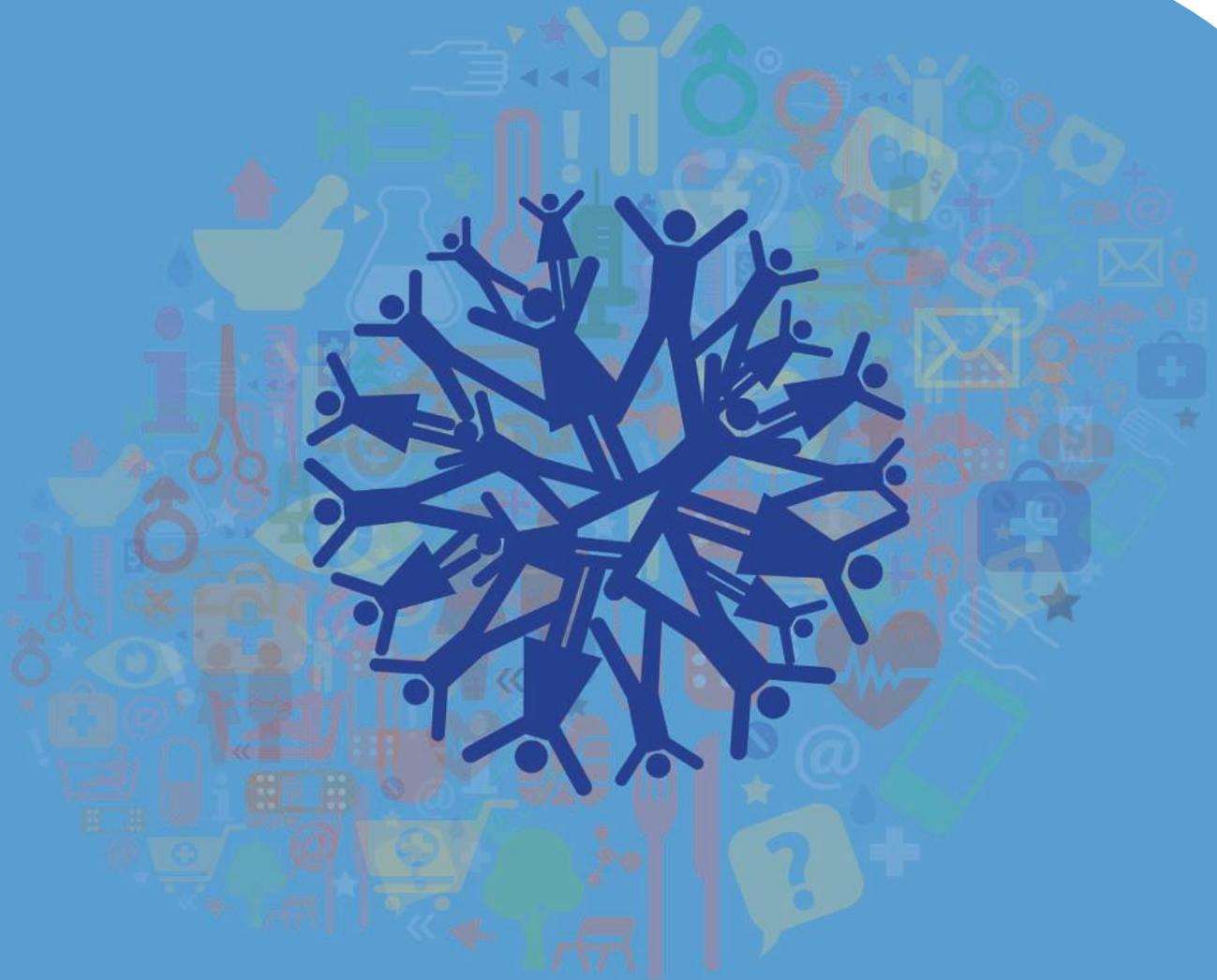


CHCCCS017

Provide loss and grief support

Release 1



Learner guide

CHCCCS017

Provide loss and grief support

Release 1

Learner guide

Aspire version 1.3



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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	February 2019	Minor updates as part of our continuous improvement program. Updated broken URL links.
Release 1, version 1.3	July 2019	Updated to reflect changes to voluntary assisted dying laws in Victoria.

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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. You can access the unit of competency and assessment requirements at: www.training.gov.au.

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. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ 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 and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

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.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
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 and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
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
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
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
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<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

Foundation skill area	Foundation skill description
Technology and digital literacy	<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

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 outcomes	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 Take into account social, cultural, ethnic and spiritual differences	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Identify situations where there may be risk to the health and safety of the person or other people and make appropriate referrals	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Identify and assess an individual's suicide risk and where necessary 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 individuals 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 Select and use verbal and nonverbal communication approaches that acknowledge the individual's emotional needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Offer support and information	3A Identify individuals who experience difficulty with grief and trauma and link or refer them to options for further help as needed	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Provide information about grief and bereavement support services and resources	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Identify, suggest or 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 Obtain feedback from individuals to confirm that options are clearly understood	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E 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 yourself	4A Monitor own stress level	<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

In this topic you will learn how to:

- 1A Recognise reactions to loss and grief**

- 1B Take into account social, cultural, ethnic and spiritual differences**

- 1C Identify situations where there may be risk to the health and safety of the person or other people and make appropriate referrals**

- 1D Identify and assess an individual's suicide risk and where necessary refer to appropriate services**

Recognise reactions to loss and grief

Every person responds to loss differently. Reactions may include intense sadness, shock, anger and disbelief, often followed by a gradual acceptance of what has happened. Grief is a natural reaction to loss. Sometimes people have complex grief reactions and struggle to come to terms with their loss. For some individuals the grief experience is overwhelming and the person becomes a high-risk category for suicidal ideation.

1A Recognise reactions to loss and grief

In 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, the 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.

