

## Long-Term Care Staff: Honouring Grief and Increasing Resiliency

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*Every day in Long-Term Care, staff members work with individuals and families experiencing chronic illness, dying and death. Recognizing that grief is naturally present in workplace, this workbook will honour the experience of simultaneous joy and suffering.*

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This Workbook was developed by the Champlain Hospice Palliative Care Program and in part utilizes components of previous related trainings. Thank you to all the members of the Regional Bereavement Leadership Team and the Trauma-Informed Workgroup of the Ottawa Inner City Health Palliative Care for the Homeless Project whose work contributed to this resource.

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**“Courage is to tell the story of who you are with your whole heart”**

**- Brené Brown**

## 1. What is Your Why?

Taking some time on your own, in pairs, or in a small group, reflect on the reason you do the work you do. What brought you to this work - is it as a result of experiences you had in your past, is it out of necessity, is it a calling?

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How present is this 'why' in the experience of your work? Can you easily remember what brought you to this work and see how that impacts the work you do daily? Alternatively, have you forgotten your 'why' and perhaps realize it is not reflected in your day-to day.

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## 2. Definitions

### Grief, Mourning and Bereavement

Grief, mourning and bereavement are not interchangeable terms. Each indicates a response or process that is the foundation of the human response to death.

### What is Grief?<sup>1</sup>

The word grief comes from the Latin word 'gravis' meaning heavy.

Grief includes the feelings and thoughts experienced following a loss. It is not an illness but a natural response to losing someone or something. Grief is not unique to humans as it is exhibited following deaths of other species throughout the animal kingdom.

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<sup>1</sup> Worden, J.W. (2009). Grief Counseling and Grief Therapy: A handbook for the mental health practitioner. 4<sup>th</sup> Edition. New York, NY: Springer Publishing Company.

### **Some things the grieving person may experience:**

Emotional, physical and behavioural changes may be noticed as a result of a loss.

#### **Emotional:**

Some of the emotions may be as follows, but not limited to: shock, numbness, fear, guilt, regret, relief, anger, sadness, anxiety, hate, blame, and resentment.

#### **Cognitive:**

Although less commonly spoken about, many who experience a significant loss, and more particularly a sudden loss, may experience some of the following cognitive impacts: disbelief, confusion, denial, disorientation, and difficulty in concentrating.

#### **Physical:**

Following a loss, there may also be physical grief responses, possibly including: exhaustion, insomnia, restlessness, physical aches and pains (such as headaches, backaches, neck pain, and stomach aches), shortness of breath, loss of appetite, hormonal changes and increased susceptibility to illness and infection.

#### **Behavioural:**

As some behavioural changes may be rooted in the physical or psychological changes that may occur following a loss, it may be difficult to untangle the cause and effect. Some behavioural changes following a loss may include: changes in patterns of eating (no appetite or overeating), abuse of alcohol or drugs, sleeping excessively or not getting sufficient sleep, withdrawing from or avoiding people, places or things that may trigger significant waves of grief.

### **What is mourning?**

#### **Mourning is an outward expression of grief.**

Mourning is the process that unfolds as individuals share their inner feelings of grief with others. It is the public face of grief. This process is often reflected through rituals such as funerals, burial rites, and memorial services. It is during this mourning period that a grieving person undertakes the “tasks of mourning”.

## **The Tasks of Mourning<sup>2</sup>:**

There are four generally recognized tasks of mourning:

- Acceptance of the reality of the loss
- Experience of emotional pain and suffering
- Adjustment to living without the loved one
- To find an enduring connection with the deceased while embarking on a new life

These are not by any means sequential tasks and each person will move through these tasks differently.

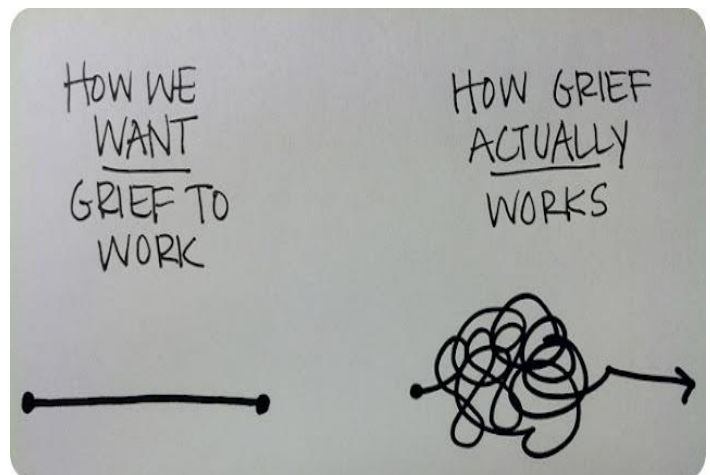
## **What is Bereavement:**

The term “reave” from bereavement literally means “to split, tear, or break apart”.

