



CHCCCS017

Provide loss
and grief support



CHCCCS017

Provide loss and grief support

Release 1

Learner Guide

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CHCCCS017 Provide loss and grief support, Release 1

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Before you begin

This Learner Guide is based on the unit of competency *CHCCCS017 Provide loss and grief support*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature	
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.	
Examples	These highlight learning points and provide realistic examples of workplace situations.	
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	<ul style="list-style-type: none"> Understanding how documents are presented and being able to navigate through documents Understanding industry- and job-specific terminology Interpreting key information in relevant documents Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> Planning, drafting and writing reports and documents Communicating through written letters, email and online Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> Clarifying instructions Providing information Supporting others through encouragement, negotiation and conflict resolution Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> Calculating costs, weights, measurements of height and distance Interpreting measurements
Learning	<ul style="list-style-type: none"> Understanding your job role, organisational procedures and legal responsibilities Managing your work and seeing how well you are going Making goals for yourself at work Seeking professional development opportunities for continuous improvement
Problem-solving	<ul style="list-style-type: none"> Identifying problems Working out how to fix a problem using problem-solving processes Reviewing the outcome
Initiative and enterprise	<ul style="list-style-type: none"> Recognising opportunities to develop and apply new ideas Generating ideas by thinking of new ways to do something Making suggestions to improve work
Teamwork	<ul style="list-style-type: none"> Working well with other people by cooperating, collaborating, encouraging and building rapport



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> • Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	<ul style="list-style-type: none"> • Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	<ul style="list-style-type: none"> • Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

Note: Not every unit of competency will contain all foundation skills.

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcome	Rate your confidence in each section
Topic 1 Recognise reactions to loss and grief	1A Recognise reactions to loss and grief	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Account for social, cultural, ethnic and spiritual differences	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Identify risk to health and/or safety and make referrals	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Identify and assess suicide risk and refer to appropriate services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Engage empathetically	2A Interact with empathy, sensitivity, professionalism and courtesy	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Identify and respect social, cultural, ethnic and spiritual differences	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Use appropriate communications to acknowledge emotional needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 3 Offer support and information	3A Identify those experiencing difficulty with grief and trauma and give them options for further help	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Provide information about grief and bereavement support services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Use strategies for formal and informal grief and bereavement support	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Maintain confidentiality in line with organisational practices	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Care for self	4A Monitor your own stress levels	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Recognise and minimise risks to self	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Identify and respond to the need for supervision and debriefing	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 5 Review support provided	5A Reflect on outcomes during and after support is provided	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Identify where further support is required	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5C Review practices for continuous improvement	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Recognise reactions to loss and grief

- 1A Recognise reactions to loss and grief
- 1B Account for social, cultural, ethnic and spiritual differences
- 1C Identify risk to health and/or safety and make referrals
- 1D Identify and assess suicide risk and refer to appropriate services



1A

Recognise reactions to loss and grief

Everyone reacts differently to loss and grief. The ability to recognise these different reactions will assist the worker to support the person through this difficult, and frequently unpredictable, time.

Loss

The fact or process of losing something or someone.

Grief

Intense sorrow in response to loss, especially caused by someone's death.

Reaction

Feelings or responses to a situation or event.

Terminal illness

A disease or condition for which there is no cure that will eventually lead to death.

Loss and **grief** are a natural reaction to the death of a loved one. Every person's **reaction** will be different.

The person's mood may fluctuate. Sometimes they might be very sad and feel despair, while at other times they may appear happy or relieved. For most people, feelings of grief may dominate their thoughts for weeks, months or even longer. We must never forget that every person's response is unique to them, and we must respect this difference.

Grief is usually used to describe the response a person has after the death of a loved one, but other types of major loss can also lead to feelings of grief.

People may feel grief over many things including:

- the death of someone they love
- divorce or separation
- receiving the diagnosis of a **terminal illness**
- the loss of good health
- having a child with a disability
- the loss of a job
- the loss of a home
- the loss of a beloved pet.

Grief can be especially great when the loss is unexpected, such as following the death of a child or losing someone close through suicide. Some groups of people may have suffered many losses in their lives, such as older people who live in residential aged care. They may have lost their spouse, health, friends and home.

Grief and bereavement

Bereavement

The experience of losing someone close and the period of adjustment after their death.

The terms grief and **bereavement** are often used interchangeably but have two distinct meanings. Bereavement is the experience of losing someone close, such as an immediate family member or spouse, and the period of adjustment that follows their death.

Bereavement is characterised by grief, which refers to the extreme sorrow experienced in response to the loss.

Grief is a highly personal and individual experience. Some people do not experience or express strong grief reactions, while others may find that they cannot carry on with everyday life for a while. How a person grieves, how long they grieve for,



and their response depends on many factors including the type of loss, their age, personality, coping style, life experience, level of support, beliefs and cultural background.

Video: Myths and truths about grief

Watch this video to learn the truths and myths about grief:
aspirelr.link/yt-grief-myths

What are the myths about grief listed in the video?



Common reactions to grief

The intensity and the duration of grief and the process that follows also differs between individuals. For example, on first hearing of someone’s death a person might find it difficult to comprehend. As time passes, this person might experience other emotions such as anger, shock and sadness.

Grief involves a complicated mix of feelings, emotions, behaviours and physical reactions that may last a short or a long time and can affect every part of your life. The time that passes has no set duration and is different for everyone. Over this grieving period the person often experiences fluctuating responses.

Emotional, cognitive, behavioural and physiological responses to grief are shown below:

Type of response	Response	Description
Emotional and cognitive	Sadness	Feeling sad is a natural reaction to situations, such as the death of a loved person, that cause emotional upset or pain. The person may show signs of temporary social isolation, or be seen crying or sobbing. During this time people may have strong feelings of longing and sorrow for the person they have lost. Generally, the strength of the feelings decreases with time but it is common, even years after the person has died, for a moment or memory to trigger this reaction again.
	Guilt and regret	Feelings of guilt and regret may stem from a bereaved person thinking about what they should have done or said while the deceased person was still alive. The bereaved individual may also feel that they are somehow to blame for the death. Guilt and regret are common reactions to the loss of someone close and should decrease over time.



Type of response	Response	Description
Emotional and cognitive (cont.)	Depression	<p>It is natural to experience depression over loss. However, it is important to understand that grief and clinical depression are two separate conditions.</p> <p>Clinical depression involves ongoing feelings of sadness and emptiness that do not go away over time. People experiencing grief have fluctuating emotions including sadness, but the deep sadness associated with the loss lessens over time as the person integrates the loss into their life. A person who has depression prior to a loss may experience a complex grief reaction as they try to deal with both their ongoing depression and their grief.</p>
	Relief	<p>A person may experience relief when an expected death occurs; for example, when a person suffering from a painful, terminal illness dies and their suffering is over. Feeling relieved is not heartless or uncaring, but a normal response to an expected event.</p>
	Overwhelmed	<p>Dealing with loss and grief can be overwhelming. The person may have trouble focusing, sleeping, or concentrating. This can lead some people to feel that they cannot cope and will never come to terms with their loss. This is particularly true where the loss has been sudden or traumatic. Feelings of being unable to cope should gradually fade over time, but they may persist in complex grief reactions.</p>
	Suicidal ideation	<p>Some people’s grief becomes so overwhelming that they start to think or have ideas about taking their own life. The indicators of this will differ, but you might see people selling or giving away their belongings, talking about joining their loved one soon, or acting as if they are saying goodbye.</p>
	Other	<p>Other responses can include chronic sorrow and/or sadness, loneliness and/or loss of pleasure, feelings of being unable to cope, confusion and/or difficulty concentrating, denial and hopelessness.</p>

Complex grief reaction

Persistent grief leading to abnormal behaviours and thoughts.

Traumatic

Psychologically or emotionally stressful in a way that can lead to emotional problems.

Suicidal ideation

Having thoughts of suicide.



Type of response	Response	Description
Behavioural	Isolation	Loneliness is common when bereaved individuals lose the companionship of someone close. They may also feel that no one can understand what they are experiencing. Feelings of loneliness should abate as individuals draw support from others and resume their former lives. Ongoing isolation may be an expression of a complex grief reaction.
	Anger and aggression	Many people experience anger as a response to loss. They may feel as though they are being punished or that life has not been fair to them. They may lash out at others or feel that the deceased person has somehow betrayed them. Finding constructive ways to let off steam, such as physical activity or seeking counselling can often help people who feel intense anger over their loss.
	Other	Other responses can include helplessness, poor diet, overactivity or underactivity, social withdrawal, neglecting self-care.
Physiological	Anxiety	Anxiety is a common feeling among people who are grieving, especially if they were very dependent on or close to the person who has died. They may be anxious about their ability to survive on their own, both emotionally and practically. Symptoms of anxiety can vary between different people but may include difficulty controlling feelings of worry, restless sleep and fear of losing other people through death. Anxiety can be part of a complex grief reaction, especially if the person had anxiety before their loss.
	Numbness	The shock of someone's death can leave the person feeling emotionally numb. This means the person is unable to feel any emotions. They may show a disconnection from their body or thoughts, feel detached from the outside world, or have a distorted or confused sense of time.

Counselling
To give or offer advice to a person.

Type of response	Response	Description
Physiological (cont.)	Shock	As part of the reaction to learning about a death a person may not be able to believe that the news is real. This can set off physical and emotional reactions within the body known as shock. This kind of shock is known as psychological shock . The body will experience a surge of adrenalin , causing the person to feel physically sick, their mind may be foggy and their chest may feel tight. This can feel very intense but the person should only maintain this reaction for a short time. In rare cases shock may be ongoing and the person may need to seek medical help.
	Other	Other responses can include loss of appetite, sleep disturbances, tiredness, weight loss or gain, susceptibility to illness, feeling unwell.

Psychological shock
Experiencing a physical reaction in response to a traumatic event.

Adrenalin
A natural hormone released in response to physical or emotional stress.

Understanding the range of responses allows you to:

- identify if a person’s reactions are expected responses to grief or whether they are having atypical reactions and require additional support
- identify the stage of grief the person is in; for example, if they are in the initial stage of shock or they are beginning to integrate their loss
- consider how the context and circumstances of the loss may impact the way a person grieves
- normalise what the person is experiencing
- consider the appropriate or necessary type of support required.

Suicidal ideation

If a person tells you that they are planning or thinking about taking their own life, you need to ensure that the person can be kept, or is, safe. Contact a medical professional that you and the person can talk to. If it is a medical emergency contact 000 (Triple Zero).

For more information on suicidal thoughts and where to get help visit:
aspirelr.link/hd-suicide-warnings

People react to loss and grief in different ways and there is no right or wrong way to grieve.

Factors which influence different reactions to grief

Grief is something that everyone experiences and expresses in different ways. Some people try to keep their grief to themselves, rarely talking about it and never showing their sorrow in public. Others are more open and need to express their grief by



crying and talking about their loss.

There are many factors that influence how people grieve, some of which are listed below. It is important to take these factors into consideration and be able to recognise when someone needs additional support to manage their grief. These factors will be discussed in more detail in the next section.

Influencing factors on grief include:

- social factors
- ethnicity
- age
- cultural factors
- spiritual beliefs
- personality.

Recognise reactions and range of responses

Even though people react to loss and grief in different ways you need to be able to recognise common reactions, while remembering that every person will have a range of responses to grief. There are many theories and models of loss and grief that highlight common reactions of people who are trying to deal with their feelings. These are not meant to be definitive descriptions of how a person should respond and react to loss. However, they can be of help in recognising and normalising the range of reactions that people experience, and the different phases they may go through as they come to terms with their loss. Familiarity with the various theories and models of loss and grief helps you to understand common reactions to loss and the range of grief responses.

Theories of loss and grief

The psychological models that have traditionally been used to understand grief are: The Five Stages of Grief, Freud's Model of Bereavement, and Bowlby's Attachment Theory. The application of these models often led to a rigid approach without room for flexibility, treating all people who grieve in the same way.

Recent advances, and a more comprehensive understanding of grief, have led to the development of more modern, conventional theories that acknowledge that grief is fluid and different for each person. These theories include the four tasks of mourning, adaptive grief and the dual process model of grief.

The Five Stages of Grief

Developed by Elisabeth Kübler-Ross, in the late 1960's, this theory focused on accepting death through a series of common stages. Her five stages of grief were later used to describe how people respond to other kinds of loss, such as the diagnosis of a terminal illness or the ending of a relationship.

It is now recognised that not everybody experiences the stages suggested by Kübler-Ross and they may not occur in the order she suggested.



<p>The Five Stages of Grief (cont.)</p>	<p>Kübler-Ross’s five stages of grief are:</p> <ol style="list-style-type: none"> 1. Denial 2. Anger 3. Bargaining 4. Depression 5. Acceptance
<p>Freud’s Model of Bereavement</p>	<p>Sigmund Freud is considered to be the founder of theories of the workings of the mind. His model of bereavement was widely used for over half a century before newer conventional theories were developed. His bereavement theory involves a process of breaking the ties that bind the survivor with the deceased. It involves:</p> <ol style="list-style-type: none"> 1. Freeing the bereaved from bondage to the deceased 2. Readjusting to a new life without the deceased 3. Building new relationships <p>Throughout this theory there is an emphasis on ‘moving on’ as quickly as possible so the person can return to a ‘normal’ level of functioning.</p>
<p>Bowlby’s Attachment Theory</p>	<p>John Bowlby suggested that grief was a normal adaptive response when a loss occurs. When someone dies it results in the ‘affectional’ bond being broken which causes grief. This theory also involves a series of stages which include shock and numbness, yearning and searching, despair and disorganisation, reorganisation and recovery.</p>

For more information about the Five Stages of Grief visit: aspirelr.link/eap-stages-of-grief

Conventional theories of grief

Conventional or modern theories put an emphasis on treating everyone’s response to grief as unique to that person.

Conventional theories of grief recognise that no single person’s reaction to grief will be the same, and that however a person reacts should be considered normal for that person.

As mentioned previously these theories are not meant to be a defined set of reactions that a person must experience, but they can help in recognising and normalising the range of reactions that people may experience. They also recognise that the grieving process ideally ends with the bereaved individual finding a way to manage their loss and integrating it into their everyday life.

Integration of loss

For most people their acute grief will naturally evolve into a state of integrated grief and loss. This is where they will be able to reengage with their everyday activities and find pleasure in life while still remembering their loss.

Integration of loss does not aim to seek closure of the grieving process and



acknowledges that loss and grief do not discriminate. Traditionally, there was a need for someone who was grieving to reach a stage in their life where they had closure. However, this idea of closure suggested that the person's grief would or could not be seen or heard of ever again. Aiming for closure also made some people feel inadequate or weak when they could not reach this point and meant that some grieving people would purposely avoid a deeper or more meaningful grieving process.

Loss and grief theorists describe several ways that bereaved people are able to integrate a loss into their lives. These include the theories of four tasks of mourning, adaptive grief and the dual process model of grief.

The theorist J William Worden sees negotiating loss as a series of four tasks that a bereaved person must negotiate to come to terms with their loss.

Task/stages	Description
Task 1: Accept the reality of the loss	Even though the grieving person knows that the deceased has died they may still find it hard to believe they are gone. When the griever accepts the reality of the loss, they have acknowledged that the person is dead and will not return.
Task 2: Work through the pain of grief	Natural and safe grief reactions are encouraged. The griever should feel the strong emotions of the process and allow themselves to grieve.
Task 3: Adjust to a world without the deceased	Three types of adjustments – external, internal and spiritual – should be made. <ol style="list-style-type: none"> 1. External: The person may be required to learn new skills and take on roles that the deceased use to perform 2. Internal: Adapt to their new identity 3. Spiritual: Death can alter a person's fundamental beliefs
Task 4: Keeping a connection to the deceased as you move on	The griever needs to find an ongoing, appropriate connection in life with the person who has died. This means gradually creating a balance between remembering the person and living a meaningful and full life.

In all of Worden's writings about his theory he emphasises that bereaved people will move back and forth from one task to another during their grieving process.

Adaptive grief

Adaptive grief is another more modern theory on grief that was developed by Martin and Doka. Their theory reflects that grief is a complex process that is unique to the individual and has many different variables.

Under this theory, grieving can be categorised into three broad types.



Instrumental griever	This type of griever likes to focus on activities or actions rather than expressing their emotions and feelings. It may come across as if they do not care but this is how this person manages their grief.
Intuitive griever	This person experiences a wide range of powerful emotions such as anger, sadness and anxiety. They want to express these emotions with other people.
Dissonant griever	This type of mourning occurs when someone tries to suppress their natural way of grieving. This way of mourning may suppress natural emotions and disrupt a healthy grieving process.

According to this theory many of us are blended grievers with one style becoming more dominant than others at certain times through the grieving process.

Dual process model

The dual process model is a theory about how people grieve and integrate loss into their lives. It describes grief as a dynamic process in which an individual needs to both express and control their feelings to adapt to loss. This requires switching between two different coping styles: loss-oriented and restoration-oriented. The process of switching or jumping back and forth between these two emotional processes is ongoing whilst the person is grieving and learning to cope with the loss. It is the duality of the coping process that gives this theory its name.

Loss-oriented	<p>These processes include:</p> <ul style="list-style-type: none"> • working through the pain of grief • thinking about the deceased person and having intrusive grief-related thoughts • breaking bonds and ties • experiencing a range of emotions, such as sadness, anger and denial.
Restoration-oriented	<p>These processes include:</p> <ul style="list-style-type: none"> • dealing with life changes • avoiding grief and emotions associated with it • trying new things • working on new roles.

Types of grief

While some people may experience the ‘normal’ reactions that are considered more common, other people may experience a more unusual type of grief. This can often depend on the grieving person’s mental and physical health, their relationship with the person who died and the circumstances of how they died.



The different types of grief include:

Types of grief	Description
Normal (uncomplicated)	There is no timeline determining how long someone must or will grieve for and the experience will vary from one person to another. But this type of grief response encompasses a wide range of feelings and behaviours that are common after loss.
Anticipatory	An emotional reaction to an expected loss which occurs when a person knows that someone close to them is going to die before their death occurs. Anticipatory grief is a normal reaction to impending loss. It requires people to learn to live with and adapt to loss before it happens.
Complex	No one knows exactly why a complex grief reaction occurs. As with many other conditions, it is likely to be due to the interaction of a range of influences including personality, coping style, environmental and genetic factors. As mentioned, you should consider the context and circumstances prior to loss, as a complex grief reaction may indicate that a person needs to address certain issues in their life to live in a healthy way.
Chronic	Strong grief reactions that do not subside and last over a longer period of time. The person may feel they have made no progress in feeling better or improving their functioning.
Cumulative	This is often referred to as overload of bereavement. The person has not been able to completely grieve a first loss, when they have another loss to process.
Absent	This is when the person shows absolutely no signs of grief and acts as though nothing has happened. This can be of concern if it continues for a long time.
Disenfranchised	When a person's loss and grief is not acknowledged or recognised by others, it is referred to as disenfranchised grief. This often occurs because the relationship the person had with the deceased is not accepted or known socially, such as a relationship between two people who are both married to other people.

Disenfranchised
Having no power to make people listen to your opinion or situation.

For more information about the different types of grief visit:
aspirelr.link/elizz-types-of-grief

Types of loss and their impacts

After the loss of a loved one, job, marriage or pet, the person experiences not only the loss itself but the way in which this loss affects the other areas of their life. This may continue for lengthy periods of time and cause significant re-evaluation of life goals and plans.



There are three defining types of loss, discussed below:

Type of loss	Effect
<p>Primary loss</p>	<p>The actual loss itself. This could be:</p> <ul style="list-style-type: none"> • the death of an immediate family member or close friend • the loss of a job • divorce or separation • the loss of good health • the loss of a beloved pet. <p>The primary loss can be the trigger for many other losses which fall under the next categories.</p>
<p>Secondary loss</p>	<p>A person may find that they experience other losses in their life as a consequence of the primary losses listed above. This could be:</p> <ul style="list-style-type: none"> • the loss of a job • the death of a family member meaning that there is a loss of income • the loss of good health meaning that the person loses their job and way of life • the loss of a beloved pet might mean losing a walking buddy. <p>All these losses bring added grief. It may mean the person is not only grieving the primary loss but these secondary losses as well.</p>
<p>Cumulative loss</p>	<p>As in cumulative grief, a cumulative loss is when the grief and loss can trigger a complicated grief reaction. This can leave the person with symptoms such as:</p> <ul style="list-style-type: none"> • feeling overwhelmed • being unable to follow instructions • being fearful of leaving their house • being unable to sleep at night • feeling isolated and abandoned • feeling a loss of reality.

Recognise and understand disenfranchised grief

It is important for you to recognise disenfranchised grief and provide appropriate support to people experiencing it. Disenfranchised grief often occurs because the relationship that the grieving person had with the deceased person is not socially sanctioned; for example, a relationship between two people where one or both are married to other people.

Societal disapproval or the deceased person’s family may mean the bereaved person is unable to grieve openly and receive acknowledgment of their loss. People experiencing disenfranchised grief are isolated and unsupported in their grief. This sense of being alone intensifies reactions to loss such as feelings of anger, guilt and powerlessness. Disenfranchised grievers are often excluded from mourning rituals, and this lack of recognition and support often leads to a more complex grief reaction.



The following outlines different ways disenfranchised grief may occur:

Socially unacceptable relationships	Relationships that do not meet with family or community approval may result in disenfranchised grief; for example, relationships between same-sex couples and people having extramarital affairs.
Lack of awareness of the significance of the loss	Disenfranchised grief may occur where others are not aware of or do not understand the significance of the loss. Losses that are not always recognised by others include miscarriage, abortion, the death of a pet and other losses not involving death, such as when a person disappears.
Characteristics of the bereaved person	Some people are not always recognised as having the capacity to grieve, so their grief is not acknowledged; for example, people with mental illness, intellectual disability, the very old or the very young.
Manner of the death	Some forms of death carry a certain amount of social disapproval and stigma that may leave bereaved individuals experiencing disenfranchised grief; for example, suicide, drug overdose and death from AIDS.

Characteristics and signs of disenfranchised grief

It can be difficult to recognise a disenfranchised griever because they often hide their grief. Stifled and unrecognised grief may lead to ongoing emotional problems and to a complex grief reaction. People experiencing disenfranchised grief are sometimes so successful at suppressing their grief that it remains hidden for years, only to emerge later when the individual experiences another loss or crisis. Alternatively, they may become emotionally numb and unable to experience a full range of emotions.

Some characteristics of disenfranchised grief:

- Social stigma – the relationship or manner of death is not socially sanctioned or approved.
- Lack of opportunity to grieve openly or attend mourning rituals – the bereaved person’s loss is not recognised, and they are not allowed to grieve.
- Lack of grieving rights – grievers usually do not receive the support and sympathy offered to the bereaved, or other rights such as time off work.
- Legal and financial problems – the person may experience financial difficulties as their relationship with the deceased person is not recognised.
- Some signs of disenfranchised grief include unexplained sadness, isolation, veiled references to a loss, and secrecy.
- Difficulty controlling emotions when talking about or faced with other deaths or losses is also a sign of disenfranchised grief.

For more information about disenfranchised grief visit: aspirelr.link/disenfranchised-grief



Understand complex grief reactions

Grieving people may feel intense sorrow or sadness for a period of weeks or months following the death of someone close to them. They can also experience intense yearning and a range of other emotions such as shock, anger and distress, but these do not typically persist for long periods. As the emotions associated with acute grief fade, a person is usually able to resume their normal activities and integrate the loss into their ongoing life.

However, for some people the feelings of loss are debilitating and do not improve even after a significant amount of time has passed. This is known as complex, or complicated, grief and often treatment from a medical professional is required for the person to be able to accept their loss and reclaim a sense of peace.

In the past, complex grief was often confused with depression or other mental health disorders, but it is now recognised as being a distinct and separate condition.

Why complex grief occurs

As mentioned, no one knows exactly why a complex grief reaction occurs. But there may be some existing factors in a person’s life that make them more susceptible or at higher risk to this reaction. For example, they may have relationship problems, difficulty coping with stress or a lack of social support.

Some circumstances that may increase the likelihood of a complex grief reaction are explained below:

Socio economic status	Secondary circumstances and hardships, such as unemployment and poor housing, may make it difficult for a person to grieve fully.
Age	The death of a child or young person may lead others, especially parents, to experience a difficult or complex grief reaction.
Mental illness	Mental illness may cause fractured and difficult relationships, leading to feelings of remorse and guilt if the person with mental illness dies unexpectedly or in difficult circumstances.
Family	Complicated family relationships may result in complex grief reactions. For example, if it is a very dependent relationship the grieving person may find it difficult to accept the death.

Video: Getting through tough times

Watch this video to view two people’s stories about loss and their own grief: aspirelr.link/yt-loss-grief





Trauma

Trauma is the response to a deeply distressing event or series of events where the person has experienced, witnessed or been exposed to a disturbing or life-threatening situation.

Traumatic events can include:

- experiencing a serious accident, a physical assault, war, a natural disaster, sexual assault or abuse
- witnessing these events happening to another person
- learning that a friend or family member died suddenly, was involved in a life-threatening event, or was seriously injured.

Almost everyone who experiences trauma will be emotionally affected and experience some type of grief. For most people, they will be able to work through this trauma in a normal grieving process, but for others it can evolve into a complex grief reaction.

Trauma

The response to a distressing event or experience that can affect a person's ability to cope and function.

Common reactions of complex grief

Research into symptoms of grief experienced 14 months after the death of a loved one has identified seven symptoms that remain strongly present in a person who seems to be grieving continuously for much longer than normally expected.

These seven symptoms of complex grief include:

- intrusive memories or fantasies about the deceased person
- strong pangs or emotion related to the lost relationship
- powerful yearning or wishes that the deceased person was still present
- intense feelings of loneliness or emptiness
- avoidance of people or places that remind the griever of the deceased person
- sleep interference or disturbance
- significant loss of interest in work, social or personal activities.

Source: Bridges to recovery, *what are the signs of complicated grief disorder*. <https://www.bridgestorecovery.com/complicated-grief/signs-complicated-grief-disorder/> Accessed 30 May 2022

At times, the grieving person may think about or consider suicide. This is a medical emergency with the grieving person needing to seek immediate medical support and talk to someone they can trust.

Recognise factors that increase vulnerability

If the person can recognise and address issues that make them vulnerable to stress, they can learn more adaptive responses to loss and other life-changing and difficult situations in the future.



Other factors that may contribute to a complex grief reaction include:

- an unexpected or violent death, including death by suicide
- a lack of support
- childhood experiences, such as abuse, neglect or separation anxiety
- a close or dependent relationship with the deceased person
- poor coping skills or lack of ability to adapt to change
- undiagnosed mental health conditions, such as depression or anxiety disorders.

Potential consequences of complex grief

If left unresolved, complex grief may lead to a range of ongoing emotional, physical, social and mental health problems. Some of these problems include:

- suicidal thoughts and behaviours
- depression
- anxiety disorders
- increased risk of serious health problems, such as heart disease and high blood pressure
- substance misuse
- poor general health
- poor self-esteem
- impairment of functional skills involved in daily living
- ongoing social isolation.

Example

Recognise reactions to loss and grief

When Louisa's elderly mother dies after a long illness Louisa feels sad, but also feels a sense of relief. She knows that now her mother has died she will be able to start to live her life independently because she is no longer her mother's carer. She is surprised to find that she feels a range of fluctuating emotions and reactions ranging from feelings of depression, guilt, remorse and loneliness, to being physically unwell and doubting her ability to cope and get on with her life. Louisa decides to talk to Sarah, the community service worker who coordinates the carers' group she often attended.

Sarah tells Louisa that her reactions are normal. She explains that although Louisa thought she would not be affected by a grief reaction because she knew and accepted that her mother was dying, she should still expect to go through a period of grief and mourning. Louisa now recognises that she has not been allowing herself to really feel her grief and that she needs to do so before she can move forward with her life.



Practice Task 1

Question 1

Which of the following statements about grief are correct? Select 'Yes' or 'No' for each one.

a. People react to loss and grief in different ways. There is no right or wrong way to grieve.	Yes / No
b. Traditional theories of grief put an emphasis on treating everyone's response to grief as unique to that person.	Yes / No
c. Grief can begin when a person is diagnosed with a terminal illness.	Yes / No
d. Anger is an unusual reaction to grief.	Yes / No

Question 2

Match each style of grief to its definition.

Normal grief	Occurs when the person shows absolutely no signs of grief and acts as though nothing has happened.
Anticipatory grief	This type of grief response encompasses a wide range of feelings and behaviours that are common after loss.
Chronic grief	Occurs when a person knows that someone close to them is going to die, from a terminal illness or other life-threatening situation, before their death occurs.
Absent grief	Occurs when the person feels as if they have made no progress in feeling better or being able to improve their functioning.

Question 3

List two situations when a person may experience disenfranchised grief after the loss of a person.



Question 4

List three potential consequences of complex grief.

Question 5

Match each situation of loss to its description.

Cumulative Loss
Integration of loss
Primary Loss
Secondary Loss

The death of an immediate family member or close friend.
The death of a family member leading to a loss of income.
The grief and loss have compounded into a complicated grief reaction and the person is feeling overwhelmed and is afraid of losing their house.
Acknowledges that loss and grief do not discriminate.

1B

Account for social, cultural, ethnic and spiritual differences

Diversity is about what makes each person unique, so it is expected that when someone is grieving that the grieving process will be unique and individual to that person.

In every society and culture, people feel sadness and grief at the loss of someone or something that is significant to them. However, the way that people from diverse backgrounds express and cope with loss will vary, and you need to consider **social**, **cultural**, **ethnic** and **spiritual** differences when supporting bereaved individuals.

The way an individual copes with loss is influenced by their background, beliefs, personality and experience of loss. Most people follow culturally and socially prescribed patterns, such as participating in mourning rituals, drawing on the support of families and friends, and recognising that their feelings will subside over time. Some are stoic, while others may need to immerse themselves in their loss for a period of time.

Acknowledging differences

It is important you understand and acknowledge these differences. To provide appropriate support, organisations should develop links and networks with cultural groups in their communities to obtain relevant information. It is also important to be aware that people who are not able to follow their traditional practices associated with bereavement may experience further stress and unresolved grief.

By learning about differences, you can:

- feel confident about offering appropriate bereavement support to people from different backgrounds
- recognise and accept different responses, rituals and customs associated with death, grief and bereavement
- ensure that people from different backgrounds have an opportunity to grieve and participate in the mourning rituals and customs relevant to them.

Identify different responses

Individuals and families may have their own practices associated with grief and bereavement. These may include preferences about how funerals are conducted, whether a person is cremated or buried, whether children are encouraged to attend funerals, and how a death is dealt with in the family and by each of its individual members.

Social

The bonds a person forms with others such as family, friends and members of their community.

Cultural

The shared characteristics of a group of people influenced by race, religion, economic status, family life, health, educational or governmental system of their members.

Ethnic

Racial, national, tribal, religious, linguistic, or cultural origin or background.

Spiritual

An inner sense of something greater than oneself, which may be met through faith or religion.



The following are ways to identify and demonstrate understanding of differences:

- Accept that individuals, families and communities respond to grief in specific ways.
- Understand the context and circumstances of the loss, as these may influence the ways people grieve.
- Develop an understanding of specific approaches and responses through communication or research.
- Be respectful in all interactions with individuals, families and communities experiencing loss and grief.
- Have appropriate resources and services in place to support people, such as access to ethno-specific services, interpreters and other relevant community services.

Different context and circumstances

As previously discussed, it may be the different reasons and circumstances that affect or complicate the impact of loss and grief. This could be regarding the person who has passed, the type of relationship with the deceased, the type of death that occurred or the lead up to the death. This compounded bereavement can lead to a complex grief reaction.

Understanding the reasons why some individuals, families and communities find themselves in a certain situation can help you to work through loss and grief with the person.

Below are some examples of context and circumstances behind a person’s death and how these may impact the grieving person:

Context	Circumstance	Impact on grief and bereavement
Jack was 15 and swimming with his friends at the beach. He was a well-loved person with many friends.	Jack jumped off the pier and hit his head on a rock which resulted in his unexpected and tragic death.	Jack’s family and friends are devastated and shocked by his death. His mother cannot function properly, his sister is unable to attend school and his friends are not finding comfort from each other. The bereavement stage is expected to be long and painful with many mourning Jack, including those in the wider community, for many months and years to come.