Modern approaches to loss and grief recognise that the grieving process ideally ends with the bereaved individual coming to terms with their loss and integrating it into their life.



Grief and bereavement

How a person grieves depends on a number of factors. How grief affects an individual is referred to as bereavement. People experiencing grief and bereavement experience emotional reactions, but may also experience psychological and physical reactions. It is important that you are aware of and recognise the common features of grief and bereavement, while recognising that there is no typical response to loss and no typical way to grieve. Grief and bereavement and their common features are explained below.

Grief and bereavement

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.

Grief refers to how bereavement or loss affects an individual personally. 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 time. How a person grieves depends on many factors, including the type of loss; their age, personality, coping style, life experience, level of support, beliefs and cultural background.

Common features

Psychological and physical reactions to grief and bereavement may include:

- ▶ sadness – a deep sense of psychological and emotional pain that gradually fades in intensity, although it may never go away altogether
- ▶ longing and yearning – these feelings may last for months or years after a loved one's death
- ▶ somatic complaints – physical conditions including sleep disturbances, aches and pains and susceptibility to illnesses such as colds and flu
- ▶ gradual integration of the loss – this occurs when a bereaved person is able to adapt to their loss and merge it into their life.

Recognise expressions of grief and complex grief

Grief includes a wide range of emotions, thoughts and behaviours. Although people who are bereaved and grieving may experience many common feelings and reactions, it is important to remember that individual responses to grief differ, and some people may develop complex grief reactions.

Common expressions of grief

Shock and disbelief are common initial responses to a sudden or unexpected death. On first hearing of someone's death, an individual may find it difficult to comprehend. One of their first reactions is often to feel that it cannot be true. As time passes, these individuals usually experience other emotions such as anger and sadness. Common expressions of grief include emotional and cognitive responses, described below.

Anger and anxiety

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. Having a constructive way to let off steam, such as physical activity, can often help people feeling intense anger over their loss.

Anxiety is a common feeling among people who are grieving, especially if they were very dependent on a person who has died. They may feel anxious about their ability to survive on their own, both emotionally and practically.

A change in world view and questioning beliefs

When people experience a major loss, they may become disillusioned with life and the things they used to believe in, particularly when the loss occurs in a sudden or traumatic manner. Grief and loss can cause significant changes to the way an individual views the world. They may re-evaluate long-held beliefs and values, and change the way they live.

A person may lose or take up a religious faith, or see the world as a less benign or safe place. They may also change the way they think about death or become more determined to make a difference in life; for example, they may begin to do volunteer work.

Confusion and despair

In the early stages of intense grief, an individual may experience confusion, difficulty concentrating and forgetfulness. They may have difficulty carrying out basic tasks and be easily overwhelmed. This usually fades with time.

The feeling of despair stems from a sense of hopelessness, futility and lack of comprehension about what has happened. It is a common reaction in the early stages of normal grief as an individual struggles to come to terms with their loss, but if it persists, it can also be an indicator of a complex grief reaction.

Depression

It is natural to experience depression over loss. However, it is important to understand that grief and clinical depression are two separate conditions.

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 loss lessens over time as the person integrates the loss into their life. A person who has depression prior to loss may experience a complex grief reaction as they try to deal with both their depression and their grief.

Sorrow and coping

Chronic or ongoing sorrow is often an expression of complex or unresolved grief. Instead of experiencing a range of emotions, including happy memories of the person who has died, the grieving person cannot move past their deep feelings of loss.

Dealing with loss and grief can be overwhelming. 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.

Loneliness, isolation and decreased self-esteem

Loneliness is common as bereaved individuals lose the companionship of someone close. They may also feel that no one can understand what they are going through. 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.

Grieving can be emotionally draining, which can result in a loss of confidence and self-esteem. They may also feel they have lost some of their own identity if a partner dies. Loss of self-esteem is usually only temporary. If it continues, it may indicate that the person is also suffering depression.

A fear of going mad

Grief is often described as a roller-coaster, because people go through a range of fluctuating emotions. They may experience intrusive thoughts or hallucinations, and periods of intense grief are often followed by a feeling of numbness or flatness. This may lead some grieving people to think they have lost their minds or their ability to control their thoughts and emotions.

Intense grief reactions should lessen over time. If bereaved individuals continue to experience intrusive thoughts, hallucinations or flashbacks, they may have a traumatic stress reaction requiring specialist help.

Guilt, remorse and relief

Feelings of guilt and remorse 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 remorse are common reactions to the loss of someone close and should decrease over time.

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.

Helpless and hopeless

Similar to feeling unable to cope, a sense of helplessness may arise from feeling overwhelmed and having difficulty dealing with basic tasks. Helplessness is a common reaction to trauma, where individuals feel they have lost control over their own lives.

The loss of someone close, especially a spouse or child, may lead an individual to feel a sense of futility and lack of meaning in life. They may feel that life is not worth living without the deceased person. An ongoing sense of hopelessness may indicate a complex grief reaction.

Suicidal ideation

Some people who experience a significant loss may think about ending their own lives. In most cases these are just thoughts, but some, particularly people who are having a complex grief reaction, may try to act on their thoughts.

Most people thinking about harming themselves start to make statements or behave in ways that indicate what they are planning; for example, they may say things like 'I wish I were dead' or 'What's the point?' They may also start to give away their belongings.

Distinctive expressions of grief

Grief is something that everyone experiences and expresses in different ways. There is no right or wrong way to grieve. 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 described below. It is important to take these factors into consideration and be able to recognise when someone needs additional support to come to terms with their grief.

Influencing factors on grief can include:

- ▶ cultural factors
- ▶ individual circumstances
- ▶ age
- ▶ personality
- ▶ coping style
- ▶ faith.