A person experiencing a loss may indeed feel that they have been torn from their loved one. It is quite an accurate description of what many feel when they have experienced the loss of a friend, family member or loved one. The term bereavement encompasses both grief and mourning.

## **Grief in Long-Term Care:**

Inevitably, you will form relationships with individuals you care for in your workplace. Sometimes you will feel like you are coping well with the losses you experience and other times you may feel that your grief is overwhelming. This is all natural. The reason you are able to do your job well is because you are a caring and compassionate person, but due to those very same qualities, you are going to experience grief and all that comes along with it. Support for loss and grief will enable you to continue provide compassionate and quality care.



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<sup>2</sup> Worden, J.W. (2009). Grief Counseling and Grief Therapy: A handbook for the mental health.

### 3. Your Death Thought System

Each of us has ideas about loss and grief based on our early life experiences. As a person working with others who are dealing with illness, dying, death and grief, it is helpful for you to explore how you came to believe what you do, and how that leads you to interact in different situations.

**REFLECTION:** Early Death Experiences<sup>3</sup>

Can you remember what your first experience with death was?

How old were you when you encountered this experience with death?

Who was with you in this experience?

What were some of the feelings and thoughts you had at that time?

Did an adult help guide you through this experience? If so, how did that adult impact on your understanding of dying, death, life, meaning, and one's place in the universe?

What/how did you learn about dying and death through this first experience?

How did your first experience of death begin to cultivate your understanding of death?

What, if any, other subsequent life experiences have shaped your understanding of dying/death?

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<sup>3</sup> Adapted from Michele Chaban (2017) Mindfulness Informed End-of-Life Care training. University of Toronto, School of Continuing Studies.

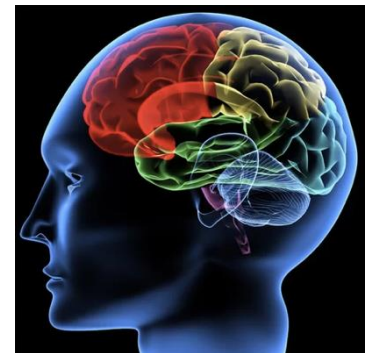
#### 4. The Nervous System and the 'Window of Tolerance'<sup>4</sup>

Our autonomic nervous system operates automatically and is the source of our survival responses. It controls all basic body functions, e.g. heartbeat, breath, flow of saliva, bladder and bowel contraction, etc.

The nervous system is split into two main branches, the **sympathetic nervous system** (SNS) and the **parasympathetic nervous system** (PNS).

**The SNS makes us alert, excited and ready for action** when we sense danger or are faced with it (e.g. heart beats faster, pupils dilate, muscles contract for action). **It is associated with fight and flight responses to threat.**

**The PNS helps us rest and reorganize once the danger is gone (heart rate slows down, breathing regulates, muscles relax).** The PNS is also online during the freeze response to threat. When our nervous system realizes that fight and flight is futile, **we freeze to protect ourselves** (common when situations are out of our control).



A healthy nervous system is in constant flow between activation (SNS) and de-activation (PSN). The instinctive responses of **fight, flight and freeze** help us to defend and protect ourselves from real or perceived danger and are very useful. When we feel safe again, our body has the ability to process the stress hormones and to return to a state of relaxation (from activation to de-activation).

The “Window of Tolerance” (Ogden, et al. (2006); Siegel, 1999) is the optimal zone of arousal where we are able to manage and thrive in day-to-day life. This can be thought of as sailing within a river of well-being (Siegel & Bryson, 2012) where we are able to respond to all that comes our way without getting thrown off course. When we are outside of our window of tolerance, our nervous system responds by going into survival mode – fight, flight or freeze. We can feel overwhelmed, and go into hyper-arousal, or we can shut down and go into hypo-arousal. Our window of tolerance can be narrow or wide and is different for all people and at different times in our lives.

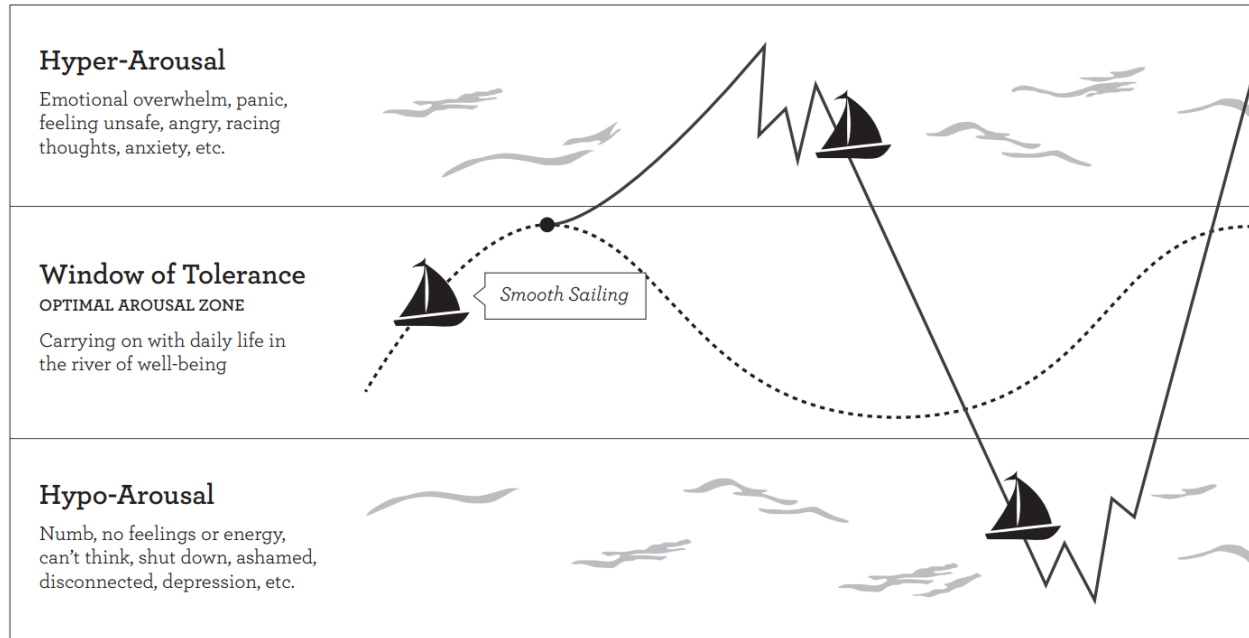
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<sup>4</sup> Ogden, P., Minton, K., and Pain, C. (2006). Trauma and the body: A sensorimotor approach to psychotherapy. New York: Guilford Press.

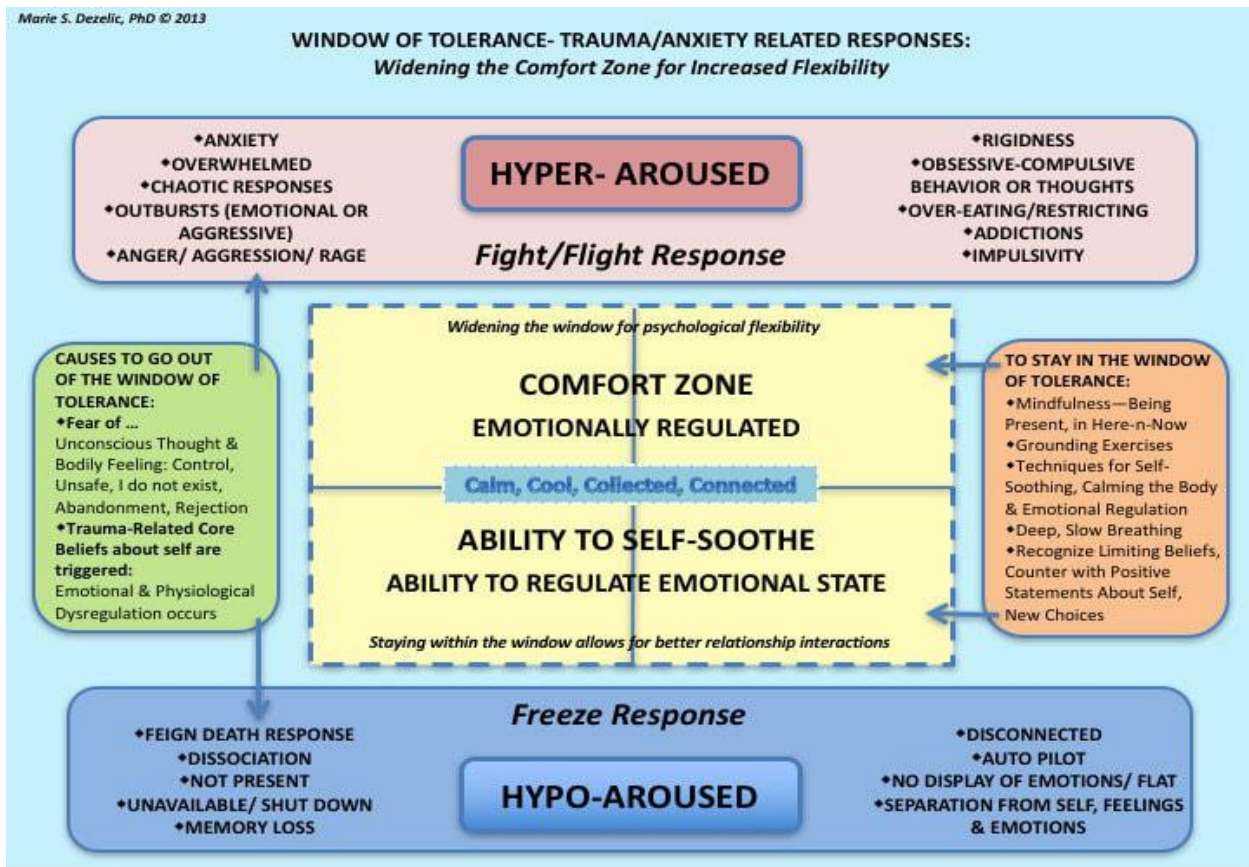
Norton. Siegel, D.J. (1999). The developing mind: How relationships and the brain interact to shape who we are. New York; Guilford Press.

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## Exercises that can help regulate activation and restore safety

Using awareness to gauge your emotions can help you recognize when you are being activated and going outside your window of tolerance. Try the following exercises to help try to regulate arousal and return to relaxation.

### Grounding Exercises

- Breathing, especially exhaling
- Relating to gravity, e.g. noticing feet on the floor, body on the chair, against the wall,
- Orienting to positive objects or sights in the space, e.g. noticing the sun shining
- Acupuncture/acupressure
- Pet therapy

### Orienting to the Present

- Using the 5 senses, e.g. noticing what can be seen, heard, smelled, tasted or touched/felt with the skin (e.g. closing their eyes, having you put your hand on their shoulder, bringing a cup of water, going to quieter corner, etc).

### Self-holding/Self-Containing Exercise<sup>5</sup>

#### Goal:

To feel the body as container.

#### Instructions:

Place one hand under the opposite arm, and then place the other hand over the upper part of the other arm; you are giving yourself a hug.

Pay attention to your body.

Let yourself settle into the position; allow yourself to feel supported by it. Allow yourself to feel contained.

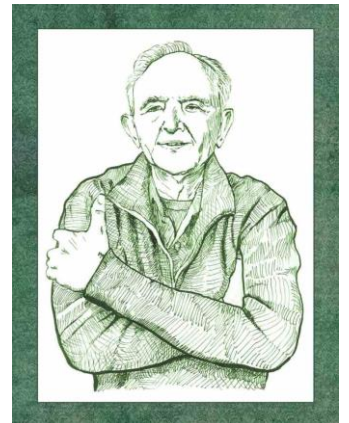
Watch and see if anything shifts with your breathing, bodily sensations, and how you feel in space. See if you can sit with it a while and let it shift your perceptions of yourself and the world somewhat before coming out of it.

#### What techniques or exercises have you used to regulate your activation?

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<sup>5</sup> Self-Holding Exercise. Retrieved from <http://www.newsynapse.com/aps/wordpress/?p=207>

## 5. Working with Emotions



Think about a memorable resident experience where you were touched deeply.

1. What about the resident or situation touched you?

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2. How did it affect you?

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3. Did you require anything to help you cope with the situation?

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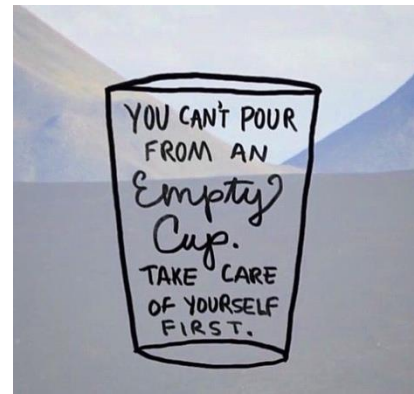
4. What was the outcome for you?

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## 6. Self-care and Check-In in with Yourself

When working with individuals who are very ill, dying or have died, you may see things that are upsetting and can be difficult for people outside this world to understand.

**It is important to have ways to protect ourselves and to care for each other as care providers.**



### The S.T.O.P. Approach

As you interact with residents you might notice that you are activated by the responses of other individuals. Being aware of your own reaction helps you to be more anchored in the present moment and to promote feelings of safety.

**Stop.** Just pause momentarily.

**Take a breath.** Connect with your breath, in particular, the exhale. The exhale part of our breath brings the parasympathetic branch of our autonomous nervous system online and helps us to feel calmer and more present in the moment. As you exhale, you can begin with the next step.

**Observe.** Notice what is happening inside of you and/or outside of you.

Inside: Notice your body and the sensations you feel. Is your face hot? Are your feet cold? Is your heart beating fast? Are you sweating? Notice. These are signs that you might be activated. Acknowledging these bodily sensations can help you feel calmer. Outside: What do you notice about the space you are in? Does it support you to feel safe and supported? What do you like about the space? Are you distracted by anything in the space (e.g. other people talking)? Notice your inner reaction to it.

Continue being aware of your own body and/or your environment as you move to the next step.



**Proceed.** Respond to your resident feeling more grounded and calmer or simply more aware of the lack of calm inside you. In any case, it is a response that is more anchored in the present moment and thereby more authentic. From this place, you can help the resident to feel safe and supported.

## 7. Connected Teams

### Non-Violent Communication<sup>6</sup>

**When we feel safe, we can feel curious and interested in other people.** We can form nurturing attachments. How we communicate with others can send signals of safety or threat. Marshall Rosenberg's model of Non-Violent Communication fosters compassionate connections with others where needs are valued.

The 4 components of Non-Violent expression are:

**1) OBSERVATION** that is free of judgement or opinions

*"When I see/hear/notice ....)*

*What I want in my life is compassion, a flow between myself and others based on a mutual giving from the heart."*

*– Marshall Rosenberg, Nonviolent Communication: A Language of Life*

**2) FEELING**

*"...I feel ..."*

Examples of feelings when our needs are MET

Comfortable	Confident	Inspired
Hopeful	Grateful	Calm
Content	Happy	Encouraged

Examples of feelings when our needs are NOT MET

Irritated	Guilty	Anxious
Scared	Envious	Lonely
Restless	Numb	Scared

**3) NEED**

*"... because I need/value..."*

Examples for universal human needs

To be valued	Meaning	Safety
Love	Respect	Acceptance
Play	Community	Honesty

**4) REQUEST** (free of demands)

*"Would you be willing to ...?"*

Example: "When I notice that we don't follow the same instructions for looking after a resident, I feel frustrated because I need consistency and safety in the care plan. Would you be willing to meet with me to go over a plan that we can both stick to?"

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<sup>6</sup> Rosenberg, Marshall (2005). *Nonviolent Communication: A language of life*. A PuddleDancer Press Book: Encinitas.

## Debriefing in the Moment

- To connect with others and to debrief after an important event is essential to prevent vicarious trauma and burnout. The need for more support or more time to talk later is very normal and natural. Remember that following important events, "cataclysms of emotion" are normal and need validation.
- Isolation from others after important events can contribute to trauma reactions.
- Help your team to support a safe, inclusive environment—a circle of care that welcomes everyone.

## Supports

- Naturally seek support from people with whom you have a natural connection/affinity.
- Get support from Employee Assistance Program.
- Share with managers when more support is needed.
- Seek help outside of work: family and friends, exercise, hobbies, having fun, experiencing a world outside the work world.



## Creating a Supportive Workplace

What are three things that challenge you/are difficult at work?

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Think about a time when something upsetting happened to you at work and your co-worker made it better. What helped?

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What are three things at work that make difficult times easier?

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## 8. Reflective Healing

Self-reflection and self-awareness contribute to wellbeing and resiliency. Try on your own or in small groups the following exercise:

### The 6 or 55 word story:

Objectives -

- Hear the story of another without interruption or advice giving, in other words no need for fixing and/or problem-solving.
- Encourage generous listening, presence, witnessing, mindfulness and compassion.
- Tell our stories to others, allowing us to find our own voice.

There is no right or wrong way to write a 6 or 55 word story. You can simply explore your feelings, see what comes up and write 6 or 55 words (approximately!) about it.

Alternatively, you can choose a theme (ie. hope/courage/fear) and reflect on that theme.

Each story can have a distinct style or tone. Try sharing your story with others and hearing theirs.

## 9. Rituals

Establishing consistent practices in the workplace to address loss and grief may contribute to making meaning of each death you encounter and help you be resilient. Working on your own or with a group, create a list of actions, activities and/or resources that can help you and your co-workers acknowledge a death that has occurred.

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### Questions:



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