Context	Circumstance	Impact on grief and bereavement
Betty was living in residential aged care and had just celebrated her 100th birthday. She was unable to walk or feed herself anymore.	Betty passed away in her sleep. The nurse found her in the morning.	Betty had lived a wonderful life with many family members who loved and adored her. Her children had recently been concerned and experienced some anticipated grief before her death. When they were told of Betty's death there was some sense of relief from the family that Betty was no longer living a meaningless life and did not suffer before she died. The bereavement stage did not last too long as Betty's family were able to celebrate her life rather than mourning it.
Barry had been homeless and living rough for the past 10 years. He had no contact with his family and relied on charity workers for all contact.	Barry was found passed away under a cardboard box one evening by a charity worker. His cause of death was suspected heart failure.	The charity worker was initially shocked at his death and spent some time crying and mourning his loss. But her grief made her feel more motivated to get back on the streets and help others like Barry to hopefully avoid this situation happening again. Barry's sister was tracked down after some time and she felt a great deal of remorse and guilt at his death. She spent a long time questioning why she had not tried to find and support him earlier. This remorse led to her reaching out to the charity and offering her support to their work.

These examples show how the circumstances of a person's death will have a different impact on the way an individual, the families or the community grieve. Like all grief reactions no two situations can be expected to be the same.

Impact on the individual

Even within a particular culture, there may be differences in the intensity and duration of an individual's grief. This may be because of their different roles in the mourning process, differences in personality and experience of bereavement. Some people prefer to grieve in a very private way, not expressing signs of emotion. Never judge the way another person is grieving or imply to them that they are not feeling enough.

Individuals respond to loss in markedly different ways. This is apparent even within families and cultures. The best way to support grieving individuals is to avoid having expectations or preconceived ideas about how they should express their grief. Recognise that everyone has a right to grieve in their own way even if this includes



actions or behaviours that seem strange to you or others. Understanding the context in which the grieving takes place can help you accept individual differences and approaches to grief and loss.

Some factors that can influence how individual people grieve include:

- age, as older people usually have more experience of loss and often become more accepting of it than younger people
- personality, as people with more dependent personalities may experience greater difficulty coping with loss than people who are more independent
- the nature and quality of the relationship to the deceased person, as this influences the way individuals respond to loss
- past experience of grief, as having experienced previous losses can either hinder or help grieving, depending on how well the previous grief was resolved
- coping and/or grieving style, as everyone has their own ways of responding to loss and grief.

Impact on the family

It is also important to remember that no two families are alike and that trying to understand another person's family set up or situation can be complex. Family responses to grief, just like individual responses, will again vary greatly depending on the many different factors previously discussed. Family in some cultures may not just refer to blood relations but may include people who are accepted and part of that family unit, such as neighbours, close friends and distant relatives.

You must not question who a person says is part of their family and instead be accepting and inclusive of that person in the grieving process.

Impact on the community

Community responses to individual loss may vary according to how well-known those involved are. For example, in small, stable communities where the deceased and the bereaved are well-known, many community members are likely to attend the funeral and will want to help the bereaved. In other communities, losses may go unnoticed because the people involved are not known to them. In these circumstances, individuals or families may feel a sense of isolation and alienation.

You need to take the following into consideration when working with communities:

- the community's cohesiveness
- whether community members recognise and identify with others' losses
- the community's cultural mix; for example, some communities include mixed cultural groups, whereas others are fairly homogenous



- the community's location; for example, responses may vary between city and country communities
- the community's resources, such as access to welfare and community organisations, emergency services and hospitals.

Example

A story of impact on grief and bereavement on the whole community

Sometimes whole communities may be affected by grief, such as when there is a natural disaster or accidents involving community members. These events often draw people together as they face a threat or experience a common loss.

In 1997, Princess Diana died unexpectedly and tragically in a car accident in Paris. This event united billions of people globally, sharing feelings of grief and bereavement. Her funeral was watched by an estimated 2.5 billion people and more than one million bouquets were left outside her home.

Counselling services around the world reported an increased need for their services, with grieving people reporting depression, anxiety, substance abuse and days lost from work. In most cases it was not the shock of Diana's death that people were responding to. Rather, the impact of her death reminded the person of their own losses and triggered an emotional or physical response.

Though tragic and shocking, the community response and united grief and bereavement that followed provided comfort and relief for most people.

Different reactions to loss

What is considered an acceptable reaction or emotional response to death varies widely. For example, some cultures frown upon public displays of emotion, especially negative emotions such as grief; others consider public displays of grief important and necessary. Some people will have very specific spiritual practices that they must follow, and others will have none.

The table on the following page outlines further explanations for different reactions to loss.



Diverse aspects	Explanation for different reactions to loss
Social aspects of grief	The various bonds that the mourner had with the person including the family relationship, how close they were considered to be and what part they played in their life may determine the reaction to the loss. Other social aspects could include the person's education level and the ability to understand the circumstances behind the person's death.
Cultural and varying ethnic reactions to grief	Every culture has rituals and practices that are often based on their religious and spiritual traditions. The rituals and customs associated with mourning, such as funerals and wakes, provide a framework for expressing grief and receiving support from the community. You should provide culturally sensitive support by developing an understanding of the different practices associated with grief and loss.
Spiritual and religious beliefs relating to loss and grief	A person's spiritual or religious beliefs can help them make sense of death and ease the loss of someone significant. Most religions and spiritual traditions have a theory about the afterlife that allows those facing death, or those who are bereaved, to feel comfort in the idea of an ongoing existence.

Example

Different reactions to loss 1

Jody's family is very close and when Jody passed away from a long-term illness the family came together at Jody's daughter's house. They planned the funeral together, which honoured Jody's wishes of having a small funeral service and cremation with immediate family only. They spent time together crying, laughing and sharing happy stories of their memories with Jody. After the funeral service the immediate family went to the beach to spread Jody's ashes in the sea and mourned quietly together back at her daughter's house. Their family connection eased some of the grief that they all experienced.



Example

Different reactions to loss 2

Len was a well-known local man who lived in the town for his entire life. He spent his life raising money for local groups, had a keen interest in the local cricket club and owned the local butcher's shop. When Len passed away at the age of 92, his funeral was a public event the whole community could attend, come together and mourn his loss. His body was buried at the local cemetery and there was a public memorial on the cricket oval where people told lots of great stories about Len. The community cried, laughed together and remembered Len. After his passing it was decided the grandstand at the oval would be named in Len's honour, so the community always had a place to remember him and mourn his loss.

Example

Different reactions to loss 3

Jedda is a proud Aboriginal lady from the Yorta Yorta tribe living in inner-city Melbourne. Her father has just passed away at the age of 52 from heart failure. Jedda immediately returns to her lands and her people in north central Victoria. Grief and loss from the death of a family member is known as 'sorry business' and coming together as part of family and community is very important to ensure the spirit of her father can be sent on to the next world. A smoking ceremony is conducted to encourage the departure of his spirit and his name is not spoken. The ceremony for his passing lasts for the whole week and during this week the spirit of her father visits many of the community to let them know he is ok. The connections that Jedda feels to her people and the land is felt throughout this time and offers her some comfort throughout the grieving process.

Video: Sorry Business

Watch this video to view the Kombumerri Together Project on sorry business: aspirelr.link/yt-sorry-business

Uncle Graham Dillon talks about sorry business in the Kombumerri people after the death of a baby. What signs did he see in the mourners that showed respect for the people?



Example

Different reactions to loss 4

Feng's family immigrated to Australia from China 40 years ago and they have retained many of their cultural traditions. When Feng passed away the family contacted a feng shui master who determined the day and time for his funeral and burial. Feng was dressed in a bright red suit and honoured with three days of visitation before the funeral. Many people attended the funeral to pay their respects, bringing large wreaths of flowers, and incense was burned. Guests gave Feng's family money in a white envelope. The family observed a period of mourning for 49 days with the family praying for Feng every week. Observing these traditions kept Feng's family closely connected to their culture and helped them with the grieving process.

Example

Different reactions to loss 5

Darsh is mourning the recent death of his mother. As a Hindu ritual is to have his mother's body remain at her home until she is cremated, Darsh and his brothers spend time preparing the house for the many families and friends who will come to offer their sympathy. His mother's body will be placed on the floor with her feet pointed south, her body will receive a ceremonial bath and she will be dressed in red. Darsh must clear the house of any cooked meats and his family must now remain vegetarian for the next 13 days of grieving when they, and visitors, will partake in daily rituals, prayers and will be encouraged to mourn the loss of his mother. The family must also host other family and friends who wish to stay in the house and prepare communal meals for them. These rituals help Darsh to mourn his mother with people he knows loved her as much as he did.



Example

Different reactions to loss 6

Yawa has returned to Ghana after the death of her father. Yawa must be with her family, not only to mourn her father's passing but also to celebrate his life. The celebration is an extravagant event with up to 1,000 people expected to attend and the family hire a billboard to announce the funeral arrangements. Yawa's father was a carpenter so his coffin will be shaped like a hammer. As part of the funeral procession all will be encouraged and expected to cry and wail as this will show that he was well-respected and liked within the community. After the funeral the celebration will begin and last up to a week. Drums will be played, people will dance and feast in memory of Yawa's father. This celebration ritual gives Yawa a great sense of pride that her father was so well-respected and loved in the community. It also gives Yawa some comfort knowing he had so many people who loved him and were with him during his last years of life.

Video: Fantasy coffins in Ghana

Watch this video to view Ghana's unique take on traditional coffins:

aspirelr.link/yt-ghana-coffins

How does this unique form of coffin help celebrate the individual person's life?



For more information about grief reactions in different cultures visit:

aspirelr.link/grieflink-culture-reactions

Impact of trauma on individuals, family and the community

As previously discussed, almost everyone who experiences trauma will be emotionally affected and experience some type of grief. Traumatic experiences can lead to a variety of emotional and cognitive, behavioural and physiological responses. This leaves the person at greater risk for developing complex grief reactions that have an impact on their mental health.

Some people may emerge from a traumatic experience relatively unscathed with no long-term effects. Other individuals may be changed forever by the traumatic event.

If trauma is experienced in a family, they may have to work hard as a family to survive and adapt to their changing circumstances and environment. The stress and feeling of being overwhelmed can cause a family to feel alone and less able to



maintain vital family functions. The trauma can cause a traumatic stress response in family members with consequences that move through family relationships and have further reaching impacts.

Trauma can also impact the greater community when an unexpected event damages the collective community connection. For example, two much loved girls are involved in a car accident and one of the girls tragically dies. The driver of the car, the other girl, survives and is found to have alcohol in her system. This situation divides the community in their grieving process and ultimately damages the community connection and the social ties that bind them together.

Communities that work together through their trauma and subsequent grief are likely to emerge stronger and more cohesive. This sense of cohesion gives community members a sense of belonging and hope when events feel overwhelming and sad.

It is well recognised now that people or communities who experience a traumatic event may be susceptible to a mental health condition known as post-traumatic stress disorder.

Post-traumatic stress disorder (PTSD)

This is a mental health condition that may occur in people who have experienced or witnessed a traumatic event. This could include:

- being part of a war/combat
- a serious accident
- a natural disaster
- being threatened with violence.

People with PTSD can have intense, disturbing thoughts and feelings related to the experience that may last long after the traumatic event has ended. They may experience flashbacks and nightmares or relive the event as if it is happening again.

It is important to recognise that if a person is having persistent symptoms months or years after the event, they should seek professional medical advice.

For more information about PTSD visit:

aspirelr.link/hd-ptsd



Example

Different beliefs and practices of Aboriginal and Torres Strait Islander peoples

Beliefs and practices associated with death and dying vary between different Aboriginal language groups. Many Aboriginal people believe their spirit returns to 'The Dreaming' and to their sacred totem when they die. It is very important that the appropriate rituals and ceremonies are carried out when someone dies to assist them on their journey.

Aboriginal people take grief very seriously and it is important to show appropriate respect to the bereaved. This generally means not using the deceased person's name for a period of time and many Aboriginal groups prefer to talk about 'sorry business' rather than discuss specific details surrounding death and grieving.

Mourning practices may involve special dances and wailing songs. In some groups, the bereaved may make 'sorry cuts' in their skin to express their grief. Traditional Aboriginal people tend to be open in their expression of grief and they may show high levels of distress and sorrow. Funeral and mourning rituals typically take precedence over all other activities.

Practice Task 2

Question 1

Match each characteristic of diversity to its definition/description.

Social	The shared characteristics of a group of people influenced by race, religion, economic status, family life, health, educational or governmental system of their members.
Cultural	An inner sense of something greater than oneself, which may be met through faith or religion.
Ethnicity	The bonds a person forms with others such as family, friends and members of their community.
Spiritual	Racial, national, tribal, religious, linguistic or cultural origin or background.



Question 2

Explain two reasons why we need to consider a person's cultural background when supporting a person who is grieving?

Question 3

Consider the following scenarios and for each one, provide one reason why this loss may impact on the person's grief and bereavement.

- An 18-year-old boy dies in a car accident

- A mother who has not spoken to her daughter in 10 years passes away from cancer

- A man in jail for multiple historic assaults on children dies from COVID-19

**Question 4**

Which of the following statements are correct? Select yes or no for each one.

a. Older people usually have more experience of loss and often become more accepting of it than younger people.	Yes / No
b. Everyone has the same way of responding to grief and loss.	Yes / No
c. People do not have to be related by blood to be considered family.	Yes / No
d. The community's location may have an effect on the impact that a death has within the community.	Yes / No

1C

Identify risk to health and/or safety and make referrals

Loss, grief and bereavement are highly stressful experiences that can have a range of impacts on an individual's social and emotional health and wellbeing.

Health and wellbeing are based on a balance within a person's mental, physical, emotional and spiritual life. Negative life events, such as loss and grief, disrupt and unbalance an individual's sense of wellbeing and may leave them feeling unable to cope, becoming physically unwell or with emotional exhaustion or burnout. You need to be able to recognise and identify the elevated risk of negative impacts associated with loss and assist grieving individuals to obtain appropriate support.

While normal grief symptoms will gradually start to fade over time, the symptoms of complex grief can stay for longer or, in some cases, may even become progressively worse.

It is this complex grief that can present situations where there may be a risk to the health and safety of the person.

If any of the following situations continue for a prolonged time we must assess, attempt to identify the risk and refer the person to an appropriate professional for further support.

Situations of high concern include:

- isolating long-term from others
- experiencing ongoing signs of depression
- believing they could have prevented the death
- feeling life is not worth living without their loved one
- wishing they had died with the loved one.

Hazard

A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

Scope of practice

Procedures, actions and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Manage risk

Identifying and managing risk to the health and safety of the person involves thinking about what could happen if the person is exposed to the **hazard** and then considering the likelihood of something happening to the person's health and safety from this. In this case the hazards the situations of high concern listed above.

As in all community services sectors there must be a process followed to determine any outcome and records kept of what has been done. In a case of identifying risk, you would need to follow the guidelines of your workplace and your **scope of practice**.



Within your workplace you will have a workplace risk identification process that must be followed. This will help you to:

- identify the risk
- take appropriate actions
- make appropriate referrals.

Using the same risk process for all people will give you a standard process to follow and a baseline of how to assess the risk. It will also help to establish a rating which determines which risks need urgent follow-up and which can be referred on to others for further assessment.

It is part of your **duty of care** that if you believe your client, their family member or a work colleague is at risk of harm to themselves or to others then you must report this to the appropriate people. In most cases this will be your supervisor or manager. But in emergency cases you will need to contact 000.

Duty of care
A moral or legal obligation to ensure the safety and wellbeing of other persons.

Common risks to health and wellbeing

Understanding the risks to the person who is grieving can help you determine what action should be taken next. You will often see a primary risk that may develop into a secondary risk that, if left untreated, may increase the risk of depression and disenfranchised grief. The following table outlines some common situations and the related risk to the health and wellbeing of the person.

Aspect of health and wellbeing	Primary risk	Secondary risk if primary is left untreated
Social health and wellbeing	Withdrawal from society. Risk of: <ul style="list-style-type: none"> • losing friendships and support system • becoming socially isolated. Unrealistic expectations of others. Risk of: <ul style="list-style-type: none"> • conflict with those in the support system • negative judgements. 	<ul style="list-style-type: none"> • Mental health problems including depression or social anxiety • Insomnia • Cognitive decline • Obesity • Increased stress • Disenfranchised grief
Emotional health and wellbeing	<ul style="list-style-type: none"> • Anger and resentment • Deep and ongoing sadness • Loss of interest in things that use to bring pleasure 	<ul style="list-style-type: none"> • Increased substance abuse • Thoughts of self-harm • Signs of clinical depression • Suicidal ideation



Aspect of health and wellbeing	Primary risk	Secondary risk if primary is left untreated
Physical health and wellbeing	<ul style="list-style-type: none"> • Shortness of breath • Loss of appetite • Headaches and body aches • High blood pressure • Worsening of pre-existing conditions 	<ul style="list-style-type: none"> • Cardiovascular health decline • Increased risk of stroke • Cognitive decline leading to increased risk of dementia • Weakened immune system giving increased risk of viruses and illnesses

Risks to the safety of the person

Some situations of high concern to the safety of a person, or other people who have been experiencing ongoing loss and grief, include those who are showing long-term signs of depression and/or suicidal ideation.

Both of these signs put the person at increased risk of harm and should always be treated as having an immediate high risk for their health and wellbeing and safety.

Depression will be discussed below.

Identifying and assessing an individual’s suicide risk will be discussed further in topic 1D.

For more information on suicidal thoughts and where to get help visit:
aspirelr.link/suicide-warning-signs

Distinguish between grief and depression

Grief and depression are often confused because they share several similar symptoms, such as deep sadness and physical complaints including loss of appetite and sleep disturbance.

The main difference between grief and depression is that with grief the symptoms are present for a relatively short time, whereas in depression they are ongoing.

With grief, a person’s mood tends to fluctuate. Grieving people experience a range of emotions, including positive emotions such as happiness and a sense of hope for the future. In depression, feelings of emptiness and despair are constant, as is a loss of self-esteem. Bereaved people may also experience decreased self-esteem, but this is usually transient.

It is important that you recognise signs that indicate a person may need additional support or professional help to deal with their grief. People often appear depressed after a loss so, to help a person obtain the most appropriate support and care, it is important that you understand the difference between a grief response and depression.



Warning signs of depression may include the person:

- feeling an ongoing sense of numbness and disconnection from others
- experiencing a range of physical symptoms
- showing signs of deep ongoing sadness
- having difficulty carrying out basic tasks such as maintaining hygiene, cooking or going to work
- making statements about life being meaningless or not worth living.

The differences between grief and depression

It is common for people to experience sadness and reactive depression after a loss. However, if a person’s feelings of deep sadness continue and become more pervasive over time, they may be suffering clinical depression.

Please note, if you identify symptoms of depression in the person you support, make sure you refer them for appropriate professional help, such as to a doctor or psychologist.

The following summarises the general differences between grief and depression for several factors:

Factor	Grief	Depression
Energy Levels	Person may experience fluctuating energy levels and be agitated or restless for a period of time.	Person may have a lack of energy and interest in life.
Mood	Mood fluctuates and the person can still experience moments of enjoyment in life.	Person’s mood is low, and they have an all-pervading sense of gloom and sadness.
Self-esteem	The person may experience temporary loss of self-esteem.	The person experiences an ongoing loss of self-esteem.
Thoughts	The thoughts of the person are focused on the deceased.	The thoughts of the person may be focused on themselves.
Suicidal Ideation	Usually does not occur during the grieving process.	May occur in depression.

Signs of mental illness

When people have difficulty coping with grief and trauma, they may become more vulnerable to a range of mental health problems.

Unresolved grief and trauma can make people susceptible to depression and anxiety disorders and exacerbate existing mental health conditions. You should be able to



distinguish between grief and trauma reactions and other mental illnesses.

People with a pre-existing serious mental illness, such as schizophrenia or bipolar disorder, may experience a difficult grieving process. Symptoms such as mood swings, depression, hallucinations and delusions may be magnified by grief or other stressful life events. It is important that a person with mental illness has adequate support from their doctor or other mental health professional if they are experiencing grief or trauma.

Ways to seek advice or make referrals

There are many options for support services and professionals that meet the current and future needs for the health and safety of a person who is at risk due to complex grief reactions.

Supports can help the person to manage a current crisis. They can also be put in place to divert a potential crisis and reduce the risk of future harm to the person and/or to others. The first point of contact is often, but not always, the person's own doctor.

Your role might involve helping the person to identify services and supports that could assist them, or you might support the person in a practical way by making the referral for them.

Whether you are suggesting options or making referrals, consider any barriers that might limit the person's motivation or ability to seek help. Barriers can sometimes be overcome or reduced by selecting a support service that is the right fit for the person.

For example, Aboriginal Controlled Community Organisations (ACCOs) can provide specialist support for people from Aboriginal and Torres Strait Islander backgrounds, in order to help overcome barriers and gaps that exist in accessing community, health and mental health services. Other services can provide specialist support for people from different cultural backgrounds, young people, people who identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI) and other groups with particular needs.

Follow referral procedures

You will always need to be aware of procedures that are in place for referrals, as referral protocols vary between services and work roles. In most cases, you will need to obtain the client's consent to make a referral.

Here are examples of how you can determine the correct procedures:



Referral type	Protocols and policies
Referral protocols from your own service	Read and follow your service policy and procedures for making referrals. This will include information about: <ul style="list-style-type: none"> • which job roles are permitted to make referrals • requirements for privacy and confidentiality of client information • how to seek client consent before making a referral.
Referrals to a professional or external service	Most professionals and services have procedures for making a referral. These procedures can often be found on their website or by making enquiries by phone. <p>Procedures for referrals might include:</p> <ul style="list-style-type: none"> • whether a referral is needed to access all or parts of the service • how a referral is made, such as by phone or in writing • professionals or authorities who are permitted to make the referral, such as doctors or police officers • documentation that must accompany the referral • waitlist times • privacy and confidentiality requirements and protocols • other services that information will be shared with.

Types of referrals

If a person's ongoing grief reaction or mental health crisis is not an emergency, the best starting point for referrals is often their doctor or general practitioner (GP).

The person should book a double appointment so that the GP can spend time with the person to assess their needs.

A GP can:

- complete a mental health assessment, using a series of questions about the person's mental health status
- help the person create a mental health treatment plan
- refer the person to a psychologist, psychiatrist or other professional, such as an alcohol and other drugs (AOD) counsellor
- prescribe medication to treat depression or anxiety.

Mental health referrals

A mental health treatment plan is written in collaboration with the GP and the patient. It includes agreed treatment options and support services, such as an agreed number of visits to a psychologist.



In Australia, free or subsidised mental health treatments such as visits to a psychologist can be provided for people who score a certain level on a standard mental health assessment. A mental health treatment plan must be completed to claim subsidies for psychology. If cost is an issue for the person, you or their GP might help them to find a psychologist that bulk bills so that there are no up front charges.

A mental health treatment plan allows the person to claim up to 20 free or subsidised sessions with a mental health professional in each calendar year. These sessions can be taken in person or via **telehealth**.

Telehealth

A consultation with a healthcare provider by telephone or video call.

For more information about Medicare funded mental health treatment, visit:

aspirelr.link/mental-health-services-medicare

Video: How Kendal is keeping connected through digital healthcare



Watch this video about one person's story of the success of Telehealth:

aspirelr.link/yt-digital-healthcare

How did having access to Telehealth keep Kendal connected to her specialist in Brisbane when she moved to Melbourne?

Social workers can help to link people in crisis to the right support services.

They can help clients who, due to complex grief, are at risk of:

- homelessness
- mental health concerns
- financial difficulties.

The person can access help from a social worker at no cost by contacting or visiting Centrelink.

For more information about accessing a social worker through Services Australia visit:

aspirelr.link/social-work-services

Centrelink can help vulnerable people with financial and other supports during times of crisis, or to help them avoid a crisis. This can come in the form of regular or one-off payments, practical support or emotional support.

For more information about Centrelink supports visit: aspirelr.link/appointment-service-care

If you have a reasonable belief that a child needs protection, you or your service must contact one of the following:

- the police
- the department in your state or territory that oversees child protection
- first point of contact child protection services, such as Child FIRST.



Phone and online supports

Phone and online supports, such as Griefline, can be a useful backup for people who might prefer anonymous support, or for after hours contact.

Just knowing that this service is available can be enough to provide peace of mind that there will always be help available.

For more information about Griefline visit:

aspirelr.link/griefline-tele-support

Video: You don't have to face your grief alone

Watch this video to view what services Griefline offers:

aspirelr.link/yt-griefline

What are the benefits of having access to a support service like Griefline?



Example

Situations requiring a referral

After his wife dies in a car accident, Brian tries to keep himself together for the sake of his children. His wife died instantly in a head-on collision while driving. Brian thinks he is doing okay, but he is troubled by the traumatic nature of her death. Thoughts and images keep popping into his head and he tries to carry on with his life but finds it increasingly difficult. His asthma is getting worse, he finds it difficult to get out of bed in the morning and do basic things like make breakfast. He does not feel like seeing anyone or doing anything and wonders if life is worth living. His wife's parents offer to take care of the children for a while, but Brian feels they are actually planning to try to take the children away from him.

A friend, Julie, who is a community service worker comes to visit him. She explains that if he does not get help he may not be around to see his kids grow up, so Brian decides to take action. Julie tells him that he is experiencing symptoms of unresolved grief and trauma and that he needs to get help. She recommends he see his doctor about his health concerns and ask for a referral to a counsellor to help him deal with his reactions to his wife's death.



Practice Task 3

Question 1

Identify three situations of high concern where the person’s health and wellbeing may be at risk.

Question 2

Match the risks that may affect the safety of the grieving person to the correct category.

Increased substance abuse
Mental health problems including depression or social anxiety
Thoughts of hurting themselves
Weakened immune system giving increased risk of viruses and illnesses
Insomnia
Increased risk of stroke

Physical health and wellbeing
Social health and wellbeing
Physical health and wellbeing
Emotional health and wellbeing
Social health and wellbeing
Emotional health and wellbeing

Question 3

Which of the following are signs of depression? Tick all that apply.

- The person may have a lack of energy and interest in life.
- The person experiences an ongoing loss of self-esteem.
- The person is reluctant to socialise but with encouragement will go out.
- The person’s mood is low, and they have an all-pervading sense of gloom and sadness.
- The person may experience suicidal ideation.



Question 4

What is it called when you have a legal or moral obligation to take reasonable steps to protect the safety and wellbeing of others?

Question 5

What health care professional is normally the first point of contact when a referral is needed?

1D

Identify and assess suicide risk and refer to appropriate services

No matter what area of community services you work in, you should have an understanding of how to identify and provide effective support to a person at risk of suicide. A person experiencing intense and complex grief reactions is in a high-risk category for suicidal ideation.

It is important to recognise the signs of when a person is at risk of self-harm and refer them to the appropriate support service. One of the ways a support worker can identify the person at risk of self-harm is through effective communication skills.

Suicidal ideation

Suicide is not always openly discussed, often because it is tied to feelings of embarrassment and shame.

Tragically, these feelings stop some people from getting the support they need. Sometimes there is no obvious trigger or life situation that leads a person to have ideas to end their own life. At other times, there can be clear reasons for the person's feelings of desperation, despair or hopelessness. These feelings can be triggered or complicated by events and situations such as relationship breakdowns, unemployment, complex grief and loss, ill-health or loneliness.

When working with people who have suffered a loss and are grieving be alert for these signs.

While suicidal thoughts can affect anyone from any section of society, there are some groups at greater risk than others. People who have made previous attempts to end their life are one of the highest risk groups.

Other risk factors can include:

- people with a mental illness
- youths
- people who identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI)
- men in rural communities
- older people
- Aboriginal and Torres Strait Islanders
- people with social problems such as gambling.

Sources: Department of Health, *suicide risk assessment* <https://www.health.vic.gov.au/practice-and-service-quality/suicide-risk-assessment> accessed 30 May 2022

Australian Government department of health, *Evaluation of suicide prevention activities* <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/suicide-prevention-activities-evaluation~Appendices~appendix~results> accessed 30 May 2022

Indicators that a person might be at risk of suicide

It is important to look for small clues in the person's conversation if you suspect they are at risk of harm or distress.

The stigma, guilt and strong emotions associated with crisis situations like self-harm or suicide can make people feel ashamed to talk. They may be unable or unwilling to articulate their distress. They might also be frightened of repercussions or fearful of the responses of medical professionals. However, sometimes this distress can be identified in other types of speech.

Many people who are planning to end their own lives give verbal or nonverbal clues about their intent. They might say it outright such as, "I wish I was dead". Or they might make more veiled comments such as, "You won't have to bother with me anymore."

The person might talk of feeling worthless, useless or hopeless. Death or suicide themes might dominate their speech, as well as any written, artistic or creative work.

They might talk of making final arrangements such as making a will, or start giving away valued possessions. If the person has made previous attempts to take their own life they might return to talking about this. They might also appear to be saying a form of goodbye, such as telling you that they have appreciated what you have done for them.

Some people suddenly appear to be happy after a lengthy period of depression. This can falsely reassure others that they are doing well, when in fact their happiness can come from a sense of relief that they have made the decision to end their life.

Non-verbal clues a person might be at risk

Even if the person is attempting to hide signs that might indicate emotional changes such as fear, anxiety or sadness, they can be present on their face and in subtle body language.

Here are some examples of nonverbal communication that may indicate someone is at risk:

- The person might not smile in the way they usually do, or they might sit in a closed, defensive posture, with a stony face, as if to say, "I don't want to open up to you."
- They might look distracted or be unable to focus on the conversation or meeting.
- They might be teary or show signs that they have been crying.
- They might be argumentative, angry or dismissive.

Identify reactions that may indicate risk of harm and suicide

Every person is unique, and there are many different reactions in the person's behaviour that might indicate they are facing a personal crisis or are trying to hide abuse or violence.

Unusual behaviour that is out of character for the person might alert you to the need to pay closer attention, and to consider whether the person is at risk.

Here are some examples:

<p>Anti-social behaviour</p>	<p>The person might show signs of reduced social activity, such as not attending school or work, or dropping out of their usual social engagements. They might be reluctant to return calls and refuse appointments or visits.</p> <p>Some people who are in crisis might display violent, argumentative or disruptive behaviour as a result of extreme distress. This can often lead to problems with relationships.</p>
<p>Risk-taking behaviour</p>	<p>Increased or heavy use of alcohol or other drugs can be a sign that the person is not coping. A child might run away from home frequently, or truant from school. An adult might take many days off work without seeming to care about the consequences. The person might take other risks such as driving their car dangerously or spending money they don't have.</p>
<p>Inability to focus</p>	<p>The person might have trouble focusing on your conversation or lose track easily of what they were saying. They may show a drop in performance at school or work. This can lead to more obvious problems such as the threat of losing their job.</p>
<p>Hiding injuries</p>	<p>The person's behaviour might seem strange, suspicious or unusual. This can sometimes be a sign that they are trying to deflect attention away from something they do not want you to know.</p> <p>They might be focussed on hiding self-inflicted injuries or signs of physical violence on their bodies. This may mean they avoid situations where their arms or legs are exposed such as swimming, or they might dress in long sleeves on a hot day.</p> <p>They might sit or stand in an awkward posture in an attempt to hide injuries; they might wear a lot of makeup or a scarf or hat.</p> <p>If they live in a residential setting, they might hide their clothes or wash them separately to avoid others seeing blood resulting from physical or sexual violence. A person who is considering or using self-harm might also hide objects such as razor blades or lighters in unusual places.</p>



Self-harm

The most common methods of self-harm among young people are cutting parts of the body and deliberately overdosing on medication (self-poisoning). Other methods include burning the body, pinching or scratching oneself, hitting or banging body parts, hanging and interfering with wound healing.