Recognise reactions to loss and the range of grief responses

People react to loss and grief in different ways. You need to be able to recognise common reactions, while remembering that a person will have a range of responses to grief. Theories of loss and grief highlight common reactions as people try to deal with their feelings. Models of grief are not meant to be definitive descriptions of how a person should respond and react to loss, but can 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 of loss and grief helps you to understand common reactions to loss and the range of grief responses.



Theories of loss and grief

In the late 1960s, Elisabeth Kübler-Ross, a Swiss psychiatrist, was one of the first people to identify stages in the grief process. Although she was working with people coming to terms with their own impending death by terminal illness, she recognised that they often came to accept death in 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 death of someone close or a relationship ending.

Now it is recognised that not everybody experiences the stages suggested by Kübler-Ross and that it may not be in the order she suggested. Kübler-Ross's five stages of grief are outlined below.

Denial

- ▶ People often feel shock, numbness and disbelief immediately after a significant loss. They may have trouble accepting the reality of what has happened and one of their strongest reactions is denial.

Anger

- ▶ People may feel that what has happened is unfair and that they are being punished in some way. They feel angry and may seek to blame someone for what has happened.

Bargaining

- ▶ Sometimes people go through a phase of bargaining, especially if they have not accepted the reality of the loss. They may be preoccupied with what they could do to achieve another outcome or prevent the loss.

Depression

- ▶ As reality sets in, people may feel a deep sense of sadness and depression. This profound sadness is the most widely experienced symptom of grief and is often combined with feelings of emptiness, despair, yearning and deep loneliness.

Acceptance

- ▶ Over time, people resolve the range of feelings that they have been experiencing and begin to accept their loss.

Modified model of loss and grief

Later models of loss and grief have simplified the Kübler-Ross model to include the range of reactions that people experience. People may move backwards and forwards through the stages as they gradually come to terms with their loss. The modified model of the stages of loss and grief is summarised below.

Numbness

In the first days and weeks following a death, common reactions include shock, disbelief and denial. People often feel as though they are in a daze and find it difficult to make decisions or carry on their life in a normal way.

Depression

The reality of the loss sets in and people experience a variety of painful and fluctuating feelings, including yearning, emptiness, loneliness, anger, disorientation and anxiety. This stage may last for months and even up to a year.

Recovery

The bereaved person accepts the death, even though they may maintain a strong attachment to the person who has died. Acceptance occurs gradually over six months or more. The person begins to focus more on remembering and reminiscing. Life becomes more normal as the person makes new attachments and moves on with life.

Negotiate loss as a series of tasks

Other theorists see negotiating loss as a series of tasks; for example, J. William Worden (1991) outlined four tasks that a bereaved person must negotiate in order to come to terms with their loss, shown here.

Worden's tasks

- ▶ Task 1: Accept the reality of the loss
- ▶ Task 2: Work through the pain of grief
- ▶ Task 3: Adjust to the environment in which the deceased person is missing.
- ▶ Task 4: Emotionally relocate the deceased and move on with life

Range of responses to grief

Grief involves a complicated mixture of feelings, emotions, behaviours and physical reactions that may last a short time or go on for months. The grieving person often experiences fluctuations in their responses. Emotional, cognitive, behavioural and physiological responses to grief are shown below.

Emotional responses

Emotional responses to grief include:

- ▶ anger or anxiety
- ▶ guilt and/or relief
- ▶ depression
- ▶ disbelief and shock
- ▶ numbness
- ▶ despair, chronic sorrow and/or sadness
- ▶ loneliness and/or loss of pleasure in things once enjoyed
- ▶ feelings of being unable to cope.

Cognitive responses

Cognitive responses to grief include:

- ▶ confusion and/or difficulty concentrating
- ▶ reduced self-esteem and a loss of confidence
- ▶ constantly thinking about the deceased person
- ▶ denial
- ▶ hopelessness
- ▶ a change in world view, questioning of values and beliefs and/or search for meaning
- ▶ suicidal ideation
- ▶ fear of going mad.

Behavioural responses

Behavioural responses to grief include:

- ▶ helplessness
- ▶ poor diet
- ▶ overactivity or underactivity
- ▶ social withdrawal
- ▶ agitation
- ▶ neglect of self-care.

Physiological responses

Physiological responses to grief include:

- ▶ loss of appetite
- ▶ sleep disturbances
- ▶ tiredness
- ▶ weight loss or gain
- ▶ susceptibility to illness
- ▶ feeling unwell.

Identify responses

Being aware of the range of grief responses can help you plan the support required, as shown here.

Knowing the range of responses allows you to:

- ▶ identify whether 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.

Anticipatory grief

Anticipatory grief is an emotional reaction to an expected loss. It occurs when a person knows that someone close to them is going to die, from a terminal illness or other lifethreatening situation, 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. Outlined below are the signs and characteristics of anticipatory grief.

Indications

Indications of anticipatory grief may appear as:

- ▶ depression
- ▶ feelings of numbness
- ▶ extreme concern for the person who is dying
- ▶ attempts to adjust to the consequences of the death.

Pre-death

People can experience anticipatory grief for a considerable amount of time before the death actually occurs. This may cause the carer or family member to experience waves of emotion, such as periods of intense grief alternating with periods of numbness. The strain of caring for someone who is going to die may cause carers to try to block out emotions such as sadness and anger to gain some emotional respite.

Post-death

Anticipatory grief allows carers and family members time to come to terms with their impending loss, but it may not lessen their grief when the death occurs. They may experience a sense of relief when the person dies, but this is often mixed with feelings of guilt, confusion, anxiety, fear and sorrow.

Types of loss and their effects

After the loss of a loved one, job, limb or pet, the person experiences not only the loss itself but the way this loss then impacts on the other areas of their life. This can continue for lengthy periods of time and cause significant re-evaluation of life goals and plans.

There are four primary types of loss, discussed below.

Primary loss

The actual loss itself. This could be a relative, a friend, a job, a pet or an amputation. This loss can be anything that is integral to the person's life and from whom they achieve meaning.

