arranged through a school principal or superintendent. Reports vary on effectiveness. Intervention seems to be more effective when the issue directly impacts on the students.
2. Canadian Tire provides material and monetary support to communities in the event of natural catastrophes or a fire.
3. Toronto Public Health has two response "units". In the event of a catastrophe (e.g., Earthquake, bio-terrorism) affecting the city, Public Health would be part of a coordinated response to the crisis along with the hospitals, the CCAC, CHCs and other organizations. In addition, mental health nurses provide crisis debriefing in communities after any kind of community crisis.
4. The Black Action Defense League provides support to members of the Black community in the event of a murder or violent crime. Their principle responses are to provide culturally appropriate support to the affected family and to organize community meetings and other action.
5. The police service.
6. The fire service.
7. Other organizations have much experience responding to crises although they do not have coordinated responses as such. Some of these organizations are:

    a) The Toronto Disaster Relief Committee in the event of a homeless death or other event affecting people who are homeless;
    b) Dixon Hall, particularly in the event of a death or criminal event involving residents of their housing;
    c) The Christian Community Centre (CRC) in the event of a crisis affecting one of their program participants. CRC also has a community chaplain who may be contacted.

Appendix

Forms *not* attached here include:

1. Community Crisis Response Team <u>Administrative Considerations</u>
2. Community Crisis Response Team <u>Evaluation</u>
3. Community Crisis Response Team <u>Response Checklist</u>

Contact the agency directly for copies.   http://www.regentparkchc.org/

Section XIII

Conclusion

This handbook has offered a wide-ranging discussion of some complex issues pertaining to grief, loss and trauma impacting the workplace. Part One of the handbook focused primarily on the theoretical underpinnings and practical implications of grief and loss as it relates to the individual workers and to the organization as a whole. Part Two presented various ways of supporting bereaved individuals and teams who have experienced a loss and looked at supporting an organization going through change and transition. Part Three referred to the development of loss and grief related workplace policies and procedures. The final sections of this handbook offer practical material and resources for further consideration.

The chart below presents the various components discussed throughout the handbook.
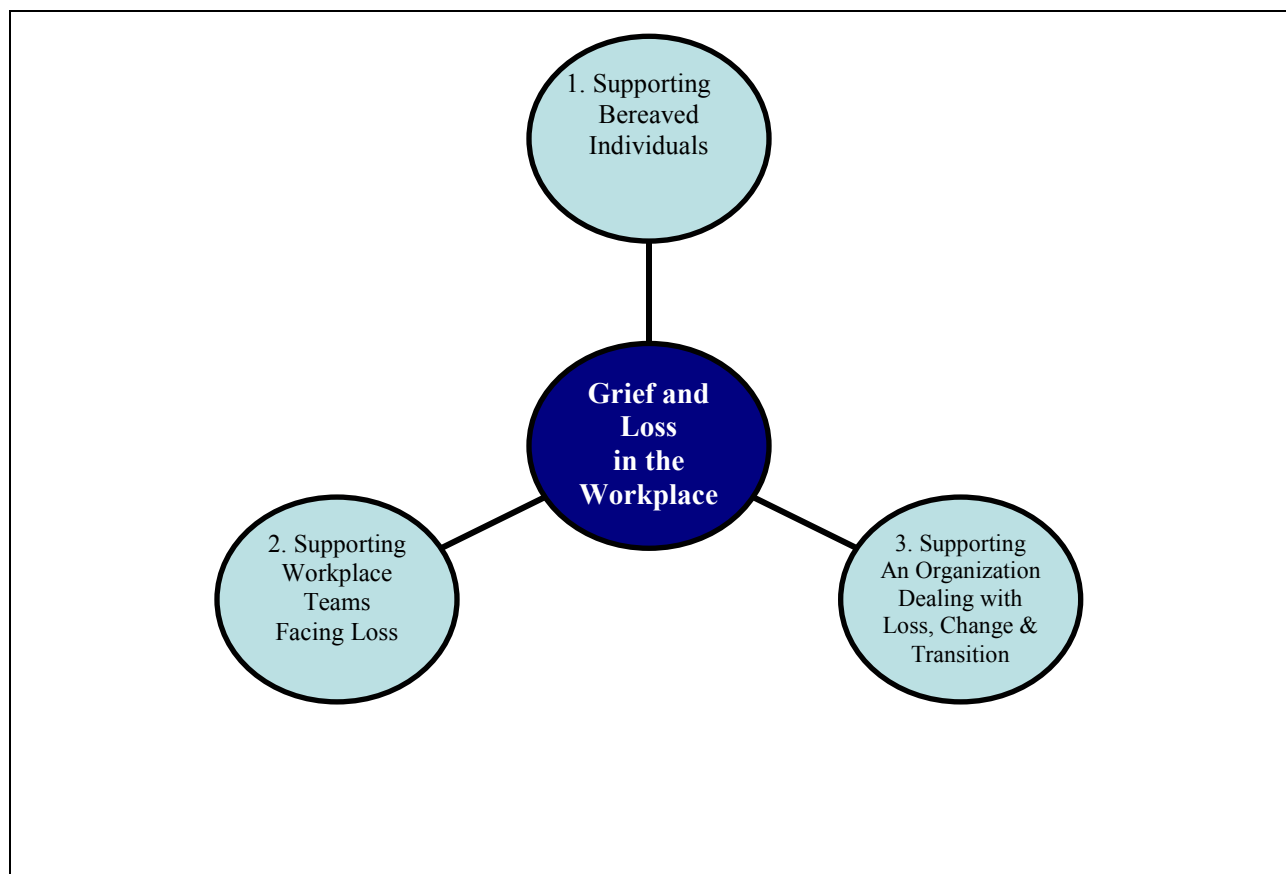
The central concept of this handbook can be summed up by the following statement:

> ***Responding effectively to grief in the workplace is a key management strategy
> for building a dynamic, resilient agency that can adapt to a wide range
> of losses, traumatic events and organizational changes.***

Key messages that formed the basis of this discussion included:

- This handbook has outlined the costs organizations pay for our relative neglect of workers' experiences of loss and trauma. The costs include performance problems, team tensions, lack of motivation and morale, turnover of staff and the reputation of the agency within the community.