The number of young people who die by suicide in Australia each year is relatively low compared with the number who self-harm. In many cases self-harm works as a coping mechanism to help the person to continue to live rather than ending their life. For many people, self-harm is a way to alleviate intense emotional pain or distress, or overwhelming negative feelings, thoughts or memories. Other reasons include self-punishment, to end experiences of dissociation or numbness, or as a way to show others how bad they feel.

Self-harm

Causing deliberate physical harm to a person's own self, with or without the intention to end their life.

Risk factors for self-harm

Some groups or people with certain experiences are more at risk of self-harm than others.

All groups of people can have thoughts or actions relating to self-harm. However, there are statistics that show it to be more common in certain groups. Here are some examples:

- People with a mental illness such as depression and anxiety.
- Youths with traumatic upbringings such as a history of physical or sexual abuse, bullying, family history of mental illness or other trauma are among the highest groups at risk of self-harm.
- Certain personality types can be a factor in the tendency to self-harm. This includes people with addictive personalities such as those who use drugs and alcohol, people with low self-esteem and people who define themselves as perfectionists.
- Younger females are more likely to self-harm than younger males, but females are less likely to carry out suicidal thoughts than males, both young and adult.

Sources: Better health channel. *Self-harm and self-injury* <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/self-harm#who-is-at-risk-of-self-harm> accessed 30 May 2022

Headspace. *Understanding self-harm for health professionals* <https://headspace.org.au/professionals-and-educators/health-professionals/resources/self-harm/> accessed 30 May 2022

Required responses about suspected suicidal ideation

The purpose of asking a person about thoughts of suicide is to assess the risk of harm by ascertaining whether suicidal thoughts are present and, if they are, the risk of immediate harm.

People are often concerned about raising the issue of suicide with someone who may be at risk, fearing that discussion may encourage a vulnerable person to act on thoughts of ending their own life. In fact, a troubled person may be relieved that somebody has recognised that living has become difficult for them.

Always take talk of dying or suicide seriously, no matter how many times the person may have threatened suicide in the past.

However difficult, it is usually best to ask directly if the person may be contemplating ending their life. You might say something like, “When you made that joke before about dying, I felt concerned that you might have meant it. Are you considering taking your own life?”

Your question in itself will not contribute to it happening. Not asking the question, however, will prevent you from ruling in or ruling out possible courses of action that may save a life.

If the person agrees that your suspicions were correct, or if their response gives you continued or further cause for concern, show them that you care what happens to them.

Some questions that you might ask now include:

- When did these thoughts begin?
- How often are you having these thoughts?
- Do you feel able to control them?
- What has stopped you from acting on your thoughts so far?
- Have you made any plans?
- How often do you think about this plan?

If you have established rapport with the person and they feel they can trust you, they are unlikely to react to your respectful concern with anger. However, if a person does become angry, this may be a strategy to hide deeper feelings that they are having difficulty expressing.

When there is immediate risk

If there is an immediate risk, or if you are unsure, do not leave the person alone.



Contact a mental health crisis team or, if it is an emergency, call an ambulance. Inform a supervisor about your concerns and seek further assistance from them. If the person insists on leaving, calling the police might save the person's life, especially if they leave in a distressed state.

If the person lives in a facility, remove access to medication, ropes, knives and other means for the person to take their life, wherever possible.

Questions you might ask yourself include:

- Does the person have access to means to carry out their plan? For example, is there a firearm available?
- What is the person's occupation? For example, police officer, farmer (access to guns), health worker (access to drugs).

Work role boundaries: responsibilities and limits

Your job or position description will be given to you when you apply for your job, or when you start work. It outlines the main tasks you are responsible for and who you report to. It should explain how, where and when you need to work. You need a good understanding of your role.

Sometimes you may be asked to do things that are not part of your duties and if you do them, you are working outside your job role. If it is not clear what your duties are in your job description make sure you ask. You may need to check with your supervisor or look up a policy or procedure. You could also ask a more experienced colleague for information. It is always better to ask questions and make sure you are doing the right thing.

Understanding your role and responsibilities allows you to carry out your tasks efficiently, and in accordance with legal and ethical requirements. You need to know your level of authority and who to contact if you need advice or support. There are several ways you can get to know your role and your responsibilities as a support worker, including:

- your job description
- individual plans
- duty-of-care requirements
- your supervisor.
- organisational guidelines

Conditions such as mental illness, intellectual disability or dementia can affect a person's ability to clearly express their needs and can lead to behaviours that are outside the scope of your training to manage. In such situations, you may be able to discuss the difficulties with your supervisor, or request that a health professional (such as a behavioural psychologist or GP) assess the person's needs.

For more information about seeking immediate assistance in suicide visit: aspirelr.link/lifeline-support



Video: Life changing conversations

Watch this video to view life changing conversations about suicide:
aspirelr.link/bb-suicide-prevention



Why do videos such as this one make the discussion about suicide feel more valid and real?

Privacy

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Duty of disclosure

The obligation to pass on information required to keep a person safe, even when they request confidentiality.

Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

Privacy, confidentiality and disclosure

You have a **duty of disclosure** to pass on information needed to keep a person safe, even when they ask you to keep it confidential.

Sometimes a person might disclose information about a risk of harm, such as suicidal thoughts, but ask you not to tell anyone. The risk of suicide is one of a few situations where you **MUST** break **confidentiality**. You have a duty to tell others, but only those who need to know such as a supervisor, if there is a risk that the client might use violence or abuse to others, or if they intend to suicide or self-harm.

Your organisation will have procedures and guidelines to ensure that legislation is followed. You will also be provided with training about what you must disclose under the law. Once you have disclosed information to your supervisor or manager they must follow up on your information in a timely manner and get the support that is needed for the person.

If it is an immediate threat to someone's life then emergency services should be called.

Never promise to keep such information secret. Your duty of disclosure means you may need to explain this to the person even after they have told you the information.

Example

Asking questions about suspected suicidal ideation

Joseph is in his late 80's and lives in a residential aged care facility in a semi-rural area. He lost his wife of 50 years six months ago, and he has been grieving for her ever since. His mood in the past few weeks has been low. He has been quiet and resistive to care, has avoided talking much about himself and has withdrawn from the friendships and activities that he once enjoyed.



This morning however, the service manager, Karlene, notices that Joseph looks much brighter. The other staff are commenting on how great it is to see him smiling, and he is telling them individually how much their care has meant to him. Visiting him in his room, Karlene asks Joseph why his treasured miniature train collection that has always lined the shelves is not there. Joseph replies that he gave one piece of the collection to each of his grandchildren when they visited him at the weekend.

He tells Karlene that he is planning to take a walk alone later today and Karlene sits down next to Joseph and asks him directly about his feelings. She says, “Joseph, you are showing signs that you suddenly feel better, and you have given away your treasured possessions. These things are often a sign that a person who is depressed is planning to end their life. I feel worried that you might be having thoughts of doing that. Are you thinking of ending your life?”

Joseph shakes his head silently and refuses to talk further. Karlene tells Joseph that she is there to help him if he needs help. She asks if he would like to speak to a counsellor or a priest, and Joseph says yes. She asks the other workers to help her watch Joseph and to delay him if he wants to leave for his walk.

Even though Joseph did not admit his feelings to Karlene, he did admit to how he was feeling in a conversation later that morning with his priest. Joseph was able to get the emergency supports he needed, including a review from a psychiatrist, who helped him with medications and counselling to see him through to a place where he could enjoy life again.

Karlene’s concerns and intervention may have saved his life.



Practice Task 4

Question 1

Which of the following statements relate to risk of suicide? Tick all that apply.

- People from low socio-economic groups are at significant risk of acting on suicidal ideation.
- Self-harm is the first sign that a person is at risk of suicide.
- People who have made attempts to end their own life in the past are a high-risk group for suicide.
- People living in aged care are more likely to want to commit suicide if they have dementia.
- Men in rural communities are a high-risk group for suicide, especially when there are signs of mental illness.

Question 2

What should your reaction be if there is an immediate health concern or emergency relating to someone's life?

Question 3

List two reactions that you might see that may indicate a risk of suicide.



Question 4

Suggest why a worker might have concerns about raising the issue of suicide with a person who may be at risk.

Question 5

Which of the following statements are correct? Select yes or no for each one.

a. If a client discloses to you that they are thinking of or are going to act on suicidal ideation you must tell someone even if they ask you not to.	Yes / No
b. If a client talks about their intentions of harm or suicide, you should alert all of the staff.	Yes / No
c. When a client discloses information about wanting to harm themselves you have a responsibility to record their intentions in their case notes and ensure their privacy is respected.	Yes / No
d. There are only a few situations where you cannot share information about a client's intention to harm themselves.	Yes / No

Question 6

Name three ways you can become familiar with the responsibilities of your work role.



Summary

- When a person loses someone close to them or loses something personally significant to them, they experience grief.
- Loss and grief may affect people in many ways and impacts families and communities.
- Grief includes a wide range of emotions, thoughts and behaviours. While a grieving person may experience many common feelings and reactions, it is important to remember that responses may differ.
- You need to consider cultural and other differences when supporting individuals.
- Loss, grief and bereavement are highly stressful events that can have a range of impacts on a person's health and wellbeing. You need to recognise signs of negative health impacts and support the person to address these issues appropriately.
- Disenfranchised grief occurs when a person's loss and grief is not acknowledged or recognised by others.
- Modern approaches to loss and grief recognise that grief is a process that ideally ends with the bereaved individual coming to terms with and integrating their loss into their lives. It is important to understand how this occurs so you can support the person.
- Identify situations where there may be risk to the health and safety of the person or other people and make appropriate referrals.
- Identify persons at risk of suicide and manage the risk accordingly.
- Understand your duty of care to the person at risk of suicide and when you should immediately seek help.
- Work within your job role boundaries but maintain your legal responsibility under duty of disclosure.



Learning Checkpoint 1

Provide loss and grief support

Part A

1. Which of the following statements relate to common reactions to loss and grief?

Tick all that apply.

- Shock can mean that a surge of adrenalin makes the person feel physically sick and their chest may feel tight.
- A surge of adrenalin can cause the person to feel depressed and withdrawn.
- The person can lash out at others with angry words.
- The person may feel detached or have a confused sense of time.
- The person may want to spend all their money because they feel overwhelmed by the money they have.

2. Match each situation of loss to its description.

Cumulative Loss	The loss of a job, divorce/separation, the death of a beloved pet.
Integration of loss	The loss of good health leading to losing their job and losing their mobility and independence.
Primary Loss	The loss compounds into a complex grief reaction where the person feels overwhelmed.
Secondary Loss	The loss reaches a stage where the person has some 'closure'.

3. People experiencing disenfranchised grief often feel they are unsupported or isolated in their grief. Give two reasons why this may occur.



4. What is complex grief? Provide two examples of when complex grief might occur.

5. Which of the following statements about diversity and grief and loss are true. Select 'Yes' or 'No' for each one.

a. In Aboriginal and Torres Strait Islander culture a smoking ceremony is conducted to encourage the departure of the spirit and the deceased person's name is not spoken.	Yes / No
b. The response to grief is common to everyone and is something we all share.	Yes / No
c. In some cultures the mourning can continue for over a month.	Yes / No
d. People who cannot follow their traditional practices associated with bereavement may experience further stress and unresolved grief.	Yes / No

6. Which of the following statements relate to the impact of grief and bereavement on people and their community? Tick all that apply.

- People need to express their grief and loss without expectations about the way they should be expressing their grief.
- Some people prefer to grieve in a very private way, not displaying signs of emotion.
- You must not judge who a person says is part of their family.
- People can feel isolated and alienated if they attend a funeral of person they did not know well.
- The definition of 'family' means that people are related by blood.
- In some communities many community members are involved in the preparations and attendance in the mourning process.



7. Identify at least three behaviours that may indicate risk of suicide.

8. Name three different contexts or circumstances that can complicate the impact of loss and grief when someone has died.

9. Name the three outcomes of completing a workplace risk assessment to identify situations where there may be a risk to a person.



10. Provide examples of types of referral used in each of the following situations:

- A person is experiencing complex grief and has approached their GP for some help and support.

- A widowed mother has been finding it difficult to pay the rent and is experiencing financial difficulties.

- A man has found himself homeless after the death of his mother who was his primary carer.

- You are told by a child you provide support to that they are scared of their mother as she sometimes beats them with a belt.



11. Match each term about common risks to health and wellbeing to its description.

Emotional health and wellbeing	<ul style="list-style-type: none"> • Withdrawal from society • Losing friendships and support system • Becoming isolated
Physical health and wellbeing	<ul style="list-style-type: none"> • Anger and resentment • Thoughts of self-harm or suicidal ideation • Signs of clinical depression
Social health and wellbeing	<ul style="list-style-type: none"> • Shortness of breath • Loss of appetite • Headaches and body aches

12. List two risk factors associated with risk of suicide.

13. Provide two examples of circumstances when you may have to disclose information about a person without their consent.

14. Suggest three things you can do to confirm your work role responsibilities.



Part B

Read the case study and answer the questions that follow.

Case study

George, aged 96, has recently moved to the residential aged care facility where you are employed. He has moved reluctantly after having a fall and breaking his hip.

George has had many happy experiences in his life. He was married twice, each time for over 25 years, raised two sons who now have given him several grandchildren and enjoyed many overseas trips with each wife.

He has also experienced a lot of loss and grief in his life including the loss of both wives, comrades in the army during World War II and none of his siblings living past childhood.

George is from the old school of grief where you can't let life get you down and must keep going. He is often heard saying, "You've got to deal with what you're dealt with in life" or, "No point worrying about it, life must go on".

George, who is usually happy, smiling and full of enthusiasm, has now become withdrawn, does not want to participate in any activities and has not been seen laughing for months. His sons are becoming concerned about him and are seeking support from the facility.

1. Apart from the losses mentioned in the case study, name three other types of loss that George may have experienced.



2. List two signs that indicate George may be at risk of depression.

3. George has reluctantly agreed to speak to a counsellor about his low mood. Why do you think he is reluctant?

4. Suggest who would be an appropriate referral for George to get a mental health plan?

George confides in you that he has been spitting out his sleeping tablets at night and keeping them so that one day he can use them all to take his own life. He asks you not to tell anyone about this.



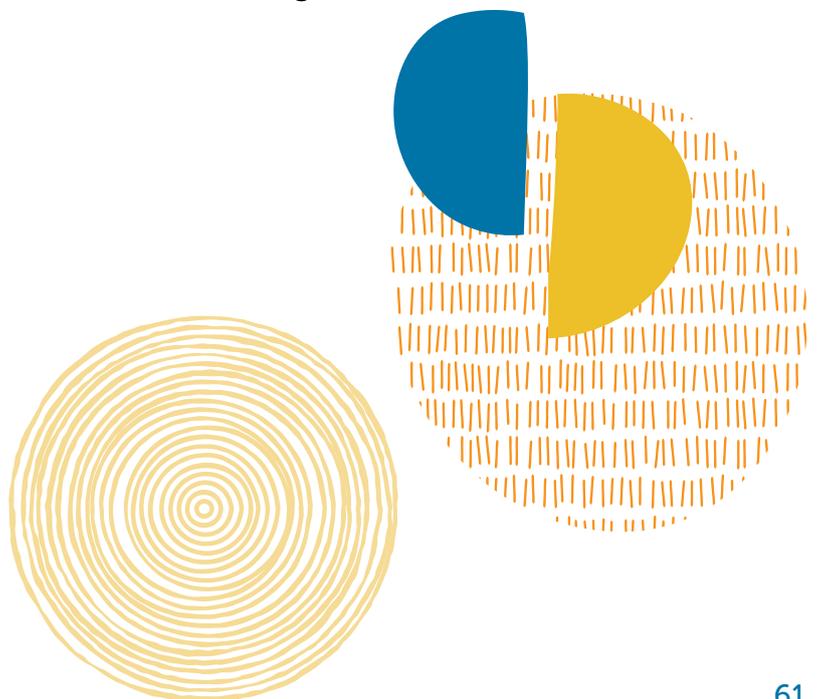
5. Define duty of care and briefly outline your duty of care responsibilities in this situation.

6. How would you respond if George insists on leaving the building in a distressed state after he has told you he has thoughts and ideas of suicide?



Topic 2: Engage empathetically

- 2A Interact with empathy, sensitivity, professionalism and courtesy
- 2B Identify and respect social, cultural, ethnic and spiritual differences
- 2C Use appropriate communications to acknowledge emotional needs



2A

Interact with empathy, sensitivity, professionalism and courtesy

People who are grieving as a result of loss are emotionally vulnerable.

The most important support you can provide someone is to listen to them and acknowledge their loss. You should never tell a grieving person how they should feel or how to deal with their grief. Your ability to listen empathetically and communicate in an appropriate manner helps the grieving person to feel supported and to trust you to provide them with the support they need.

A person who is experiencing loss and grief can often feel confused, isolated and alone in their experience. They often believe that no one can truly understand what they are feeling or going through at this time in their life. One of the most important things that you can do at this time is to interact with that person with **empathy** and allow them to express and truly experience their feelings, with no judgement or bias.

Empathy

The ability to understand, share and identify the feelings of others.

Empathy is the ability to recognise and feel the emotions of other people while also being able to understand their thoughts and perspectives. Having a trusted person who is empathetic and reliable in their approach and interactions can help with the grieving process. Empathy allows you to connect with how the grieving person is feeling and understand the emotional place they are in.

There are three universally recognised different types of empathy: cognitive, emotional and compassionate.

Cognitive empathy	The ability to understand what another person might be thinking or feeling. You are able to understand the grief and loss from the person's perspective.
Emotional empathy	The ability to share the feelings of another person. You can actually feel distress and emotions in response to that person's emotional pain.
Compassionate empathy	The active part of empathy where you take practical steps to try and reduce the person's emotional pain.

Empathy vs sympathy

People often confuse empathy and sympathy but in fact they are very different. Sympathy is the act of showing compassion. You might say things such as, "I am very sorry for your loss" or, "It must be hard now that your mother is gone", or you may cook a meal for the grieving person, deliver some flowers or attend a memorial



service to show your sympathy. Showing empathy, however, involves more than just a statement or condolence.

Not all people are born with natural empathy and generally it is something that we all need to work on, learn and develop over time through our **emotional intelligence**. This may require you to commit yourself emotionally and practice the required skills.

Here are three ways you can practice empathy in your daily life:

Seek out new perspectives or experiences	Be open to learning and being curious about how other people live. Talk to and develop relationships with people outside your family or social circle. Have honest conversations with them and try to connect.
Take opportunities to emotionally connect with people	When people open up to you about their own feelings, try to identify with them and make yourself vulnerable to them. Even if you cannot think about being in the exact position that they are in, think back to a time or situation where you had similar feelings or emotions.
Acknowledge your own biases	We all have innate biases that we have learnt and developed over time. For example, this may be the way you believe certain groups of people act based on their race, or that you think older people are judgemental. These thoughts become ingrained in your mind and affect your ability to interact in an open-minded manner with certain people. Acknowledging what your biases are will help you to develop and improve your own emotional intelligence.

Emotional intelligence
The ability to understand and manage your own emotions and those of people around you.

Video: The power to feel and connect with others

Watch this video on the power to feel and connect with others to understand empathy: aspirelr.link/esafety-empathy

What connection does the young man in the video have with the person who is in crisis to allow him to show empathy?



For more information about emotional intelligence visit:

aspirelr.link/education-emotional-intelligence

Actions that demonstrate empathy

There are several steps that you should take in your initial conversations with the person experiencing loss and grief. The first is to make sure that you acknowledge their loss when you first meet or have contact with a person who is recently bereaved. A grieving person needs to feel that their loss is recognised and understood.

Strategies for responding empathetically to a person's needs are outlined below:



Actions	Description
Acknowledge the loss	Acknowledging that you are sorry to hear of the death shows the grieving person that you recognise their loss and want to acknowledge and be respectful of the person who died. Make sure you use the deceased person's name unless the person you are supporting is an Aboriginal or Torres Strait Islander person, in which case it may not be appropriate to use the deceased's name.
Make listening a priority	Allow the grieving person to talk about their loss and the person who has died. If they do not want to talk, respect their choice and make sure you are comfortable sitting with them in silence. Your main role is to listen and be empathetic, accepting and non-judgemental. When appropriate, ask sensitive questions to explore particular issues they bring up or to clarify meaning. Use empathetic listening and communication skills to encourage open expression.
Share their feelings and not your own	Step aside from your own feelings and adopt the emotions of the grieving person. This conveys to them that you are willing to take on their painful emotions and they no longer feel like they have to do it alone.
Make yourself vulnerable	Find a way to relate to the grieving person and take advantage of the opportunities when you have a similar emotion to share.
Be authentic	Act in a way that shows your true self and how you feel. Express your whole self genuinely to the grieving person.
Take action and offer help	Any action you take or suggest must benefit the grieving person. Offer help and ask the person what type of approach they would prefer but always remember you are not there to try and fix or resolve their grief.
Understand your position	Knowing and understanding your own personal connection to the person who is experiencing the loss is important. Remember that when you are in the position of worker, you must respect your work role boundaries and limitations and act according to your guidelines.

Interact with sensitivity

Sensitivity is the basis of empathy. Being sensitive helps build and maintain professional relationships with the people you support, and it is very closely linked to emotional intelligence. Having the skill of being sensitive can help you in decision making both personally and professionally.

When working with a person who is experiencing loss and grief, the ability to interact in a sensitive way is essential to build trust and respect and be able to provide effective support.



A person who is sensitive when interacting with a person experiencing loss and grief can be:

- quick to empathise and sympathise
- aware of the feelings of others
- wanting to behave in a way that is appropriate
- supporting the needs of others.

Actions that demonstrate sensitivity

The same situation applies with sensitivity as with empathy; not all people have the natural ability or learnt skills to display sensitivity. But, as with empathy, how to approach your interactions in a sensitive way can be learnt.

Strategies for how to interact sensitively are outlined below:

Action	Description
Be aware of yourself and how you communicate	Ask yourself if your communication skills, both verbal and non-verbal, are giving the person a sense of confidence that you are truly there for them in this interaction.
Learn to read physical cues	Start paying attention to others. The person's body language and facial cues can sometimes display their emotions more than their words. Facial cues can tell us if the person is angry, fearful or sad. By reading this cue it will make your interaction more authentic.
Do not make comparisons	Understand that the person's loss and grief is unique and cannot be compared with your own experiences.
Be empathetic to changes in mood	Grieving people experience lots of different and difficult emotions which can sometimes be confronting and make it hard to support them. Remember not to take these emotions personally and give the person time and space if needed.
Be mindful of significant occasions	There may be days in the year that can be particularly difficult for the person, such as anniversaries and birthdays. Be mindful of these times and offer your support.

Specific verbal and non-verbal communication skills will be discussed further on in this learner guide.

Be aware of changes in emotions and mood

People experience difficult and overwhelming emotions when they are grieving and feelings of guilt, anger, despair and fear are common. It is important to encourage the person to feel their emotions and find a way of expressing them. Trying to avoid or suppress feelings may only prolong the grieving process and lead to complications such as depression, anxiety, substance misuse and other health problems.



There are several strategies that you can use to help the bereaved person manage their emotions; some are outlined below:

Accept all feelings	Feelings are a subjective emotion. This means that no two people will ever feel the same when they are grieving and we cannot tell someone how they should be feeling. Allow the person to express anger, despair and sorrow and be accepting of these feelings. Allow the person to express them without fear of judgement, argument, or criticism. This will help you to normalise their expressions of grief.
Encourage the person to talk about their loss	If a person wants to talk about loss and their feelings, it is important that they have an opportunity to do so with a patient and empathetic listener. Many people need to find meaning in their loss and will do this by telling and retelling what has happened. Repeating the story helps them process and come to terms with their loss.
Do not minimise a person’s sense of loss and grief	To heal, people need to acknowledge their pain and have it acknowledged by others. By telling them they will get over it in a few months or inferring that you know exactly how they are feeling, you risk trivialising what they are going through.
Encourage the person to express their feelings	Encourage the person to express their feelings in a tangible or creative way that suits them. Sometimes doing something practical helps people process their feelings. Encourage the person to use a journal to write about what has happened or use art as a medium of expression. For example, suggest they make a scrapbook celebrating the deceased person’s life.

Identify immediate needs and concerns

A person who is grieving may be so overwhelmed by grief that they find it hard to think about daily living. They might find it difficult to ask for help or they worry about being a burden. You can make it easier for them by asking specific questions, such as, “Is there anyone you would like me to call?” A bereaved person may need temporary emergency support.

Help the person to focus on specific issues by asking direct questions about how they are managing and arrange support for them when needed. Try to monitor the grieving person’s general state of physical and mental health. For example, if they appear to be having difficulty sleeping, you may need to ask what they are doing to address this issue and suggest going to the doctor.

Areas of temporary support may include:

- grocery shopping and preparing meals
- making funeral arrangements
- answering the phone
- looking after their immediate needs.
- looking after children or pets



For more information about where to seek support for someone who has immediate needs and concerns visit the Australian Centre for Grief and Bereavement:

aspirelr.link/acgb-home

Be courteous during interactions

Courtesy is the act of being polite in your attitude and behaviour towards other people.

All workers need to remain courteous to all individuals at all times. This includes co-workers, people accessing the service and other contacts such as contractors, family members and so on. Being courteous shows respect to others in the ways we interact and communicate with them.

There are many benefits from being courteous including helping to:

- improve your relationships with others
- boost your self-esteem
- build trust and rapport
- improve your communication skills.

You can learn and practice how to be courteous in your interactions with individuals.

Here are some ways you can practice being courteous:

Show respect	Respect is the building block for showing courtesy and regard for a person's feelings, wishes and rights. You can do this by: <ul style="list-style-type: none"> • not interrupting the person when they are speaking • showing respect for their privacy • never intentionally humiliating or embarrassing the person.
Be empathetic	Practice your skills and actions as outlined above.
Communicate professionally	Show good manners. Remember the basics of saying please and thank you. Follow your guidelines and work role boundaries covering your responsibilities and limitations.
Commit to what you have discussed	If you commit to further discussion, support or actions with the person then ensure you do what you've said you will do. For example, if you say you will contact your manager for information and then get back to them, follow this up and provide the person with the information in a timely manner.

As a professional you are bound to practise and work to the level of your competence and skill.

As a professional you will set your own high standards and demonstrate that you care about every aspect of your role as outlined in your job description. Anything beyond this job description will be outside the boundaries of your work role.

Breaching these boundaries can lead to serious consequences and outcomes for you, your client and your workplace.



Apply legal and ethical practice

It can sometimes be difficult to maintain your professional work role boundaries when interacting with people who are experiencing grief and loss. You may have built a rapport or strong bond with the person and this can blur the lines between what is, and is not, your role. You may want to act and offer help but be unsure of where to start.

Your work role boundaries describe your responsibilities, limitations and actions you must, or must not, take when interacting empathetically with individuals as a worker.

Listed below are some specific considerations and examples to ensure you meet the legal and ethical requirements of your role:

Consideration	Responsibility	Limitations
Work role boundary	<ul style="list-style-type: none"> To acknowledge and listen empathetically To be authentic To act and offer support and help within your role To know your job role and the scope of your practice 	<ul style="list-style-type: none"> Document conversations that are outside your role and report Report to your supervisor when unsure of what action to take Do not work outside your scope
Privacy	<ul style="list-style-type: none"> To follow the policies, procedures and guidelines in your role To not disclose any personal information to someone who does not have permission to have or know it To ensure personal information is stored securely 	<p>Do share information that:</p> <ul style="list-style-type: none"> must be shared with your supervisor could cause harm to your client or other people if not shared has approval to be shared via informed consent.
Confidentiality	<ul style="list-style-type: none"> To ensure confidentiality agreements have been completed To attend confidentiality training in your workplace To ensure any client data is securely stored To maintain the confidentiality of your client 	<p>When abuse of the client or the client's family member is suspected or actual the right to confidentiality does not apply</p>
Duty of disclosure	<p>You have a legal responsibility to pass on information needed to keep a person safe, even if they ask you to keep it confidential</p>	<p>Do not disclose any information that does not fall under your duty to disclose</p>



Video: Maintaining professional boundaries

Watch this video on maintaining professional boundaries:

aspirelr.link/yt-maintain-boundaries

What are the benefits of maintaining work role boundaries to the people you support?



Example

A story of work role boundaries and loss and grief

Sandeep had worked with Emma as her disability support worker for over five years and he had become very fond of her. Over this time, he had got to know Emma's family very well too, often spending many hours together to support Emma at her house.

When Emma passed away from the long-term effects of her disability, Sandeep found himself very shocked and upset by her loss. He immediately wanted to contact her family, share his grief and loss and go to her house to mourn Emma alongside the family.

However, the policies and procedures of his organisation state that he cannot see or communicate with a client or their families outside allocated work hours. Sandeep is upset and confused by this policy but understands he must respect this boundary.

Sandeep is invited to Emma's funeral so he asks his supervisor for permission to attend. He gets permission to attend the funeral service but not the reception afterwards.

Sandeep attends Emma's funeral which is a positive celebration of her life. Many people that Sandeep has known over the years are there. He is emotionally touched during the service when Emma's daughter talks about how much having Sandeep's support meant to the whole family and when they display photos there is one of Emma and Sandeep at a park. After the service Sandeep is able to mingle with the family and empathetically share his loss, grief and stories of Emma. He leaves the service with a sense of relief, feeling as if he has now been able to grieve the loss of his client.

To read more about the right for a worker to mourn after a client/resident dies visit:

aspirelr.link/grief-and-loss-after-death



Practice Task 5

Question 1

List three actions you can take that show empathy to someone who is experiencing loss and grief.

Question 2

Which of the following statements about sensitive interaction are correct? Select 'Yes' or 'No' for each one.

a. The person's body language and facial cues can sometimes display their emotions better than their words.	Yes / No
b. The person's loss and grief is unique and cannot be compared with your own experiences.	Yes / No
c. If a person displays emotions that are confronting then you should take responsibility for improving their mood.	Yes / No
d. Everyone can be empathic as everyone knows what it is like to experience grief and loss.	Yes / No

Question 3

List three actions that demonstrate courtesy and respect to someone who is experiencing loss and grief.

**Question 4**

Match each term about your professional responsibilities to its description.

Confidentiality	Act and offer support within the limits of your job role and description.
Disclosure	Ensure personal information is stored securely and is protected from unwanted access.
Work role boundary	Do not share information about the client with others without the client's consent.
Privacy	You have a legal responsibility to pass on information required to keep a person safe, even if they ask you to keep it confidential.

2 B

Identify and respect social, cultural, ethnic and spiritual differences

Being able to respect the differences of our diverse population will not only make you a more competent worker but will also help you to gain the confidence of the people you support.

In your work, knowledge of these differences helps you to provide relevant and effective support at a time when people may be at their most vulnerable. It is also important to recognise that differences associated with loss and grief are not only for cultural, ethnic or religious reasons. There may also be social differences in coping styles and preferences about mourning rituals between individuals and families. Differences could include whether the deceased should be cremated or buried, how the service will be conducted and whether children will be allowed to attend the funeral.

When asking yourself how you can identify or recognise differences in diverse groups and individuals, it is important to remember what factors make people diverse. As discussed previously, it is cultural, ethnic and spiritual diversity that defines the different ways you must respond when providing support. To recognise these factors, you can make the commitment to:

Learn about people who are different from yourself	Becoming an empathetic listener can guide your ability to learn and accept the differences we all possess. You can do this by: <ul style="list-style-type: none">• taking time to have lunch with someone who is older than you• asking respectful questions about a person's background• listening openly to what the person has to say• remaining non-judgemental in your thoughts and responses.
Attend diversity training	You may be able to do this through your workplace or through a separate organisation. Diversity training is designed to facilitate positive intergroup interactions and reduce discrimination and prejudice.
Become culturally competent	Make a personal commitment to learn about yourself, learn about different cultures and interact with diverse groups.
Encourage others in your workplace to do the same	Be a leader who is committed to promoting a safe, secure and supportive environment where everyone can develop an understanding of all cultures.



Understand the legislation that prevents discrimination

In Australia it is illegal to discriminate or harass anyone based on a number of protected attributes including age, disability, race, ethnicity, sex, intersex status, gender identity and sexual orientation.

Your workplace policies and procedures will guide you in the right direction to ensure that when you are engaging with anyone who is experiencing loss and grief you do so in a legal and ethical manner.