Secondary loss

After the primary loss, a person finds that they experience other losses in their life as a result of the primary loss or death of a loved one. Some of these losses include:

- ▶ loss of income
- ▶ loss of role
- ▶ loss of direction and plans for the future
- ▶ loss of faith
- ▶ loss of confidence
- ▶ loss of financial security
- ▶ loss of support system
- ▶ loss of relationship
- ▶ loss of functional ability.

Cumulative loss

After the primary loss, the person usually experiences the secondary loss in fairly rapid succession. All these losses start to add up to a situation that can be overwhelming. With each successive loss, the impact on the person may cause a complicated grief reaction.

People who experience cumulative losses often report symptoms of:

- ▶ feeling overwhelmed
- ▶ unable to follow instructions
- ▶ fearful of leaving their house
- ▶ unable to sleep at night
- ▶ feeling isolated and abandoned
- ▶ feeling a loss of reality.

Integration of loss

Modern approaches to loss and grief recognise that the grieving process ideally ends with the bereaved individual coming to terms with their loss and integrating it into their life. Loss and grief theorists describe a number of ways that bereaved people are able to integrate a loss into their lives. These include the dual process, meaning reconstruction, continuing bonds and grieving styles. It is important that you have an understanding of how these usually occur so you can support a person through the process.

Dual process

Dual process theory is a relatively recent explanation of 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 – one that is loss-oriented (thinking about and processing their loss) and one that is restoration-oriented (dealing with secondary issues such as managing finances, planning and coping with ongoing life).

Here is some more information about these aspects.

Process activities

In the dual process, some people spend more time on loss-oriented activities, while others focus more on restoration-oriented activities. The extent to which an individual focuses on either process depends on a number of factors, such as the nature of their relationship with the deceased person and their personality, gender, cultural background and previous experiences of loss.

Loss-oriented activities

Loss-oriented activities include:

- ▶ 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 activities

Restoration-oriented activities include:

- ▶ dealing with life changes
- ▶ avoiding grief and emotions associated with it
- ▶ trying new things
- ▶ working on new roles.

Integration

The ability to spend time focusing on restoration activities, and taking time out from loss-oriented activities, helps the bereaved person cope with their loss and manage their secondary losses. Through the dual process, the individual gradually integrates their loss and adjusts to life changes.

Grieving styles

Research has found that there are two main styles of grieving – ‘instrumental grieving’ and ‘intuitive grieving’. The styles describe an individual’s dominant style of grieving. Many people experience both instrumental and intuitive styles of grieving. It is important for people working with bereaved individuals and families to understand that both these styles can lead to successful integration of loss, and neither style is better than the other. You should support a person to grieve in the way that seems most natural to them, and allow them time and space to grieve privately and to involve themselves in activities that help them cope with their grief. Here are the characteristics of the two main styles.

Instrumental grieving

Instrumental grievers:

- ▶ take a more rational, cognitive approach to grief
- ▶ may immerse themselves in activity to avoid dwelling on their loss
- ▶ are often reluctant to express their feelings
- ▶ prefer to grieve privately rather than publicly.

Instrumental grievers may prefer to spend time alone and not want to talk about their feelings.

Intuitive grieving

Intuitive grievers:

- ▶ experience grief as intense waves of emotion
- ▶ express their grief openly by crying or showing anguish
- ▶ seek support from others

want to talk about their loss.

Intuitive grievers may benefit most from being encouraged to express their feelings and seek support from others.

Continuing bonds

In the past, bereaved people were often encouraged to 'let go' of the deceased person by severing emotional bonds and ties with them. More recent approaches suggest that it may be more helpful for the bereaved individual to develop and maintain a continuing bond with the deceased.

A continuing bond means finding a way of maintaining a relationship with the person who died. This may include focusing on happy memories of the deceased person and remembering the positive aspects of their life, rather than the sadness of their death. By establishing a continuing bond with the deceased, the bereaved person constructs a new relationship with them that is a source of comfort and solace. By maintaining this, the grieving person can more easily integrate the loss into their ongoing life.



Meaning reconstruction

Meaning reconstruction focuses on how an individual makes sense of a significant loss. For an individual to integrate their loss, they need to find meaning in the event and circumstances that disrupted their life and sense of coherence.

Bereaved individuals need to piece together their lives by exploring the meaning of the loss through talking about it. This helps them rebuild their life without the deceased person. Integration occurs when they are able to incorporate the loss into their life.



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. Consider the following when evaluating reactions.

Inability to accept the death of the person

- ▶ Some people cannot adjust to their loss and experience a prolonged and complex grief reaction. They continue to find their loss painful and difficult. They may be unable to accept that the death has occurred and may feel a sense of confusion, bitterness and anger at what is happening to them.

Preoccupation and little interest in life

- ▶ People who show complex grief reactions continue to be preoccupied with the deceased person. They are frequently unable to carry out the functions of ongoing life and may have little interest in doing so.

Distinctions between mental illness and complex grief

- ▶ 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. It is often described in different terms such as prolonged grief, complicated grief or even traumatic grief.

Why complex grief occurs

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 factors including personality, coping style and environmental and genetic factors. As mentioned, you should take into account 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. For example, they may have relationship problems, difficulty coping with stress or a lack of social support. How some circumstances may increase the likelihood of a complex grief reaction is explained below.

Socioeconomic

Secondary circumstances and hardships, such as unemployment and poor housing, may make it difficult for a person to grieve fully.

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.

Age

The death of a child or young person may lead others, especially parents, to experience a difficult or complex grief reaction.

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.

Common expressions of complex grief

In complex grief, expressions of grief may continue for six months or longer. People with complex grief have difficulty accepting their loss and getting on with their own lives.