- There are assumptions that we make regarding certain aspects of grief – the importance of a particular loss, the acceptable range of expression of grief and the length of time grief is tolerated.

- At work, values center on productivity, performance, work ethic, morale, and the routine and nature of work. Typically, prevailing norms hold that *grief* does not belong at work- even when *losses* may arise from our work.

- In the workplace, the traditional standard of leaving personal concerns at home can create a sense of disconnection or isolation for workers experiencing a major loss. Because workplace norms typically ask us to separate our personal and professional selves, it is easy for grieving workers to feel unacknowledged and to have difficulties on their return to work.

- More than any other setting, the workplace exercises significant pressure on grieving individuals to hide their grief. One lesson a grieving person learns quickly is that it is not appropriate or acceptable to show grief publicly. This social pressure, a part of most work cultures, challenges the reality of the worker who is grieving and can create significant intrapersonal and interpersonal conflict.

- The workplace pattern of avoiding or ignoring grief has pragmatic roots. It is reassuring to know that, in spite of devastating loss experiences, human beings can continue and be productive contributors. Loss becomes less frightening and less real for all of us if we behave as if life goes on the way it did before the loss. The difficulty with this illusion is that is places great pressure on the grieving worker to be silent and to compartmentalize very human responses.

- What is missed with this approach is clarity about the ways people grow and transform as a result of enduring various losses – elements that could be embedded into an empowering organizational culture.

The material pertaining to the grief and loss responses for workers incorporated these ideas:

- We form attachments as part of our human experience. These attachments can be *tangible* (people, places and things) and *intangible* (hopes, dreams and expectations). Workers will have developed attachments as part of their work.

- Attachments help us create meaning in life and this sense of meaning contributes greatly to worker resiliency[131].

- Whenever we lose something that we have become attached to, we will experience a grief response.

- The effects of unresolved grief, loss and bereavement manifesting in the workplace can be seen as an occupational health issue. Agencies dealing with workers experiencing significant losses and deaths have a duty to assist in the development of related coping skills for their workers.

- Everyone grieves differently. There is no timetable for grief. Old grief can be triggered as a result of new transitions/losses/ changes. Grief, loss and bereavement have many different meanings and expressions in different cultures. Therefore, all work around the issue has to recognize and respect diversity. Service-users, staff and volunteers must be supported in the unique ways they understand and express grief.

- *You can't fix grief- it is not a problem to be solved*. It is a human experience to be supported – and learned from. Taking time to help workers grieve the old and to make meaning of what was can foster worker resiliency and help workers invest positively in the new. This helps create a healthy workplace culture.

- Agencies can provide leadership by acknowledging the impact of multiple loss and trauma experienced by staff, volunteers and Board members and by developing collaborative inclusive strategies that will sustain the health and resiliency of their staff and volunteers doing human service work.

- Self-care strategies must be a part of the job duties and responsibilities of all staff and volunteers.

- Meaningful partnerships and collaborations can help ensure long-term sustainability of community-driven grief, loss and bereavement initiatives.

The Role of Leadership

The role of leadership was a recurring theme throughout this handbook. The demands of loss, grief and trauma in the workplace present challenges partly for the individual concerned; partly for colleagues and managers; and partly for leaders with responsibility for the overall culture and climate of the organization – that is, senior managers, policy makers and human resource professionals.

A key aspect of leadership is shaping a positive and supportive organizational culture, one in which workers feel valued and supported and are willing to put their hearts into the job – in other words, a *culture of commitment*[132].

The most effective organizations have long recognized the importance of maximizing human potential as a foundation for achieving strategic goals. Loss, grief and trauma are profoundly human – fundamental challenges of human existence for all of us at certain points in our lives.

> *"How well organizations respond to the grieving worker in their midst will either complicate or facilitate their grief. The sensitivity of people within these environments, especially in leadership roles, as well as the flexibility and support of organizational policies, can have profound effects on the course of the grieving experience. And the better the organizations respond, the more rapidly workers can re-focus on their tasks, and the quicker teams can return to cohesiveness".* Gordon [133]

Growth and Transformation

We explored the notion that grief can be transformational. Healing and renewal after loss, while important in their own right, are not all that we can hope for:

> *"Healing means to make whole. It, in fact, derives from the same root as "health" and "whole". We use the word to refer to the process of becoming whole again. Recovery means to return to your former state of functioning. Although we are never the same following any loss experience, we can again feel strong, whole and functional, ready to move beyond the suffering and turn the negative experience into growth."* Schiraldi [134]

Many organizations will choose to settle for getting the situation on an even keel after a loss experience that has disrupted everyday functionality. However, some organizations have the capacity to go a step further by promoting explicitly movement toward individual and organizational *resiliency*. Such approaches can have significant benefits as people are able to work together more effectively and better support one another. These efforts can be seen as part of a philosophy of empowerment as it involves people gaining greater control over their lives-not just a return to their former, pre-loss state, but seeking to maximize the potential of the changing circumstances.

The Community Context

Grief and loss, while intensely personal, are also social phenomenon. If we are to develop an adequate understanding of these complex issues, we need to consider not only the psychological dimensions, but also the *psychosocial* ones[135]. A key part of this wider social understanding is the appreciation of the role communities play in relation to loss and trauma issues. Communities are part of the social context that shapes our emotional experiences to a large extent. Communities are also potentially a major source of support – for example, through debriefings and rituals that help instill a sense of community spirit and taking care of one another.

It is interesting that so much of the literature and discussion around communities fails to recognize workplace as a significant part of so many people's experiences of community and engagement with other people. It is often through work that we make friends, form relationships, adapt to changing social circumstances, respond to changes in our life and learn so much about the wider world. It seems such a mistake to neglect the workplace as part of the community context for grief and trauma issues.

The Grief-Competent Workplace

Grief in the workplace is both a human resource consideration as well as a leadership matter. For the sake of workers, and for the well-being of the organization as a whole, it is possible and desirable to improve our organizational culture by the ways we manage grief and loss in the workplace[136].