Cultural competence

Your workplace or organisation should also be encouraging and fostering a commitment to understanding diversity through:

- inclusive workplace policies that encourage **cultural competence** and are based on the standards and legislations for your workplace
- equal employment opportunities
- having the appropriate resources and services in place to support people.

This will be shown by the way people communicate and collaborate within the organisation, as well as with external clients. This not only benefits the skills of the workers but ultimately will benefit the clients.

Having a good understanding of diversity and becoming culturally competent will ensure that when it comes time for you to support your client, their family, or others in the workplace through loss or grief, you can feel confident that your approaches and actions are sensitive and appropriate.

Cultural competence
Having awareness, respect and understanding of the cultural diversity around you.

Respect differences

Respect is one of the key components to being able to show true empathy. If you build a respectful and trusting relationship by identifying and accepting a person's differences, your ability to support them through loss and grief will be more authentic and genuine. Your support will be more effective and the person will feel valued and supported throughout their bereavement period.

Respect encompasses words such as:

- politeness
- care
- admiration.
- honour
- tolerance

Respect builds feelings of trust and safety in a supporting relationship. Being a worker who can develop this type of relationship is vitally important when your client or their family is experiencing loss and grief.

Like other skills that are needed to support and engage with people, you can learn how to be respectful of people's differences in loss and grief. The following are useful skills to practice:

Every individual will have different responses, emotions and coping strategies when grieving.

Respect
The politeness and admiration towards someone or something.



Maintain a person's privacy	Different people share different things; different amounts and kinds of information, different perspectives and different emotions. You must always maintain and respect the person's privacy – unless morally or legally required to disclose the information.
Do not humiliate or embarrass	Aim to never reduce someone to a state where they feel they are not as worthy or valid as you. Empower and build confidence in the person you are supporting so they are free to grieve in their own way.
Practice active listening	The skill of active listening is an important tool for you to use in supporting someone through their grief. We will talk more about this later in the guide.
Do not pressure others to act in a way that you think is correct	You may not personally agree with someone's beliefs or methods when it comes to grieving. However, it is your role to remember that we should not ever take control or pressure the grieving person to change their actions or rituals. As long as the actions are legal, it is their right to make choices about how they grieve.

Building a respectful relationship with your client, their family or other workers is a vital part of being able to display true empathy in times of loss and grief. If you are dishonest, do not follow through on promises or breach a person's privacy then it may lead to the person losing respect for you, your actions and/or the actions of your workplace.

This can cause serious damage and unnecessary suffering for the grieving person at a time when they are at their most vulnerable.

If you know or believe that a grieving person is doubting your respect, it is important that you consult your supervisor or manager to get help with ways to rebuild their trust.

Demonstrate empathy and respect in loss, grief and bereavement

The theory of adaptive grief, which was discussed in the previous topic, explains that when mourning the loss of a person we all express our grief through different patterns. Some people will grieve while focusing on activities and not really showing emotion, others will experience and express a wide range of emotions and some will try to suppress their natural way of grieving. These patterns may be learnt through our upbringing, which may influence how we respond in the time of loss.

The following are some general approaches for demonstrating empathy and respect for diverse aspects of people experiencing loss and grief:



Diverse aspect	How to demonstrate empathy and respect
Culture and ethnicity	<p>Be aware of a person's cultural background and how this may impact their response to grief and loss. Do not assume that because someone comes from a certain country that they have the same beliefs and practices surrounding death as other people from that country.</p>
Language	<p>Language is the main way people communicate and is a very important part of a culture. In a situation of grief and trauma, people may draw comfort from being able to speak in their first language.</p> <p>When working with bereaved people who do not speak English as their first language, ensure you provide them with relevant information in their language and use interpreters if needed.</p>
Religion and spirituality	<p>Religious and spiritual traditions offer people hope and solace in the face of loss and grief. This may be through belief in an afterlife or support from their community.</p> <p>Do not assume that because someone indicates that they follow a specific religion or spiritual practice that they will take part in all the related customs. Always ask before you act on any assumptions.</p>
Family structure and gender roles	<p>In Australia, family structures and roles are constantly evolving. However, it is important to be aware that some cultural and ethnic groups still maintain very traditional structures with clearly defined roles.</p> <p>Be respectful of different family structures and roles in families. For example, in some cultures women do not attend burials but will participate in prayers.</p>
Customs and rituals	<p>Customs and rituals surrounding death and bereavement differ according to religious or spiritual beliefs, culture and ethnicity.</p> <p>Learn about and be accepting of the rituals and customs surrounding death and mourning that other cultural and religious groups follow. Never assume that just because people are living in Australia, they will abandon traditions and customs from their culture.</p>
Disability and special needs	<p>Sometimes a person with disabilities, especially intellectual disability or mental illness, is not included in activities surrounding the death of a loved one because others feel that it will upset them too much or that they are not capable of comprehending what has happened.</p> <p>Ensure that you acknowledge the loss and grief that people with disabilities and special needs feel and provide them with opportunities to express their grief.</p>



Actions that demonstrate empathy and respect in diversity

The previous examples provided you with some general approaches for demonstrating empathy and respect for diverse aspects of people experiencing loss and grief. Remember that in all situations you must remain non-judgemental about the person's choices and consider and follow your work role boundaries and relevant discrimination laws.

Here are some specific approaches for demonstrating empathy and respect in different situations:

Example	How you can demonstrate empathy and respect
Jody's family congregated at her house after she passed away from a long-term illness	<ul style="list-style-type: none"> • Encourage the family to make their own choices for the funeral. • Share your memories of Jody if asked, but do not jump in or overwhelm the families' own stories. • Offer help or support, but do not be offended if this is declined. • Only attend the memorial if invited.
Len passed away at the age of 92 and his community came together to mourn his loss	<ul style="list-style-type: none"> • Offer to contribute to the community memorial. • Attend the memorial and speak positively about Len.
Jedda, a proud Aboriginal lady from the Yorta Yorta tribe, has recently lost her father to heart failure	<ul style="list-style-type: none"> • Do not speak the name of the person who has passed. • You may not be invited to observe or participate in certain ceremonies. Wait until you receive an invitation. • If present during a traditional song or dance, stay silent. • Speak to a family member or friend beforehand to confirm the dress code.
Feng's family immigrated to Australia from China and practiced many rituals and customs after his death	<ul style="list-style-type: none"> • If invited to the funeral wear conservative clothing. • Sometimes nothing will need to be said to the family, just approach them quietly and greet them with a simple bow. • Send white or yellow flowers. • In the period of mourning understand that the family may not wish to be contacted.



Example	How you can demonstrate empathy and respect
Darsh is mourning the death of his mother according to traditional Hindu rituals and customs	<ul style="list-style-type: none"> • Understand that the mother's body will be in the house if you go to pay your respects. Do not appear shocked or surprised at this custom when entering the house. • Offer assistance if appropriate for cooking food or helping to prepare the house.
Yawa has returned to Ghana to celebrate the life and death of her father	<ul style="list-style-type: none"> • Be mindful that Yawa has to travel a long distance to Ghana. This may mean that she will need extra time away from work and need support in obtaining a ticket and necessary documentation for a flight.

Example

Identify and respect social, cultural, ethnic and spiritual differences

Ginny is a worker who supports people with disabilities to live independently in their homes. Ginny has many clients and sometimes finds herself working six days a week to cover all the required shifts.

One of Ginny's clients named Mark has recently lost his father to cancer. Mark is very private about his father's death and the relationship that they had.

While Ginny is at the local hairdresser, she hears some ladies talking about Mark and his father, discussing very personal details about their lives. Ginny is shocked and she shouts out that they should not be gossiping about people they know nothing about. The conversation ends immediately.

Upon reflection Ginny is worried that she should not have said anything and is concerned that Mark will find out what happened. Ginny contacts her supervisor and arranges a meeting to discuss the situation as she is very mindful of not breaking the trust and respect she has built with Mark.



Practice Task 6

Question 1

Identify three ways to show respect for different approaches people have to grief and loss.

Question 2

Which of the following statements relate to respecting differences? Tick all that apply.

- Families can have different gender roles regarding rituals and preferences.
- There are significant differences in cultural coping styles for loss and grief.
- The same preferences about mourning rituals will be observed by all followers of a religion.
- If English is a second language, information may need to be translated into the person's preferred language.
- People from the same country generally have the same rituals and beliefs.

2C

Use appropriate communications to acknowledge emotional needs

Communication is an essential aspect of human life and effective communication is vital for forming and maintaining good working relationships in your role.

When working and responding to people you can use both verbal and non-verbal communication skills. Good empathetic communication skills enable you to exchange information and build a relationship with the person. It is important to be aware of culturally appropriate boundaries and differences in the way people communicate to avoid causing a breakdown in the relationship.

Verbal communication is where you use a single line of communication; the human voice. In contrast, **non-verbal communication** uses multiple channels of communication including facial expressions, gestures, body language and tone of voice. Generally, the two types of communication work together to ensure a message is conveyed effectively between two people.

Although you might believe spoken language is the most effective method of communication, it is commonly known that non-verbal communication is actually more effective than speaking.

Communicating with the grieving person

Individuals who are grieving will often remember for a long time things that were said to them in their bereavement. Therefore, it is very important to ensure you think carefully about what you are going to say, and what words you are going to use, before communicating with the grieving person.

Always speak to a grieving person in a calm, clear manner to help them understand and respond to what you are saying.

When verbally communicating with a person who is grieving:

- use empathetic listening skills
- apply appropriate communication techniques
- provide information clearly and sensitively
- obtain feedback to confirm their understanding and yours.

Verbal communication
Speaking words to share information with others.

Non-verbal communication
The transfer of information or messages through the use of body language and signals.



Use empathetic verbal communication

As discussed earlier, supporting someone who is experiencing grief and/or trauma requires that you empathise with their situation. This means trying to see things from their perspective and acknowledging their thoughts and feelings.

You should understand and know how to use verbal communication techniques to gain insight into the individual needs of the person and build an effective relationship.

Active listening
Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Effective speaking	The words you choose, how you say them and how you reinforce them with other non-verbal communication.
Active listening	Making a conscious effort to hear not only the words the person is saying but the whole message they are trying to communicate.
Being empathetic	Being attentive and responsive to other people’s input during the conversation.
Obtaining feedback to confirm understanding	Gaining feedback in an attempt to understand all the information that has been conveyed to you.
Effective questioning	Obtaining the information required to identify the person’s needs and to provide the appropriate quality of care.

Active listening in loss and grief

Active listening allows you to develop a good relationship by hearing beyond the words that are being spoken and truly understanding the message that is being communicated. Rather than thinking about how you are going to respond during a conversation you are just listening to what the person is saying.

Techniques	How you demonstrate active listening
Be present	<ul style="list-style-type: none"> • Be observant and give your undivided attention • Try not to think about your next question • Look the person directly in the eye • Interpret their body language
Be comfortable with pauses in the conversation	<p>We instinctively want to fill gaps in conversations. Having a pause before you reply can assure you are:</p> <ul style="list-style-type: none"> • not interrupting • considering what the person is saying • allowing time to think about what they just said before you reply.



Techniques	How you demonstrate active listening
Avoid distractions	Move to a quiet area where there is no background noise and shut the doors if needed. Turn off phones and if other people interrupt ask them to return later. This will reinforce that you are there to listen and respond to their grief.
Use paraphrasing	Reflect and verbally repeat what the person is telling you in a few words with the focus being on their feelings. This confirms you are listening and understanding what they are saying.
Check for understanding	It is important to check that the grieving person understands what you are telling them. To do this you may need to pause from time to time and ask, "Is that clear?" or, "Is this something that might help you?"
Ask open-ended questions	By asking open-ended questions, or questions where there cannot be a yes or no answer, it allows further opportunity for the person to share more information. It will increase your understanding and leaves the grieving person in control of the conversation.
Do not judge	Practice empathy and avoid negative thoughts from entering your mind.

Like learning any new skill, it may take some patience and practice to develop active listening techniques and for it to feel natural for you to use it in conversations. Over time though, it will become a natural and efficient tool for you to rely on when you are supporting an individual through their loss and grief.

Empathetic listening

Empathetic listening is combining the skills of active listening and empathy and gives a deeper understanding of what is being communicated. You are truly hearing people with an open mind and connecting with them on an emotional level by:

- identifying with how they are feeling
- showing compassion and kindness
- having insight into the conversation
- being respectful of the person's trust and confidence in you.

It can be a harder communication technique to learn but again, with patience, it can develop into a natural and effective tool for supporting good conversations with people who are experiencing loss and grief.



Example

Demonstrating listening skills

June is working at the local council in their social support program for people who are over 65. June meets Barry who has recently lost his wife of 50 years, Robyn. He starts to talk to June about Robyn and she can see that he really would like to open up and tell her more, but it is noisy and loud in the common area. June suggests moving outside to the garden where they can talk further and it is much quieter.

Barry talks openly about how he does not want people to feel sorry for him now that he is alone as he had a very good 50 years with his wife, with many happy and blessed moments. His face fluctuates from smiling one moment to sadness the next.

June sits opposite him, at the same level so she can maintain eye contact and just listens, allowing time for him to pause and have moments of silence. Occasionally June repeats back exactly what Barry has said to confirm she is listening. When the conversation stops, June asks Barry some open-ended questions that allow him to talk further about Robyn. When another staff member approaches them, June asks them to come back in 20 minutes.

When it is time for lunch, Barry and June are surprised to find they have been talking for nearly an hour.

Barry thanks June, telling her this is the first time that someone has truly listened to him and that he feels like his story has been heard. June feels like she has cemented a closer working relationship with Barry and is satisfied she could be there to listen to him.

Non-verbal communication with the grieving person

What we say out loud is only one part of how our message is communicated.

What is said via non-verbal communication can have an even greater impact than the spoken word on how the message is received and understood.

Non-verbal communication must support the words you speak to help ensure that the person is not confused by your message. For example, if you are listening to a grieving person do not yawn or stare out the window, as this sends a powerful message that you are not interested in them or what they are saying.

Unintentional facial expressions can conflict with the verbal message you are communicating. If you cross your arms you may be unintentionally communicating that you feel defensive. If you are handling a difficult situation your body language



could make the situation worse. Your tone of voice, choice of words, facial expressions and gestures are all very important when communicating.

Here are some non-verbal communication techniques to consider:

Facial expressions	Your facial expressions should match what you are saying. A gentle smile is appropriate, but you should generally avoid laughter or other expressions of joy when working with someone who is experiencing great sadness.
Eye contact	Eyes are very important for non-verbal communication. In most cases, try to maintain eye contact, but do not stare. However, be aware that in some cultures, such as some Aboriginal groups, direct eye contact may be considered threatening.
Gestures	Gestures are movements of parts of the body, including animated hand movements and touching. When you are working with grieving people, avoid overly moving your hands and arms so as to appear calm.
Personal space	Be careful to maintain an appropriate amount of space when interacting with the grieving person. Some people like to stand or sit very close, but others prefer a greater distance.
Touch	Touch is often used to express comfort. Something simple like holding someone's hand or giving a gentle touch on the arm can show care and empathy. Always keep in mind, however, that some people do not like being touched. You need to use your judgement to determine whether or not it is appropriate to touch someone.

Tone of voice in communication

How you say something is often more important than what you say. The tone of your voice indicates if you are happy, interested, bored or annoyed. Putting emphasis on particular words, speaking louder or softer, can change the message of the conversation you are having.

For example, when you are speaking to someone who is grieving, if you speak quickly with a loud and excited tone you may convey the message that you are not truly understanding their sorrow and grief. Your words may be appropriate, but your tone is communicating a different meaning.

In particular you should be aware of specific languages where changing the tone in your voice can change the whole meaning of the word. It can be very hard for speakers of these languages to truly understand English and the tones used.

Cross-cultural communication

You cannot be expected to know all the different traditions of people from **culturally and linguistically diverse (CALD)** backgrounds, so one of the first things you should do is ask the person if there are any cultural customs and practices that they would like observed after a death.

Culturally and linguistically diverse (CALD)
The preferred term for describing different ethnic communities.



Be aware that different cultures have specific approaches to communication and interaction. Try to learn something about different practices before you meet with the person, or carefully observe their behaviour and respond appropriately.

Differences you may need to be aware of in communication between different cultures include how:

- people greet and part from one another
- respect or deference is shown to older people or those in authority
- much direct eye contact is used when interacting
- touch is used and between whom
- people use gestures.

Tips on cross-cultural communication

When communicating with someone from another culture you can learn some general skills that will help you to remain sensitive and aware of any differences that may occur. The following points will help you to understand this:

Speaking	<ul style="list-style-type: none"> • Keep the language simple and clear • Avoid slang • Repeat as necessary • Speak slowly
Listening	<ul style="list-style-type: none"> • Practice active and empathetic listening • Do not do all the talking
Questioning	<ul style="list-style-type: none"> • Avoid closed questions • Avoid double questions such as, "Would you like help with organising the funeral or are you okay with that?" as this can be confusing
Write things down	<ul style="list-style-type: none"> • If you are not sure if the other person has understood the conversation properly then write it down • Use pictures, cues and drawings as needed
Be careful with humour	<ul style="list-style-type: none"> • Some cultures do not appreciate the use of humour or jokes, especially at such a serious time
Arrange support if needed	<ul style="list-style-type: none"> • Arrange to have an interpreter present whenever necessary
Be supportive	<ul style="list-style-type: none"> • Give encouragement to those with limited English, as this can help them to trust and feel confident in you

The translating and interpreting service (TIS) provides access to phone and on-site interpreting services in over 150 languages. It provides these services to people who do not speak English and to agencies or workplaces that need to communicate with their non-English speaking clients.

For more information on TIS visit: aspirelr.link/translating-and-interpreting-service

Example

Cross-cultural communication in loss and grief

Your client, Angela, comes from a traditional Italian family and has recently lost her cousin who lives overseas.

When you are greeted by Angela at the door, she hugs you tightly and immediately starts to cry. She gestures for you to come and sit at the table where a group of her close female family members have gathered to mourn. They all are very insistent that you join them and have a coffee.

When you try to decline, they start talking loudly and almost force you into the seat. You find yourself sitting very closely to all the others at the table and even though they do not know you there is gentle touching of your shoulder and arm to reassure you they want you to be involved.

The ladies at the table are all using big gestures with their hands and waving their arms around a lot while talking and crying. The words they are speaking almost sound like shouting, but you know from your own lessons that this is not a sign of anger but is a form of expression in their culture.

The experience gives you a great insight into the way another culture communicates when they are experiencing grief and you leave feeling as if you are more connected to Angela and her Italian culture.

Provide information clearly and sensitively

In many cases, as well as providing comfort, you need to provide the grieving person with information. The information you give them may include options for obtaining support such as self-help groups, professional counsellors, and other relevant service providers. As always, you must remember your work role boundaries and not work outside your scope of practice. You may need to gain input or expertise from your supervisor to seek the correct information to give the grieving person.

It is important to provide this information in a clear and sensitive way. You can do this by:

- being selective and clear about what information you give to the person, so they do not feel overwhelmed by a large amount of written information
- suggesting they have a friend or family member present who can help them go through the information



- limiting verbal information; many recently bereaved find it difficult to concentrate and it can be stressful to have to listen to someone talking at them
- searching for information in a preferred language so it is in a format they can understand
- providing information in a language other than English or organising to have an interpreter present if required.

Example

Acknowledge the individual's emotional needs

Reuben works at a community neighbourhood house where there are many people who visit from different culturally and linguistically diverse (CALD) backgrounds. He learns as he starts his shift this morning that a group of men originally from Lebanon are coming to the centre to use one of the meeting rooms to gather and mourn a local Pakistani community leader who has recently passed away.

Reuben is nervous as he has never met someone from Lebanon and is worried he might not know what to say or do in their presence. He does not want to offend or miscommunicate with them in their time of grief.

Reuben talks with his supervisor who suggests he take some time to study some information on the internet before the group arrives. His workmate, Sita, says her flatmate is originally from Pakistan and she arranges for him to call them all on a group call and teach them some basic skills in communication and the grieving process.

When the group arrives, Reuben is much more relaxed and feels prepared to approach them in a more culturally appropriate and respectful manner.



Practice Task 7

Question 1

Which of the following statements about verbal communication are correct? Select 'Yes' or 'No' for each one.

a. Think about the words you use and how you say them.	Yes / No
b. Showing empathy when communicating means ensuring written information is available in their preferred language.	Yes / No
c. Active listening is about making the conversation about yourself.	Yes / No
d. If you think a person is talking for too long you should interrupt them and change the conversation.	Yes / No

Question 2

Name three important points about active listening that you will need to use to practice effective listening.

Question 3

Briefly outline the use of three types of non-verbal communication.



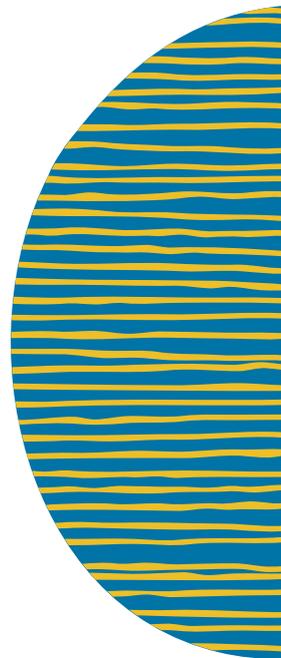
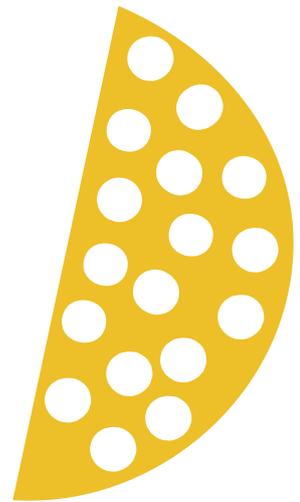
Question 4

Name four points to consider when speaking to someone from a different culture than your own.



Summary

- Empathy is the ability to recognise and feel the emotions of other people while also being able to understand their thoughts and perspectives.
- Building rapport, respect and trust validates what the client is feeling and supports them to express their concerns and emotions.
- Use both verbal and non-verbal communication skills and be aware of cultural differences in the way clients communicate so you do not cause offence.
- Verbal and non-verbal communication skills need to work together to ensure the message conveyed is appropriate and understandable.
- Applying active and empathetic listening skills helps to show support and compassion towards the grieving client.
- Active listening involves hearing beyond the words that are being spoken to truly understand what the person is trying to communicate.
- Grieving clients are emotionally vulnerable. It is important that you interact with them in a sensitive and respectful manner. Consider social, cultural, ethnic and spiritual differences that may affect grief and bereavement responses.
- Empathise with grieving clients and allow them to experience their feelings. It is only by experiencing and acknowledging their anger or sadness that grieving clients can process their feelings and work towards acceptance.
- When you are not sure of cultural, ethnic, social and spiritual differences that a client may have in regard to grief and bereavement, research their customs and rituals. To do this, use the internet, consult with clients who represent different cultural, ethnic or religious groups or ask the individual or family directly.





Learning Checkpoint 2

Engage empathetically

Part A

1. Which of the following statements about engaging with empathy and sensitivity are correct? Select 'Yes' or 'No' for each one.

a. Two people will never feel the same when they are grieving so we cannot prepare our responses to their grief in advance.	Yes / No
b. Many people find meaning in their loss by telling and retelling their story of what has happened.	Yes / No
c. As a duty of care, sometimes workers must encourage the person to look to the future because they have been grieving for too long.	Yes / No
d. Being courteous to the person who is grieving can help build rapport and improve relationships.	Yes / No
e. Going outside your work role is part of your role when someone is experiencing complex grief.	Yes / No

2. Match each term about how you can interact with individuals with courtesy to its description.

Be empathetic
Show respect
Commit to what you have discussed
Communicate professionally

Follow up on promises or requests.
Use the basics of please and thank you, while using good manners.
Be authentic in conversation, make yourself vulnerable and offer help.
Never intentionally embarrass or humiliate a person.



3. Which of the following statements acknowledge differences in responses to loss and grief amongst different groups? Tick all that apply.

- Suggesting a referral to a professional can cause great damage at a time when they are most vulnerable.
- Cultural competency provides insights into the cultural diversity in our community.
- Engaging empathetically means identifying what the person will want in terms of support according to their religious practices.
- People who have been living in Australia for some time generally abandon traditions and customs from their own culture.
- Religious and spiritual traditions offer support to people when faced with loss and grief.

4. Name three verbal communication techniques for empathising with a person's situation.

5. Which of the following are active listening techniques? Tick all that apply.

- Avoid eye contact so the person is not intimidated.
- Try not to plan your next question.
- Pay attention and give your undivided attention.
- Nod your head often to show you are listening.
- Look the person directly in the eye (if appropriate).



Part B

Read the case study and answer the questions that follow.

Case study

Malia is a youth worker. Recently, one of the young men using her service died of a drug overdose. Several other young people who access the service are deeply affected by his death and some of them are experiencing emotions that they are having difficulty coping with. Malia responds to everyone individually, as well as supporting the whole group.

She encourages the young people to support one another and express their grief in a safe environment to normalise what they are experiencing. She listens to them in an empathetic way without judging and asks individuals what they have done in the past to cope with difficult situations. This helps them to recognise their own strengths and to think about how they can move forward. Each person learns something from the others' responses. She provides information to help educate them about grief and provides them with options and choices for getting further help.

Malia is genuine in her desire to help the young people and demonstrates this by maintaining consistency between her verbal and non-verbal communication. She helps each individual to determine how they can best move forward and encourages them to find ways of coping with their grief; for example, through art, journaling and looking after their health.

1. Name four things that Malia has done to interact with the young people in a way that is empathetic, sensitive, professional and courteous.



Some of the young people are asking Malia for more information regarding the young man's death. They are saying it will help them with their grief.

2. Suggest why Malia must consider her work role boundaries and responsibilities before she provides any information to the others.

Three of the young man's closest friends are invited to his funeral service. They approach Malia with some questions as they know his family come from a Jewish background and they do not know anything about the traditions, rituals or customs of attending a Jewish funeral.

3. What advice could Malia give the others to ensure they demonstrate empathy and respect when attending the funeral?



When Malia meets individually with one of the grieving young people, they tell her that now their friend has died they have been feeling so sad that life has no meaning anymore. They say they often wish they could die too so they could see their friend again. They ask Malia not to tell anyone about their conversation.

4. Briefly outline what Malia must do in this situation.

Part C

Read the case study and answer the questions that follow.

Case study

Sam is a supervisor in a residential care facility that also provides palliative care for people in the last few weeks of their lives. Sam has been practicing his communications skills everyday with his clients, fellow staff and family.

Today Sam is supporting Yihan who has just been told she only has about two weeks to live. She is sitting in her chair with a devastated look on her face. Sam sits down next to her and holds her hand and says nothing.

After a while Yihan starts to talk. She just talks and talks without taking a break and then pauses while crying a little. Sam takes this moment to repeat back some of what Yihan has said, without giving advice or asking questions. He gives his undivided attention and does not interrupt.



1. Identify three examples of active listening and other communication skills Sam has used that could encourage Yihan to be open and honest in her communication.

2. Name three non-verbal communication skills that Sam could display here to support his verbal conversation.

Once Yihan's family get the news about her prognosis they all want to come to the facility and spend as much time with her as possible. Yihan only has a small room and there is limited space in the lounge area. Some other staff approach Sam and complain that the extra family members are making it hard to do their work; they have taken over the fridge in the kitchen with their food and are often there talking until quite late.



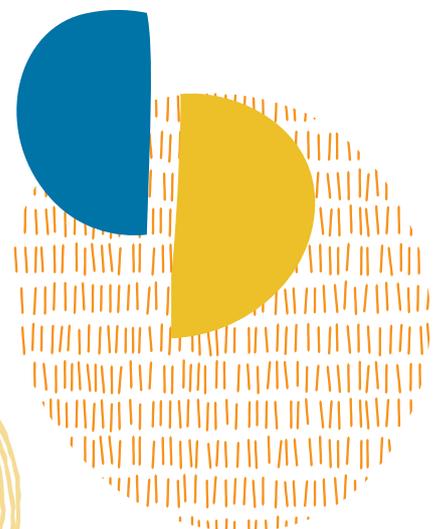
3. What could Sam say to the staff to help them understand the situation?

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Topic 3: Offer support and information

- 3A Identify those experiencing difficulty with grief and trauma and give them options for further help
- 3B Provide information about grief and bereavement support services
- 3C Use strategies for formal and informal grief and bereavement support
- 3D Maintain confidentiality in line with organisational practices



3A Identify those experiencing difficulty with grief and trauma and give them options for further help

To provide effective support, you must have detailed knowledge of both the common reactions to loss and of the range of responses exhibited by the person who is experiencing grief or trauma.

This knowledge will help you recognise those individuals at risk of disenfranchised grief and complex grief, so you can link or refer them to other options for further help.

Trauma may develop after an individual has witnessed or lived through a distressing event or experience. It may then have an impact on that person's ability to cope and function. If left unrecognised or untreated it may then lead to further complications and the person experiencing complex grief reactions.

Not everyone who experiences trauma will go on to develop complex reactions, but in some it can lead to them having difficulties. If you can see the signs and recognise the symptoms, you can link that person to further support.

Some of the common signs that people are having difficulty and not coping with grief and trauma include:

- feeling as if life is not worth living
- wishing they had died with their loved one
- blaming themselves for the loss or for failing to prevent it
- feeling numb and disconnected from others for more than a few weeks
- having difficulty trusting others since the loss
- inability to perform normal daily activities.

When trauma and loss and grief are linked together the individual may experience what is called traumatic loss and traumatic grief.

Video: Understanding trauma

Watch this video about the impacts of trauma and how to get help if you are not recovering: aspirelr.link/yt-trauma-impact

What are some of the options discussed to help someone get their life back after a traumatic incident?





Common reactions to trauma

Reactions to trauma may last for several days or months. For most people, these reactions slowly diminish over time. In some cases, people may not experience trauma immediately after the stressful event, but it will develop progressively later on.

People who experience trauma may find that they are unable to stop thinking about what has happened. Many people will be on edge which may cause them to react strongly to sounds and sights around them. Although each person's experience is different, there are several common responses to trauma, as outlined below:

Emotional	Emotional responses to trauma include: <ul style="list-style-type: none"> • shock, denial and disbelief • fear, anger and irritability • mood swings • sadness, including bursts of crying • guilt, shame and self-blame • feelings of disconnection and numbness.
Cognitive	Cognitive responses to trauma include: <ul style="list-style-type: none"> • frequent thoughts or recurring images of what happened • thoughts or images of other frightening events • flashbacks or a feeling of reliving the experience • attempts to shut out painful memories • dreams and nightmares about what happened • difficulty making simple decisions • memory problems and an inability to concentrate.
Physical	Physical responses to trauma include: <ul style="list-style-type: none"> • restless and disturbed sleep due to intrusive thoughts and images • exhaustion and fatigue • racing pulse, palpitations and trembling • breathing difficulties • stomach upsets, such as nausea, diarrhoea or constipation • aches, pains and severe headaches.
Behavioural	Behavioural responses to trauma include: <ul style="list-style-type: none"> • withdrawal from others • being easily irritated by other people • feelings of detachment from others • loss of interest in normal activities and hobbies • being on guard and easily startled • lack of motivation.

Video: Trauma, loss and grief

Watch this video about how many older Australians have experienced trauma, grief and loss in their life and how you can help to understand their needs: aspirelr.link/yt-aged-trauma-and-grief

Discuss how you can support and help people with their trauma, loss and grief.



Traumatic loss

Traumatic loss refers to the loss of a loved one in potentially traumatic circumstances. A death is considered traumatic if:

- it occurs without warning
- it involves violence, or is caused by someone who had intent to harm
- there is damage to the loved one's body
- the grieving person regards the death as preventable and/or they believe the person suffered.

The trauma of the loss may lead to separation distress such as yearning for the person who has died and searching for answers about why they had to die. This is linked with emotional distress such as numbness, disbelief, anger and emptiness. When individuals experience traumatic loss, the symptoms interfere with their ability to negotiate and move through the grief and bereavement process.