The most distinguishing feature of complex grief is that it is a long-lasting, unresolved grief. It is distressing for the person experiencing it, and is often difficult for those around them, such as family and friends, who may have difficulty understanding why the individual cannot get over their loss and move on with their life.

Common features of complex grief include:

- ▶ long-lasting grief; for example, an individual still grieving intensely months or even years after a death
- ▶ extreme yearning for the deceased person
- ▶ problems accepting the death, and sometimes imagining the person is still alive
- ▶ intrusive thoughts and images of the deceased person
- ▶ numbness, detachment, ongoing sadness and depression, social withdrawal and a lack of trust in others
- ▶ an inability to integrate loss into ongoing life
- ▶ extreme focus on the loss and reminders of the deceased
- ▶ an inability to enjoy life and difficulty carrying out normal routines
- ▶ loneliness and a sense of isolation
- ▶ feeling that life has no meaning or purpose; suicidal ideation.

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 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.

Risk of developing complex grief

Complex grief may have a range of negative impacts on an individual's relationships, employment and life in general. An individual who is immersed in sorrow for a long period usually finds it difficult to get on with their everyday life. They may not be able to resume work, carry out basic tasks or maintain relationships. The risk of developing complex grief depends on a range of individual and circumstantial factors. Complex grief may be more common when a person experiences a significant or traumatic loss, and there are a number of factors that may increase the likelihood of complex grief occurring, which are below.

Type of loss

Types of loss that can cause complex grief include:

- ▶ the death of a child
- ▶ a death that is sudden and unexpected
- ▶ the death of a life partner
- ▶ the death of a parent
- ▶ a traumatic or violent death.

Other factors

Factors that can increase the likelihood of complex grief include:

- ▶ a history of depression or anxiety disorders
- ▶ dependence on the deceased person
- ▶ a history of difficulty coping with loss
- ▶ a sense of remorse or guilt over the person's death.

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 are shown below.

Ongoing 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 in the role of 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' groups 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 still needs to do so before she can move forward with her life.

Practice task 1

1. List and explain the four types of loss a person may experience

2. List three types of responses a person may have when experiencing grief?

3. List three potential consequences of complex grief

Click to complete Practice task 1

1B Take into account social, cultural, ethnic and spiritual differences

In every society and culture, people feel sadness and grief at the loss of someone or something that is significant to them. The ways people from different backgrounds express and cope with loss vary, and you need to take into account cultural and other differences when supporting bereaved individuals.



Acknowledging differences

An individual's beliefs, attitudes, feelings and behaviours associated with death and dying are influenced by a range of factors, including their social, cultural, ethnic and spiritual background. It is important for you to 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 cannot follow 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.

Different reactions to loss

What is considered an acceptable reaction or emotional response to death varies widely between different cultures. For example, some cultures frown upon public displays of emotion, especially negative emotions such as grief, while others consider public displays of grief important and necessary. Here are some reasons for different reactions to loss.

Cultural expressions of grief

- ▶ Every culture has rituals and practices that are often based on the religious and spiritual traditions of the culture. The rituals and customs associated with mourning, such as funerals and wakes, provide a framework for expressing grief and receiving support from the community. 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.

Individual expressions of grief

- ▶ 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. Ensure that you do not judge them or imply that you think they are unfeeling

Families and their expressions of grief

- ▶ Individuals and families may have their own practices associated with grief and bereavement. These 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.

Coping strategies

- ▶ 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.

Acknowledge approaches and responses of individuals, families and communities to grief

In working with those who have experienced grief and loss, you need to identify and demonstrate understanding and respect for specific approaches and responses to grief. Here is how you can do this.

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.

Individual responses to grief

Individuals respond to loss in markedly different ways. This is apparent even within families and cultures. You can best support grieving individuals by avoiding having expectations or preconceived ideas about the way they should express their grief. Recognise that each individual has a right to grieve in their own way. This may include 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 people grieve are discussed below.

Factors that may influence the way individuals grieve

- ▶ Age – older people usually have more experience of loss and often become more accepting of it than younger people.
- ▶ Gender – research suggests that the way women and men grieve is not so much differentiated by gender but by their grieving style.
- ▶ Personality – people with more dependent personalities may experience greater difficulty coping with loss than people who are more independent.
- ▶ Relationship – the nature and quality of the relationship to the deceased person influences the way individuals respond to loss.
- ▶ Manner of death – the way a person dies can affect how bereaved individuals grieve.
- ▶ Past experience of grief – having experienced previous losses can either hinder or help grieving, depending on how well the previous grief was resolved.
- ▶ Socioeconomic circumstances – people who live in difficult socioeconomic circumstances may grieve differently than others.
- ▶ Religion and culture – an individual's culture and spiritual beliefs usually inform their responses to loss.
- ▶ Expectedness of death – people still experience grief when a person's death is expected, but may also feel relief that their suffering is over.
- ▶ Coping and/or grieving style – each individual has their own ways of responding to loss and grieving.

Community responses to grief

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 known, many community members are likely to attend the funeral and want to assist the bereaved. In other communities, many 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 into consideration the following when working with communities.

Influencing factors

Community approaches and responses to grief may be influenced by:

- ▶ 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 quite 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.

Whole community

Sometimes whole communities may be affected by grief, such as when there are natural disasters or accidents involving community members. These events often draw people together as they face a threat or experience a common loss. There are many examples in Australia of communities who rediscover a sense of community by helping one another cope with floods and bushfires, and the associated losses.

Community organisations can best help individuals and communities in times of grief by recognising and acknowledging losses and having appropriate resources, networks and strategies in place to respond to individual and community needs.

Example

Take into account social, cultural, ethnic and spiritual differences

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 rituals and ceremonies are carried out properly 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 may mean not using the deceased person's name for a period of time, as this may increase the sorrow of bereaved relatives. Some 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. They may show high levels of distress and sorrow. Funeral and mourning rituals typically take precedence over all other activities.