"The competent workplace" (Kahan[137]) is the sort of workplace that employs managers who have the skills to make sure that staff are adequately supported and valued. This is an especially important notion when we consider the challenges of loss, grief and trauma. Managers rarely come with training in this area. We believe it's possible to build truly grief-competent workplaces by taking the time to develop the necessary understanding, concrete supports and management practices that can sustain a vibrant, growing, resilient workforce in the face of certain grief, loss and ongoing changes and transitions. We hope this handbook has provided managers with some solid ideas and supports for this endeavour.

We are most interested in hearing your stories as you work with this material in your own unique context!

Section XIV

What You Will Find in this Section…

XIV. Appendices

1. Employee Assistance Professionals' Checklist

2. Mourner's Bill of Rights

3. *Fresh Grief*: Bereaved Families of Ontario – *article*

4. *Sudden Loss and Return to Work*: **HR Case Study** – *article*

5. Example of a *Grief, Loss and Resiliency Training* Invitation: AIDS Bereavement and Resiliency Program of Ontario

1. Employee Assistance Professionals' *Checklist* [138]

Does your EAP training and experience encompass the following?

1. Workplace grief
- The workplace experiences many grief-precipitating events such as terminations, significant change in the workplace, issues of illness, death or crisis events among workers and their families.
- An appreciation of communities of meaning, multiple loss, impact of disenfranchised grief
- The impact on productivity, morale, interpersonal relationships and turnover is significant, depending on workplace response.
- Few employers, supervisors or workers are adequately prepared for an effective response to death and loss in the workplace.

2. Basic Grief Concepts
- Normal grief encompasses stages commonly experienced by grieving people
- Complicated grief is differentiated from normal grief in its causes and its range of responses
- Different cultures grieve differently
- Special events, such as holidays and anniversaries are significant to survivors.
- The tasks of grieving refer to how people manage their grief.

3. Factors Affecting Grief Responses
- Type of loss
- Timing of loss
- Previous losses
- Relationship to the deceased and type of attachment
- Current support system and how they have been impacted
- Work-related pressures
- Work place responses

4. Signs of Grief
- Physical signs manifested in the workplace
- Cognitive changes in normal work patterns
- Emotional-Behavioural symptoms related to depression and substance abuse
- Change in social relationships with co-workers.

5. Aiding Grieving Workers
- Crisis intervention
- Needs assessments
- Interpretation of relevant organizational policies- i.e. can people donate sick time or leave time?

- Short-term counselling
- Workplace support groups
- Referrals to community resources and mental health practitioners

6. Guiding Co-Workers of Grieving Workers
- Needs assessment
- Initial debriefing, ongoing bereavement support
- Review of appropriate responses and language
- Funeral/Memorial attendance, including visitation, follow up visits
- Written communications: cards, journals, memory book
- Organized support systems- help family with chores, children, etc.
- Planned activities for ongoing emotional support

7. Training Supervisors of Grieving Workers
- Differentiating appropriate and inappropriate roles
- Talking with workers and co-workers
- Setting realistic expectations
- Implementing management strategies- job restructuring, time off
- Interpreting organizational policies

2. The Mourner's Bill of Rights[139]

1. **You have the right to experience your own unique grief.** No one else will grieve in exactly the same way you do. So, when you turn to others for help, don't allow them to tell you what you should or should not be feeling.

2. **You have the right to talk about your grief.** Talking about your grief will help you heal. Seek out others who will allow you to talk as much as you want, as often as you want about your grief.

3. **You have the right to feel a multitude of emotions.** Confusion, disorientation, fear, guilt, and relief are just a few of the emotions you might feel as part of your grief journey. Others may try to tell you that feeling angry, for example, is wrong. Don't take these judgmental responses to heart. Instead, find listeners who will accept your feelings without condition.

4. **You have the right to be tolerant of your physical and emotional limits.** Your feelings of loss and sadness will probably leave you feeling fatigued. Respect what your body and mind are telling you. Get daily rest. Eat balanced meals. And don't allow others to push you into doing things you don't feel ready to do.

5. **You have the right to experience grief "attacks."** Sometimes, out of nowhere, a powerful surge of grief may overcome you. This can be frightening, but it is normal and natural. Find someone who understands and will let you talk it out.

6. **You have the right to make use of ritual.** The funeral ritual does more than acknowledge the death of someone. It helps provide you with the support of caring people. More important, the funeral is a way for you to mourn. If others tell you that rituals such as these are silly or unnecessary, don't listen.

7. **You have the right to embrace your spirituality.** If faith is a part of your life, express it in ways that seem appropriate to you. Allow yourself to be around people who understand and support your religious beliefs. If you feel angry at God, find someone to talk with who won't be critical of your feelings of hurt and abandonment.

8. **You have the right to search for meaning.** You may find yourself asking, "Why did she or he die? Why this way? Why now?" Some of your questions may have answers, but some may not. And watch out for the clichéd responses some people may give you. Comments like, "It was God's will" or "Think of what you have to be thankful for" are not helpful and you do not have to accept them.

9. **You have the right to treasure your memories.** Memories are one of the best legacies that exist after the death of someone loved. You will always remember. Instead of ignoring your memories, find others with whom you can share them.

10. **You have the right to move toward your grief and heal.** Reconciling your grief will not happen quickly. Remember, grief is a process, not an event. Be patient and tolerant with yourself and avoid people who are impatient and intolerant with you. Neither you nor those around you must forget that the death of someone loved changes your life forever.

3. *Fresh Grief and Hope Article*- Bereaved Families of Ontario

Bereaved Families of Ontario-Toronto
Bereaved helping the bereaved learn to live with grief.
We can help the healing begin.

416-440-0290 info@bfotoronto.ca
bfotoronto.ca   soul2soul.ca

June 2007

Fresh Grief… and Hope

By: Betty Ann Rutledge- BFO-Toronto

"Undo it, take it back,
make every day the previous one
until I am returned to the day
before the one that made you gone.
Or set me on an airplane traveling west,
crossing the date line again and again,
losing this day, then that,
until the day of loss still lies ahead,
and you are here instead of sorrow."
— Nessa Rapoport, *A Woman's Book of Grieving*

Early grief feels unbearable. It's unbelievably painful, scary, and confusing. It's like being parachuted into a foreign land with no map, no compass, no language facility, and no tools to navigate a relentlessly complex terrain. As bereaved people, we are charged with the monumental task of trying to figure out the "new normal" of our lives following the shattering death of a child, sibling, parent, spouse/partner or other significant person in our lives. Many of us have felt that we wouldn't survive our losses. But we have, and we continue to do so.

I'll never forget the day I got the call that my friend Marla had been struck and killed by a tow truck in Yorkville. My response to the person on the phone went something like, *"Why on earth would you tell me such a horrible thing! Why would you say that? Marla's not dead!"* – and then I slammed the phone down. A short while later, a friend arrived at my door to find me furiously mopping the floors and I was just as ungracious with her as she too insisted on telling me this unbelievable piece of news.

Even when the death is expected, anticipated – like with my dear friend Wilf whom I helped to care for and watched slowly slip away over several months. That late night call to come to Casey House was just as much of a shock to my system as the call about Marla. The whole taxi ride downtown to say goodbye, see his body, and be with his partner, friends & family, I kept shaking my head saying, *"Wilf can't be gone…I can't live in a world where he doesn't."*

Fresh grief. It's so unimaginably painful that I think our bodies, hearts, minds and souls immediately respond by throwing up a blanket of "protective coping denial". Depending on the loss – and all the factors that impact our unique, individual grief experiences – that blanket can hang around for days, weeks, months and longer. Even when the veil of shock/numbness/denial begins to dissipate, that blanket can make a return appearance any time along our journey when the pain is too much to bear.

That early time of grief – however long it lasts – may look something like this:

- You wake up in the morning and for those first few, fuzzy, blissful moments of consciousness, you forget. And then it dawns on you – *"Oh no, they really are gone"*.
- Moments of intense fear/panic. *"I can't do this! How am I going to do this? I can't survive this"*.
- Deep lethargy, heaviness, lack of motivation – simply crawling out of bed and brushing your teeth is a huge, and some days, impossible task.
- Confusion. Frustration. Anger. *"Why? Why? Why?"* relentlessly echoing in your mind. This can also be accompanied by desperate pleading, longing for this not to be so. *"Please god, bring them back…please make this not be true…"*
- Sadness. Unbearable pain that can be felt in our bodies as well as our hearts.

If you are experiencing loss for the first time – early grief can be terrifying. If you don't know that everything you are thinking, feeling and experiencing is perfectly natural (given this horrific event that has just occurred in your life) – you can feel like:

- you are going crazy
- you are going to collapse in a heap on the floor, never to get up
- you are not going to survive
- you will never feel joy or peace again

Our response to these thoughts and feelings are as unique as the grief itself. Some people can't get out of bed…or can't sleep at all. Some people throw themselves into work, a project or an activity ("instrumental grievers" is the term associated with people who, in the immediate aftermath of a loss, create a memorial website, start a foundation, write a book, train for a marathon etc.)

Intuitive grievers on the other hand, tend to experience their grief most intensely on a feeling level. In those early days, many of us feel badly that we are so unable to participate in the world in any kind of "normal" and "acceptable" way (and fear that we will never be able to again). I remember after my mom died, walking down the street and feeling so surprised, shocked and angry that people were carrying on with their days as if nothing had happened. I just wanted to

scream out – *"Stop laughing! Stop acting so happy and normal! Don't you know that my life is falling apart?"*

As a result, our inclination may be to withdraw into ourselves, retreat from the world that is so out of sync with the current state we are in. I know how hard it is to resist that tendency to isolate and how vital it is to try and reach out to something, someone, anything that will keep us remotely connected to life.

If you are someone, like me, who is a multiple loss survivor, the good news is that we know we can survive this…because we have survived it before. (The bad news of course is that we also know just how bad it can get and how deep that "pit of grief" is that we must fall into, swim around in and then slowly crawl our way out of).

Whether this is your first significant loss or you are a seasoned loss survivor, fresh grief is one of the most daunting experiences that you will encounter in your life. Nothing can really prepare you for the swirling mass of chaos that losing someone you love throws you into.

But there is hope.

One of our beliefs at BFO is that "everyone carries within him/herself the capacity to heal". We don't have a recipe for healing – and please don't ask me for a list of the "stages of grief" or the 10 steps to "getting over" grief, because none really exist. (And by the way, I never want to "get over" losing any of my loved ones! I simply want to find a way to keep living my connection to them - honouring the deep love we shared, the gifts given and received - in a way that makes sense and that finally lifts from my chest the thousand pound weight that is sitting on my heart).

There is no set formula that "works" for everyone. But we do know that some things help in the overwhelming task of **learning to live with** your grief:

It helps to **focus on simple things** – like breathing in and out.

It helps to **connect with people** who understand what you're going through.

It helps to **find out information** about grief, so you know that what is happening to you is a normal, natural response to your loss.

It helps to tell yourself over and over again that **you are going to be okay**.
(and it helps to have friends who will remind you of that when you forget).

It helps **to move** – even a little bit. To walk. To stretch. To try and stay in your body.

It helps to **eat healthfully** – and to forgive yourself when all you can do is eat chocolate.

It helps to **keep it simple** (like one day at a time…and some days, one moment at a time).

It helps to **connect with whatever gives you hope** - your spiritual norms and routines like going to Shul, meditating, praying, speaking with a Minister or Imam or being in Nature.

It helps to **honour the way in which grief wants to move through you**. If you are a physical person, perhaps drumming or dancing or running or basketball is going to soothe you.

Sometimes it helps to just sit quietly and experience being exactly where you are in each moment, with no expectation or pressure, and trust that this moment will pass.

Because even though "*grief sucks out loud*" (an expression that recently made me laugh when a dear friend was sitting with me while I was crying) - even though fresh grief feels entirely overwhelming and impossible to survive – **you will.**

Every day will be different. Every moment will bring a new challenge. But with the right support, information, space and time – you will live into this new reality. You will not be the same as you were before your loved one died. But I promise that it won't always feel as awful as it does in this moment.

"Not only is another world possible,

she is on her way.

On a quiet day, I can hear her breathing."

-Arundhati Roy

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4. Sudden Loss and Return to Work: HR CASE STUDY

Society for Human Resource Management
HR Magazine: Coping with Grief by Kathryn Tyler
Vol 48, No. 9   from www.shrm.org/hrmagazine/articles/0903

On the afternoon of Aug. 10, 1998, Christopher Novak, then an HR director for a ceramic dinnerware manufacturer in Syracuse, N.Y., was in a meeting with HMO representatives when he got a phone call that would change his life.

"I remember picking up the receiver and barely comprehending the words," Novak says. The police officer told him that Cynthia, his wife of 14 years, had been in a car accident. Cynthia was seven months pregnant with their second son. Their first son, Ryan, was 9.

"After the call, I ran to tell my boss, the general manager of the facility," Novak says. *"He told me he would drive me to the hospital. He sat with me for hours."* The general manager was with Novak when the surgeon told him that both his wife and their unborn son, who would be named Hunter, had died.

Novak was devastated, but the outpouring of caring and support from his employer and colleagues helped. The vice president of HR flew in from Toledo for the funeral, Novak says. *"He still sends me a card every August 10. His actions mean a tremendous amount to me."*

Hundreds of people attended a funeral reception that Novak's employer coordinated. *"My colleagues volunteered their personal time to care for my son while I ran errands,"* he says. *"Dinner showed up on our doorstep every night for six months, literally. My colleagues completely and willingly shouldered my work obligations to give me time to concentrate on my family. Their expressions of support meant a lot at a time when my emotional energy was gone. I will appreciate that forever."*

A death in the family—especially if it's sudden, because of an accident, perhaps, or a heart attack, a criminal act or suicide—can plunge survivors into sorrow and even depression, altering their work habits and affecting those around them. How an employer reacts during this vulnerable time can make a difference in a grieving worker's recovery. The HR professional's responsibilities include:

- Ensuring that bereavement policies are established.
- Helping the grieving worker communicate with colleagues.
- Helping co-workers express their sympathy.
- Helping the bereaved worker and his or her supervisor deal with any lingering productivity issues.

Stages of Grief

Although people deal with grief in various ways—one person might feel angry, another anxious—experts say it's a reaction that typically progresses through stages. Initially, there can be shock and denial, followed by anger, suffering and possibly depression. Next comes adjustment to loss, followed by acceptance and then reinvestment of one's emotional energy in other relationships. Some people may not move through all of those stages, and some may move forward and then return to a previous stage.

Further, the sudden death of a loved one brings additional complications, particularly if the death had a violent cause or is outside the normal order of events, such as when a child dies before a parent. The most critical factor for the bereaved, however, is that there was no chance to prepare or say goodbye.

"When someone dies suddenly, you have to deal with everything at once. There's no anticipatory grief," says Helen Fitzgerald, training director for the American Hospice Foundation (AHF) in Fairfax, Va., and author of Grief at Work, an AHF resource manual. *"You don't have the chance to have the final conversation to talk about your life and what you meant to each other."*

Also, the shock phase of grief may last longer for those whose loved ones die suddenly. People often misinterpret the shock, thinking the worker is OK, when, in fact, the reality hasn't hit yet, says Fitzgerald, who is certified in thanatology, the study of death and psychological mechanisms for coping with death.

"When [someone dies], people might be apt to support you, bring you food," says Therese Schoeneck, executive director of Hope for Bereaved Inc., a nonprofit organization in Syracuse that provides support services for grieving people. *"But when the reality hits, your co-workers have gone on about their own lives. Then it really sinks in."*

Policies and Procedures

HR's most important task in helping workers overcome a sudden loss is to make certain there are policies and procedures for handling matters such as life insurance benefits, bereavement leave, emergency loans, leave-sharing and condolence gifts.

"HR departments must ensure that they are not lacking in their benefits administration procedures. This is not a trivial matter," says Novak, who gives speeches on moving forward through adversity.

At least one week of paid bereavement leave should be available, says Naomi Naierman, AHF president and CEO. Also, it is considerate to have a leave-sharing program through which co-workers can donate their unused personal time to a colleague in need.

Carol Hoffman, a licensed clinical social worker who manages the work/life program for the University of California at Berkeley (UC Berkeley), also recommends having an emergency loan program to help workers pay for funeral and related expenses. Although you should coordinate

other thoughtful, personalized gestures for the bereaved, it is wise to send an official condolence gift from the company immediately.

At Aegon Direct Marketing Services, an insurance company in Plano, Texas, Laura Robinson, divisional HR development/communications manager, gives bereaved workers a copy of a book, presented in a cedar case, with monthly readings and information on coping with loss.

Hoffman emphasizes that managers should treat all bereaved workers equitably. *"You don't want to send flowers to one person and not to another,"* she says. *"Have some guiding principles."*

HR should also streamline its procedures so they can be completed quickly. UC Berkeley instituted an e-mail system that notifies the necessary administrative departments—HR, benefits, worker assistance program (EAP)—when a worker's loved one dies.

Thoughtful Gestures

Another key role of the HR professional is to serve as liaison between the bereaved worker and his or her colleagues. The HR professional should ask the worker what to tell colleagues about the loss, Fitzgerald suggests.

 "With sudden death, some things are confidential [such as suicide] and not everybody needs to know," she says. *"I would call that person and ask, 'What do you want me to tell your colleagues?' This is important, because you don't get into the game of who knows what."*

Also, HR can coordinate thoughtful gestures. *"Channel colleagues' desire to help into constructive avenues that offer both compassionate support and practical assistance to the worker and [his or her] family,"* Novak says. For instance, his colleagues worked with the local bank branch to start a scholarship fund for his son. *"It gave people a personal, constructive way to contribute."*

Other ways to help include making meals, providing child care or mowing the lawn. Schoeneck says thoughtful gestures are appreciated—a fruit basket, cookies, flowers or even a bag of paper plates, cups, napkins and tissue for the endless stream of funeral visitors. She also recommends spreading out thoughtful acts over time. For example, writing a note or a card periodically shows ongoing support.

And by all means, attend the funeral. *"Be there,"* says Kenneth J. Doka, editor of Living with Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke (Taylor and Francis, 1996). *"There's nothing like tangible support. People remember what others did."*

Also bear in mind that the ways you react to the worker's unexpected loss have far-reaching implications among your workforce. If co-workers see that the bereaved is treated well, they will feel more confident about their employer, Hoffman says.

Grief Education

Grief costs U.S. companies more than $75 billion annually in lost productivity, according to the Grief Recovery Institute, a nonprofit foundation in Sherman Oaks, Calif. Helping workers to deal with their grief and that of others is compassionate and proactive, and it bodes well for productivity. *"When you educate people about grief, you normalize it,"* says Fitzgerald.

Hoffman advises employers to offer programs that help workers and their families keep their wills, medical directives and other end-of-life legal paperwork up-to-date so they won't have to deal with it while they are grieving. For instance, employers can host presentations on topics such as power-of-attorney and funeral options.

Grief education is available through EAPs, organizations such as Hope for Bereaved, hospitals and other local health organizations. Some services charge regular seminar rates; others offer programs at no cost.

Grief education "was a godsend" for the workers at Beacon Federal, a bank in Kirkville, N.Y., after the sudden death of clerk Toni Wood's son five years ago, says the firm's president, Ross Prossner. *"I was at work when it happened,"* Wood says. Prossner and a co-worker, Donna Maxwell, took Wood outside, where undercover police officers and her sister-in-law were waiting. They told her that her 14-year-old son, Billy, had been struck by a speeding car while riding his bicycle and had died instantly.

Wood was shattered. *"You live and breathe your kids; to think you could go on without them is unbelievable,"* she says. *"What I remember was, they told me, 'We are here for you; we are going to help you through this.' They didn't just say it, they did it."*

The company shared Wood's loss. *"We were so grief-stricken, it paralyzed the whole organization,"* says Prossner. At the time, the bank had about 70 workers. *"When grief overtakes the heart of an organization, you need some coaching."* Prossner asked Hope for Bereaved to do some in-house grief education training.

"They spoke to our workers about the grieving process and helped us understand how we could support her," he says. *"They coached us on how to be with her. Everybody wanted to run up and cry with her, but you could do that all day long. Getting back to work is part of what you have to do, even though you don't want to."*

When each co-worker expresses condolences, it can be overwhelming, Novak says. *"Every time the phone rings and a person asks how you're doing, you want to be gracious, but you're operating on emotional empty."*

Instead, Novak recommends having a representative—a close co-worker, supervisor or HR professional—who can check in with the grieving worker every few days during bereavement leave. Schoeneck suggests that on the worker's first day back at work, a spokesperson could say: *"I'm representing the rest of us. We didn't want to inundate you, but we're so sorry for your loss and we're here for you."*

The Return to Work

When the worker returns to work, the HR professional should refer the person to grief counselling resources and be a liaison between the bereaved and supervisors. But HR's role in fact begins earlier. While the worker is away, HR should become well versed on the company's EAP and mental health benefits. Also, HR professionals should have an up-to-date resource list of community grief counselors and support groups, Fitzgerald suggests.

For instance, when Wood returned to work two and a half weeks after losing her son, Prossner took her to Hope for Bereaved. *"They gave me a lot of tools,"* she says. *"I don't know if I would have checked that out [on my own]."*

When the grieving worker is back at work, HR should facilitate a meeting between the worker and supervisor, Fitzgerald says. *"Set up a context where the [bereaved] person can say, 'I'm having a rough time on this project; can I get some help?'"*

Doka adds, *"When people experience a significant loss, it affects them cognitively; they don't work as efficiently. The key is good communication."*

Fitzgerald agrees. *"It's important for bereaved workers to have open communication with their supervisors. Schedule regular meetings to talk openly about performance."* Have follow-up meetings with the bereaved and the supervisor at predetermined intervals, such as at 30 and 90 days.

Begin the meeting by asking the worker if he or she would like to talk about the experience, and then listen. Bereaved people often feel compelled to tell their stories. Next, discuss any accommodations the worker needs—such as a flexible schedule, reduced workload or temporary reassignment—as well as the supervisor's expectations.

"If the work is redistributed, it's very important to include all co-workers in the decision, rather than just do it, which causes resentment," Schoeneck warns.

Keep in mind that the worker needs ample time to grieve. *"The weight of that experience doesn't just dissipate when you go back to work,"* Novak says. *"There were days when I just had to go home."* Prossner allowed Wood to go for a walk or go home when she was having a hard day, he says.

"It's helpful to take time off when you need to go to the lawyer, sell the deceased person's house or just be sad on the person's birthday," says Hoffman.

Discuss potential reassignments if the bereaved cannot or does not want to perform his or her usual tasks. For example, when Wood returned to work, she requested—and received—a different position. *"I used to be a customer service representative, and I knew I wouldn't be able to do that,"* she says. Prossner allowed her to switch positions. *"She was a great worker; we just used her talents in other areas of the bank where she didn't have to meet people face-to-face,"* he says.

Thanks to support from his company and others, Novak was able to move on after his loss. He founded The Summit Team, a training and consulting firm, and he has remarried. His son, Ryan, is an honor roll student, a musician and an athlete.

"Recognize that the worker needs a champion in [his or her] corner at that moment," he says. *"Be that champion and do what you can to minimize every other work-related worry for them."*

> *Kathryn Tyler, M.A., is a freelance writer and former HR generalist and trainer in Wixom, Michigan*

5. Staff Education

An Invitation to a Grief, Loss and Resiliency Training
(from the AIDS Bereavement and Resiliency Program of Ontario's training basics)

"Taking Care of the Heart-
Resiliency in the face of Ongoing Loss"

Facilitated by
AIDS Bereavement and Resiliency Program of Ontario www.abrpo.org

Session Description

For workers in the home support field who have experienced losses due to death or significant life passages- either at a personal or professional level. Using a combination of presentation, reflective activities and group discussion, this session will help workers:

1. Assess the impact of loss from a holistic perspective: physical, mental, emotional, spiritual
2. Deepen our understanding of loss by presenting a framework of the journey of multiple loss and associated tasks of mourning- as an ongoing part of our jobs
3. Recognize the diverse signs and symptoms of grief and how this might manifest in the workplace
4. Identify common avoidance patterns and current coping strategies
5. Appreciate our ability to make meaning of ongoing loss
6. Explore resiliency in the workplace

Outcomes
1. Greater awareness of the impact of loss on workers and on organizational culture
2. Workers and their supervisors will come away with a common language for addressing loss in the workplace
3. Framework for developing resiliency in the face of ongoing loss

Date and Time   Location   Contact

Section XV

What You Will Find in this Section…

XV. Resources

- Organizations
- Print materials
- Web-based

Resources

Loss, Grief, Bereavement, Death and Dying, Trauma

<u>Community-Based Organizations</u> (Ontario)

Contact your *Employee Assistance Program* for additional information.