Traumatic grief

Sometimes the intensity of a person's grief may be overwhelming or last longer than is considered healthy. The loss becomes a distressing preoccupation for the grieving individual and they find it difficult to think about anything else. The boundaries between the trauma and the grief start to blur and signs of avoidance, detachment and purposelessness start to show.

Other common symptoms of traumatic grief or risk factors may include:

- being preoccupied with thoughts of the deceased
- longing for the person
- hearing the voice of the person who died or 'seeing' them
- thinking it is unfair for them to continue to live when the person has died
- having difficulty caring about or trusting others.

If you believe that your client is experiencing any of these signs it is important to remain non-judgemental and understand that the person may need to seek professional help in order to resolve their grief. It is important to diagnose and treat



these conditions as often, when left untreated, traumatic grief signs will evolve into complex grief reactions.

Identify difficulty with grief and trauma

Grief, trauma and bereavement carry a degree of risk for the individual when it becomes complex. Another risk factor for the individual is if they are experiencing disenfranchised grief. To be able to diagnose and treat these two types of grief responses, as discussed previously in Topic 1, go beyond your work role boundary or scope of practice.

Your responsibility is to be able to identify individuals who may be at risk of, or are experiencing, these types of grief responses and link or refer them to options for further help.

Recognising the signs of the more complex grief responses, and understanding who is at a higher risk, will help you in the identification of at-risk individuals in need of support.

Expressions and signs of not coping

As discussed in Topic 1, disenfranchised grief often occurs because the relationship that the grieving person had with the deceased person was not socially sanctioned, such as a relationship between two people where one or both are married to other people. The loss is somehow considered less significant than others or carries a stigma, and there is sometimes an element of guilt in the person for allowing themselves to grieve.

Detailed below are the five categories of loss that often result in disenfranchised grief. By understanding these losses, you can help to identify individuals at risk by the type of loss they are experiencing.

Type of loss	Description
Stigmatised loss	The loss is not openly acknowledged and the grief is not publicly supported. Examples include death by suicide, miscarriage or death related to drug overdose.
Insignificant loss	When others deem the death to be insignificant. For example, the death of a friend may not receive the same acknowledgement as the death of a family member.
Loss of unrecognised relationships	When a relationship that was not recognised ends because one of the people in that relationship has died. An example would be the loss of a same sex partner where their family or friends were not aware they were a couple.
Non-death losses	Losses such as health, job or relationships can often be disenfranchised as these are sometimes not considered a significant enough loss to be mourned.



Type of loss	Description
Person considered not capable of grief	Others consider the person not actually capable of grief, such as children or people with intellectual disabilities. Their loss may not be supported, or they may not be allowed to participate in the mourning rituals.

Source: Counselling in Melbourne, Disenfranchised grief, what is it and how to cope? <https://www.counsellinginmelbourne.com.au/disenfranchised-grief/> Accessed 30 May 2022

When others dismiss a person’s grief or suggest that they shouldn’t feel a certain way then the person starts to doubt if they are right. It is internalising these messages that causes a person to ‘disenfranchise’ their own grief.

Complex grief is often seen or diagnosed in individuals who find their grief debilitating and whose feelings of grief are not diminishing, or might even be getting worse as time passes. Complex grief is a type of reaction that needs a professional medical diagnosis and, if you were to witness these signs in your client, you would need to link or refer them to options for further support.

In mental health services it is discussed that there are risk factors and protective factors for complex grief. These can identify individuals who may be at risk or who may have protective characteristics around them for dealing with complex grief reactions. By understanding and identifying these individuals before or immediately after their loss we can be aware of who may need to be under more careful observation. The factors increasing the likelihood of complex grief that were listed in Topic 1 included socio-economic status, age, mental illness and family circumstances, such as a dependent relationship.

Protective factors for complex grief include:

- good physical health
- good social and communication skills
- no family history of mental illness
- strong social support
- problem-solving skills
- medication and professional care where appropriate.

Example

Identifying and responding to grief

Michael and Steven have been in a relationship for three years. They do not live with each other but spend most weekends together with their supportive and close group of friends and have had many enjoyable holidays and adventures together as a couple.

Steven's family have welcomed Michael and included him in all their family occasions and traditions. However, Michael's family are from a strict religious background, have refused to acknowledge them as a couple and treat Steven as just another of Michael's friends.

When Michael is killed in a car accident the loss is devastating for Steven. He immediately tries to reach out to Michael's family but he is ignored and not permitted to be involved in any of the preparations for Michael's funeral and memorial.

At the funeral, Steven is seated towards the back of the church and during the service his name and his significance to Michael are not mentioned. Steven feels as if he should not be there and tries to suppress his emotions throughout the service.

Six months later Steven is visiting the community centre where Jinni works and over lunch shares his story with her. He says that he has been longing for Michael since his death, feels intensely lonely and doesn't believe anyone understands what he is going through. He also mentions that life has no meaning and he is not sure he can keep going on like this.

Jinni immediately recognises that it sounds like his grieving process is complicated and that he needs to get extra support. She also understands this is outside her scope of practice and she should refer Steven to her supervisor for further discussion.

Impact of grief and trauma on family

When grief and trauma are experienced, it may not only impact the individual but may have an impact on the family and community as a whole. Just as each individual will grieve differently, so will each family and community member. It is important when providing support to not group everyone together and treat them the same. We must ensure each person is treated as an individual.

Traumatic events can lead to a wide variety of internal changes within a family, causing the whole family to experience the aftermath. How information of the event is first received and then shared, individual reactions and then subsequent communications can lead to secondary or ongoing trauma for the family. In a family environment it is important to ensure information about the event can pass freely between family members and that any issues are dealt with in an open and direct manner.

The patterns of interactions amongst relatives, their roles and relationships and the factors that shape their interactions are known as family dynamics. These dynamics can be a major factor in identifying which families may be able to cope and which



families may need extra support when dealing with grief and trauma.

Some of the main family dynamics and why they might increase the risk of complex grief are discussed in more detail below:

Family dynamic	Description	Example
Handling of traumatic reminders	Families may have different views about what to do with the belongings of a loved one, how to deal with anniversaries or how to approach symbolic places such as the scene of the death.	Following the death of a young adult son the parents gave his girlfriend his watch that he always wore. This created tension between the parents and their daughter as she felt, as his sister, she was higher in the grief hierarchy than his girlfriend.
Lack of synchronised reactions	Reactions over time will differ between family members due to personality types, previous grief experiences and age. This can cause problems and conflict.	Women tend to be more emotional and intense in their grief reactions than men. Men are more likely to internalise rather than share their feelings. This can lead to accusations of someone not reacting enough or reacting too much.
Level of vulnerability	Trauma can lead to a parent becoming overprotective of their child which in turn leads to the child becoming anxious. Alternatively, roles within the family might change, leading to increased expectations on different family members.	Following the accidental death of her mother, a teenage girl had to make dinner for the whole family every night as her father had become dysfunctional in the home and returned exhausted each day from work. She complained she had no time to see friends or complete her homework and got no support from her father.
Social network problems	How successfully the family might deal with grief and trauma may depend on how dependent and reliable their social network is. A social network may give an immediate outpouring of concern and attention but after a few weeks might expect the family to start 'getting better' and 'moving on'.	Immediately following the death of their young son many people offered support to the family, made meals and visited often to give practical help. Within a month the support stopped, people started inviting the family to social events again and expected them to attend. When the family declined these invitations, they found that rather than people checking to see if they were ok, their social network and support started to disappear.



Community grief and trauma

Community trauma is defined as an event that has a significant impact on a community's way of life, sense of safety and the way it functions.

Community can be a neighbourhood, church, school, community organisation or sports team and is not defined by the geographical location of where the members of that community live. Often it is not just the person who directly experienced the traumatic event who feels the loss and grief but the whole community may be impacted. For example, the impacts of a bushfire or flood can be felt by the whole community for a very long time.

Risk factors for grief and trauma to be aware of for a community include those:

- that are impacted by violence
- that have suffered historical discrimination and/or racism
- that are located in a low socio-economic area.

The long-term effects of grief and trauma in the community can include:

- public spaces becoming unhealthy or unsafe
- social networks becoming damaged
- a widespread sense of fear and shame
- long-term unemployment.

It is understood that in some cases individual trauma cannot truly be addressed unless community factors are also addressed.

Example

Community grief, bereavement and trauma

Amanda was 12 when a young female infant went missing in her local regional town. Amanda still vividly remembers, 30 years later, hearing the police, ambulance and helicopters all night and her dad shouting at her to keep the doors locked. The fear kept Amanda and her family up all night, and the wider community was in shock.

Three weeks later, Amanda was again woken up by the sound of helicopters and by commotion at the end of her street where the big pond was being drained. She went out in her pyjamas and slippers and stood in horror with other members of the community while police pulled the missing girl's body from the pond. The shock and sadness were overwhelming.

Unbeknownst to Amanda, a photographer from a large media outlet had taken her photograph and the next day, to the whole community's disbelief, her picture appeared on the front page of a national newspaper with a derogatory headline about the town, the people and the crime that had been committed.

Amanda, her family and the community as a whole were devastated by what had happened in their small, friendly town. It didn't take long before this once connected town started to fall apart, with people becoming so overwhelmed by their grief and bereavement that guilt and blame was common.

When remembering this story Amanda still gets tears in her eyes. She says life was never the same after this awful incident. Friends were lost, the media constantly harassed and belittled the town, and everyone became suspicious of each other. The community and its people hold the grief from this traumatic incident to this day.

Intergenerational trauma

Intergenerational trauma is defined as trauma that gets passed down through the generations.

If people are not given the opportunity to heal from their own trauma, they can unknowingly pass it on to others in their family and then pass it down to subsequent generations. This means the impact and subsequent emotional responses from the trauma can remain for far longer than people realise.

Examples of when intergenerational trauma has occurred is seen in:

- domestic violence
- alcohol and drug addiction in the family
- child abuse and neglect
- refugees
- the stolen generation in the Australian Aboriginal community
- survivors of war or combat trauma.



The signs of this type of trauma that you may see are typical of what we also see in disenfranchised or complex grief. For children, if left untreated, this can create developmental issues, difficulties with attachment to parents, disconnection from extended families and high levels of stress.

Video: Intergenerational trauma

Watch this video about the impacts of intergenerational trauma for Aboriginal and Torres Strait Islander peoples:
aspirelr.link/yt-intergenerational-trauma



How did the trauma of colonisation and the stolen generation cause intergenerational trauma within the Aboriginal and Torres Strait Islander communities?

Identify those at risk

Your workplace will have policies and guidelines to follow when you believe someone is at risk so they can be provided with options for further help as needed. The procedures will guide you with step-by-step instructions to follow. Some of these may include informal methods of observation, discussion, documentation and reporting. This may then lead to a more formal screening and referral process.

The following describes the informal methods for identifying people experiencing difficulty in coping with grief and trauma in more detail.

Informal methods	Description
Observation	<p>This is a skill used to observe body language, tone of voice, actions and facial expression when you are with or talking to a client. By silently observing the person you can get a true indication of how the person is feeling, coping or acting.</p> <p>You can ask yourself questions, such as:</p> <ul style="list-style-type: none"> • do they appear sad or different? • have they removed themselves from their friends? • are they comfortable being with me?
Discussion	<p>Take time to talk with your client in a comfortable setting. Use the methods you learnt earlier for active listening and empathy and reassure your client that there is no set time limit for bereavement and grief and that everyone reacts differently.</p>
Documentation	<p>Observations and discussions should be documented according to the procedures of your organisation. Having a record of what has been said can help you to avoid repeating questions and allows you to create a timeline of the whole picture for other staff and future health professionals to follow.</p>
Reporting	<p>Your organisation will have strict guidelines on what and how you must report any information you receive. Reporting is in place to keep your client, their family and the community safe. Remember the legal obligations for reporting abuse and privacy.</p>

Example

Identifying those at risk

Mohammed is a 19-year-old man who, as a child, came with his mother to Australia as a refugee from Afghanistan. He has been experiencing depression and generally has not been coping since the death of his mother 12 months ago. He also has other chronic health conditions such as asthma and a childhood diagnosis of ADHD.

He lives with his partner, and they have been having difficulty paying the rent. When Mohammed is depressed his motivation is low and he is unable to work. He has recently been given an eviction notice and is not sure what to do. He has no family close by and is feeling socially isolated.

Mohammed used to be a regular at a local youth group and turns up to the centre today for the first time in 12 months. The worker immediately recognises that there is something wrong with Mohammed and asks if they can have a quiet chat together.

In the discussion Mohammed talks about his situation and the ongoing grief he is feeling. The worker realises that most of what Mohammed is sharing is beyond his work role and that for effective support he will need to refer him to multiple further services for effective support.

Formal processes for identifying who is at risk

Your workplace may have formal screening procedures and tools to complete when it is identified that an individual may be at risk and needs to be linked or referred to someone outside your organisation. This may include screening and assessment, using diagnostic tools which have a set process to identify different levels of risk.

If someone is displaying signs of being at risk for grief and trauma, your workplace may recommend further investigation or screening be undertaken. The screening process may include the use of a formal tool to see if the person is at risk and this can be developed so staff without medical qualifications can use it. This may involve:

- a series of questions with yes or no answers
- discovering if the person has a history of trauma
- a score or result that will indicate whether the person needs further referral for support.

Screening procedures should always define the steps and actions that should be taken after a positive or negative screening and the focus should be on the important areas to screen for such as signs of:

- depression
- trauma-related symptoms
- past and present mental disorders
- characteristics of the specific trauma
- substance misuse
- social support and coping styles
- risks for self-harm and suicide.

As this method may require your clients to tell you very private information it is essential to remember to treat screening processes as confidential. Ensuring a quiet space away from other people where nobody can see or hear you is vital to be able to reassure your client that you are treating them with respect. It is then legally and ethically important that any information you receive is locked away in a secure area.

Referral procedures

Your organisation will have specific policies and procedures for making referrals. The referral process involves identifying the person who may benefit from a referral and linking them to the services that can best meet their needs. Referrals can be made by phoning the service you are referring the client to or by sending an email. It is important that you follow these policies and procedures and conduct referrals in a professional manner while using the referral databases from your organisation.

You may also need to enter any referrals you make into a database that keeps track of all referrals from your team or organisation. This database may include basic information about the person, the referral source, the reasons for the referral, the date of referral, who made the referral and the outcomes of the referral.

The referral process may require you to:

- suggest a referral when your own organisation cannot provide the services a person needs; for example, if your organisation does not have the expertise to help a person deal with severe trauma, you must refer them to a psychologist or counsellor specialising in this area
- continue to provide services to a person, but refer them elsewhere for additional specialist services
- make a referral when a person does not meet specific eligibility requirements for services at your organisation.

Referral guidelines

You cannot force or coerce a person to accept any further help if they do not want it. Instead, you must be there to guide, support and help a person who is having difficulty coping with their grief and trauma. Your organisation's referral protocols should be outlined in a policy document or referral guidelines, and should cover the following:



- Discussing the need for referral with a person and providing information about referral options
- Helping the person to consider the options available and choose a service that best meets their needs
- Seeking the person’s consent to make a referral, including obtaining their consent to provide the referral organisation with the person’s personal information
- Collecting information to make the referral
- Contacting the service provider to discuss availability of the service and appropriateness of the referral

Making the right referral is important not only for your client but also for you and your organisation. You want to ensure that the needs of your client are going to be met by referring them to the correct person or organisation. Making a referral requires the referrer to know the:

- eligibility of the client for the service
- hours of operation and location
- contact details for the service
- names of workers who will be working with the client
- the services offered
- service needs and priorities of the client.

Types of referrals for care and support services

In community services one approach used for identifying the type of referral needed is through a three-tiered level of support. Supports are classified into either Universal, Targeted or Specialist services. This gives you a set process to use once a person is identified as being at risk and it is decided they need to be referred for further support services. Based on the level of identified risk you can categorise what type of referral or services they require.

The three types of tiered referrals that might be appropriate for people who are identified as being at risk with grief and trauma are as follows:

Referral tier	Description of service	Examples
Universal	These are services that are accessible to the general public. They are seen as inclusive and available to everyone without the need for a formal referral.	<ul style="list-style-type: none"> • GP appointment to discuss mental health concerns • Group therapy in an informal setting • Education online or over the phone • Phone counselling from grief support hotlines



Referral tier	Description of service	Examples
Targeted	Services that are provided for the particular purpose of treating specific needs.	<ul style="list-style-type: none"> • Mental health plan for counselling services • Social worker for family support • Case worker through Centrelink for financial support
Specialist	Specialised services that provide intensive supports for people with higher needs. The individual has been deemed high-risk and needs clinical treatment.	<ul style="list-style-type: none"> • Targeted psychotherapy for grief and bereavement • Psychiatrist that specialises in complex grief and may prescribe medication

Video: How to deal with grief and unexpected loss

Watch this video on how to deal with grief and unexpected loss and when to seek support: aspirelr.link/yt-deal-with-grief

What should someone do if they find their grief is continuing for a prolonged time?



Example

Identify individuals who experience difficulty coping

When Yelena loses her 19-year-old son, Yuri, in a motorbike accident, she goes into deep shock. She finds it very difficult to believe that he is dead and keeps imagining that he will walk through the door laughing and joking just as he always did. She misses him deeply and spends most of her waking hours thinking about him. Every morning she goes into his room hoping that he will be there. She knows this is irrational, but she just cannot accept that he will never come home again. She does not like to think about what happened or that he has gone, because it makes her feel like she has no reason to go on living.

Nearly a year after Yuri's death, Yelena is speaking to the supervisor, Katie, at the local community centre where she attends cooking classes. She opens up about how difficult the last year has been and how she feels 'stuck' in her grief and unable to move on.



Katie tells her that every Friday a trained trauma counsellor comes to the centre to facilitate a group for people who have experienced trauma such as Yelena; she also gives her a brochure with further information. Yelena is quick to say this is not something she is interested in and Katie does not push the topic any further.

By the following week, Yelena has had some time to reflect and read the brochure and she approaches Katie and says she would like to give this group a go. Katie then makes a referral for Yelena to attend the following Friday's session.

Practice Task 8

Question 1

List three signs that a person may be having difficulty and not coping with grief and trauma.

Question 2

Match each term of disenfranchised grief to its description.

Loss of unrecognised relationships	The loss of a person is not openly acknowledged, and the grief is not publicly supported.
Non-death losses	A person comments that the loss of a person does not affect the family, but several people have been affected.
Considered to not be capable of grief	A person loses their partner, but others in their family did not recognise them as such.
Stigmatised loss	A person loses their job, health, relationships or pet.
Insignificant loss	A person with an intellectual disability is considered incapable of grieving the loss of their brother.



Question 3

Which of the following are risk factors for complex grief? Tick all that apply.

- Family history of mental illness
- History of homelessness
- Barriers to communication
- Drug or alcohol misuse
- Few social supports
- History of ill-health

Question 4

Which of the following statements are correct? Select yes or no for each one.

a. Families may have different ideas about what to do with the belongings of the person who has died.	Yes / No
b. Different reactions to grief can cause conflict within a family.	Yes / No
c. Social networks may play a big role in how well a family works through their grief and trauma.	Yes / No
d. Trauma affects only adults and children often cope well.	Yes / No
e. If left untreated, intergenerational trauma can create family disconnections and developmental issues in children.	Yes / No
f. The risk factors for grief and trauma in a community include when there has been an act/acts of violence.	Yes / No

Question 5

Match each method of identifying who is at risk to its description.

Documentation	Watch body language, tone of voice and actions for an indication of how the person is feeling or coping.
Reporting	Reassure the person there is no set timeframe for bereavement and grief.
Observation	Prevents the person from having to repeat their story and allows the whole picture to be recorded.
Discussion	Sharing information about what is outside your scope of practice to ensure the person and their family are safe.



Question 6

Identify three things that need to be considered when providing referral options to a person experiencing difficulty with grief and trauma.

3B

Provide information about grief and bereavement support services

Every person has the right to receive information about available support services and make choices about which ones best suit their needs.

Encouraging a grieving person, who may feel vulnerable, confused and disorientated, to make decisions about support options can help them maintain a sense of control over their life.

It is important that you provide information in a respectful, sensitive and courteous manner. Many grieving people are dealing with raw and fluctuating emotions that make it difficult for them to focus for long periods or make decisions. However, they are more likely to want to engage with you and share information about themselves if you are patient and respectful.

Grieving people who are rushed into making decisions, or told what they should do, may feel that they are not being heard or that you do not understand their situation. When they are treated with respect and encouraged to make their own decisions about matters that affect them, they are more likely to make good choices.

Encouraging decision making means the person will feel empowered, be more willing to share information about their needs and have a greater sense of trust in the workers and services being provided.

Informed choice means that an individual can make decisions based on good information that reflect their own values, views and culture, without any pressure or coercion from yourself or others. You should provide them with access to comprehensive, unbiased, evidence-based information with a full range of options.

For example, a person may experience a normal grief response but feel they can benefit from some additional support. In this case, you would provide information and explore options with the person for different types of support in the community, such as help with childcare or planning a funeral, as well as the social and emotional support provided by self-help groups. However, ultimately the decisions and choices they make will be their own.

To promote informed choice, you can:

- provide information and encourage the person to explore options rather than directing them to make particular choices
- help build the person's confidence by taking a strengths-based approach



- discover the person’s personal resources and build on them by asking about losses or difficult situations they have successfully dealt with in the past
- focus on the person’s abilities and strengths, rather than their loss, to help them realise they have the potential to make decisions and take control.

Identify appropriate information services

It is important to work with each person to determine what services are appropriate for them. Sometimes a grieving person requires support that you have not considered because it is outside the realm of grief and bereavement support. For example, a grieving person who has lost a family member who had a mental illness may most value the support of others who have also lost a relative with a mental illness.

Your role is to listen to the person, suggest options and provide relevant information. You may think that a person will benefit from face-to-face counselling, but the person’s preference may be to go to a support group or to use a telephone counselling service when they want to talk to someone.

The most appropriate information is that which is targeted and relevant to the person’s individual needs. For example, it is not appropriate to provide information targeted at bereaved parents to an older person who has just lost their partner. Whatever the situation, do not overwhelm the person but provide information in a thoughtful and considered way, giving them the opportunity to ask questions about each option or resource, rather than supplying them with too many brochures.

When providing appropriate information consider the following factors:

<p>Suitability</p>	<p>It is important to ensure that the information you provide is:</p> <ul style="list-style-type: none"> • current • accurate • relevant and targeted to the person’s needs • easily understood • structured so it is well set out and easy to follow • developmentally and age appropriate such as information directed to children or adolescents • in a format suitable for the person; for example, in an appropriate language.
<p>Language and literacy</p>	<p>Consider each person’s language requirements. Many organisations have brochures printed in a range of languages. Alternatively, a person may require an interpreter to help them understand the information you give them.</p> <p>If the person has a low level of literacy, make sure you:</p> <ul style="list-style-type: none"> • explain information using plain language • check for understanding • use diagrams and pictures to explain important points.



Communication needs	<p>You also need to consider whether a person has any cognitive or sensory impairment that may affect how they can receive and use information. For example:</p> <ul style="list-style-type: none"> • a person who has vision impairment may prefer large print hard copy information or recorded information • a person who has a hearing impairment may want written documentation in the form of brochures and pamphlets • a person who has a cognitive impairment that affects their ability to process information may prefer visual aids such as photos or to use their own communication assistive technology to interpret and read information provided to them.
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Assistive technology
Technology that enables a person to maintain or improve their capability of performing a task.

Research appropriate information

Make sure you research appropriate support options and give the person enough information to make informed decisions about the services they require. This will include general practitioners, counsellors, support groups and telephone counselling services.

Most community services organisations keep a list of information sources in a database or document. You can discuss options with your supervisor or co-workers with experience in working with grieving people, or search the internet, community networks, directories and resource listings.

Community networks can also provide information about other services in the community. Networks may include colleagues in other community services organisations, as well as professional service providers such as doctors, psychologists and counsellors.

Many local community centres or local governments create listings of the available community services for the benefit of residents. Most libraries also have copies of these types of resource directories.

There are many websites that link to support groups, telephone counselling services and resources for specific types of grief, such as bereaved children. One advantage of accessing information on the internet is that peak bodies and organisations specialising in these areas provide information that is current.

Ensure when you are searching for grief related websites that they are Australian, as they will give you relevant information and links for local services.

Here are some examples of sources of information for grief and bereavement support:

Australian Centre for Grief and Bereavement (ACGB)	An independent, not for profit organisation that provides support for bereaved and grieving Australians through specialised bereavement care.
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Australian Child and Adolescent Trauma, Loss and Grief Network	This network targets psychological trauma and/or loss and grief suffered by children and adolescents as a result of a traumatic experience. This could include serious accidents, witnessing life-threatening events, or sudden unexpected deaths of family members.
GriefLink	Provides information for people who are dealing with the grief caused by the death of someone close to them, and for those who are supporting them.
Phoenix Australia	This is a centre for post-traumatic mental health problems in the general community following accidents, violent crime, terrorism and natural disasters. It is committed to providing the best possible care and guidance to individuals, communities and organisations.
The Compassionate Friends Victoria	Dedicated to supporting grieving parents, siblings and grandparents in the event of a death of a child of any age from any cause. They use their lived experience to provide peer support for grieving family members.

Video: Trauma and grief network – bushfire

Watch this video from the Australian Child and Adolescent Trauma, Loss and Grief Network that approaches the trauma of bushfire:
aspirelr.link/yt-tgn-bushfire

Why could a video like this be suitable and appealing for a younger person experiencing loss and grief after a traumatic experience?



Example

Provide information about grief and bereavement support services and resources

Julia works in community aged care and often has to provide the people she is supporting with grief and bereavement care information when they lose a spouse or friend. Her organisation provides an information kit for this purpose and Julia customises the information to suit the particular person's needs.

Many older people need practical support after their loss, including services that provide meals or help maintain their house and garden. Many also welcome visits from volunteers who come to check on them and have a chat.



Julia takes care to spend as much time as she can with each grieving person so she knows their concerns and can provide them with information to suit their needs. Sometimes the people Julia supports decide to move into a residential facility after the death of their spouse, so she provides information about the range of services available. Others appreciate written information about what to expect during the grieving process and the kinds of services available. For those who use the internet, she compiles a list of relevant websites.

Julia explains all the information included in the kit and then helps each person to make decisions about what support they require.

Example

Gathering information to respond to grief

Joanne is working with a family whose three-year-old daughter recently drowned in their backyard pool. She needs to find out what options for support are available in their local area so she checks her organisation's referral listings and finds contact details for a grief and loss counsellor in the area and a support group for bereaved people. However, Joanne feels it is also important to find options for parents who have lost a child. She asks her colleagues who suggest that she check with some of their networks in the community.

Joanne obtains information from one of her contacts about a new Compassionate Friends group that is starting in the area. The contact suggests that she check their website to get the latest information. Joanne finds the Compassionate Friends website for her state, rings them and is told that a support group is starting up in her area in two weeks' time. The person she speaks to suggests several other options that she might like to offer the family, such as giving the surviving children the Kids Helpline number in case they want to talk to someone about their loss.



Practice Task 9

Question 1

Suggest three things to consider to ensure the most appropriate information is provided to the person experiencing grief and trauma.

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Provide information and encourage the individual to make choices.	Yes / No
b. Using a strengths-based approach can help the person's confidence.	Yes / No
c. If the person cannot decide, then you can make the choice for them.	Yes / No
d. Provide as much information as you can, so the person has lots of options to choose from.	Yes / No

3C

Use strategies for formal and informal grief and bereavement support

When a person feels the need to talk about their loss, they usually look for informal support.

People who have strong informal support networks of family, friends and others are less likely to experience difficulty in grieving than those who are more isolated. A supportive and caring environment can help a person manage their grief and deal with the many difficulties they face.

Part of your role is to help the person recognise the support that is available to them. This means determining who among the person's family, friends and acquaintances is available to provide comfort and practical help.

Family and friends	Having a strong personal support network helps a grieving person to cope. These people can spend time with the person and help them deal with practical issues, especially in the initial stages of their grief. Most of all, they can listen and empathise with their loss.
Neighbours and local community	Sometimes a grieving person lives alone, and a caring neighbour or member of their community may be the only person around to offer support. A helpful neighbour may help run errands, assist with shopping and meals or take on some child-minding activities.
Social networks	Social networks include social and community interest groups that the person may belong to. By being welcoming and supportive, these groups can help bring stability and confidence into the life of someone experiencing grief and bereavement.
Employers and co-workers	Employers and co-workers also have an important role to play in supporting a grieving person. They need to ensure that the grieving person takes enough time off work to deal with their grief and that, when they get back to work, they are supported and offered any assistance they need.

Formal support strategies

Formal supports are often used when a person is identified as being at risk, or is displaying signs, of more complex grief. It is also common practice to suggest formal supports to someone who is experiencing loss and grief as a more proactive method of avoiding complex bereavement.

The following describes some available formal support strategies:



Aboriginal and Torres Strait Islander health services	These services provide for Aboriginal and Torres Strait Islander peoples. Workers in these services understand cultural requirements and the customs and practices associated with death and mourning.
Coronial services	Coroners help determine the cause of death if it is unclear. For the bereaved person, it is often very important to understand this as it may assist with the healing process.
Community based mental health groups	A mental health service located within the community where the person lives can feel more familiar than travelling outside the area to seek support. These services often offer more than just grief and loss support.
Group counselling	Group sessions are useful for people who respond well to interaction and shared support with other people who are grieving.
Individual grief counselling	A specialist grief counsellor may be necessary for a person who is having difficulty coming to terms with their loss, or those experiencing trauma reactions.
Therapy	It can be helpful to meet with a therapist to resolve problems of grief and trauma. There are many different types of therapy, as discussed in more detail below.
Psychological services	These services are suitable for people who require mental health assessment; for example, to determine whether they are experiencing a complex grief reaction or depression. This may include seeing a psychologist, psychiatrist or mental health social worker.
Spiritual services	Grieving people often obtain great comfort from their spiritual or religious faith. Connecting or reconnecting with their faith may help them find meaning in their loss while obtaining support from members of their church, synagogue, temple, mosque or other religious community.
Telephone services	These services offer support to the person who needs someone to talk to but who cannot access, or does not wish to use, other services. These are usually available 24 hours a day.
Residential treatment	Some people may benefit from intense treatment where they become a resident in a mental health centre. The treatment can be adapted to suit the person and delivered in a safe and comforting environment removed from the pressures or distractions of home.

Types of therapies for formal support

Therapy is the process of meeting with a therapist to resolve problematic behaviours, beliefs and feelings. Beginning therapy can be a big step towards finding a way of



living with grief and being able to enjoy life once more. Therapy can help to change destructive behaviours and habits, work through and resolve painful feelings, and improve relationships.

Therapy will involve setting goals and then determining the steps the person will take to get there. It is important in your role to encourage people to choose the type of therapy that suits their personality, and to research the authenticity of the therapist before commencing.

What you should look for in a good therapist can vary but generally you would be looking for someone who:

- will support the person and listen attentively
- can model a healthy and positive experience
- will give appropriate feedback
- follows ethical guidelines.

Some commonly used evidence-based therapies are discussed further here:

Cognitive behavioural therapy	Working with a therapist to look at patterns of thinking and acting that are increasing the likelihood of becoming depressed. Once these patterns are recognised, they can be replaced with patterns that promote good mood and better coping.
Group therapy	Small groups of individuals gather to share thoughts and feelings with others who are also grieving. Often these groups are made up of people who are recovering from similar experiences.
Art therapy	Using creativity to promote healing and help the person process their grief. The idea is that artistic and creative self-expression can have a healing and therapeutic effect on the grieving person.
Animal assisted therapy	Animals such as dogs are trained to interact with a person who may be experiencing grief and bereavement. Interacting with animals has physiological and psychological benefits through improved confidence, increased levels of activity and acceptance.
Family therapy	The grieving family work through their struggles, challenges and grief together in a supportive environment that teaches them methods of coping. This therapy can help a family learn how to get along, accept their differences and respond to each other in a positive way.
Trauma therapy	This can help the person deal with the emotional response caused by a traumatic event. The idea is to help the person face their fears in a safe space and learn coping skills that can help them to function on an everyday basis.



For more information about different therapies available for depression and grief visit: aspirelr.link/beyond-blue-depression-booklet

Strategies and communication for support

There should be a plan in place to ensure that you and your workplace produce meaningful and cohesive messages that are consistent across the whole organisation.

If no plan exists it could be beneficial for all involved to set a vision of where the workplace wants to go, to ensure that consistency and continuity is achieved. This will help build trust with your clients and make them feel confident that they can rely on you, and your fellow workers, to support them in their time of grief and bereavement.

Your organisation should have strong policies and guidelines describing the type, level and scope of communication that each worker can have with the clients under different circumstances. For example, a staff member who works in the kitchen and has no formal training on loss and grief will know that they should not give advice on grief support to a client.

Here are some communication strategies organisations use to ensure their messaging is consistent:

Internal communication	Communication shared within the organisation so that workers can perform in a consistent way that reflects the values of the organisation. There may be an internal messaging system or internal server allowing communication only with people employed by the organisation.
External communication	For consistency in messaging some organisations require templates for emails or training on how to communicate professionally with people outside the organisation such as using a proforma referral template. This is also done to reduce the risk of reputational damage and to ensure that legal protocols are enforced, such as privacy of personal information.
Different communication needs of different clients	In this industry you will work with many people who may have different communication needs to your own. This must be considered as part of the strategy to ensure everyone’s needs are met and that everyone can feel their message and story can be heard.
Culturally safe communication	When approaching someone outside your own culture you must be aware of the respectful way to communicate with that person. This could include your body language, seating position and use of certain words.



<p>Different communication styles</p>	<p>Communication nowadays does not have to just be face-to-face. We can adapt and cater for the different needs, locations and environments of our clients through different methods. These include:</p> <ul style="list-style-type: none"> • video conferencing • emails • phone conversations • social media.
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Example

Miscommunication with external client

Zainab was seeking some advice about grief from her recent loss of her brother. She sent an email to her local community centre that said on its website that it offered grief and bereavement support. After three days she had not heard back, so she telephoned them. The lady who answered the phone said she was having difficulty understanding what Zainab was asking and suggested she call back tomorrow when another staff member was on, and they might be able to help. Zainab decided to go in person to the centre and try to find some help. When she asked, a lady at the front desk told her she didn't think they offered that service anymore and maybe she would need to look elsewhere.

Zainab left, stood in the carpark and cried. The pain of losing her brother and then having the local centre giving her no support was too much. She went home and did not look for any further support.

Barriers to effective communication

By modifying the way we interact, we can offer support when people are at their most vulnerable.

An individual may present with communication difficulties even though they have never had a problem communicating in the past. Grief and loss can cause major changes in the mind and body without the person realising. Having to talk about the loss that they have experienced, or the grief that has followed, may simply be too overwhelming for someone.

Here are some tips on ways of identifying and communicating with someone who may be experiencing this difficulty:

<p>Identify preferred communication style</p>	<p>Identify from the first meeting with the person if they need support with their communication. Be respectful and discrete about this to avoid embarrassing them.</p>
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Learn different ways to communicate	Enhance your communication skills by learning visual cues such as facial expressions, pointing, use of objects and some key signs in the Australian sign language, Auslan.
Make sure you have the person's attention	Face the person and make eye contact where possible to show you are listening, though be mindful that some people may have potential or cultural issues with making eye contact.
Let the person know if you do not understand them	Let the person know if you do not understand them so you can find a solution together. A person will know if you are not truly listening or hearing their conversation and you could then be considered disrespectful or rude.
Practice active listening	As discussed previously, active listening is essential to having engaging and empathetic conversations.
Use objects, tools or pictures	Find out about how augmentative and assistive communication offers support for people who may have an impairment. Examples include a picture board, apps on iPad such as a speech generating device or a word board.
Be respectful and patient	As with all communication, showing respect and being patient is essential. With someone who has a difficulty it may take longer for the message to be received but it will be beneficial for all in the end.
Seek an interpreter if required	This could be through the use of a formal language or Auslan interpreter. A family member could also be used as long as the matter is not one where confidentiality or legalities are involved.

Example

Identify, suggest or use strategies for formal and informal grief and bereavement support

Paul is preparing to refer Deirdre, who is not coping after the death of her twin sister, to a grief counsellor. He discusses the idea with Deirdre, explaining that the counsellor can help her adapt to her sister's loss. Deirdre says she had never thought of going to a counsellor before but, if it can help her cope with her loss, she thinks it is worth trying.



Paul tells Deirdre that he has a particular counsellor in mind who has helped some of the other people he has provided support for. He checks with Deirdre that she can get to the location and asks for her consent to provide the counsellor with some of her basic personal information, such as her contact details and the reason for the referral. Deirdre signs a consent form for the referral to happen and for basic information to be given to the counsellor.

Paul asks Deirdre if she would like him to make the appointment or do it herself. Deirdre says she will make the call that afternoon and Paul documents the discussion. Two weeks later Paul contacts Deirdre to follow up on the referral. Deirdre says she has had her first appointment and is very pleased with the experience so she intends to have several more. Paul documents this information in Deirdre's file and makes a note to follow up with her in a few weeks.

Obtain feedback to confirm that options are clearly understood

Feedback involves confirming that provided information is suitable and the person understands the options that have been presented to them. This confirms the person is getting what they want and the service is meeting their needs.

You need to know that the strategies and information you are sharing with your clients are linking them to the correct resources to help them with their loss, grief and bereavement. Sometimes feedback can feel like a complaint but it is necessary to inform you about what practices can be improved and what systems do not meet client needs.

For example, Aged Care Quality Standard 6 covers feedback and complaints. Meeting the Standards is a requirement as part of registration for aged care providers.

You can read about feedback and complaints here: aspirelr.link/acq-standard-6

Look for immediate feedback

Gathering feedback will increase the effectiveness of your communications with your client. For some of them it may be the first time they are seeking support regarding services and resources to help them with their grief and bereavement.

There are several ways to confirm a person understands the information about the options for support:



Observe non-verbal communication	<p>Observe the person's non-verbal communication. Look for facial signs or body language that may indicate confusion. You may need to change the way you are providing information if the person looks distracted, upset or confused.</p> <p>Some people may not like being 'talked at'. They may respond better if verbal information is kept to a minimum and the information is provided at another time or in another way, such as in written form.</p>
Pause to allow the person to absorb information	<p>If the person appears upset or overcome with emotion, pause and ask if they are okay. A person who is upset may not be able to focus on what you are telling them. You need to give them the opportunity to regain their composure or arrange another time to discuss support options.</p> <p>Give the person pieces of information, then pause and ask questions such as, "Is that clear?", "Do you have any questions?" or, "Are you okay with that?"</p>
Encourage and summarise	<p>Encourage the person to ask questions so you can explain any points they are not sure about. Listen carefully to what the person asks and clarify any issues of concern.</p> <p>Summarise the information you have given and ask for feedback about whether the information meets their needs or if there is any additional information they need. Alternatively, you may go through the points you have discussed, asking the person to confirm that they have understood each point. By checking, you show concern and awareness of their situation.</p>
Provide written information	<p>After you have given a person verbal information, you can provide them with a written summary or checklist of what you have told them, if appropriate. Give them time to read this, then ask if they are clear on all the points, providing the opportunity to clarify any areas of concern.</p> <p>Provide the person with relevant brochures, fact sheets and printouts from the internet. Make sure each piece of information is targeted to their needs and give them an opportunity to read and ask questions.</p>
Follow up in a timely manner	<p>Follow up on your conversation not long after you have met with the person. Between 24 to 48 hours is a good time for you to check to see if they have any further questions or needs. You can do this via email, phone, video call or in person.</p>

Here are some suggestions for actions you could take when a person is not clear about the options they are being given:



Possible limiting factor	Ways to improve communication
Language	<p>It is difficult to discuss and negotiate with someone who has English as a second or third language if you have trouble understanding each other.</p> <p>Strategies to address linguistic barriers include:</p> <ul style="list-style-type: none"> • using an interpreter or directing the person to a member of staff who can communicate in their preferred language • explaining clearly and avoiding using terminology or jargon • using a translator app on your phone • using pictures to convey meaning • preparing information in the person's preferred language.
Cultural	<p>Strategies to address cultural barriers include:</p> <ul style="list-style-type: none"> • learning about cultural expectations in relation to acceptable body language and the conventions for resolving difficulties in other cultures • clearly explaining what you will do and why, and how this may differ from their experiences.
Physical	<p>Barriers that may limit understanding or attendance may include:</p> <ul style="list-style-type: none"> • limited hearing or vision, or an inability to speak • an age-related condition such as dementia • an inability to access a location due to a physical disability. <p>Strategies to address physical barriers include:</p> <ul style="list-style-type: none"> • using pictures to represent words or an electronic device that aids communication • selecting an accessible location for a person with limited mobility • involving a support worker, interpreter or support person in the discussion.
Psychological	<p>A person may be emotionally impaired and unable to hear or understand what you are saying.</p> <p>Strategies to address psychological barriers include:</p> <ul style="list-style-type: none"> • reassuring a person who is sad, angry, upset, confused or fearful • giving the person time to adjust • speaking slowly and clearly • arranging to have someone with them to support them • scheduling a follow-up discussion to check on the person's wellbeing.



Possible limiting factor	Ways to improve communication
Environmental	<p>The place you have chosen for a discussion has background noise, distractions, other people in the area, flickering lights, excessive heating or cooling, or is an inaccessible or uncomfortable location.</p> <p>Strategies to address environmental barriers include:</p> <ul style="list-style-type: none">• looking around the environment before beginning to communicate, and considering what factors may affect communication• asking the person if a specific factor is a problem for them and finding an appropriate location.

Formal feedback

Over time feedback will need to be gained on a more formal basis and your workplace will have a feedback mechanism or tool that can be used for this. Generally, the structure will be simple and objective and the results give everyone in the workplace the chance to talk about things that can be improved in their work and ways of communication.

Here are some ways that formal feedback can be recorded:

Paper survey	This can be as simple as three questions asking the client about their experiences and can be handed directly, posted or emailed to the client.
Electronic survey	This is a fast and easy method of gaining feedback. There are apps available to download where a survey can be created then delivered via email to your clients.
Group feedback	This could be used at the end of a group counselling or therapy session to gain immediate feedback with encouragement given to the group to express their thoughts for improvement of the session.
Online feedback link	Most community service organisations have online links on their websites for submitting feedback. There will be additional information about the feedback process including times for response and complaint resolution.
Contacting the organisation	All community service organisations have contact details at their buildings and on their websites with information about methods of providing feedback. This includes who to contact if you believe your feedback is not taken seriously and you would like some external support.

Once the feedback has been received it needs to be analysed and, if appropriate, acted on. You should follow up with the client to let them know their feedback has been taken seriously and will be used, if required, for improvement. This will assure the person they have been heard and that their opinion and input is valued.



Complaints

You cannot always expect feedback to be positive. The same mechanism is used for positive feedback as for complaints. Your organisation will have systems in place if the feedback you receive is a complaint as this is a legal requirement of any organisation that receives government funding.

If someone makes a complaint, you must not:

- treat them or their family differently
- stop them from using your service or reduce their access to your service.

Remember, when someone is grieving their emotions and feelings may be overwhelming for them and this may lead to angry or upsetting outbursts. Do not take this personally, but make sure they know they are being heard and taken seriously.

Practice Task 10

Question 1

Identify two types of informal support and provide an example of the type of support they can provide.

Question 2

Name four different types of formal support strategies that may be available for someone who is experiencing loss and grief.



Question 3

List four ways you can communicate with a person who is having difficulty being understood.

Question 4

Suggest three ways to confirm a person understands the provided information about options available for support.

3D

Maintain confidentiality in line with organisational practices

Confidentiality is an important principle underpinning community services work.

All community services organisations must have privacy and confidentiality policies based on relevant Commonwealth and state/territory privacy legislation; for example, the *Privacy Act 1988* (Cth). This act protects personal information, including that held by Australian government organisations and large private sector organisations. The Australian Privacy Principles are the foundation of the Privacy Act and apply to organisations and Australian Government (and Norfolk Island Government) agencies.

These principles are the baseline your organisation's policies and procedures and guidelines will be written against. If you follow these documents in your workplace you can be assured that you are following the law.

There are 13 Australian privacy principles that apply to the collection, use and storage of personal information.

1. Open and transparent management of personal information	Ensures that organisations manage personal information in an open and transparent way.
2. Anonymity and pseudonymity	Requires organisations to give individuals the option of not identifying themselves, or using a pseudonym. Some exceptions apply.
3. Collection of solicited personal information	Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.
4. Dealing with unsolicited personal information	Outlines how organisations must deal with unsolicited personal information.
5. Notification of the collection of personal information	Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
6. Use or disclosure of personal information	Outlines the circumstances in which an organisation may use or disclose personal information it holds.
7. Direct marketing	An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.



8. Cross-border disclosure of personal information	Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.
9. Adoption, use or disclosure of government-related identifiers	Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.
10. Quality of personal information	An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.
11. Security of personal information	An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.
12. Access to personal information	Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.
13. Correction of personal information	Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

For more information about Australian privacy principles visit:
aspirelr.link/oaic-privacy-principles-quick-reference

Maintaining the person's confidentiality

Personal or private information includes:

- a person's address, phone numbers and any other personal communication details
- a person's medical history and financial information, such as bank and credit card details
- information about any criminal history or cultural background, marital status, sexual orientation or disability
- information provided by other agencies and kept in the person's file
- any verbal information and written documentation provided by workers about individuals.

Confidential information can only be shared if:

- it is in the best interests of the person or others; for example, if the person threatens to harm themselves or others



- it is required for legal reasons
- the person has given written consent for you to provide their information to a specific individual or service.

Confidentiality policies and procedures are followed to:

- help the person understand their rights in regard to confidentiality
- assure the person that the organisation and workers will protect their confidentiality and that there are policies and procedures in place for doing so
- instil confidence that it is safe to reveal personal information to the organisation
- help build trust, respect and empathy between workers and the person.

Organisational practices

Most organisations will have clear guidelines regarding consent requirements for gathering or imparting information, whether concerning the client, workers, families or any member of the public.

This could be in the form of a:

- privacy consent form
- confidentiality agreement form.

A privacy consent form allows the person to agree in writing to set guidelines about how their personal information will be collected, used and stored. For example, Mary has started counselling at the ABC centre. By signing this form she indicates she understands that all the information she shares with her counsellor will be stored on a locked computer and only her counsellor can access it. This gives Mary confidence in sharing her story about her loss and grief.

A confidentiality agreement form may be where both parties disclose and receive information that must be kept confidential. For example, Lachlan is a new worker at ABC youth group and he understands that he will hear and see a lot of private and confidential information. He signs an agreement that states that he will not share or divulge any information he acquires during or after his involvement with the group unless legally required to do so.

For these forms to be considered legal they must be given to the person under informed consent.

Privacy

Listed below are some general guidelines to enable organisations and individuals to comply with privacy legislation.

Guidelines for maintaining privacy and confidentiality:

- Avoid using names unnecessarily.



- Be mindful that even a description of a person or worker may supply enough information to identify them.
- Provide a valid reason for collecting, storing or distributing any personal information.
- Keep personal information in locked filing cabinets and password-protected computer files.
- Limit access to files and information.
- Restrict the removal of written records from the organisation's premises.
- Obtain a person's written consent to share their personal information.
- Follow your organisation's policies and procedures regarding confidentiality.

Safeguard confidential information

Facilities or agencies holding personal information must take all reasonable steps to safeguard information. Individuals entrust a great deal of personal information to community services organisations and workers. In return, you must make every effort to ensure this trust is not abused in any way.

Access to information should be restricted to appropriate team members on a need-to-know basis. In some circumstances, a person may request that certain information is not shared with family, carers, friends or their advocate. It is essential that you comply with their request.

To help protect the person's personal information, follow organisational procedures to prevent unauthorised access, loss, modification, disclosure or other misuse of personal information.

Some general guidelines include:

- Never leave files open and in view of others.
- Ensure only authorised personnel have access to personal information, and do not pass on information to people who are not entitled to it.
- Be discreet when speaking on the telephone and never provide personal information over the phone without prior permission.
- Never discuss a person you support in public, with your family or friends, or in the presence of another person the organisation supports.
- Only discuss a person with others once permission has been given by the person, or there is a risk to the person's health or safety.
- Take all reasonable steps when transmitting personal information by email or fax, including information using data encryption, to ensure its safety, integrity and confidentiality.



- Ensure information that is no longer required is returned to the place of origin or disposed of in the correct manner.
- Dispose of confidential information appropriately by using a shredding machine, or placing the information into a secured recycling bin for appropriate disposal.
- If you are using a person as an example in your studies, ensure you do not reveal names or other identifying information.

Sharing personal information

There are instances when you are permitted to disclose information as part of your duties. This duty of disclosure was discussed previously. For example, if the person in need of support is being referred for medical treatment, the hospital, specialist or doctor needs information about the person's condition, medical history and other personal details.

You may be required to disclose private or confidential information when:

- the person would reasonably expect the disclosure to occur; for example, quality assurance processes
- you are authorised or compelled by law to do so
- it will prevent or lessen a serious threat to someone's life, health or safety, or to public health and safety
- it is required for public health surveillance
- it is requested by an enforcement agency such as the police.

If you work within a team, and all members provide services to a particular person, you do not need to obtain the person's consent to share information within the team. If you plan to refer a person to another service provider or agency, you must always seek the person's written permission to pass on their personal information. Make sure that the person is aware that they have the right to say they do not want their information to be shared with other service providers.

More information about requirements for sharing information is provided below:

Share information within a team

Although a team may include workers performing a number of different roles, they may share the same objective of providing care and support to a person. Team members may include administrative staff, coordinators, support workers, personal care workers and professionals such as counsellors, psychologists and health professionals.

You may reveal a person's information to other workers in this team, but only on a need-to-know basis. For example, a support worker and a psychologist may be working to support the same person through a period of loss and grief. In this case, they may need to share notes about the person's progress.



Share information with other agencies	Your organisation’s privacy policy contains information about obtaining a person’s consent to share their information outside your team. If a person is unable to provide consent you should obtain it from their legal guardian, carer or next of kin. Most organisations have forms that the person can sign to give consent to share their personal information with another service provider.
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Ensure the person understands consent requirements

To ensure that the person understands their rights regarding confidentiality and consent, they should be given information about, and a copy of, the organisation’s confidentiality policy when they first visit.

Never assume that they will consent and never neglect to obtain their permission to do so. Provide them with the necessary information, check they understand the information and then respect their right to make their own decisions.

Remember that people who are grieving may feel confused, overwhelmed and disorientated, so it is important to take extra care in explaining information to them. Be sensitive, empathetic, courteous and professional in the way you provide information and check they have understood all that you tell them.

Example
Breach in confidentiality

Maria has been accessing local mental health community services for support with her grief since her father passed away recently. She has been the primary carer for her mother and her three young children since she divorced her husband, Roy. Maria is a survivor of domestic violence and has an intervention order against Roy.

Maria has moved house many times to avoid Roy finding out where she lives, as she is scared he will be violent again, but finally feels settled in her new community.

When Maria first starts at the service, she informs the worker that she has an intervention order but there is no formal procedure for capturing this information and the worker forgets to write it down.



The following week, Roy comes to the service and convinces the administration person to provide his 'wife' Maria's number, claiming he needs to ring her to arrange for her to pick the kids up from school. As there is no direct policy noted in the system about confidentiality or information about Maria's situation, the reception person prints out Maria's number with her address attached and gives it to Roy.

This breach in confidentiality could lead to serious consequences for Maria and her family and have legal repercussions for the workers involved and the organisation. They have breached not only the privacy laws but also their duty of care.

Written information

All written documents, forms, emails or other records are permanent and legal documents. For example, care documentation is recognised as evidence in a court of law. For this reason, you must be very particular about the way you record written information.

When recording confidential information in writing, write clearly and legibly in black or blue pen. Do not use liquid paper and if you need to correct errors, draw a line through the error and initial it. Always double check the name of the person you are writing about.

Make sure completed documents are filed appropriately, such as in a locked filing cabinet or in a password-protected file.

Documents you may need to prepare or manage could include:

- support plans
- handover sheets
- communication books
- assessment tools
- progress notes
- incident or accident reports
- personnel files.

Example

Maintain confidentiality in line with organisational practices

Susan is the supervisor in a residential aged care facility. The daughter of Helen, a person living at the facility, contacts Susan requesting access to her mother's file.



Helen has recently been referred to a counsellor to assist with grief issues surrounding the death of her husband, Harry, two months ago. Both Helen and Harry lived in the supported residential facility for a number of years, first in the independent units and then in the residential aged care facility as their health declined. Susan is unsure about whether she can disclose Helen's personal information. Susan contacts her manager, Cara, to clarify her responsibilities relating to record keeping and protecting personal information.

Cara refers Susan to the organisation's privacy policy, that states that only the person requiring support has a general right of access to his or her own health records. The policy also states that personal information must not be disclosed to any other person, apart from when the written consent of the person requiring support is received by the facility.

Susan confirms that Helen is physically and legally capable of giving consent for the disclosure. She visits Helen in her unit and Helen says that she would like her personal information and medical records to remain private, even at the request of family members.

Susan contacts Helen's daughter to let her know that she is not able to disclose the information in her mother's file. Susan makes a record of the daughter's request, Helen's wishes and the communication that has taken place. She files it with Helen's personal information in a secure electronic filing system.

Practice Task 11

Question 1

List four examples of when you can disclose a person's information without permission.



Question 2

Which of the following are ways that you can protect a person's privacy and confidentiality? Tick all that apply.

- Avoid using the person's name.
- Limit access to files and information.
- Whisper when speaking about your client.
- Keep personal information in locked filing cabinets and password-protected computer files.
- Obtain a person's written consent to share their personal information.
- Only share information with trusted family members.

Question 3

Which of the following statements are correct? Select yes or no for each one.

a. You may share or reveal a person's information to a fellow team member, but only on a need-to-know basis.	Yes / No
b. Written permission must be given by the person before information is shared with any external organisation.	Yes / No
c. If a person is unable to give consent, then you can make a decision about what to do with their information.	Yes / No
d. Take time to explain the process to someone who is grieving as they may be feeling confused or upset.	Yes / No
e. If discussion about a client will help improve your practice then it is ok to share information with colleagues in your workplace.	Yes / No



Summary

- Sometimes people experience prolonged and difficult reactions to grief and trauma. You need to be able to recognise signs that indicate the person is having difficulty coping with grief and trauma and link them with appropriate support.
- When a person has difficulty coming to terms with the loss of someone close, and grieving continues for a prolonged period, they may be suffering from a complex grief reaction. Consider the person's context, circumstances and available support to provide effective help.
- Finding out about services relevant for people who are grieving means researching and keeping up to date with information about local grief and bereavement services.
- Your organisation will have specific policies and procedures for making referrals. It is important that you follow these and conduct referrals in a professional manner.
- There is a wide range of information available for a person who is experiencing grief and bereavement. Discuss the person's needs and provide them with relevant information and resources.
- Grieving people have the right to make choices about what best suits their needs. Encouraging a grieving person to make decisions about support options helps them maintain a sense of control over their life.
- It is important for you to check that a grieving person understands the information you give them. If they do not, they may not seek appropriate support.
- Confidentiality is an important principle and is underpinned by legal and ethical requirements. Make sure you are familiar with, and always follow, your organisation's confidentiality requirements.



Learning Checkpoint 3

Offer support and information

Part A

1. Name four things the person making the referral should find out about options for a referral.

2. Match each term about the different tiers of referrals to its example.

Universal	Psychiatrist that specialises in complex grief and may prescribe medication.
Targeted	GP appointment to discuss mental health concerns.
Specialist	Social worker for family support.

3. Outline three impacts grief and bereavement can have on family dynamics.



4. Which of the following situations can lead to disenfranchised grief? Tick all that apply.

- A person's loss is not openly acknowledged by others.
- A relationship that is not recognised has ended because someone in the relationship has died.
- A person's loss, such as the loss of a job or friendship, is seen as insignificant.
- The loss of a partner after 50 years of marriage where there is a great deal of family support.
- A child's grief is recognised and the significance of their loss understood.

5. Provide three aspects of your role when identifying and supplying information about services and resources that are available for the person who is grieving.

6. Match each term about different types of formal support strategies to its description.

Therapy	Determines the cause and facts around the death. This knowledge can be important for the grieving person to know and can assist in their healing process.
Psychological services	A holistic support system that is generally located in the person's community that offers more services than just grief support.
Spiritual services	Meeting with a therapist. There are many different treatment methods available to resolve problems of grief and trauma.
Coronial services	May be required by people who are experiencing complex grief reactions and need support from a psychological professional.
Community based mental health groups	Connecting with their faith may help the person to find meaning in their loss.



- 7.** Name four communication techniques that can be used as part of formal and informal grief and bereavement strategies.

- 8.** List three ways you can use feedback to ensure the person understands the options you have provided to them.

- 9.** Which of the following are examples of when you can disclose information without permission? Tick all that apply.

- When you are authorised or compelled by law to do so
- If your friend thinks they know someone who you are supporting
- If it will prevent or lessen a serious threat to someone's life, health or safety
- If it is required for public health surveillance
- It is requested by an enforcement agency such as the police



Part B

Read the case study and answer the questions that follow.

Case study

Mark and Troy, a young couple, have moved from their home in South Australia to take jobs in the mining industry in far north Queensland. They plan to work hard and make enough money within two years to allow them to get married and buy their first home. They make friends with some other young couples doing the same thing.

When Troy is killed in a workplace accident Mark experiences deep shock and grief. He starts drinking more on his days off and does not know where to turn or what to do. He starts locking himself in his room for days at a time and not communicating with anyone.

The mining town where he works only has a few community services, although there is a larger town about 30 kilometres away that does have a range of service providers and community groups. At the request of Mark's employers, a community services worker comes to visit him to discuss support options. He has been finding it difficult to sleep and keeps having traumatic mental images about Troy's death. He has been given time off work to attend Troy's funeral in South Australia but has decided not to go and to continue working at the mine instead.

1. Name four types of support services you could suggest to Mark.



- 2.** Identify why Mark could be at risk for disenfranchised grief after the loss of his partner Troy. Explain your reason.

- 3.** Name three factors in this situation that may place Mark at risk of complex.

While in discussion about support services, Mark discloses to you that he has been having thoughts of self-harm and often hears Troy's voice asking him to join him. He asks you not to mention this to anyone but keep it confidential, as he is worried that he may sound like he is losing his mind.

- 4.** What would you say first to Mark to offer some comfort and then what would your response be?



Part C

Read the case study and answer the questions that follow.

Case study

You work in a disability day service that caters for teenagers who have intellectual disabilities. Shani has come to your service today with her son, Ayaan. Shani moved to Australia about five years ago with her husband and two children. Ayaan has a traumatic brain injury from a car accident three years ago which has left him with a severe intellectual disability.

She appears flustered, upset and distracted. You approach her and ask if she is ok. She breaks down in tears and starts to try and tell you what is wrong. But you are unable to understand each other as Shani's first language is Sinhalese and her English is not fluent. The centre is noisy and Ayaan is getting distressed because his mother is upset.

1. Name three things you would do immediately to provide support for Shani.

2. Name four things you could do to overcome difficulty and barriers in communication.



You are able to get an online interpreter who speaks Shani's first language through the Translating and Interpreting service. She translates what Shani is saying and tells you that both of Shani's parents have recently died back in Sri Lanka from COVID-19. Shani is devastated as she cannot return home for their funerals due to travel restrictions and her responsibilities with caring for Ayaan.

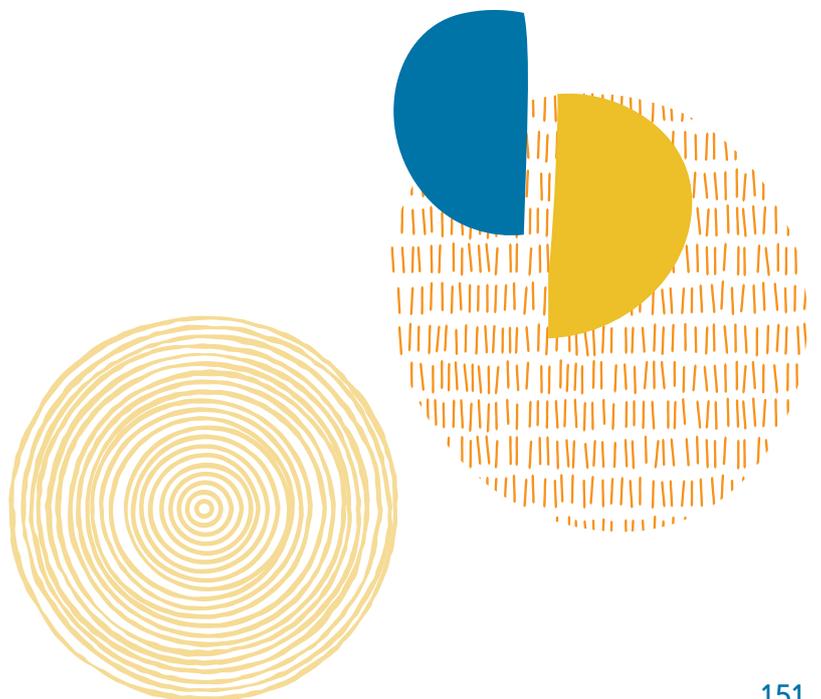
- 3.** Suggest three types of services and information you could provide to Shani to help her with her grief and bereavement.

- 4.** Briefly outline how you will explain and make Shani understand that the information she has told you will remain confidential and will not be disclosed to anyone without her permission.



Topic 4: Care for self

- 4A Monitor your own stress levels
- 4B Recognise and minimise risks to self
- 4C Identify and respond to the need for supervision and debriefing



4A

Monitor your own stress levels

Compassion fatigue, vicarious traumatisation and burnout are relatively common for workers in your field.

Supporting people who are dealing with loss, grief and trauma can become a burden and lead to stress-related disorders. You must be able to recognise the signs and symptoms of these conditions and have strategies in place to address them. Your organisation should make sure you have adequate supervision, support and opportunities for debriefing when required. They should also encourage you to look after your health and provide you with access to external networks and expertise for personal support.

The job role involves constantly seeing people who are experiencing suffering, pain, distress, anger and grief. The person you are supporting, as well as their family members and friends, place demands on the worker. Workers need to maintain a steady, professional manner and display understanding, warmth and empathy towards others. The time available to grieve or talk about their feelings with others is limited, therefore stress levels for workers are often high.

Additionally, there are often highly emotional issues surrounding the end of a person's life, such as making the decision to turn off life-support. In Victoria, for example, workers may be supporting a person with a terminal illness who has chosen voluntary assisted dying. Workers in this area need specialised training for dealing with this type of death and the bereavement that can follow.

Recognise your own responses to grief and bereavement

Grief and bereavement may cause many conflicting or bewildering feelings and emotions. Workers are no different from other people and awareness of how you react and respond to loss can help you manage your stress. Your reactions are likely to be similar to those many people experience with loss such as:

- having feelings of sadness, anger, relief, tiredness, confusion or guilt
- changes in appetite or sleep
- becoming aggressive or withdrawn
- doubting yourself
- finding it difficult to make decisions
- having trouble concentrating.

The support person working with family or carers after a death may find the situation very emotional, upsetting and stressful. As well as monitoring others, you need to be aware any changes in your own behaviour and reactions.

As previously discussed, unresolved grief can lead to a withdrawal from close or meaningful involvement with colleagues and other people. In extreme cases, it may contribute to long-term difficulties in personal relationships, inappropriate ways of dealing with emotions, depression or physical illness.

Before the death of a person, you may:

- have difficulty shifting from a curative approach to a palliative and supportive role where death is inevitable and an appropriate outcome
- suffer guilt if you feel that a diagnosis was missed or delayed
- suffer trauma if you are unable to relieve a person's difficult symptoms or intense distress for them, their family members and carers
- struggle to confront your own issues and emotions relating to death or loss.

Grief may also be shaped by the worker's relationship with the person who has died, the nature of the person's death, gender, personality, culture, age, religion, availability and access to support, and previous life and loss experiences. In some circumstances, a worker may experience a reaction so strong that it moves beyond normal grief to complex grief.

Example

Coping with and identifying feelings of loss

Gloria works full time in residential aged care. There are 100 residents that live in the home and Gloria knows every one of them. She has laughed with them in good times, held their hands and hugged them when they are sad, and made them feel that they are loved and special. Whenever one of the residents passes away, Gloria feels a part of her heart has gone with them.

After having a two-week holiday, Gloria returns to work and is told that while she was on holiday eight of the residents passed away. Gloria is shattered and unable to speak. Her heart feels heavy and she wonders how she can ever cope with so much loss.

Gloria goes home when she is given this news and ends up taking the next week off work, as she finds it hard to sleep and to get out of bed.

When Gloria returns to work she is still feeling very sad. Just walking through the front door brings up feelings of guilt and anxiety. She tells her workmate that she wishes she had never gone on holiday as maybe not all eight of the residents would have died if she'd been there.

When she walks past one of the resident's rooms and sees it empty, she bursts into tears.



Recognising your reactions

The skills we use to manage our emotions and reactions are part of the bigger group of emotional skills that, together, make up our emotional intelligence.

Like all skills, developing the skills that make up your emotional intelligence can take time and practice. Here are some skills you can practice to develop your own emotional intelligence and awareness of your reactions:

Emotional awareness	This is the skill of trying to notice and identify the emotion we feel at any time. You can name the emotion to make you feel more in charge of your own emotions. By naming them out loud you are taking responsibility for them.
Emotional triggers	Try to identify events or people’s words or actions that provoke strong feelings, lead to stress and/or produce a particular reaction in you. Here are some questions to ask yourself about triggers related to stress: <ul style="list-style-type: none"> • What causes my stress? • What are the triggers for my stress response? • How do I react physically? • How do I react emotionally? • What is my stress response?
Understand and accept	Knowing why we feel the way we do helps us to understand why we reacted a particular way in a particular situation. For example, you felt sad after your client passed away as you had built a strong worker client bond. Knowledge helps us to accept our emotions.
Manage	Once you are aware of your emotions you can begin to manage them and try to keep the disruptive feelings under control. This is part of self-regulation.
Develop	By practicing these skills in a non-threatening and non-loss environment you can develop them. When you do experience loss you will have developed ways to recognise your own reactions.

Try one of the simple emotional intelligence online quizzes:
aspirelr.link/mind-tools-ei-quiz

Recognise reactions and act

Learn to recognise your reactions and how to deal with your own stress levels. This might involve speaking with your supervisor or another experienced person, seeking bereavement support, discussing your feelings with family members and seeking external support from support groups.

Strategies to cope with specific reactions and stresses are detailed below:



Reactions to stress	Coping strategies
Crying	Other people such as team members, clients, family members and carers may be personally affected and this will affect the calming, supportive environment that should be provided by the care team. Discuss your feelings with your supervisor or another experienced person. Seek support through your organisation, external organisations or support groups.
Poor concentration	You are unable to complete tasks that your team members are relying on you to do. Your team should allow you time to grieve. This includes permission to cry or be angry, not expecting you to return to work immediately and offering time to talk about how you feel.
Fear	You are unable to provide the necessary support to other team members, the person, their family members and carers. Having a colleague, mentor or assistant can help workers through difficult times. They should be always available, even after work hours, in case the worker needs to talk.
Anger	You may take out your anger on other people by swearing, crying or yelling, which creates an unpleasant and upsetting environment. Access support from team members and, if necessary, ask for external or other expert help.
Silence	If you isolate your emotions and withdraw from people who access the service in the future following the death of a person, this may result in a lower quality of care and/or prevent effective care for other people accessing the services. Seek support from your team and organisation such as bereavement training or debriefing sessions. Also seek support from counsellors, therapists, psychologists or social workers.

Burnout

In a variety of ‘helping’ or ‘caring’ jobs the emotional stress can lead to burnout. Burnout and stress are closely linked.

Stress puts a lot of pressure on the body which can be manageable in the short term. When the stress becomes constant it can cause you to burn out. Burnout is a result of excessive and prolonged emotional, mental and physical exhaustion.

The signs of **burnout** in a support worker could include:

- feeling exhausted and unable to do basic tasks
- lacking empathy
- losing your passion

Burnout

A state of emotional, physical and mental exhaustion caused by excessive and prolonged stress.



- experiencing conflict with co-workers or other clients
- unexplained headaches, stomach or bowel problems.

As the signs of burnout and complex grief are very similar you should speak with your supervisor or trusted health professional for further support if you find yourself displaying these signs.

For more information about burnout visit: aspirelr.link/reachout-burnout

Monitor your own stress level

Although it is almost impossible to control every stressor in your life, you can take steps to monitor your response. The long-term effects of stress will not only affect your emotions but eventually will have an effect on your physical and mental health. Recognising your physical, mental and emotional reactions to stress is important, so you can take control of it before it takes control of you. Some of the common signs of stress are discussed below:

Signs	Symptom
Physical	<ul style="list-style-type: none"> • Increased heart rate • High blood pressure • Pain or tension in your head, chest, stomach or muscles • Digestive problems
Mental	<ul style="list-style-type: none"> • Depression or anxiety • Problems with memory or concentration • Making bad decisions
Emotional	<ul style="list-style-type: none"> • Anger, irritability or restlessness • Feeling overwhelmed or unmotivated • Trouble sleeping

Raise issues with appropriate people

You should talk through any issues you have regarding death, dying and grief with your supervisor or an appropriate person with expertise in bereavement. This may be a bereavement counsellor, psychologist or a member of the clergy. It is useful to keep a list of contacts for easy reference as you may need them yourself or for members of your team.

Learn to recognise when this type of support is needed and make sure you get help so you can remain an effective team member. A worker should not continue to work when under extreme stress or when their behaviour impacts negatively on others. While you may find it difficult to talk about personal emotions or clearly articulate the problem, the important thing is to recognise and acknowledge your feelings and seek help.



Example

Monitor your own stress levels

Layla works in a women's shelter and crisis service where women who have experienced trauma, loss and other difficult situations come for help and support. Over time, Layla notices that she has become less able to respond with compassion and empathy to the people she is supporting. She feels overwhelmed and drained of energy. She is reluctant to talk to her supervisor about her concerns because all the workers at the shelter have to deal with the same issues and most of them do it with little support.

When she starts having intrusive thoughts and seeing mental images related to some of the traumatic experiences that people discuss with her, she realises she needs some help. She decides to speak to her supervisor about the matter, although she is reluctant to burden her. The supervisor is very sympathetic and apologises for not noticing the signs and checking with her more often. She says that her only excuse is that she has been overwhelmed with work herself. She suggests that Layla see a counsellor and take some time off work to recover so she can start to feel well again.

Practice Task 12

Question 1

Which of the following are signs of complex grief you might see in a support worker?
Tick all that apply.

- Often crying or being very sad at work
- Making up excuses not to go to work
- Not finding any joy or laughter with colleagues or at work
- Feeling like others are getting promoted unfairly
- Feeling very emotional when something reminds you of the person who died



Question 2

Name three common reactions to stress and describe how you might cope with them.

A large, empty rounded rectangular box with a thin black border, intended for the student to write their answer to the question.

4B

Recognise and minimise risks to self

Working in an emotionally stressful environment such as grief and bereavement support can lead you to experience stress-related conditions.

When you know and reflect on how certain things make you feel, it can be easier to recognise when you are in a time of high stress and need to implement some strategies to minimise the risks to yourself.

Recognising the risks and knowing how to identify the symptoms may minimise the associated risks. Risks associated with grief support may include:

- compassion burnout
- vicarious traumatisation
- burnout
- inadequate supervision
- insufficient access to support in your organisation.

Compassion burnout

Constant exposure to people experiencing stressful events, loss, grief and trauma can leave you feeling exhausted and drained of the ability to feel compassion or empathy. This is known as compassion fatigue or **compassion burnout**. Unlike vicarious traumatisation, which develops gradually, the symptoms of compassion burnout may appear quite suddenly. Compassion burnout can have an impact on you both professionally and personally.

The symptoms and impacts of compassion burnout include:

- confusion
- irritability
- lack of enjoyment in life
- stress and anxiety
- hopelessness and negativity
- isolation
- exhaustion and dysfunction.

If affected, you may feel unable to carry out your work effectively and have difficulties in your personal life. This may lead to feelings of incompetence and inadequacy. You may feel overwhelmed by a person's problems and, when you are not able to achieve the desired outcomes for the person, you may experience a strong sense of disappointment, failure and responsibility. Recognising and addressing the symptoms of compassion burnout early can promote a quick recovery.

Compassion burnout
Physical and emotional exhaustion that can lead to indifference and withdrawal.



Vicarious

Experienced through watching or listening to the activities of other people.

Vicarious traumatisation

Vicarious traumatisation occurs if you are deeply affected by and identify with the trauma and grief experienced by a person. Sometimes you may become so overwhelmed with what you hear that you develop feelings of fear, pain and horror associated with what the person has experienced. You may also experience intrusive thoughts and mental images, nightmares and emotional exhaustion.

The signs and symptoms of vicarious traumatisation include:

- anxiety and unexplained fears
- difficulty sleeping
- intrusive thoughts and images
- feelings of numbness and disconnectedness
- being prone to accidents.

If vicarious traumatisation is not recognised and addressed early it may lead to depression, a sense of meaninglessness and purposelessness, and substance misuse.

Inadequate supervision

One of the main roles of a supervisor is to provide support and direction to the people who report to them. This involves mentoring and making sure they look after their own wellbeing. If you do not receive this kind of support you may find it difficult to carry out your work effectively and deal with problems. This has direct implications for upholding duty of care for the person. This will be discussed in more detail in the next section.

Insufficient access to external support

Being involved in traumatic or emotionally stressful work means you should have access to a professional counsellor, psychologist or external supervisor if you require it. These professionals are trained to recognise stress-related disorders associated with the workplace and can help you debrief and avoid the problems associated with working in a stressful environment. External help is important if you are reluctant to talk to a supervisor or colleague.

One factor that may cause you stress is difficulties in obtaining external help for people accessing the services. This may occur when your service is situated in a remote area or if local professional service providers are booked out and have long waiting lists. Sometimes, this can result in you trying to provide help to the person that you are not qualified to give.

Stress vulnerability model

The stress vulnerability model explores how biological factors and stress impact a person's risk of developing psychiatric

disorders and addiction problems.

The model looks at the susceptibility of each individual for mental health illnesses or concerns based on genetic predisposition and early life experiences.

If you are vulnerable to something it means you are more likely to be affected by it. By understanding vulnerability it can be factored into other elements of risk a person already may have related to grief and bereavement.

It is often those who have experienced childhood traumas, such as sexual or emotional abuse, poverty, neglect, loss of a parent and/or bullying, who are more likely to develop an addiction or other mental health disorder later in life if exposed to stressful situations.

It is important to identify and recognise who may be at risk and, in times of no or low stress, help them to work on their coping skills and social supports. Then, when they are exposed to loss and grief, they should already have improved skills and support that will help reduce their symptoms and relapses.

For more information about the stress vulnerability model, visit:

aspirelr.link/aps-stress-coping-model

Minimise risks to self

You can never completely eliminate all risks within any workplace or in life, and working with people who are experiencing grief and bereavement can make it even harder. However, you can look at ways to minimise risks not only to your clients but also to yourself.

It is a workplace responsibility to have health and safety procedures in place to minimise risks to staff. Additionally, there should also be a risk management process in place for when staff are supporting people who are experiencing grief and bereavement. All workplaces must endeavour to eliminate or minimise the health risks to their staff.

It is also the responsibility of the worker to minimise risk to themselves. You need to be able to recognise your own signs and symptoms of stress and be able to report this to a trusted person. If it is affecting your work role, then you need to be willing to accept support and advice from trained professionals to help you work through your stress and continue to perform your work role effectively.

Self-care strategies for the worker

Even if you feel you cope well with stress, working in a setting where there is a high amount of loss and grief can be stressful. It can be very useful to equip yourself with a self-care routine that both prevents and manages signs of stress.

Self-care strategies

Positive ways to cope with and reduce the effects of stress.

Self-care strategies can include:

Talk	Discuss your feelings with your supervisor or another experienced person. Talk to other staff members who understand how you feel. Make an appointment with a counsellor through an employee assistance program. Speak to a religious or cultural leader or other community contact, but keep in mind the confidentiality of the dying person and their family.
Detach	If you find yourself thinking about work at home in a way that is upsetting or distressing, it is important to try to switch off these feelings. It does not make you a bad person to want to have your own life outside work and your family deserve to have the best of you. The problems of the residents and families at work are not your problems.
Exercise	Exercise is known to help reduce anxiety and depression and lift mood. Find an exercise routine that you enjoy and that suits your needs and abilities.
Rest and recharge	Get enough rest and sleep. Try to have a healthy diet and give yourself time to pursue and do activities that you enjoy. Talk to your manager about taking some time off work if you have experienced a traumatic situation.
Meditation and mindfulness	These activities can help you to learn to refocus and be present in your own life. There are many options for these types of self-help in the community, online or via self-guided apps.
See your GP	If you are struggling with feelings of grief or other emotions, you might prefer to see your GP. They can help you to work through your feelings and access government funding for subsidised visits to a registered psychologist.

Protective self-care

Self-care can be protective, even at times when you do not feel stressed.

It is important to look after yourself at home and in the workplace in an ongoing way. Try to stick to daily or weekly mental and physical routines that make you feel fit and mentally prepared. This can help protect you at times when you are feeling stressed or vulnerable, especially when supporting people through loss and grief.

Here are some examples of ongoing self-care:

When	Examples of self-care
At work	<ul style="list-style-type: none"> Take a break after a particularly difficult client interaction to help you to recompose yourself and wind down. Talk to colleagues about how you feel during particularly stressful workdays and support each other.



When	Examples of self-care
After work	<ul style="list-style-type: none"> Have a routine that helps you to switch off from work, such as a shower and change of clothes when you first arrive home.
Outside work	<ul style="list-style-type: none"> Add regular de-stressing activities into your day. This might include a walk or run, a coffee with friends at the end of the day or week, meditation or mindfulness, exercise classes or a hobby that you enjoy. Pamper yourself by doing something nice for yourself regularly. This could be positive self-talk, treating yourself to a movie or beauty treatment, relaxing with a book or something else that you enjoy.

For information on how to create your own self-care plan visit:

aspirelr.link/twu-self-care-plan

Video: Self-care matters – Key messages about self-care

Watch this video developed by Palliative Care Australia to understand the key messages about self-care: aspirelr.link/yt-pca-self-care

What are some things you do to care for yourself?



Video: Self-care matters aged care – Using a self-care plan

Watch this video about using a self-care plan:

aspirelr.link/yt-using-self-care-plan

Why is creating a plan a good idea for everything we do in life?



Support strategies and services for the worker

Your workplace will have policies and procedures and workplace guidelines based on legislation to ensure you receive support strategies and services if you are affected by loss and grief. It is the responsibility of your workplace to manage and minimise the risk to you by:

- understanding what the associated risks are
- ensuring resources and processes are in place to do this
- responding in a timely manner if a staff member is deemed at risk.

Your team should allow you time to grieve and not expect you to return to work immediately after a loss. When you do return to work you should be supported and given time to adjust.

Support from your organisation

Here are some things an organisation can do to support staff who experience stress from working in an environment where loss and grief is part of their role:

Early intervention	Recognise when a person is at risk of high stress levels and act before it gets out of control.
Support people	If a person asks their supervisor or manager for support, they are treated with respect and taken seriously. Their concerns are acted on in a timely manner.
Provide training	Staff receive grief and bereavement training on a regular basis. They are taught self-care and coping strategies, as well as given information on who to go to for support.
Acknowledge the loss	Provide an opportunity to acknowledge the loss of someone. This could include: <ul style="list-style-type: none"> encouraging staff to write about their feelings in a grief book a memorial service at work for staff, friends and family a memorial table set up in honour of the person who has passed.
Supervision	Staff are adequately supervised and encouraged to talk to their supervisor if they are experiencing symptoms of stress or trauma associated with their work.
Debrief	Arrange debriefing sessions where everyone is encouraged to talk about their stress, loss and grief in a safe space.
Return to work program	If an employee returns to work after significant time away due to workplace stress, a return to work program is implemented to ensure they are supported and looked after.

For more information about how organisations can support employees, visit: aspirelr.link/hu-managing-mental-health

External support services

External networks and experts can provide additional support and resources to help manage risks associated with stress-related disorders and complex grief symptoms in the workplace.

There are many professional grief and bereavement support services your organisation can suggest or you can approach yourself; for example, professional counsellors or religious ministers. Whether there is a cost involved, how accessible they are to you or if you need a referral will vary depending on the service, but if you need support in accessing them your supervisor or manager will help.

Some external support services include the following:



Employee assistance programs	These programs are designed to enhance the emotional, mental and general psychological wellbeing of all employees and their immediate family members. They can provide professional assistance for personal or work-related issues. These programs are funded so are low cost or free for you to use. Ask your supervisor for help or check your service handbook for details on how to contact them. The service is confidential, so anything you discuss will not be disclosed to your manager or workplace.
Talk to your doctor	Your GP is a good place to start when you are feeling signs of stress. You can visit in person or via a telehealth appointment by phone or video. Doctors can provide treatment or refer you to other mental health services. You may also need a mental health treatment plan which will offer you funded or low-cost counselling services as needed.
Beyond Blue	Beyond Blue provide information and support to help everyone in Australia achieve their best possible mental health. One of their main aims is to make it easier for people to seek and receive the help they need as well as provide education.
THIS WAY UP	THIS WAY UP is a website that provides evidence-based online programs for the treatment and prevention of anxiety and depressive disorders. They provide guided courses that can be accessed anonymously and do not require a referral or assessment.

Employee assistance program (EAP)
A work-based intervention program designed to enhance worker wellbeing.

Example

Recognise and minimise risks to self

Jackson works with homeless people and finds that almost every person he meets has a story of loss, grief or trauma. He has seen many of his colleagues experience burnout and other stress-related disorders, so he is very aware of the need to recognise and manage risks associated with his work. He makes sure that he looks after his own health by eating well, exercising, getting enough rest and staying interested in activities outside work.

He is also aware of the strategies his organisation has in place for helping workers manage stress. These include regular team meetings with his supervisor and co-workers to discuss problems; training about preventing conditions such as burnout, compassion fatigue and vicarious traumatisation; and opportunities to debrief and discuss stressful incidents with a workplace counsellor. During meetings they also discuss workplace procedures, emphasising the need to provide support to co-workers, and opportunities to participate in practice networks and communities.



Jackson feels confident that he can recognise the signs and symptoms of stress-related disorders in himself and others and knows what to do to obtain help from his organisation and from external sources.

Practice Task 13

Question 1

Name four signs of vicarious traumatisation and identify the risk of it being unrecognised.

Question 2

Identify four strategies that can be used for self-care.



Question 3

Briefly outline three main points about the stress vulnerability model.

Question 4

Name three benefits of a program like the Employee Assistance Program (EAP) in encouraging workers to seek support.

4C

Identify and respond to the need for supervision and debriefing

Supervision and debriefing are techniques for reducing the impact of loss, grief and bereavement on workers.

Supervision

Senior staff overseeing and taking responsibility for the work of less experienced or qualified workers to ensure that they work safely and within the requirements of their job roles.

Access to appropriate **supervision** and debriefing is essential when supporting people who are experiencing loss and grief. Your organisation should have strategies in place to allow you to obtain supervision and debriefing when necessary. This helps ensure that you and the organisation can meet duty-of-care obligations to people accessing services and that you are made aware of appropriate self-care strategies. If current strategies are inadequate, you should raise the matter with your supervisor and, where possible, participate in developing appropriate policies and procedures.

Without adequate supervision a worker can:

- feel isolated and unsupported
- make mistakes
- experience high levels of stress
- lose interest in work
- feel compelled to make decisions related to work that they do not have the authority or experience to make
- feel unappreciated.

Working with people accessing services who are grieving or experiencing loss or trauma is demanding and emotionally stressful work. You should never feel that you need to know everything or that you are in some way inadequate because you need to ask for support or advice. Supervisors can best provide support and help when they know what you are experiencing and the difficulties you face.

Effective supervision helps you to:

- carry out your work effectively
- learn from advice and support
- meet your legal, ethical and workplace obligations
- achieve better outcomes for the person and significant others
- maintain adequate self-care.

Old models of hierarchical work relationships, where the supervisor gave instructions and the worker followed blindly, tend not to work as effectively nowadays. We know that everyone can benefit when a supervisor:



- encourages joint discussion about the workload and the worker's abilities
- helps the worker to accept feedback non-defensively, so that growth can occur
- accepts feedback on themselves non-defensively
- provides confidential and ongoing support
- provides ongoing opportunities for learning and professional development
- encourages workers to be open about mistakes, concerns and problems so that they can be discussed openly.

The type of supervision that will benefit you depends on why you need supervision in the first place. The following describes different types of supervision and when you might be likely to need support:

Type of supervision	Description	Example in loss and grief
Peer support	Two or more workers get together regularly to reflect on practice and help develop each other professional skills.	Two colleagues, Manu and Becky, were debriefing after the traumatic loss of a shared client. They realised they had been experiencing similar thoughts and feelings since the loss. They exchanged phone numbers and arranged to meet for coffee to support each other.
Clinical supervision	Clinical supervision is common practice in certain areas of professional practice including mental health work, case management and child protection. A less experienced worker receives ongoing support from a colleague trained in clinical supervision. Together, they help to build the knowledge, skills and coping strategies of the less experienced worker.	Jake was present when his client Maggie passed away. As Jake was receiving clinical supervision, he was given immediate support in: <ul style="list-style-type: none"> • the stresses and reactions of loss • where to seek counselling • how to write effective notes about the event • boundaries he must maintain.
Supervisory support	Workers at all levels should expect to receive support from a supervisor who oversees the worker's practice, provides help with questions or concerns and assesses performance during regular informal observation and formal reviews.	When Ginny's young client passed away from sickness her supervisor was able to recognise the feelings of grief Ginny was experiencing. The supervisor arranged an informal meeting with Ginny. Ginny opened up about her grief and the supervisor was able to refer her and suggest she seek some counselling from the EAP.

Peer support
People sharing knowledge, experience, feelings and practical help to support each other.



Type of supervision	Description	Example in loss and grief
Mentoring	A mentor is someone who teaches, helps you build skills and gain new perspectives on life and career. This gives the person access to someone with experience beyond their own and who is willing to help problem solve.	Brandon was starting to doubt whether the career he had chosen working in palliative aged care was really what he wanted to do. He loved his job but found all the loss overwhelming. He sought advice from a more experienced worker in his workplace who spent time talking about other qualifications and training needed so he could work in other areas.

Access appropriate debriefing

Debriefing

Asking a series of questions in a structured way immediately following an exercise or event that looks to review or evaluate the actions taken.

Debriefing after experiencing loss and grief can help you make sense of and deal with your feelings.

Debriefing aims to reduce the possibility of ongoing psychological stress or harm. The debriefing process should always be conducted in a manner that is supportive and allows you to feel psychologically and emotionally safe. A good debriefing session should encourage you to examine your feelings and reactions to an event and provide information about how you can care for yourself and seek additional support if necessary.

A timely debriefing can assist in stabilising a workplace and ensure that anyone requiring support receives the assistance they need.

Debriefing aims to:

- acknowledge what you have experienced
- encourage you to fully express reactions to and feelings about the stressful event or incident
- allow you to integrate your experience by talking about it and gaining clarity
- normalise your reactions to the event
- provide information and prepare you for future reactions
- identify further sources of assistance, if necessary.

Situations where debriefing might be needed include when you:

- have witnessed or heard about a traumatic event as part of your work
- have been personally involved in a stressful situation at work
- feel overwhelmed by a person's emotions or reactions to grief or loss
- feel that you are not coping or working in a productive way after exposure to loss and grief.

The structure of a workplace debriefing session

Debrief as soon as possible after the incident, and within 72 hours. Debriefing can be undertaken by a supervisor especially trained in debriefing techniques, or a trained external psychologist. An external debriefing facilitator is the preferred model because this allows for an extra layer of confidentiality and brings skills that only highly trained mental health professionals can offer.

- The group are provided with reassurance that the meeting is not being recorded or documented and will not be used to assess or scrutinise individual staff member's reactions. Groups members are reminded not to share any comments or concerns that are raised by others beyond the meeting.
- Each group member is invited to share their responses to the event but are not obliged to do so. This helps people involved in the incident to understand the universal impact of emotions, and that they are commonly felt by others.
- The response to the incident is discussed in terms of what worked well and what could have been done better. This part of the process is not about blame. Instead, it aims to reduce the possibility of the same mistakes happening again. Staff are invited to share suggestions for better work practices, policies, support or resources.
- A positive way forward is shared and discussed. Coping strategies are confirmed and mobilised for each individual. Workers are provided with information about where to get ongoing support including counselling, psychology, or phone or online help.

The discussion or outcome from a workplace debriefing is not reported, documented or recorded. This protects the privacy of workers and encourages them to open up without fear of reprisal.

An informal debriefing is one in which everyone is given the opportunity to talk about the death, express their emotions by talking about how they feel about the person and gives time to cry. Everyone is then encouraged to reminisce about the person by recalling funny, sad or tender moments and to talk about other difficult or stressful cases or incidents. Finally, a discussion of the person's memorial and ways to celebrate the person's life may be explored.



Example Debriefing

Ben works in a disability day service and while on shift today he learnt that a much-loved client of his, Sally, had passed away. Even though Sally's death had been expected, Ben and his colleagues were saddened about her passing.

After all the clients had left for the day, the supervisor encouraged all staff to stay back for an informal debrief. The supervisor provided some cakes and drinks, while encouraging the staff to share memories of Sally. Ben shared the time that he and Sally were feeding the ducks at the pond and a duck bit Sally on the finger. He remembered that Sally had laughed so much that they both ended up in tears of happiness. This memory made all the staff start laughing and gave them a bonding time together in their sadness.

The colleagues decided to put a book together for Sally's family with some of their happy memories and use some of the photos they had of them and Sally together.

Debriefing communication skills

In all situations related to loss and grief the way someone communicates should encourage positive two-way communication. To do this, the person conducting the debrief should use communication skills to:

- build rapport and trust
- acknowledge your experience
- listen with attention and empathy
- clarify feelings and reactions
- help manage overwhelming emotions
- provide information clearly and sensitively
- assess and confirm your wellbeing
- obtain feedback about the session.

Other strategies and resources available for debriefing

In addition to informal and formal strategies there are other support strategies a supervisor or workplace may use to encourage ongoing debriefing and support. These may include:



Grief books	Encourage staff to contribute their thoughts, feelings and memories to a grief book. This provides them the opportunity to voice and reflect on their feelings and emotions and may help them move forward in the grieving process.
Acknowledge the loss as a team	It is important to provide opportunities for people to acknowledge a loss. For example, in an aged care facility where loss is expected, they may have a memorial service once a month to acknowledge each individual who has passed away in this time.
Formal appraisals	Formal appraisals by managers are valuable opportunities to identify sources of stress, provide feedback and consider remedial action. It can also be a time to discuss professional development which can include support for the person's emotional wellbeing.
Relaxation techniques	<p>Many workplaces are now offering techniques or resources to allow their staff to practice relaxation. This might include:</p> <ul style="list-style-type: none"> • offering an inhouse massage once a month • discounted gym memberships • encouraging staff to attend yoga or meditation online • providing discounted or free meals. <p>Relaxation can release stored muscle tension and help with psychological wellbeing.</p>

Respond to the need for supervision and debriefing

To determine what guidelines and documentation your organisation has in place regarding accessing supervision and debriefing, check the policies and procedures manuals. If you find that the documentation is not very clear or needs updating, raise the matter with your supervisor and colleagues.

A first step in developing strategies for debriefing and supervision is to research best practice in the area. This involves talking to experts, finding out what other organisations do and reading current literature on the topic.

When assessing your requirements consider the following:

- Is there a high need for supervision and debriefing; for example, are you often faced with emotionally stressful events or people dealing with grief and trauma?
- What kind of supervision and debriefing is best for a worker when dealing with different stressors; for example, does someone supporting the person who is grieving have different supervision needs to someone working in other areas?
- Who is best placed to offer appropriate supervision and debriefing? Should it be provided within the organisation or by external experts?

Most organisations use a mix of strategies. For example, they may rely on workplace supervision and debriefing most of the time, but might refer workers who need additional support to external professionals as needed.



An effective supervision and debriefing system should:

- be clearly documented so workers know what supervision and debriefing options are available
- have information about supervision and debriefing included in employee induction programs so workers know about them from the time they commence employment
- be regularly evaluated to keep up with developments and changes in accepted practice
- provide workers with opportunities to discuss their experience of supervision and debriefing and make suggestions about improving current practice
- include reflective strategies to assess effectiveness, such as the use of journals to document experiences.

Example

Identify and respond to the need for supervision and debriefing

Jenny keeps a self-reflection journal that helps her make sense of what she experiences at work. Her latest entry reads:

‘Today when Mary talked about the death of her son, I felt completely overwhelmed. It reminded me of when my little brother died and the grief my whole family went through. I have never really allowed myself to experience such strong reactions before. I felt as though I let Mary down because I was focusing on my emotions and not what she was going through. I could hardly say anything. I just sat there holding her hand and letting her cry. She talked a lot and afterwards was kind enough to say it was good to have someone to talk to who seems to understand and care. I wish I could have done more for her.’

Jenny tells her supervisor about this incident and how it made her feel. Her supervisor, Chris, is reassuring and acknowledges that it must have been very difficult for her in that situation and that her reaction was perfectly normal. She also says Jenny probably helped Mary more than she thinks. Chris suggests that Jenny may have some unresolved issues regarding her own grief and that she should consider seeing a grief counsellor. Chris tells Jenny that she is a valuable worker and it is important she looks after herself and knows that she can ask for help when she needs it.



Practice Task 14

Question 1

Name three situations where debriefing may need to occur.

Question 2

Match each term about the different types of supervision to its description.

Supervisory support	Two or more workers get together regularly to reflect on practice and help develop each other's professional skills.
Mentoring	A less experienced worker receives ongoing support from a colleague trained in clinical supervision.
Peer support	A supervisor oversees the worker's practice, provides help with questions or concerns, and assesses performance.
Clinical supervision	Someone with experience in an area of work provides guidance on ways to problem solve.

Question 3

Which of the following describe the aims of debriefing? Tick all that apply.

- Provides people with the opportunity to record their trauma
- People are encouraged to express reactions to and feelings about the stressful event or incident
- Allows people to integrate their experience by talking about it and gaining clarity
- It normalises reactions to the event
- Makes people express their rage and release their stress



Summary

- Identifying and responding to your emotional responses can help you to manage your own health and wellbeing.
- Monitoring your own stress level can help you to manage the effects and risk of long-term stress.
- Recognising your own reactions to loss, grief and bereavement can help you to develop coping strategies.
- Self-care strategies and support from your organisation can help to reduce the risk of long-term stress.
- Working with people who are grieving or experiencing loss or trauma is demanding and emotionally stressful. It is important to be aware of the need to seek supervision.
- You should have the opportunity to debrief when you have been exposed to a stressful incident at work.
- To determine what guidelines and documentation your organisation has in place for accessing supervision and debriefing, check the policies and procedures manuals.
- Speak to your supervisor about developing and implementing appropriate supervision and debriefing strategies if they do not exist or are inadequate.



Learning Checkpoint 4

Care for self

Part A

1. Name three responses to grief and bereavement that a worker may have after the death of a person.

2. Which of the following statements about recognising your own reactions are correct? Tick all that apply.
- Naming emotions can make you feel like you are more in charge of them.
 - Knowing why we feel the way we do helps us to understand our reactions.
 - Self-regulation is part of managing your emotions.
 - Emotional awareness and emotional intelligence are skills you can learn over time.
 - Strong emotions can be a reason for taking extended time off work.
3. Match each term of types of support from an organisation to its definition.

Early intervention	A designated person is available to provide support when required.
Support people	Plans for the person to return to work if they have had a significant amount of time away.
Acknowledge the loss	Plans in place to recognise and minimise when a person is at risk of high stress levels.
Return to work program	A memorial service at work for staff, friends and family to attend.



4. Which of the following statements about the benefits of effective supervision are correct? Select yes or no for each one.

a. Supervision involves a less qualified worker overseeing and taking responsibility for the work of others.	Yes / No
b. Effective supervision helps you to learn about your experiences and get advice and support.	Yes / No
c. Effective supervision will involve being given a list of self-care strategies you must undertake.	Yes / No
d. It is recognised that effective supervision can reduce the risk of burnout.	Yes / No
e. To achieve better outcomes you should not be open about your mistakes or problems for fear of being seen to be unprofessional.	Yes / No

5. Number each step from 1 to 5 in the order you would expect to follow in a formal workplace debrief.

	The response to the incident is discussed in terms of what worked well and what could have been done better.
	Coping strategies are confirmed and mobilised for each individual.
	A person trained in debriefing will conduct the meeting within 72 hours of the event.
	The group are provided with reassurance that the meeting is not being recorded or documented.
	Each group member is invited but not obliged to share their responses to the event.

Part B

Read the case study and answer the questions that follow.

Case study

Gloria has returned to work in her position as a support worker in aged care after two weeks leave to work through her own loss and grief after several clients passed.



Gloria has recognised that her reactions to the passing of her clients is still affecting her ability to complete her work properly and she has made some mistakes in the decisions she has made. Gloria is feeling too tired to respond as she would like to her clients' needs and is finding listening to the stories of the people she supports is making her feel overwhelmed and lacking in empathy. She has been having trouble sleeping and has been using up her remaining sick days to take days off work and catch up on sleep.

Gloria experienced some trauma as a child. Her father died when she was five years old and she was brought up by her mother who had severe depression. This greatly affected the family's income and Gloria always felt as though there wasn't enough money to pay for the costs of daily living.

1. Identify two actions Gloria's supervisor can take to support Gloria and outline the benefits of each action.

2. Outline at least four positive outcomes of having a debriefing session for Gloria and the other staff.



3. Describe four self-care strategies that Gloria could use to help her build resilience.

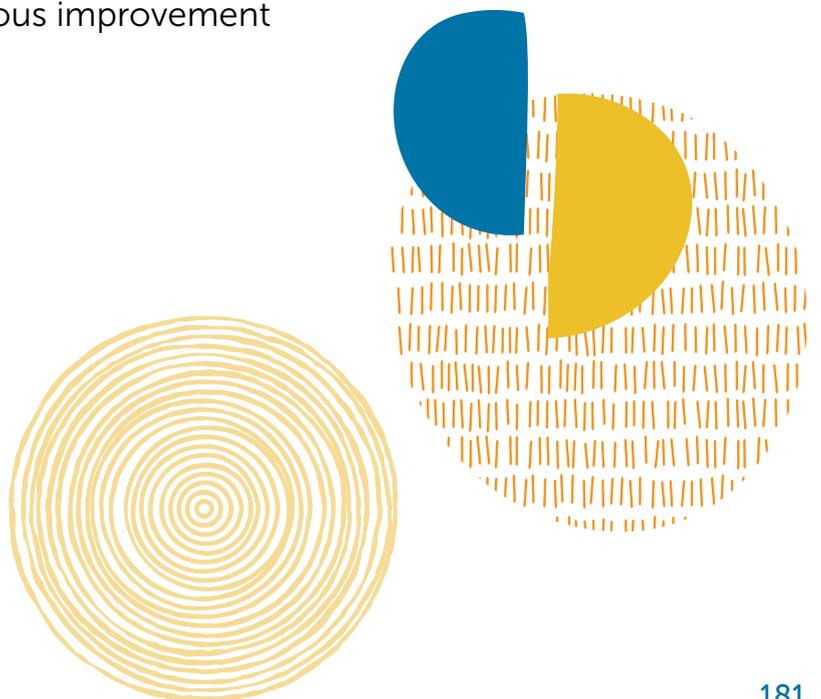
4. List three signs of stress that could indicate Gloria is experiencing burnout or compassion fatigue.

5. Briefly outline two indicators that Gloria is more likely to be susceptible to stress, according to the stress vulnerability model.



Topic 5: Review support provided

- 5A Reflect on outcomes during and after support is provided
- 5B Identify where further support is required
- 5C Review practices for continuous improvement



5A

Reflect on outcomes during and after support is provided

Self-reflection is a form of self-evaluation that involves asking yourself questions about the way you work and how you deal with particular issues.

Self-reflection

The ability to observe and evaluate one's own thoughts, emotions and behaviours.

Self-reflection enables you to improve your own practice and achieve better outcomes for the person by thinking back, observing yourself in action and learning from it. Reflection involves objectively examining your thoughts, actions and reactions to try to understand the underlying reasons.

To be able to do this you need to determine:

- what you are trying to achieve with your client
- what you are trying to do with your client
- how you can bridge the gap between achieving and doing.

Self-reflection can involve documenting the answers you get to your questions. Some people find reflecting out loud works well, while others prefer silent contemplation or writing down their thoughts. Whatever method you use to reflect, ensure you do it on a regular basis so you get into the habit and can build on what you learn.

Questions you might ask yourself include:

- What did I learn?
- What was easy?
- What went well?
- What was difficult?
- Did I respond to a particular situation in the most appropriate way?
- Did I meet my own needs and/or the person's needs?
- How can I improve in the future?
- What can I learn from my experience?

There are many benefits to self-reflection in both your personal and work life. It is an excellent way to improve your practice and ensure the support you provide to clients is best practice, client-centred and individualised to meet their needs. Self-reflection enables you to:



- challenge and question your values and beliefs
- scrutinise your assumptions and stereotypes
- understand your cultural behaviours and those of others, and how these influence your work practice
- build your knowledge and experience
- identify 'triggers' that cause you stress and ways to manage them
- promote your learning by developing your understanding of how you can better respond to diversity, challenges and conflict
- learn from successes and mistakes
- recognise when 'life' is impacting your professionalism.

Example

Using self-reflection

Violet is worried about her job security as she has heard rumours of a merger with another organisation. When her manager confirms at a staff meeting that the rumours are true, Violet becomes visibly angry and raises her voice when asking questions.

By the next day Violet has had time to reflect. She is embarrassed that she shouted at the meeting and reacted spontaneously without giving herself time to think. When she arrives at work she apologises to her manager and asks if they can talk later that day, as she would like to ask a few questions.

Before she sits down with her manager that afternoon, Violet reminds herself that if she starts to feel upset, she should pause, take a deep breath and physically relax her body. Though she is still worried about the future, she realises that an emotional outburst will not help her to find out what she needs to know.

Reflect on outcomes

In providing grief and loss support, the outcomes we achieve will depend on the support that we needed to give and what support we actually provided.

To improve your practice, consider the support you needed to provide the person and ask yourself questions to determine if you achieved the desired outcomes.



Support required	Questions to reflect on
Recognise reactions to loss and grief	<ul style="list-style-type: none"> • Did I recognise the reactions to loss and grief? • Was I able to take into consideration the person’s social, cultural and spiritual differences? • Did I identify situations of risk including possible suicide risk?
Engage empathetically	<ul style="list-style-type: none"> • Were my interactions with the person empathetic, sensitive, professional and courteous? • Was I able to use verbal and non-verbal communication to meet the person’s needs?
Offer support and information	<ul style="list-style-type: none"> • Did I link or refer the person for further help as needed? • Did I provide information, identify, suggest or use strategies for grief and bereavement services? • Was the feedback I gained effective? • Did I maintain confidentiality at all times?

Reflective cycle/practice

Starting at the beginning of the experience and working your way through to the end is a good method to use. This becomes a cycle that you will repeat and then becomes part of a systematic review process. It allows you to make links from one experience to the next.

Reflective cycle

A process that gives structure to learning from experiences by examining experiences and your reactions to them, and determining how you could do better in the future.

Discussed below are the four types of reflection that are used in the **reflective cycle**.

Type of reflection	Description
Reflection in action	This reflection is done while you are providing support. You take note of your thoughts and actions as they happen. You then make immediate adjustments as the process is happening.
Reflection on action	This reflection is looking back on and learning from your experience or actions after the support has been provided.
Reflection for action	This involves using both the above-named reflections and is a more proactive action. It looks at practices of your workplace and how they can change for future persons requiring support.
Reflection within	This can be compared with self-reflection and involves looking at your personal intentions and feelings.

The methods you use for reflective practice might include:

- keeping a reflective journal where you can document ideas, feelings, observations and actions
- meeting with peer groups to learn and reflect together on work related issues, share journal ideas and form a collective reflective practice



- organisational reflection through working as a team; this could be with or without the support of your supervisor.

Video: Understanding reflective practice

Watch this video about understanding reflective practice:

aspirelr.link/yt-reflective-practice

What is the difference between reflective thinking and reflective practice?



Reflection during support

Reflecting on desired outcomes is an essential skill during support that enables us to alter and improve our practice to meet the person's individual needs. When your time with a client is limited, you can check frequently to ensure the support you are providing is what the client wants.

As discussed in a previous topic, immediate feedback is used to confirm the person understands what their options are for support. This can be done by:

Observing non-verbal communication	By observing a person's non-verbal body language, you can see if they appear to be engaged in the conversation or appear distracted or confused. This can be an immediate and quick way to clarify understanding.
Provide written information	When providing written information give the person time to read it and ask questions as needed. Sometimes when a person is upset, they may need time to do this.
Confirming understanding of information given	Confirm understanding immediately after each piece of information is provided. This way you can pick up any misunderstandings and provide the information in a different way that the person can understand.
Documenting discussion and outcome	Do this as soon as possible after your meeting with the person. This way the conversation is still fresh in your mind and can be used for review. You could then provide an abbreviated version summarising key points to your client so they can use this as a reference for the support being provided.

To clarify information, ask the person questions such as:

- “Do you understand what I am telling you?”
- “Are you comfortable with this option?”
- “What else can I support you with?”
- “Do you need more time to think about this?”
- “I will contact you again, is that ok?”



Reflecting on outcomes after support

A formal process for obtaining feedback and reviewing outcomes can be done after providing support by using a set of organisational guidelines. As discussed in Topic 3, all community services organisations must have a formal feedback system and a formal review method. This is to ensure staff are providing effective support to their clients and clients are receiving services that they want and are helpful to them.

You can improve your own ability to reflect on outcomes by seeking feedback from your supervisor, colleagues and the person accessing the service. The following outlines some tips for requesting, receiving and accepting feedback.

<p>Request and receive feedback</p>	<ul style="list-style-type: none"> • Be clear about what you want to receive feedback on so the person giving feedback can carefully consider your work in this area. • Listen carefully to what is said. • Be courteous to the feedback provider. • Accept the feedback without interruptions or protests. • Ask for clarification or examples if you are not sure what the feedback provider is saying. • Think about how you can apply the feedback you have been given.
<p>Accept and reflect on feedback</p>	<ul style="list-style-type: none"> • Accept feedback in an open and non-defensive way, as this shows you are willing to reflect on and improve your practice if needed. • Feedback should be constructive and given in a sensitive and courteous manner. • You should have an opportunity to ask questions and follow up with the person providing feedback when you have had time to reflect on their comments.

Video: How to receive negative feedback

Watch this video regarding receiving negative feedback and how we often react when given negative feedback:

aspirelr.link/yt-receiving-negative-feedback



Review process

Formal reviews are more likely to be a scheduled process where you can reflect on the outcome of the support provided after the event has occurred. It might be a process where it is completed for each client on an individual basis or as a collective process for a number of clients.

Sometimes the client may be involved but generally this will be a process between you, your colleagues and your supervisors. It may be done once a month or sometimes even once a year. By scheduling formal reviews you can set up good practices for organisational reflection and workplace improvement. Ultimately this will provide more effective support and outcomes for your clients.

The process may involve:

- looking at the desired outcomes for several clients and discussing whether they were achieved
- considering the feedback that was received and reflecting on it
- brainstorming solutions for future clients
- identifying gaps for further staff training
- looking at the responsibilities given to employees
- setting a date for the next formal review.

Example

Reflect on outcomes during and after support is provided

Juanita keeps a journal for reflecting on her daily practice at work and writes in it at the end of every day. She finds it helps her think through particular incidents and identify areas of her work where she might improve her practice and provide better outcomes for the person.

When she attends her regular supervision sessions, she takes her journal with her. This allows her to describe specific experiences that she would like her supervisor or co-workers to comment on, or that she feels may help them if they are faced with a similar situation.



Practice Task 15

Question 1

Which of the following statements about self-reflection are correct? Select yes or no for each one.

a. Self-reflection is an examination of your own thoughts, behaviours and feelings.	Yes / No
b. The benefits of self-reflection used for work can also benefit your personal life.	Yes / No
c. The same set of self-reflection questions can be useful to all members of a group reflecting on the same issues.	Yes / No
d. Self-reflection is a once a year activity.	Yes / No
e. Documenting your thoughts and feelings in a journal can be helpful for determining ways to improve.	Yes / No

Question 2

Identify at least three ways reflection can be beneficial during and after support is provided.

Question 3

Suggest two reflection questions suitable to ask yourself about the outcomes of support, both when providing support and after support has finished.

5B

Identify where further support is required

As part of reviewing and evaluating the grief and bereavement support you provided, you need to consider whether a person's needs have changed over time and if they require further support.

This will require you to reflect and consider the feedback you received.

You should revise and update the person's support plan as their needs and circumstances change. Check with them on a regular basis to ensure the current support is relevant and assess what further support or information they may need. Some people will raise issues themselves, asking for changes to be made or requesting additional support as needed.

A support plan is a fluid document with no fixed timeframe. Therefore, plans should be revised on an ongoing basis and updated immediately when:

- a need is identified that was not previously recognised
- the person's support requirements change
- other influencing factors come into the person's life
- new information is provided that will affect the support given
- information is provided by other organisations after a referral has been made.

A formal support plan review will still be required at least once every 12 months. If you have completed your ongoing updates and reviews then the process for formal review will be simple.

Here are some things to consider about the changing needs of the person receiving support and whether additional or other support may be required:

Encourage review	The person may need encouragement to collaborate with you in reviewing the services they receive.
Provide more information	Always be prepared to provide additional or different information about the sources of support available and to help the person consider their options.
Grief has no timeline	Grief is a natural response to loss and is a process that takes time to work through.
Support requirements change	People may have high support needs immediately after their loss, but in most cases their need for grief and bereavement support declines over time.



Further support	Some people will require further support, especially those who experience trauma, develop a complex grief response or have concurrent mental health concerns.
Other needs	People may have other needs that require attention, such as housing and financial support needs.

Some conditions or circumstances may need to be considered about the person's further support needs.

Further support considerations	Description
Conditions	<p>Conditions may include the following:</p> <ul style="list-style-type: none"> • Mental illness such as depression or anxiety disorders • Complex or disenfranchised grief reactions • Suicidal ideation • Substance misuse • Trauma • Other concerns such as unemployment and homelessness
Protective factors	<p>This means considering protective factors in their lives which may put the person in a better position to not need further support, such as:</p> <ul style="list-style-type: none"> • the presence of supportive family and friends • good health • coping skills.
Stress vulnerability factors	<p>You may need to consider the stress vulnerability model, discussed in Topic 4, when considering a person's further support needs. Consider the risk factors of:</p> <ul style="list-style-type: none"> • family history of mental illness • poor coping, social or communication skills • environment, such as substance misuse, childhood traumas. <p>People who are more susceptible to developing ongoing stress should be automatically flagged as potentially requiring further support.</p>

Seek immediate support

No matter what area of community services you work in, you should have an understanding of how to identify and provide effective support to a person at risk. This includes risk of self-harm, suicide, depression or other types of mental illness. These risks require immediate referral to appropriate services for professional help and must be documented and reported to your manager/supervisor.

You are not required or competent to diagnose mental illness, but you should be familiar with symptoms that may indicate a person is experiencing mental health concerns.



If it is clear that the person is experiencing symptoms of mental illness and is having problems making informed and rational decisions, you should refer them for a mental health assessment with a doctor, community mental health service or other mental health professional.

For more information about complex mental health issues and available support visit Sane Australia at: aspirelr.link/sane

Video: Head to health

Watch this video to see what the Australian Government’s Head to Health website has to offer: aspirelr.link/yt-head-to-health

Why do you think this video clip might encourage someone to use this website?



There might be times when the person poses a threat to themselves or others or is unable to cooperate because of acute symptoms of mental illness. If this happens, you may need to call the police to intervene and have the person involuntarily taken to hospital for treatment.

If you are worried about a person, you can:

- reach out to them, remain calm, sit down, talk and listen to them
- offer reassurance that you can help them get the support they need
- treat them with respect and dignity
- avoid confrontation and ask them what they believe their main problem is.

Prepare yourself for times when a person may be in a mental health crisis and need immediate support. Some suggestions include:

Immediate danger	Call 000 if the person or someone else is in immediate danger.
Telephone helplines	Telephone helplines such as Lifeline (13 11 14) offer immediate mental health support and counselling, 24 hours a day, seven days a week.
Mental health first aid	You can prepare yourself to help a person experiencing acute symptoms of a mental illness by completing a mental health first aid course.

For more information about urgent treatment for mental illness visit: aspirelr.link/urgent-help-mental-illness



Example

Identify where further support is required

Russell comes into Viola's service in an agitated state. He is acting aggressively towards her without justification, and she feels the need to protect herself and others in the service.

Viola focuses on:

- trying to calm Russell by speaking quietly and in a non-threatening way
- moving Russell into a quiet, low-stimulation room
- ensuring other people in the immediate environment are safe
- avoiding arguing with Russell
- listening to and reassuring Russell that she is there to help him.

When Russell is calmer, she explains various options for help, such as going to hospital, having a mental health team visit him or going to a doctor or mental health professional as soon as possible. She treats Russell with respect and discusses options with him, even though he is having trouble making decisions.

Practice Task 16

Question 1

Describe four circumstances that may indicate a person requires additional support.

Question 2

Which of the following may indicate the person is at risk and needs immediate additional support? Tick all that apply.

- Complex grief reactions
- Disenfranchised grief reactions
- Lack of financial support from the government
- Mental illness such as depression or anxiety disorders
- Overprotective family members
- Suicidal ideation

5C

Review practices for continuous improvement

The support services provided to people accessing the service will benefit from a focus on continuous improvement.

Continuous improvement

An iterative process that involves an ongoing cycle of identification, planning, implementation and review.

Continuous improvement (CI) is the practice of ongoing effort to enhance the quality of services and support that are delivered.

CI is a process where organisations evaluate their practices, seek feedback from stakeholders and implement any necessary changes. Stakeholders include people accessing the service and their significant others such as family members, carers and friends involved in their support, and other service providers.

Most organisations will have a plan for implementing continuous improvement that includes internal reviews and external audits. This ensures that the organisation is meeting all relevant state and national legislation, and gives the best outcome for the clients. The organisation will rely on evidence-based information to support the achievement of goals and outcomes, while adapting to the changing needs of clients and the wider community.

The whole organisation must be part of the continuous improvement process for it to be effective for a person who is experiencing loss and grief. Some of the responsibilities expected of each stakeholder in this process include:

Stakeholder	Role in continuous improvement
Clients and significant others	<ul style="list-style-type: none">• Giving constructive feedback• Making complaints when services are not adequate or do not meet their needs• Informing the organisation if they believe the person requires further support
Employees/workers	<ul style="list-style-type: none">• Keeping up to date with industry standards and developments in the field, including the latest research on best practice• Reviewing and making changes to practices to improve their effectiveness• Evaluating changes to practices• Following policies, procedures and guidelines• Attending training as provided• Reporting on the area in need of improvement



Stakeholder	Role in continuous improvement
Organisation	<ul style="list-style-type: none"> • Obtaining feedback from stakeholders about practices • Monitoring outcomes by reviewing records and documentation • Ensuring staff have adequate opportunities for professional development and training • Having accessible feedback systems in place • Ensuring policies and procedures are up to date • Proactively identifying and managing risks
External service providers	<ul style="list-style-type: none"> • Giving feedback on client progress with external support • Providing options for how they can work together to improve the client's outcome

Measuring performance

Having a plan for how you will ensure continuous improvement requirements are met is vital to the success of your work role.

A simple method of doing this involves having a performance rating scale and then a process for implementing changes. If your organisation does not have a plan in place, it would be valuable to discuss the possibility of introducing one for future practice with your supervisor.

A performance rating scale is used to rate levels of achievement in reaching your client's goals when you are providing support. They are commonly used as they are easy to implement and provide data based on how successful the support has been.

Evaluating performance can be done against industry standards or organisation criteria as outlined in your position description. Criteria to measure performance usually includes specific job-related tasks in your work role as well as more general skills such as the ability to work as part of a team and high-level written and communication skills. They may involve analysing documentation such as incident reports, and reportable incidents such as abuse or neglect.

Below is an example of a performance rating scale that could be used with a person providing loss and grief support. Criteria will be set based on standards and goals you have previously identified to meet the needs of your clients and you mark by matching the result to the criteria to get a rating. This will highlight where continuous improvement is required.



Loss and grief support criteria	Result
Met standard for person's needs	Clear evidence that performance meets or exceeds the needs of the individual's grief and bereavement support.
Partially met standards for person's needs	Clear evidence that performance meets some, but not all, of the needs of the individual's grief and bereavement support.
Not met	Clear evidence that performance does not meet the needs of the individual's grief and bereavement support.
Not applicable	This item is not applicable.

Keeping track of changes

After completing the performance rating scale, you would then complete a process for how you will identify areas for improvement, and then make the changes required. Below is an example of a process that could be used to implement and make changes:

Step 1	Use the set criteria to systematically review, such as every six months or when support has finished, your performance in relation to the support you provided.
Step 2	Rate your performance using the rating scale above.
Step 3	If you only partially meet or do not meet the criteria, then determine the actions required.
Step 4	Develop a plan to make the changes required.
Step 5	Reassess your performance on a regular basis, such as in another three months.

Continuous improvement register

Organisations keep a record of their CI in a register. This register is a live document, meaning that as improvements are identified the register will be updated in real time, ensuring that it is always up to date. All continuous improvement issues or opportunities should be reported to your supervisor and they will track it in this register.

The register should include:

- improvement identified
- action to be taken
- person responsible for taking the action
- required people to help act
- date of completion
- review date.



Example

Implementing continuous improvement

Geoff has been supporting his client, Hasim, through grief and bereavement after Hasim lost his wife from a rare complication after an operation. After reflecting on the outcomes after support was provided, Geoff felt that he could use this interaction as an opportunity for continuous improvement.

Geoff worked with the goals that were originally set for Hasim and used these as the criteria for the performance rating scale. He found that the goal of finding ongoing support for Hasim in a group of other men who had lost their wives under similar circumstances had not been met.

Using the continuous improvement register Geoff was able to follow a systematic process to determine how this could be improved for future interactions with clients. He set a plan of action to be taken, who would help and a date for completion to ensure that people in Hasim's position in the future would have all their needs met.

Internal review practices

When a review of organisational practices is undertaken, it should include the person's outcomes and whether the practices being used are adequately assisting the person. For example, a service is providing support to people to cope with loss and grief but these people do not show signs of coming to terms with their grief over time. This means you should review what support they are receiving and consider changing this or obtaining additional support.

Reviewing the person's outcome benefits the organisation and workers by determining whether:

- the practices they are using are meeting the person's needs and helping them achieve their desired outcomes
- there are any problems with the practices being used
- the person would benefit from a change in approach
- workers need more training in the practices they are using.



Example

Review practices for continuous improvement

Part of Anya’s responsibilities as a supervisor at a large disability service provider is to check procedures to ensure they are accessible and current. Anya is given time at the end of each month to review the existing procedures against her own knowledge of the tasks performed by her team. This month Anya notices that there is no procedure for what to do if a person who is receiving support for their grief states they do not feel like life is worth living anymore. She immediately makes a note of the missing procedure and reports it to the manager the following Monday morning. The procedures are reviewed and updated to include this requirement.

During a monthly continuous improvement meeting, Anya leads a discussion to discuss the updated procedure and to include it on the continuous improvement register. As a team, they identify that numerous staff feel they do not have the knowledge or the training to support someone who needs immediate support or is at risk while grieving.

It is then decided to give all staff training on this updated procedure and to provide further ongoing support and training for identifying clients at risk of self-harm and suicide. A date is set for this to be implemented and it is also added to next month’s meeting agenda for review, where Anya will lead a discussion to determine if the issue has been improved.

Practice Task 17

Question 1

Match each stakeholder to their role in continuous improvement.

Organisation	Inform the organisation if they believe they require further support or support is not meeting their needs.
External service providers	Follow policies, procedures and guidelines, and provide feedback to the organisation where there are gaps or difficulties.
Clients	Provide accessible feedback systems to other stakeholders.
Employees/workers	Give feedback on client’s progress and on their interactions with workers and the organisation as required.



Question 2

Name three things that should be included in a continuous improvement register and explain why this type of register is important for effective continuous improvement.

Question 3

Suggest three actions that might be identified from client and supervisor feedback.



Summary

- Always take time to reflect on the outcomes of your work, both while providing support and afterwards.
- Self-reflection is a form of self-evaluation that allows you to ask questions about the way you work and how you deal with particular issues.
- Reflecting on the outcomes of your work helps you integrate knowledge and experience, which leads to better outcomes for people accessing the service.
- As part of the process of reviewing and evaluating the grief and bereavement support you provide, you need to consider whether a person's needs have changed over time or whether they have additional or other needs that should be addressed.
- Reviewing the need for further support may include identifying people who need to be referred to external organisations or need immediate help.
- Organisations and workers must be prepared to continually review their practices to help ensure that a person's needs are addressed and they achieve identified outcomes. This should be done according to organisational procedures and in consultation with a range of stakeholders.
- Organisations should have a continuous improvement plan in place that is easy to follow and access so that it can be updated regularly.



Learning Checkpoint 5

Review support provided

Part A

1. Match the types of reflection that are used in reflective practice to their description.

Reflection on action	Thinking about actions as they are occurring
Reflection within	Looking back over lessons learned
Reflection in action	Taking a proactive approach by reflecting how to change practices in the future
Reflection for action	Reflecting on personal intentions and feelings

2. Suggest at least three situations or circumstances where a client may require additional support.

3. Which of the following are the responsibility of the worker in a continuous improvement process? Tick all that apply.

- Design a continuous improvement register for the organisation.
- Be involved in the continuous improvement process.
- Attend training to improve skills and knowledge in areas where there are gaps.
- Report on areas where improvements are needed.
- Keep up to date with the latest research on best practice.



4. List three benefits of an internal review that examines the outcomes for clients.

Part B

Read the case study and answer the questions that follow.

Case study

Juanita keeps a reflection journal for recording her practices at work. She writes in the journal most days and finds it helps her to think about areas of her work where she can improve and ways she has provided positive support to people. She prides herself on wanting better outcomes for the people she supports.

Juanita is busy with a heavy caseload and rarely has time to stop and talk to her co-workers. A person accessing the service, Tony, is recently bereaved and still struggling to come to terms with the death of his wife. Juanita has little experience supporting people who have recently had a loss and is not sure if her interactions with Tony are helpful. She notes that Tony seems very depressed, flat in his mood and is not speaking as much as he normally would. He also looks like he has not had a shower for days and is wearing dirty unkempt clothing.

She is feeling a bit overwhelmed and pressured with her job and is finding it hard to focus on the client's needs.

Juanita makes time with her supervisor that afternoon to discuss her conversation with Tony and refers to comments she made in her journal. She explains to her supervisor that she does not feel she has enough knowledge or skills to work with someone like Tony.



- 1.** Identify two ways self-reflection can assist Juanita to develop her skills for working with a client such as Tony.

- 2.** What three things has Juanita already done that could be considered part of self-reflective practice?

- 3.** Name four observations Juanita has made that indicate Tony may be needing further support.



4. Identify three benefits to the clients if the organisation used feedback as part of its continuous improvement process.



Glossary

Active listening

Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Adrenalin

A natural hormone released in response to physical or emotional stress.

Assistive technology

Technology that enables a person to maintain or improve their capability of performing a task.

Bereavement

The experience of losing someone close and the period of adjustment after their death.

Burnout

A state of emotional, physical and mental exhaustion caused by excessive and prolonged stress.

Compassion burnout

Physical and emotional exhaustion that can lead to indifference and withdrawal.

Complex grief reaction

Persistent grief leading to abnormal behaviours and thoughts.

Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

Continuous improvement

An iterative process that involves an ongoing cycle of identification, planning, implementation and review.

Counselling

To give or offer advice to a person.

Cultural

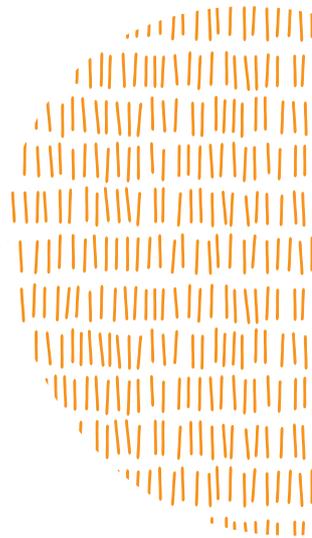
The shared characteristics of a group of people influenced by race, religion, economic status, family life, health, educational or governmental system of their members.

Cultural competence

Having awareness, respect and understanding of the cultural diversity around you.

Culturally and linguistically diverse (CALD)

The preferred term for describing different ethnic communities.





Debriefing

Asking a series of questions in a structured way immediately following an exercise or event that looks to review or evaluate the actions taken.

Disenfranchised

Having no power to make people listen to your opinion or situation.

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

Duty of disclosure

The obligation to pass on information required to keep a person safe, even when they request confidentiality.

Emotional intelligence

The ability to understand and manage your own emotions and those of people around you.

Empathy

The ability to understand, share and identify the feelings of others.

Employee assistance program (EAP)

A work-based intervention program designed to enhance worker wellbeing.

Ethnic

Racial, national, tribal, religious, linguistic, or cultural origin or background.

Grief

Intense sorrow in response to loss, especially caused by someone's death.

Hazard

A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

Loss

The fact or process of losing something or someone.

Non-verbal communication

The transfer of information or messages through the use of body language and signals.

Peer support

People sharing knowledge, experience, feelings and practical help to support each other.

Privacy

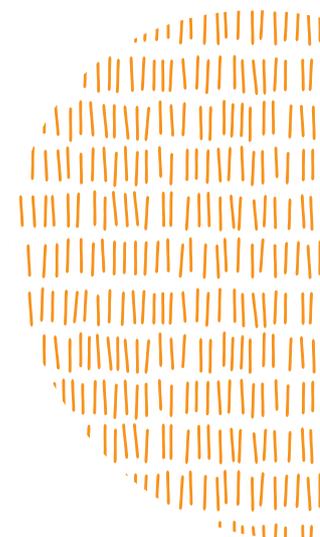
A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Psychological shock

Experiencing a physical reaction in response to a traumatic event.

Reaction

Feelings or responses to a situation or event.

**Reflective cycle**

A process that gives structure to learning from experiences by examining experiences and your reactions to them, and determining how you could do better in the future.

Respect

The politeness and admiration towards someone or something.

Scope of practice

Procedures, actions and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Self-care strategies

Positive ways to cope with and reduce the effects of stress.

Self-harm

Causing deliberate harm to a person's own self, with or without the intention to end their life.

Self-reflection

The ability to observe and evaluate one's own thoughts, emotions and behaviours.

Social

The bonds a person forms with others such as family, friends and members of their community.

Spiritual

An inner sense of something greater than oneself, which may be met through faith or religion.

Suicidal ideation

Having thoughts of suicide.

Supervision

Senior staff overseeing and taking responsibility for the work of less experienced or qualified workers to ensure that they work safely and within the requirements of their job roles.

Telehealth

A consultation with a healthcare provider by telephone or video call.

Terminal illness

A disease or condition for which there is no cure that will eventually lead to death.

Trauma

The response to a distressing event or experience that can affect a person's ability to cope and function.





Traumatic

Psychologically or emotionally stressful in a way that can lead to emotional problems.

Verbal communication

Speaking words to share information with others.

Vicarious

Experienced through watching or listening to the activities of other people.