Practice task 2

1. Explain why you need to take into account a person's background when supporting a bereaved individual.

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2. List two factors that influence a person's beliefs, attitudes feelings and behaviours associated with death and dying.

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3. Explain how you can provide culturally sensitive support.

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[Click to complete Practice task 2](#)

1C Identify situations where there may be risk to the health and safety of the person or other people and make appropriate referrals

Loss, grief and bereavement are highly stressful experiences that can have a range of impacts on an individual's 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 the experiences of loss and grief, disrupt and unbalance an individual's sense of wellbeing and may drain them of energy. You need to be able to recognise the elevated risk of negative impacts associated with loss and assist grieving individuals to obtain appropriate support.



Negative impacts of a loss in health and wellbeing

Loss may affect physical health in a number of ways, which in turn lead to negative impacts on an individual's social and emotional health. Some of these physical impacts are show below.

Physical impacts of loss include
▶ exhaustion and a lack of energy
▶ headaches
▶ lowered immunity
▶ high blood pressure
▶ disrupted sleep
▶ a rapid pulse
▶ shortness of breath
▶ digestive complaints
▶ a loss of appetite
▶ worsened pre-existing conditions, such as asthma or skin conditions.

Warning signs

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. It is important that you understand the difference between a grief response and depression, so that you can help a person obtain the most appropriate support and care.

Warning signs may include the person:

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

Distinguish between grief and depression

Grief and depression are often confused because they share a number of 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 in grief, these symptoms are present for a relatively short time, whereas in depression they are ongoing.

In 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, the 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.

The differences between grief and depression

It is common for people to experience sadness and reactive depression after a loss, but 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 to appropriate professional help, such as a doctor or psychologist. The following summarises the general differences between grief and depression for a number of factors.

General wellbeing and energy levels

With grief, a person may experience fluctuating energy levels and be agitated or restless for a period of time.

With depression, the person may have a lack of energy and interest in life.

Loss

Loss and grief is recognised by others.

Depression is often unrecognised and often hidden by the person.

Suicidal ideation

Suicidal ideation usually does not occur during the grieving process.

Suicidal ideation may occur in depression.

Family history

With grief, the family history of the person is not applicable.

The person may have family history of depression.

Thoughts

With grief, the thoughts of the person are focused on the deceased.

With depression, the thoughts of the person are focused on themselves.

Mood

With grief, mood fluctuates – the person can still experience moments of enjoyment in life.

With depression, the person's mood is low and they have an all-pervading sense of gloom and sadness.

Support

A person experiencing grief responds to support and comfort from others.

A person experiencing depression does not always respond to support from family and friends.

Rationalisation

Rationalisation means the person experiencing grief relates depressed feelings to loss experienced.

With depression, the person does not relate depressed feelings to a particular life event.

Self-esteem

With grief, the person may experience temporary loss of self-esteem.

With depression, the person experiences an ongoing loss of self-esteem.

Recognise and understand disenfranchised grief

When a person's loss and grief is not acknowledged or recognised by others, it is referred to as 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 of them are married to other people.

Ways disenfranchised grief may occur

The disapproval of society or the deceased person's family may mean that 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. Further examples include very young or very old people, and people without recognisable kin ties, such as friends.

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 goes missing.

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.

Characteristic of disenfranchised grief are show below.

Characteristics and signs 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 – grievors 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.

The stress vulnerability model

The stress vulnerability model was originally developed to help understand factors influencing the onset and ongoing symptoms of schizophrenia. It is now widely used to understand how a person can be vulnerable to a range of mental health concerns including depression, anxiety and personality disorders. This model suggests that a person's susceptibility to stress or mental health problems may be increased or reduced by risk or protective factors.

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 person with mental illness have adequate support from their doctor or other mental health professional if they are experiencing grief or trauma.



Methods for seeking advice or making referrals

Sometimes, information in the person's care plan or assessment will exceed your knowledge and skills. The person you support may require care which goes beyond your abilities and the limits of your role. In this situation, you may need to make a referral to another agency or a health professional.

When making referrals and seeking advice, ensure that a person's confidentiality is maintained. A person's information, such as their address or health records, should only be shared with a third-party if permission is given.

There are a number of different methods you might use to approach or make a referral when seeking the advice or assistance of a specialist, outlined here.

Face-to-face contact

- ▶ People you consult may be on-site or external to your organisation. You may need to meet the relevant person off-site for a discussion. Consultations may be on a one-on-one basis, or you may invite all of the relevant people to a single case meeting where the information you have gathered is presented and each person can provide their interpretations of the data.

Phone contact

- ▶ If a person is not available to meet face-to-face, the discussion can occur over the phone, either individually or as a conference call. To be successful, this method requires that all people involved in the call have a summary or a detailed brief before they can advise or interpret the data.

Written correspondence

- ▶ In some instances a specialist may provide interpretation and advice as a written report. For the report to be accurate and relevant, they require a clear explanation of the reason for the assessment and the types of services and support your workplace can provide or arrange.

Make a referral

If you recognise that a carer or family member is struggling, you should provide appropriate support. This may be offering to help with the support role, or reviewing the individualised care plan with the carer's own needs in mind.

You may need to make a referral for the carer or family member. Referrals may be made by phone or in writing. Ideally, put the person in touch with the service, so they can access the support themselves.

When making a referral, maintain the carer and the person's confidentiality, only sharing information you have permission to share. Ensure the carer and the person have access to the services you are referring to; for example, ensure they can meet the financial cost.

Below are some places and people you may refer to.

Carer

You may refer the carer to:

- ▶ a GP for physical, mental or emotional support
- ▶ a counsellor for emotional support
- ▶ financial counsellor for financial support
- ▶ employment agency for advice about how employment can work around care
- ▶ respite agencies
- ▶ housework agencies
- ▶ food delivery services.

Person being supported

The person being supported may require additional support. You may make a referral to:

- ▶ a GP for medical advice
- ▶ a counsellor for emotional support
- ▶ community support agencies.

Refer people to appropriate services

Part of your role is to refer people who are at risk of harming themselves to appropriate sources of support and help. Some people may need further health and mental health assessment and care. The different health professionals and services that you may refer a person to are outlined below.

Doctors

General practitioners (GPs) can provide assessment, appropriate medications and ongoing care of a person at risk of suicide.

Psychiatrists

Psychiatrists are mental health experts and can diagnose a person who may have mental illness, prescribe medication and offer other appropriate interventions.

Psychologists

Psychologists can conduct mental health and suicide risk assessments, and provide counselling and appropriate behavioural interventions.

Counsellors

Counsellors help people identify and work through life problems. Some counsellors specialise in loss and grief.

Mental health workers

Mental health workers may have different roles according to the type of service they work for. For example, some mental health workers may provide crisis assessment, while others focus on support.

AOD workers

A person at risk of suicide who appears to be misusing drugs or alcohol may need to be referred to an alcohol and drug service for support in managing their substance misuse.

Hospitals

A person who is at high risk of suicide or who has already attempted self-harm may need to go to hospital for treatment and stabilisation of their condition.

Telephone services

Telephone counselling services are usually available 24 hours a day, which makes them an invaluable source of support for someone, even in the middle of the night.

Support groups

Support groups are a good source of ongoing mutual support provided by people who have lived through similar experiences.

Understand your work role

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. You will also undergo an orientation, which will provide further information about what is expected of you. Here is some more information about work roles for you to consider.

Keep to your work role

- ▶ Sometimes you may be asked to do things that are not part of your duties. 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.

Explain your role

- ▶ If you find out that the task is not something you are meant to do, you need to explain this to the person you are supporting. Be polite but firm. Explain that your job involves certain tasks. Be clear about what you can do to help them. Often there is a very good reason for not doing certain tasks as part of your role.

Understand your role and responsibilities

You must understand the type of job you are employed to do, and the tasks you are expected to perform in the role. In all home support jobs, you will have a supervisor who will give you instructions, help with your learning and answer your questions. There are many people you can talk to about your work such as case managers, work colleagues and team members.

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 a number of ways you get to know your role and your responsibilities as a support worker, shown here.

Role and responsibility information can be sourced through:

- ▶ your job description
- ▶ duty-of-care requirements
- ▶ organisational guidelines
- ▶ individual plans
- ▶ rosters and daily plans
- ▶ your supervisor.

Work role boundaries

Where there is a need that you are unable to meet because you lack the skills or knowledge to perform the task, you may be able to seek support for training as part of your regular appraisal with your supervisor. If there is a need that is to be met immediately, inform your supervisor that you require training as soon as possible.

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.



Organisational limitations

The organisation you work for may not have the capacity to cater to the needs of an individual. If this is the case, inform your supervisor of the identified need that is unable to be met so the person can be referred to a service that can meet this need.

If the person's individual plan does not address a need that the person requests and the need is something that you could meet, the person's needs should be assessed and their individual plan revised.

Example

Identify situations where there may be risk and make appropriate referrals

After his wife dies in a car accident, Brian tries to pull 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. He tries to carry on with his life, but finds it increasingly difficult. His asthma seems to have worsened. 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 really planning to try to take the children away from him.



When a friend, Julie, who is a community service worker, comes to visit him and explains that if he does not get help he may not be around to see his kids grow up, 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 that 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

1. List three physical impacts of loss.

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2. Explain the stress vulnerability model.

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3. List the three referral methods and explain when you would use telephone contact for seeking advice.

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Click to complete Practice task 3

1D Identify and assess an individual's suicide risk and where necessary 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.

To provide effective support, you must be able to identify a person's individual needs, provide information about informal and formal support options, and help people to choose the options and strategies that best suit them. When providing support, you must adhere to organisational policies and procedures, including maintaining a person's confidentiality.

To assist the person who is experiencing difficulty in coping with grief and trauma, it is necessary to be able to identify the person who is at risk of harm. For some people, the grief and trauma experience is overwhelming. It is important to recognise the signs of when a person is at risk of self-harm and to 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

Some people who experience loss may feel so distressed that they start to think about taking their own life. In many cases there will be clear signs that they are thinking of doing this; for example, they might say that life feels meaningless or give away their belongings and tidy up their affairs.

Always be alert for these signs when working with people who have suffered a major loss. If you suspect that someone is thinking about suicide, you may need to ask them directly if they are having thoughts about ending their own life. If the individual confirms this, it is important that strategies are put into place immediately to help keep them safe.

Facilitate informed choices

All community service people have the right to receive information about available services and to make choices about what best suits their needs. This is known as informed choice. Encouraging grieving people who are having difficulty functioning in daily life to consider their options and make informed choices helps them to re-establish a sense of control over their lives. Guidance on facilitating informed choice is provided here.

Discussion

Grieving people often feel confused and disconnected from others. They may have difficulty thinking about what they need to do. You can help by providing clear information about their options and the available services; for example, a bereaved person may find it helpful to know about 24-hour telephone counselling services.

It is also important to identify whether the grieving person is experiencing problems in coming to terms with their loss and grief. Discuss your concerns with the person and explain why it may be necessary for them to seek specialist help.

Encouragement

Provide appropriate options and encourage the person to seek help if they are experiencing any of the following symptoms (especially if it is more than two months since their loss):

- ▶ Extreme focus on the death
- ▶ Excessive bitterness, anger or guilt
- ▶ Neglecting personal hygiene
- ▶ Alcohol or drug abuse
- ▶ Inability to enjoy life
- ▶ Hallucinations
- ▶ Withdrawal from others
- ▶ Constant feelings of hopelessness
- ▶ Thinking or talking about dying or suicide

Recognise warning signs

A range of warning signs can indicate that a person might be considering suicide. These include suicidal ideation, talking about dying and changes in behaviour, thoughts, feelings and reactions to events or personal crises. You must view any reference to suicide or wanting to die as a request for help. Some of the warning signs of potential suicide or self-harm are listed here.

Feelings and thoughts

Feelings may include:

- ▶ hopelessness and helplessness
- ▶ depression
- ▶ rage
- ▶ excessive guilt or shame
- ▶ feeling trapped
- ▶ self-hatred and low self-esteem.
- ▶ Thoughts may include:
- ▶ thinking there is no way out of a situation
- ▶ thinking there is no hope for the future
- ▶ an inability to concentrate
- ▶ thinking life is not worth living without the deceased person.
- ▶ Statements may include:
- ▶ talking or writing about death and suicide
- ▶ using statements such as wanting to 'end it all'
- ▶ expressing the idea that life is pointless and meaningless
- ▶ saying goodbye to friends and family.

Behaviours

Behaviours may include:

- ▶ appearing depressed or sad most of the time
- ▶ withdrawing from family and friends
- ▶ misusing drugs or alcohol
- ▶ dramatic mood and/or personality changes
- ▶ being impulsive and reckless
- ▶ losing interest in activities previously enjoyed
- ▶ changes in sleeping habits
- ▶ changes in eating habits (loss of appetite or overeating)
- ▶ giving away possessions
- ▶ making a will and/or putting affairs in order
- ▶ prior suicide attempts
- ▶ an inability to tolerate frustration
- ▶ neglecting personal appearance
- ▶ carelessness or becoming accident-prone
- ▶ poor performance at work or at home
- ▶ prolonged and intense grief
- ▶ self-harm.

Reactions to events

Reactions may be in response to recent loss such as:

- ▶ the death of someone close
- ▶ divorce or separation
- ▶ the loss of a job
- ▶ a financial crisis
- ▶ the loss of status
- ▶ the loss of self-confidence or self-esteem
- ▶ the loss of religious faith.
- ▶ reactions to such events may include:
 - ▶ grief
 - ▶ hopelessness
 - ▶ self-hatred
 - ▶ humiliation
 - ▶ fear of losing control or going mad.

Assess suicide risk

You must be able to identify a person at risk of suicide and provide appropriate support, including working collaboratively with the person and their significant others to ensure safe outcomes. Ways of assessing the risk are shown below.

You assess risk by:

- ▶ asking direct questions
- ▶ finding out if the person has a suicide plan
- ▶ determining risk factors
- ▶ referring the person to their own self-protection or coping skills
- ▶ exploring the person's connections to life and living.

Ask direct questions

When you work with someone who may be at risk of suicide, it is important to ask questions about their intentions. Any indication that a person is thinking of suicide or acts of self-harm must be taken seriously. Some questions to ask and how to ask them are outlined here.

Direct questions

- ▶ If you suspect a person is considering suicide, ask them a direct question, such as, 'Have you been thinking about ending your own life?'
- ▶ Asking direct questions brings the topic of suicide into the open and gives the person permission to talk about the issue. Remember, though, that person may be reluctant to come out and say, 'I am planning to end my own life'; instead they may say 'I'm fed up with life' or 'I can't see the point of living'.
- ▶ Do not be concerned that asking a direct question will push someone into taking action. Having the opportunity to talk about it may reduce the risk of them acting on their thoughts of suicide.

Examples of direct questions

- ▶ Some direct questions you could ask include the following.
 - Do you ever feel that life is not worth living?
 - Do you ever wish you could go to sleep and just not wake up?
 - Do you think about dying or wish you were dead?
 - Do you ever imagine that others would be better off without you?
 - Are you having thoughts about ending your life?
 - When did these thoughts begin and how frequent are they?
 - How persistent are your suicidal thoughts?
 - What was going on with you when these suicidal thoughts started?
 - Can you stop the thoughts?
 - Do you know someone who ended his or her own life?
 - How close have you come to acting on those thoughts and doing something to end your life? What did you do? When was that?

Asking about feelings

- ▶ If a person indicates that they are thinking about suicide, you need to find out what caused this and what they are feeling. A person considering suicide usually express:
 - feelings of hopelessness, despair and isolation
 - a desire to escape pain and distress, which seems intolerable
 - a feeling of being trapped that prevents them from seeing alternatives to suicide.
- ▶ Ask directly about these types of feelings. Listen to the person in an understanding and non-judgmental way. A person may think death is a better option than staying alive and trying to cope with unbearable pain and despair, but you can explore their degree of hopelessness by asking them how they feel about their future.

Find out if the person has a plan

You need to find out if the person has started acting on their suicidal thoughts; for example, whether they have a specific plan to end their life, whether they have the means to carry out the plan and whether the identified means are likely to be lethal.

Below are some issues to consider when finding out about the person's plan.

Immediate risk

The level of immediate risk for suicide increases if the person has expressed a strong suicidal intent or has a current suicide plan and the means to carry out the plan. You need to ask questions such as, 'Have you thought about how you might end your life?' or 'Do you have a specific time and place you plan to do this?'

Plan potential

Depending on the method of suicide the person indicates, you need to find out whether they have access to the suggested means. Continue to ask the person questions.

Time frame

It is also important to identify a time frame; for example, if the plans are immediate or for some time in the future. A person's intention to commit suicide is often indicated by them finalising personal affairs and giving away possessions.

Determine high risk factors

High risk factors that you need to consider include previous suicide attempts and mental health problems. A history of previous suicide attempts increases a person's risk of completing a suicide in the future. Further questioning of the person could include asking, 'Have you attempted suicide before?' or 'What were the circumstances of your last attempt?'

It is estimated that a high percentage (up to 90 per cent) of people who consider or complete suicide have a mental health problem such as depression.

A high suicide risk is indicated by:

- ