



PALLIATIVE CARE  
BEREAVEMENT  
PROGRAM



## INTRODUCTION

While bereavement support is one of the core services provided by hospice under the federal Conditions of Participation from the Centers for Medicare and Medicaid Services, palliative care teams are not currently required to provide bereavement support. However, national standards for palliative care, as articulated in the [National Consensus Project Guidelines for Quality Palliative Care, 4<sup>th</sup> Edition](#), state the following:

*Bereavement support is available to the family and care team, either directly or through referral. The IDT identifies or provides resources, including grief counseling, spiritual support, or peer support, specific to the assessed needs. Prepared in advance of the patient's death, the bereavement care plan is activated after the death of the patient and addresses immediate and longer-term needs.*

*Criteria:*

*7.5.1 The IDT directly, or through referral, provides bereavement services and support to the family for a minimum of 13 months after the death of the patient. Bereavement services include*

- a. Support, including individual counseling or group support as desired*
- b. Information and educational resources regarding grief, including the potential physical manifestations of grief*
- c. Rituals that acknowledge loss and transition, provide opportunity for remembrance, and establish a sense of community*

*7.5.2 The IDT has processes in place outlining specific roles and responsibilities of IDT members in the provision of bereavement services, and identifies one IDT member with bereavement care expertise to help other staff and volunteers offering bereavement support utilize evidence-based practices.*

*7.5.3 The IDT refers to the care plan to review issues identified during the assessment of anticipatory grief and formulates and activates a post-death bereavement plan based on a social, cultural, and spiritual grief assessment.*

*7.5.4 Either directly or through referral, patients and families at risk for prolonged grief disorder are identified and provided with services and support consistent with the assessed need.*

*7.5.5 Prior to and after death, the IDT works with the family to identify cultural beliefs and traditions, as well as emotional, spiritual, and social resources that can provide them with comfort and support in their grieving process.*

*7.5.6 Grief and bereavement support and interventions are in accordance with developmental, cultural, and spiritual needs and the expectations and preferences of the family.*

*7.5.7 Grieving children are referred to pediatric grief specialists, programs, and camps based on their age and needs.*

*7.5.8 The IDT assesses resiliency, cumulative loss, and grief, and offers supports and services to IDT members. Emotional support services are also made available to ancillary team members involved in supporting palliative care patients.*

***The following guide is an outline and resource for developing a palliative care bereavement program coordinated by the interdisciplinary team social worker, chaplain, or other qualified team member and implemented with the assistance of at least one bereavement program volunteer.***

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## PALLIATIVE CARE BEREAVEMENT PROGRAM OUTLINE

1. After patient's death, team completes bereavement risk assessment and bereavement plan of care
  - a. Bereaved assigned to "indirect" contact group if few or no risk factors present
  - b. Bereaved assigned to "direct" contact group if several or many risk factors present
  - c. Risk factors are
    1. Multiple losses
    2. Loss of a child
    3. Loss includes loss of residence/relocation
    4. Loss of sole or constant companion
    5. Loss includes financial hardship
    6. Loss or lack of family support
    7. History of psychological/mental health issues
    8. History of suicidality
    9. History of or ongoing substance abuse
    10. Unexpected death
    11. Children in home
    12. Frail survivor
    13. Dependency issues
    14. Family conflict
    15. Denial-based coping style
    16. Avoidance-based coping style
2. Indirect contact group
  - a. Bereavement volunteer completes well-check phone call of bereaved within one to two weeks after patient expires
  - b. Bereavement volunteer sends handwritten condolence card signed by team members within two to four weeks after patient expires
  - c. Bereavement volunteer sends grief well-check letter, grief resources, and team contact information around one month, six months and one year after patient expires
3. Direct contact group
  - a. Team bereavement counselor completes over the phone risk assessment within one to two weeks after patient expires including
    1. Emotional grief symptoms
    2. Physical grief symptoms
    3. General affect
    4. Fears or regrets
    5. Support system
    6. Loss history
    7. Coping strategy
  - b. Team counselor offers brief, in-person, short-term, supportive psychotherapy as complimentary service of palliative care
    1. Fifty-minute grief and bereavement support psychotherapy sessions with team counselor
    2. Brief therapy approach (four to six sessions following loss)
    3. Time allotted from counselor's schedule (one hour, three times per week)
  - c. Team counselor offers referrals to bereavement resources and long-term counseling as needed.
  - d. Bereavement coordinator completes items (2b) and (2c) above

## BEREAVEMENT PROGRAM POLICY AND PROCEDURE

### POLICY

The palliative care team will provide an organized bereavement program supervised by a qualified bereavement coordinator beginning after the patient expires and for at least thirteen months after the death of the patient.

The program will provide bereavement services to the families/loved ones of palliative care patients after the patient's death in our ministry. The purpose of these services will be to facilitate a normal grieving process and to identify and appropriately refer those persons who may be at risk for or experiencing complicated grief reactions, which may interfere with the eventual resolution and integration of their loss.

Palliative care bereavement care will be coordinated, in so far as possible, with other community resources as would be useful to the bereaved.

### PURPOSE

In accordance with our mission to provide compassionate care for our patients and their loved ones, bereavement services will be provided to family members/loved ones of palliative care patients who have died in our ministry.

### DEFINITIONS

"Bereavement" is not only the loss of a significant person but also the period of transition for the bereaved individual following the loved one's death (Stroebe & Schut, 1999). Bereavement is also used as a broad term that encompasses the entire experience of family members/loved ones in the anticipation, death and subsequent adjustment to living following the death of a loved one (Christ, Bonanno, Malkinson & Rubin, 2003)." (Source: Canadian Hospice Palliative Care Association, 2009)

"Grief" is "sorrow experienced in anticipation of, during and after a loss" (CHPCA, 2002). It is expressed in diverse, natural, psychological, physical, social and spiritual reactions. Grieving is a process that takes time. It is normal to experience grief responses many months and even years after the death (Pereira, 2008). (Canadian Hospice and Palliative Care Association, 2009)

"Complicated grief" is a chronic, heightened state of grieving (Mayo Clinic website, 2011). William Worden (2009) identifies four types of complicated grief:

1. A chronic grief that continues without stopping and never comes to a satisfactory resolution
2. A delayed grief where the normal grieving process is suppressed or limited at the time of loss and then resurfaces later with far greater emotional intensity
3. Exaggerated grief where the person feels completely overwhelmed with grief and resorts to behavior which makes his or her situation worse
4. Masked grief, similar to exaggerated grief, but the person is not aware of the loss underlying the symptoms

"Anticipatory grief" can occur before a death as well as after. People living with terminal illness often experience anticipatory grief related to loss of independence or changing roles within the family or workplace. For families and loved ones, anticipatory grief involves witnessing these changes and reacting to them. (Canadian Virtual Hospice, [www.virtualhospice.ca](http://www.virtualhospice.ca))

“Bereavement coordinator” is a professional or volunteer trained to assess, assist, support, counsel, and refer bereaved individuals.

“Bereavement volunteer” is a trained volunteer who assists in follow-up phone calls, mailings, and referrals to community resources or the palliative care bereavement counselor as needed.

## **PROCEDURE**

1. Shortly after the death, a handwritten sympathy card signed by the members of the palliative care team will be sent to the bereaved.
2. A bereavement assessment will be completed by the palliative care team after patient’s death. Based on the presence of risk factors, patients will be assessed as needing “direct” or “indirect” contact.
3. Based on the assessed bereavement risk, a plan of care will be developed for the bereaved.
4. If the bereaved is assessed as needing indirect contact, or the bereaved declines direct contact, the bereavement volunteer will make one well-check phone call and arrange for mailings at approximately one-month, six-month, and one-year intervals following the patient’s death.
5. In addition to the services outlined above, if the bereaved is assessed as needing direct contact, the bereaved will be contacted by phone by the palliative care bereavement counselor who will evaluate the need for ongoing counseling, referrals, or support groups through an in-depth bereavement risk assessment.
6. The bereavement plan of care on all bereaved patients will be documented in the bereavement database. Documentation will include
  - a. Name, date of death, and address for the deceased
  - b. Name, address, phone number
  - c. Sixteen-factor risk assessment and bereavement plan of care
  - d. Dates of each mailing
  - e. Dates of phone support offered and notes on plan of care
7. The final mailing will contain a self-administered “Brief Grief Questionnaire” (Shear and Essock, 2002) to determine if further bereavement support is needed.
8. Ongoing bereavement contact will be concluded at the end of thirteen months, or sooner if requested by the bereaved.
9. Bereavement records will be stored in accordance with Providence policies for patient information.

## BEREAVEMENT VOLUNTEER SERVICE DESCRIPTION POLICY AND PROCEDURE

### **POLICY**

The bereavement program is a key component of the palliative care team's compassionate service to the family members and loved ones of palliative care patients who die while hospitalized in our ministry. The bereavement program involves follow-up phone calls, handwritten condolence cards, and regular mailings for grief support and grief psychoeducational resources. The bereavement volunteer assists the palliative care team in making follow-up phone calls, writing condolence cards, and mailing support letters to bereaved family members. The bereavement volunteer is under the purview of the Palliative Care Department and meets the department's requirements.

### **PURPOSE**

To assist the palliative care team in administering the bereavement program.

### **PROCEDURE/GENERAL INSTRUCTIONS**

The palliative care bereavement volunteer may have one or more of the following duties

1. Once weekly well-check phone calls to family members of palliative care patients who have died while hospitalized from list provided by palliative care team
  - a. A well-check call includes
    - i. Introduction of palliative care bereavement program
    - ii. General inquiry into family members' well-being
    - iii. Offer of additional sources of support: Gathering Place, counseling referrals
  - b. Referral made to the palliative care team if volunteer has concern about well-being of family member/loved one
  - c. Documentation of phone calls outcomes reported to the palliative care team.
  - d. If family member cannot be reached after two messages have been left, no more attempts to reach the family are necessary
2. Once a week, greeting cards will be hand written, addressed and returned to the palliative care team for team members' signatures
3. Once a month, one-month, six-month and one-year support letters and psychoeducational resources will be mailed to the bereaved

## BEREAVEMENT PROGRAM RESOURCES

*Sample text of handwritten condolence card*

### TWO WEEKS

Dear

We wish to extend our deepest sympathies to you in this time of loss. We hope you find comfort in your memories, strength to sustain you, and peace in the days ahead.

Sincerely,

The Palliative Care Team

(Signed by each member of the palliative care team)



## ONE MONTH

*Letter for early months after death with two grief psycho-educational resources:*

*"Understanding Grief"*

*"Grief: A Natural and Normal Response to Loss"*

December 1, 2009

Hector Mendez

2233 Ebony St, Apt 1

McAllen, Texas 78503

Dear Hector,

We, the members of the palliative care program, understand that the early months following the death of a loved one may be difficult. We wish to extend our deepest sympathies to you and your family in this difficult time.

During this time, a variety of symptoms and emotions may occur as a normal response to loss. Changes in appetite, sleep patterns, and energy levels are common. Some people feel anxious, angry or guilty, and may find themselves distracted and disoriented. Over the coming months to years, these symptoms and feelings will lessen. It can be helpful to share your feelings with supportive friends and family, and we encourage you to do this.

In an effort to offer you support and encouragement throughout the coming months, we will periodically send information about the issues of surviving loss and living with grief. If it would be useful, we can suggest resources in your area that might be helpful in the coming days and months, including community bereavement groups.

If you feel it would be helpful to talk with our palliative care team counselor, please call us at (###).

Sincerely,

The Palliative Care Team

## Understanding Grief

Grief, with its many ups and downs, lasts far longer than most people expect. Be patient with yourself.

Each person's grief is individual. You and your family will experience it and cope with it in your own way.

There is nothing wrong with crying. It is a healthy expression of grief and releases built-up tension.

Physical reactions to the death of a loved one may include loss of appetite or over-eating, sleeplessness, and sexual difficulties. You may find that you have very little energy and cannot concentrate. A balanced diet, rest, and moderate exercise are especially important for you at this time.

Avoid the use of illicit drugs and alcohol. Medications should be taken only under the supervision of your physician.

Friends and relatives may sometimes be uncomfortable around you. They want to ease your pain, but do not know how. Take the initiative if you can, and let them know how they can be supportive to you. Talk about your loved one so that they will feel freer to be able to do the same.

Consider putting off major decisions (changing residences, changing jobs, etc.) for at least a year.

Avoid making hasty decisions about your loved one's belongings. Do not allow others to take over or to rush you. You can do it little by little whenever you feel ready.

After the loss of a loved one, you may feel you have nothing to live for and may think about a release from this intense pain. Be assured that many bereaved persons feel this way, but a sense of purpose and meaning does return. The pain does lessen.

Guilt, real or imagined, is a normal part of grief. It surfaces in thoughts and feelings of "if only." In order to resolve this guilt, learn to express and share these feelings, and learn to forgive yourself.

Anger is another common reaction to loss. Anger, like guilt, needs expression and sharing in a healthy and acceptable manner.

Be gentle with yourself.

### Grief: A Normal and Natural Response to Loss

Beginning in childhood, many people have been taught to face life's crises with a "stiff upper lip," to "bear-up and be strong." As we are influenced by these subconscious messages, we may become fearful that any show of emotion, particularly tears, might be interpreted by others as a sign of weakness: "He's falling apart," or "She's going to pieces."

One of the tragedies in our society today is that many bereaved family members and friends experience their grief alone, feeling "there must be something wrong with me, or certainly no one I know has ever felt or behaved in these strange ways." Fearful of embarrassment or of appearing "crazy" to others, many bereaved persons hide their true feelings of grief.

It is important for you to realize that what you are experiencing is most likely a normal, natural, and expected response to the loss of a significant person in your life. Your grief reaction may manifest itself in one or more of the following ways described by other bereaved persons:

*Physical Reactions:* "I feel sick to my stomach; I just can't eat." "I feel short of breath, weak, with a heavy feeling in my chest." "I have trouble getting to sleep and after I finally do, I only sleep for a few hours and I'm up again."

*Work Reactions:* "I can't seem to get organized. I'm up and down a hundred times during the day, here and there, never accomplishing anything." "I keep thinking I'm losing my mind. I can't concentrate on anything. I can't even decide what to wear today." "Yesterday I heard my loved one call for me in the night, and today I thought I saw him rocking in his chair." "I can't get anything started; I forget everything. Sometimes I'm really tense and anxious."

*Emotional Reactions:* "If only I had told him one more time that I love him." "He should have gone to the doctor months ago." "The nights and weekends are worst for me, empty and lonely." "It's as if anytime now he'll call or come walking through the door." "I keep thinking of things to tell him." "It scares me, I feel relieved he's dead." "It's so painful and sad. And I burst out crying or get angry so unexpectedly and uncontrollably." "I'm never spontaneous any more with my friends."

*Spiritual Reactions:* "If my faith were stronger, I would be able to handle this." "If I really believed, this wouldn't have happened." "I'm angry at God for what He's done, if there is a God."

Remember, do not panic if you find yourself using the above statements. The greatest enemies of grief are loneliness and isolation. Be aware of them, and know that no one has to go through grief alone. You do not have to "white knuckle it" nor "be strong." Allow yourself to tell your story. Find support from those whom you trust. Allow others to comfort you. Find a support group. There is nothing weak about needing and asking for help from others.

## SIX MONTHS

*Letter for approximately six months following death with three grief psycho-educational resources:*

*"Keeping A Personal Journal,"*

*"Things to Do When I Am Feeling Blue"*

*"A Holiday Guide to Grief"*

October 23, 2009

Davis Thurson

205 W 89th St. Apt 2

Los Angeles, CA 90003

Dear Davis,

It has been six months since Berdia passed and we wanted to let you know that you are in our thoughts. Many people find this time more stressful than they had expected. It is not unusual to have periods of sadness and loneliness. Birthdays, holidays, and other special occasions may be especially difficult.

Many people may give you advice on how to act and what to do, but there is no "normal" way to recover from loss. While many people have found that getting extra rest, exercising, and connecting regularly with family and friends, or attending a bereavement support group in the community, are good ways to find support in this important period of change, you will need to find those things that work best for you.

As part of our palliative care service, we are able to offer short term grief counseling free of charge. If you feel it would be helpful to talk with our team counselor, please call us at (###).

Sincerely,

The Palliative Care Team



### Keeping a Personal Journal

One of the most useful means for long-term self-development is the systematic use of an ongoing workbook, diary, or journal. Such a journal, thoughtfully done, can provide a structure to assist us in paying closer attention to our lives and in evoking and developing our understanding of ourselves and others. It acts as a “reflector” of the inner course we are charting day by day, and can give us the stimulation and support which many seek from the outside world.

The purpose of journal writing is to offer yourself the opportunity to reflect upon the meaning and the significance of events in your life as they apply to your inner self.

The focus of journal writing is on you. This focus can assist the unfolding awareness of new meanings, values, and inter-relationships which you may be discovering in yourself and the world. The act of presenting your ideas in print forces you to formulate and clarify your thoughts, and their accompanying feelings, thus enhancing the power and precision of your own thinking.

When you make the move from simply thinking about something to actually writing it down or typing it out, you are increasing your commitment to your own conscious unfolding. Writing forces you to discriminate and to choose which of your thoughts are important enough to be documented, thus getting you in better touch with your sense of values, feelings, and struggles.

Once you record your ideas on paper, you do not have to be preoccupied with thoughts of losing them. The writing “makes room” for new avenues of thinking that you may not have had time to previously consider.

Writing is an effective yet harmless way to discharge your tensions and vent all of your powerful and disruptive emotions.

In addition to the narrative written material about your own thoughts, feelings, and observations, you may also choose to include

- Drawings or other visual materials, such as dreams, fantasies, symbols, or diagrams that are useful in clarifying or expressing your ideas
- Illustrations from magazines or newspapers which capture the thought or image you are writing about
- Meaningful quotations you may have read or heard
- A section entitled “Bright Ideas” for brainstorming about all the possible alternatives to your problems

Things to Do When I Am Feeling Blue

Talk to one of my three favorite people:

- a. Name \_\_\_\_\_ Phone: \_\_\_\_\_
- b. Name \_\_\_\_\_ Phone: \_\_\_\_\_
- c. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Go to my favorite place: \_\_\_\_\_  
\_\_\_\_\_

Engage in my favorite meditation, prayer or affirmation: \_\_\_\_\_  
\_\_\_\_\_

Sing or listen to a favorite song or music: \_\_\_\_\_  
\_\_\_\_\_

Read a favorite book or one I have been meaning to read:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

Write in my journal or write a letter, poem, story: \_\_\_\_\_  
\_\_\_\_\_

See a movie: \_\_\_\_\_  
\_\_\_\_\_

Engage in a physical activity that I enjoy:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

Play a game or do a puzzle: \_\_\_\_\_  
\_\_\_\_\_

Something else? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## A Holiday Guide to Grief

**Have a plan:** Anticipate as much as possible how you would like the holidays to go. Anticipate how you might feel, so you know what you would like to do or see happen and what you would like to avoid.

**Others:** Other people can be a support. They also can be a burden. On the one hand, they may want to be there for you. On the other hand, they might have expectations of you that you may not want to meet. Discern which is which and who is who—and act accordingly.

**Limits:** Basically, stay within your own. Remember that under the best of circumstances, the holidays can be stressful times. Being in grief virtually assures that the holidays will be stressful! Do less. Don't try to do too much. Stay within your energy. And remember that you are already preoccupied.

**Innovate:** Take a new approach to things. The holidays are traditional times—sometimes even tradition-laden times. Traditions are good! But you can forget that they too have their own time and place. Assess which to continue and which to stop and try something new.

**Do less, be more:** During the holidays, activity is not its own reward. Being who you are, feeling what you are feeling as you participate in the holiday spirit is what is important. We may laugh; we may cry. We may practice remembrance; we may be afraid of forgetting or bewildered by absence. Be who you are. Feel what you feel.

**Accept these holidays for what they are:** That is, they are *transitional*. They are not the holidays that have always been—nor are they the ones which will always be! It may be disconcerting to experience so much flux and change, but the consolation can be: next year can be better.

**You are your own best caregiver:** Taking care of yourself is one of the most important challenges of grief. The holidays provide you with ample opportunities to be challenged in this way. It is not selfish to take care of yourself. There is a different kind of love for yourself to learn and the holidays are a good time to learn it!

## ONE YEAR

*Letter to be sent around the one-year anniversary of the death with four grief psycho-educational resources:*

*"On Dealing with Death"*

*"After the First Year....Then What?"*

*"Recovering from Grief"*

*"Brief Grief Questionnaire"*

October 23, 2009

Bob Munday  
10581 Bradbury Rd.  
Los Angeles, CA 90064

Dear Bob,

On the first anniversary of your loss of Helen, we want you to know that we are thinking of you. We realize that the time of grieving does not suddenly end after one year. Memories of events that occurred a year ago may temporarily become quite vivid now, perhaps making this a difficult time for you.

These and other memories and feelings continue to bounce back again, and again, sometimes when you least expect them. Waves of grief can still occur at home, in the car, even at the grocery store. This is normal. Contrary to the popular beliefs that you should "be your old self after a year" or that "you should be totally over your grief by now," you may never totally get over grief; rather you learn to live with it and reconcile yourself to it. As the years go by, the pain lessens.

On occasion, people experience prolonged grief, worsening grief or even complicated grief when several losses occur together. Enclosed you will find a self-assessment tool you can use to find out if you might benefit from meeting with a counselor. As part of our palliative care service we are able to offer short term grief counseling free of charge. After taking the self-assessment, please feel free to call our team counselor to schedule an appointment at (###).

Our concern for your well-being is ongoing, and we continue to be available to you. Please let us know if we can be of help to you now or at any time in the future by calling us at (###). You will continue to be in our thoughts.

Sincerely,

The Palliative Care Team



## On Dealing with Death

By: Rev. Kenneth Czillinger

- A. Generally, it takes 18-24 months just to STABILIZE after the death of a family member. It can take much longer when the death was a violent one. Recognize the length of the mourning process. Beware of developing unrealistic expectations of yourself.
- B. Your worst times do not usually occur the moment a tragic event takes place. At that time, you are in a state of shock or numbness. Often you slide "into the pits" for to seven months after the event. Strangely, when you are in the pits and tempted to despair, this may be the time when most people expect you to be over your loss.
- C. When people ask you how you are doing, do not always say, "Fine." Let some people know how terrible you feel.
- D. Talking with a true friend or with others who have been there and survived can be very helpful. Those who have been there speak your language. They can likely be believed when they say, "I know, I understand." You are not alone.
- E. Often depression is a cover for anger. Learn to uncork your bottle and find appropriate ways to release your bottled-up anger. What you are going through seems so unfair and unjust.
- F. Take time to lament, to experience being a victim. It may be necessary to spend some time feeling sorry for yourself. "Pity parties" sometimes are necessary and can be therapeutic.
- G. It is all right to cry, to question, to be weak. Beware of allowing yourself to be "put on a pedestal" by others who tell you what an inspiration you are because of your strength and your ability to cope well. If they only knew!
- H. Remember, you may be a rookie in the grief experience you are going through. This may be the first death of someone close. You are new at this, and you do not know what to do or how to act. You can ask for help.
- I. Reach out and try to help others, at least in some small way. This little step forward may help prevent you from dwelling too much on yourself.
- J. Many times of crisis ultimately can become times of opportunity. Mysteriously, your faith in yourself, in others, and in God can be deepened through crisis. Seek out persons who can serve as symbols of hope to you.

### After the First Year....Then What?

By: Fr. Terrence P. McGillicuddy

The first year of bereavement brings raw pain, disbelief, the agony of reality, and many other deep emotions which we may never have felt before. After the first year, though our grief has not disappeared, though the sting and gnawing ache in our heart may have subsided, we may still think, "I am not as healed as I want. Something must be wrong with me."

It may help to understand that there is no magical time frame after which people say, "All is well." Grief survivors do not wake up one morning feeling, "I'm over it. I'm all better." Grief survivors report that even after a year, more healing takes place. They explain that time -frames, comparing oneself with others, and unreasonable expectations defeat and hinder the grief healing process.

People who tell their life stories of surviving loss report that an attitude of "in my own time" accompanied by a goal of "I don't have to be over grief, but can learn to live with it and reconcile it", experience fewer complications than those who place unreasonable expectations on themselves.

Review the last twelve months and try to balance the thought that "I have so much further to go" with "look how much I have accomplished." Affirm yourself by reflecting on the courage and fortitude it has taken just to get to this point, just to wake up and live another day, just to keep trying even when you've wanted to give up! What an amazing thing you have done surviving your loss to this point, an extremely difficult experience.

Moreover, think of friends and family members who have "really been there" to help you and walk with you during this time. Think of those who listened, those who didn't place their own expectations on you, but rather accepted you as you were, unconditionally. What gifts they have been! What strength, comfort, and love they have given!

Finally, think of the knowledge you have attained through your grief. Consider the hard-won insights you possess. You may now be moved to consider helping someone else go through this same grief process. "Perhaps someone else needs me to help them through the exact same thing!"

You are a graduate of a most difficult school, the school of grief survival. You may not be completely healed. Perhaps you are still wounded, but you now have the ability to be of strength, comfort, and hope for others. You have the ability to be a lifeline for someone just beginning the difficult road of recovery.

Yes, twelve months have passed. The wounds of loss at times still feel fresh, but you are moving forward, you are growing, you are coping and living as best as you know how. Continue to reach out for what you need and remember never to give up. You deserve congratulations and affirmation for what you have been able to achieve. Continue the healing process; continue to live it out as best as you are able.

## Recovering from Grief

By: Rabbi Dr. Earl A Grollman

Someone you love very much has died. Part of you has been buried with your beloved. Pain and fear wash over you in waves. You may hurt so much that you may want to die, too. You wonder if you will ever survive.

**Accept your grief:** Expect the physical and emotional consequences of the death of your loved one. Grief is the price you pay for love.

**Express your feelings:** Don't mask your anguish. Cry when you have to, laugh when you can.

**Be patient with yourself:** Your mind and body and soul need time and energy to mend. Grief is like weeding a flowerbed in the summer. You may have to do it over and over again until the seasons change.

**Monitor your health:** Eat as well as you can, for your body requires nourishment after the physically grueling experience of loss. Put balance back in your life with work and relaxation. Have a complete physical check-up and tell the physician about the events in your life. Remember drugs and alcohol conceal legitimate emotions and can create destructive problems, leaving the nervous system in shreds.

**Share the pain of your loss with a friend or friends:** Don't withdraw from others. By your silence you deny them the opportunity to share your inner self. Said Ralph Waldo Emerson: "A friend is a person with whom I may be sincere."

**Join a group of others who are grieving:** Learning about the experiences of others can offer invaluable insight into your own feelings with support, encouragement, and friendship.

**Do what has to be done but delay major decisions:** Begin with little things—a single chore that has to be accomplished. That can help you restore your confidence. But wait, if you can, before deciding to immediately sell your house or change jobs. Thomas Carlyle is correct: "Our main business is not to see what lies dimly at a distance but what lies clearly at hand."

**Help others:** By devoting your energies to people and causes, you learn to better relate to others, face reality, become more independent, and let go of the past by living in the present. "Only the soul that knows the mighty grief can know the mighty rapture." (Edwin Markham)

**Confront your own mortality:** Now that you have encountered death, you will see life differently. Knowing how brief life can be, might encourage you to make life more meaningful for yourself and others.

**Determine to live again:** Grief is a process. Recovery is your choice. You have endured the worst kind of experience. You will survive. Life is for the living.





**1. How much are you having trouble accepting the death of \_\_\_\_\_?**

- Not at all.....0
- Somewhat.....1
- A lot..... 2

**2. How much does your grief still interfere with your life?**

- Not at all.....0
- Somewhat.....1
- A lot.....2

**3. How much are you having images or thoughts of \_\_\_\_\_ when s/he died or other thoughts about the death that really bother you?**

- Not at all.....0
- Somewhat.....1
- A lot.....2

**4. Are there things you used to do when \_\_\_\_\_ was alive that you don't feel comfortable doing anymore, that you avoid? Like going somewhere you went with him/her, or doing things you used to enjoy together? Or avoiding looking at pictures or talking about \_\_\_\_\_? How much are you avoiding these things?**

- Not at all.....0
- Somewhat.....1
- A lot.....2

**5. How much are you feeling cut off or distant from other people since \_\_\_\_\_ died, even people you used to be close to like family or friends?**

- Not at all.....0
- Somewhat.....1
- A lot.....2

**A score of 5 or more may indicate that you are experiencing complicated grief. If you are concerned about your grief and would like to talk with someone about your concerns, please contact us at the number below.**

**[phone number]**

## BEREAVEMENT RISK ASSESSMENT FORM

1. Emotional grief symptoms (anger, anxiety, bitterness, fear, denial, dependency, doubt, confusion, hopelessness, despair, loneliness, "not real," "shock," guilt, self-blame, loss of self-worth, distracted, lost in fantasy, feels loved one's presence/voice, irritability, regret, self-doubt, self-deprecation, desire to isolate, other):
2. Physical grief symptoms (breathlessness, changes in menstruation/amenorrhea, significant weight loss, chills, choking feeling, constipation/diarrhea, difficulty speaking, difficulty swallowing, extreme exhaustion, extreme fatigue, extreme tension, weakness/faint, heaviness in chest, repeated sighing, loss of interest in sex/pleasure/eating, sleep disturbance, appetite disturbance, over-interest in sex/pleasure/eating, nausea, muscle aches, uncontrollable sobbing, screaming, other):
3. Overall mood (agitated, angry, anxious, apathetic, calm, cooperative, depressed, elevated, incongruent with situation, euphoric, flat, frustrated, helpless, hopeless, labile, sad, tearful, withdrawn, other):
4. Perception of loss:
5. Supports (family, friends, co-workers, social group, faith group, community group, significant other, other):
6. Coping strategies (avoidance, denial, faith, faith community, one day at a time, intellectualization, substance abuse, exercise, nutrition, meaningful activities, social interactions, social support, other):

## BEREAVEMENT PLAN OF CARE WORKSHEET

ASSESSMENT:

PLAN:

INTERVENTIONS:

REFERRALS:

FOLLOW-UP:

OUTCOME:

## BIBLIOGRAPHY

### FOR CHILDREN AND TEENS

**Living with Loss, Healing with Hope: A Jewish Perspective** by: Earl A Grollman

**When Something Terrible Happens: Children Can Learn to Cope with Grief** by: Marge Heegaard

**The Invisible String** by: Patrice Karst

**I Miss You: A First Look at Death** by: Pat Thomas

**God Gave Us Heaven** by: Lisa Tawn Bergen

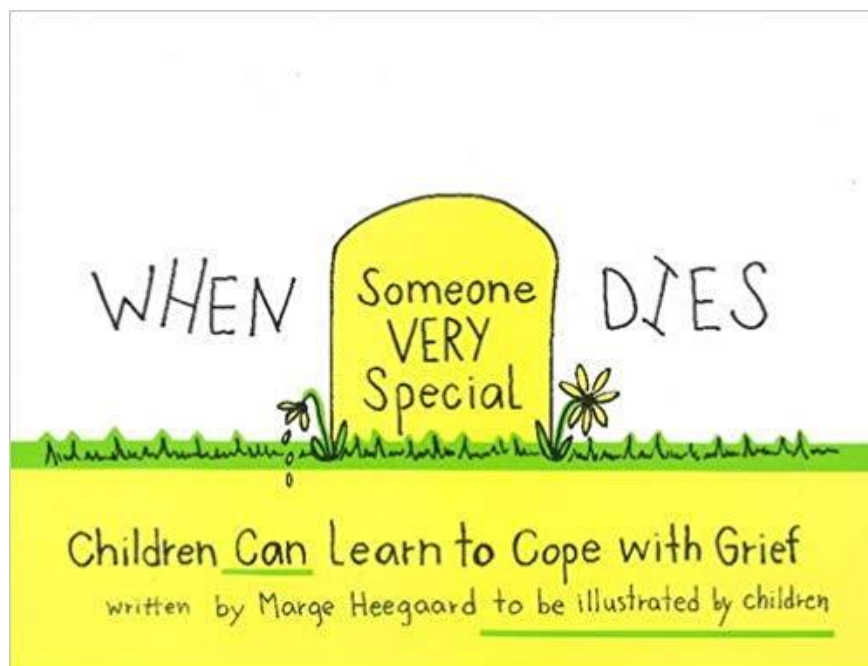
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**The Next Place** by: Warren Hanson

**Tear Soup: A Recipe for Healing After Loss** by: Pat Schwiebert and Chick DeKlyen

**Water Bugs and Dragonflies: Explaining Death to Young Children, A Coloring Book** by: Doris Stickney

**Healing Your Grieving Heart for Teens: 100 Practical Ideas** by: Alan D. Wolfelt PhD



FOR ADULTS

**Healing a Spouse's Grieving Heart: 100 Practical Ideas After Your Husband or Wife Dies (Healing Your Grieving Heart series)** by: Alan D. Wolfelt PhD

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**How to Survive the Loss of a Love** by: Peter McWilliams, Harold H. Bloomfield, and Melba Colgrove

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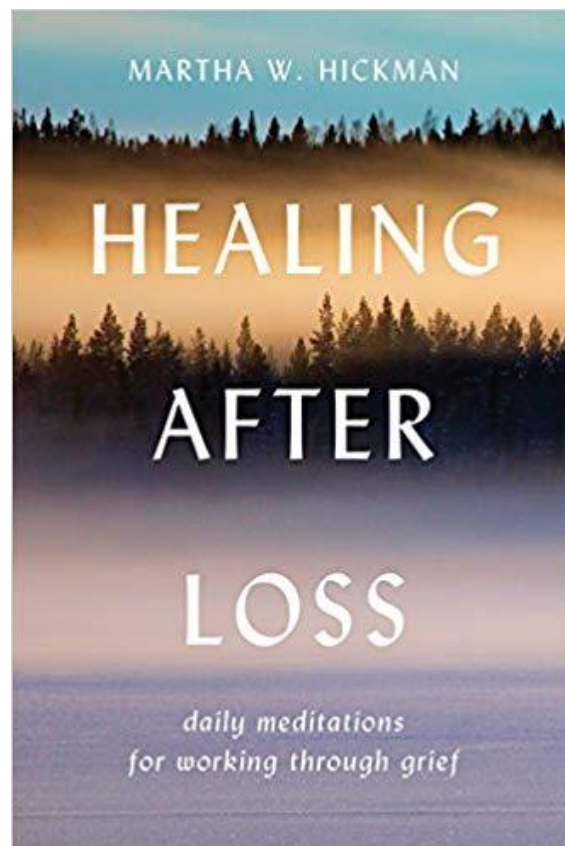
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**Angel Catcher: A Journal of Loss and Remembrance** by: Kathy Eldon and Amy Eldon Turteltaub

**The Grief Recovery Handbook, 20th Anniversary Expanded Edition: The Action Program for Moving Beyond Death, Divorce, and Other Losses including Health, Career, and Faith** by: John W. James and Russell Friedman

**A Grief Observed** by: C. S. Lewis

**How To Go On Living When Someone You Love Dies** by: Therese A. Rando



## WEBSITES

**Our House Grief Support Center** <https://www.ourhouse-grief.org/>

**The Dougy Center** <https://www.dougy.org/about-us/>

**Hospice Foundation of America** [https://hospicefoundation.org/Grief-\(1\)/What-to-Expect](https://hospicefoundation.org/Grief-(1)/What-to-Expect)

**Journey Care** <https://journeycare.org/>

**Center for Loss and Life Transition** <https://www.centerforloss.com/>

**The Compassionate Friends** <https://www.compassionatefriends.org/>

**What's Your Grief** <https://whatsyourgrief.com/>