AIDS Bereavement and Resiliency Program of Ontario – for resources working with grief and loss in the workplace.   www.abrpo.org

Bereaved Families of Ontario – community-based support for bereaved individuals. http://www.bereavedfamilies.net/

Hincks Dellcrest – provides trauma and resiliency training. http://www.hincksdellcrest.org/

Hospice Association of Ontario – for hospice information and links to other groups dealing with end-of-life issues.   http://www.hospice.on.ca/

Ontario AIDS Network – for ideas about HR resources and Skills Development Programs for workers in HIV/AIDS serving agencies. http://ontarioaidsnetwork.on.ca/site/

Ontario Organizational Development Program – for HR consultation, workshops and training on Workplace Boundaries, and Managing Change in the Workplace   http://oodp.ca/

Regent Park Community Health Centre – for information about their Resiliency Project for youth involved in gang violence.   http://www.regentparkchc.org/

<u>Suggested Reading for Managers</u>

A Death in the Family; HR Magazine, May 2001, Claire Ginther

A Primer on Loss and Grief. In *Living with Grief: At Work, at School, at Worship.* Davidson, J. and Doka, K. (Eds). Doka, K. (1999). Hospice Foundation of America.Washington, DC: Brunner/Mazel.

Bereavement at Work. Charles-Edwards, D. (2000). London, UK: Duckworth and Co. Ltd.

Coping with Workplace Grief; CFO.com, 11/1/01, Alix Nyberg

Coping with Workplace Changes: Dealing with Loss and Grief; J. Shep Jeffreys (1995). Crisp Learning

Grief at Work. Fitzgerald, H. (2000). Washington, CD: American Hospice Foundation Workplace Task Force.

Grief in the Workplace: Forty Hours Plus Overtime; Johnette Hartnet (1993). From the Good Mourning Series

Grief in the Workplace: Supporting the Grieving Employee. In *Living with Grief at Work, at School, at Workship*. Lattanzi-Licht, M. (1999). Davidson, J. and Doka, K. (Eds). Hospice Foundation of America.Washington, DC: Brunner/Mazel

Loss, Grief and Trauma in the Workplace. Thompson, N. (2009). Amityville, NY: Baywood Publishing Company.

Managing Transitions- Making the Most of Change. Bridges, W. (2003). Cambridge, MA: Da Capa Books.

Monday Mourning: Managing Employee Grief. In *Disenfranchised Grief: Recognizing Hidden Sorrow*. Stein, A. & Winokuer, R. (1989). Doka, K. (Ed). New York: Lexington Books.

Putting a Price Tag on Workplace Grief; CareerJournal.com; 11/22/02, Jeffrey Zaslow

The Grief Index: the Hidden Annual Costs of Grief in America's Workplace 2003

The Grieving Worker; EAPA Exchange, Sept/Oct. 1996, Naomi Naierman

Unresolved Grief can be Costly; Worker Benefit News, July 1999, Susanna Duff

Workplace Trauma: Concepts, Assessments and Interventions. Tehran, N. (2004). Hove, UK: Brunner-Routledge.

Grief and Bereavement Related Books and Articles

There is an excellent selection of books from the Death, Value and Meaning Series at http://baywood.com

After you say goodbye: When someone you love dies of AIDS. Froman, P. K. (1992). San Francisco: Chronicle Books.

Compassion Fatigue: Toward a New Understanding of the Costs of Caring. In B.H. Stamm (Ed.), *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, and Educators.* 2nd ed., pp 3-28. Figley, C. (1982). Baltimore: Sidran Press.

Complications in Mourning Traumatic Death. Chapter 11 in Doka KA (ed). *Living with Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke*. Rando TA. (1996).

Washington D.C.: American Hospice Foundation.

Death and Bereavement around the World: Volumes 1-4. Morgan, J.D. & Laungani, P. (2002-2005. Amityvill, NY: Baywood.

Gay widowers: Life after the death of a partner. Shernoff, M. (Ed.). (1997). New York: Hawthorn Press.

Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke. (2002. Washington D.C.: Hospice Foundation of America.

Grief Counselling and Grief Therapy: A Handbook for The Mental Health Practitioner. Worden, J.W. (1982). New York: Springer.

How We Grieve: Relearning the World. Attig.T. (1996). Oxford, UK: Oxford Press.

Journeys of Courage: Remarkable Stories of the Healing Power of Community. Carol, J. (2004). Dublin, Ireland: Veritas.

Leadership: Being Effective and Remaining Human. Gilbert, P. (2005). Lyme Regis, UK: Russell House Publishing.

Living When a Loved One has Died. Grollman, E. (1995). Boston, MA: Beacon Press.

Meaning Reconstruction and the Experience of Loss. Neimeyer, R.A. (2001). Washington, DC: American Psychological Association.

Men & grief: A guide for men surviving the death of a loved one. Staudacher, C. (1991). Oakland, CA: New Harbinger Publications.

Men Don't Cry, Women Do: Transcending Gender Stereotypes of Grief. Martin, T. & K. J. Doka. (1999). Philadelphia: Taylor & Francis.

Multiple AIDS-related loss: A handbook for understanding and surviving a perpetual fall. Nord, D. (1997). Washington, DC: Taylor & Francis.

Recovering from the loss of a loved one to AIDS. Donnelly, K. F. (2001). New York: Universe.com, Inc.

The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment. Rothschild, B. (2000). New York: WW Norton.

The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery and Growth. Schiraldi, G.R. (2000). New York: McGraw-Hill.

Transforming Loss: A Discovery Process. Schneider, J. with Zimmerman, S. (2006). East Lansing, MI.: Integra Press.

Traumatic loss: Conceptual and empirical links between trauma and bereavement. Journal of Personal and Interpersonal Loss, 5, 1-17. Green, B. L. (2000).

Traumatology of grieving: Conceptual, theoretical and treatment foundations. Figley, C. (Ed) (1999). Philadelphia: Brunner/Mazel.

Treatment of Complicated Mourning. Rando, T. A. (1993). Champaign, Ill.: Research Press.

Some Web Resources

Dyer KA. 9-11: United in Courage & Grief. *Why does my heart feel so bad?* October 7, 2001. Available at: http://www.journeyofhearts.org/kirstimd/911_bad.htm

Red Cross. *When Bad Things Happen*. 2001. At: http://www.redcross.org/services/disaster/keepsafe/badthings.html

Rando TA. *Treatment of Complicated Mourning*. Champaign, IL: Research Press, 1993. National Association for Loss & Grief. Grief Reactions Associated with Accidental or Traumatic Death. Available at: http://www.grieflink.asn.au/traumatic.html

Paul BJ. *Reactions to Sudden or Traumatic Loss*. 2001. Available at: http://www.aarp.org/griefandloss/articles/15_a.html

Anderson M. Newcastle Centre for Family Studies: *Death in the Family*. Available at: http://www.ncl.ac.uk/ncfs/ncfs/document55.html

Dyer KA. 9-11: United in Courage & Grief. *Ways of Coping then Helping*. October 7, 2001. Available at: http://www.journeyofhearts.org/kirstimd/911_cope.htm

Specific Resources on Trauma

American Academy of Experts in Traumatic Stress-Publications
http://www.aaets.org/trresp.htm

Canadian Traumatic Stress Network
http://www.ctsn-rcst.ca/
This is a good starting place for a search. The mission of this site is to "be the Canada wide network of resources dedicated to the advancement of traumatic stress services through education, training, public awareness, professional development and research." It contains an excellent list of useful web connections. The site is by David S. Hart, PhD, who is based in the Education Faculty at UBC.

Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized. Figley, C. R. (ed.). (1995). New York: Brunner/Mazel.

Critical Incident Stress Foundation
http://www.icisf.org
The critical incident stress foundation has patented a critical incident stress debriefing model. This web site includes background information on the foundation and provides training schedules on the model.

David Baldwin's Trauma Information Pages
http://www.trauma-pages.com/index.phtml
This is an informative and award winning site on PTSD and related topics. According to the Canadian Traumatic Stress Network, "It is a huge resource, a labour of love, which we very much appreciate for its invaluable contents and fine organization. If you are ever looking for information on trauma or disaster, this should be your first step." The site is by David V. Baldwin, PhD, a psychologist based in Eugene, Oregon.

Guidebook on Vicarious Trauma for Anti-Violence Workers
http://www.mollydragiewicz.com/VTguidebook.pdf

HIV-Related Posttraumatic Stress Disorder: Investigating the Traumatic Events. AIDS Patient Care and STDs, Volume 24, Number 8, 2010
http://www.liebertonline.com/doi/pdf/10.1089/apc.2009.0231

International Society for Traumatic Stress Studies
http://www.istss.org/
This site is "dedicated to the discovery and dissemination of knowledge and to the stimulation of policy, program, and service initiatives that seek to reduce traumatic stresses and their immediate and long-term consequences." Members of the society include psychologists, psychiatrists, nurses, counsellors and researchers. The site contains information about the society, its members and current research. It is maintained at the ISTSS headquarters in Northbrook, Illinois.

National Center for PTSD (US)
http://www.ncptsd.org/index.html

Organizational Prevention of Vicarious Trauma
http://new.vawnet.org/Assoc_Files_VAWnet/PrevVicariousTrauma.pdf

The Child Trauma Academy (US)
http://www.childtrauma.org/

Traumatic Stress and Secondary Stress
http://www.isu.edu/bhstamm/ts.html
This site was created and is maintained by Beth Hadnell Stamm, a leader in the study of compassion fatigue. It contains links to other sites and a literature review.

Traumatology
http://www.fsu.edu/~trauma/
Edited by Charles Figley, this site is an online journal. It contains the International Electronic
Journal of Innovators in the Study of the Traumatization Process and Methods for
Reducing or Eliminating Related Human Suffering.

*Vicarious Traumatization I: The Cost of Empathy; Vicarious
Traumatization II: Transforming the Pain.* Pearlman, L. et. al. (1995) Ukiah, Calif.: Calvalcade
Productions Inc.

Suggested Readings for those who have experienced a Loss:

A Broken Heart Still Beats: After Your Child Dies; Anne McCracken and Mary Semel

How to Go on Living When Someone You Love Dies; Therese Rando

How to Survive the Loss of a Love; Melba Colgrove

How to Survive the Loss of a Parent: A Guide for Adults; Lois Akner

Living with Grief: Who We Are and How We Grieve; Kenneth Doka and Joyce Davidson

Men and Grief; A Guide for Men Surviving the Loss of a Loved One; Carol Staudacher

No Time for Goodbyes: Coping with Sorrow, Anger and Injustice After a Tragic Death; Janice
Harris Lord

Starting Over: Help for Young Widows and Widowers; Adele Rice Nudel

Suicide: Survivor's Handbook: A Guide for the Bereaved and Those Who Wish to Help Them;
Trudy Carlson

Talking About Death: A Dialogue Between Parent and Child; Earl Grollman

The Grieving Child: A Parent's Guide; Helen Fitzgerald

Understanding Your Grief; Alan Wolfelt

When Your Pet Dies: A Guide to Mourning, Remembering and Healing; Alan Wolfelt

Section XVI

Endnotes and References

I enjoyed and learned from the perspectives of the many authors I researched for this handbook. As much as possible, I have provided the source of the specific ideas and concepts I integrated into the material, even when I presented those ideas generally and did not quote authors directly. My intention is to be clear about the source of the particular concepts I am drawing from. These references will enable you to go to the author of those ideas that interest you. When quoted directly, the page numbers are indicated.

[1] Thompson, N. (2009). *Loss, Grief and Trauma in the Workplace*. Amityville, NY: Baywood Publishing Company. (p. 3).

[2] Quiz adapted from: *Care for the Caregivers (2007): Nurses Association Of Botswana in collaboration with Dr. Sandra L. Bertman*. Sponsored by the U.S. Embassy, Gaborone and USAID Regional HIV/AIDS Program (RHAP), Southern Africa.

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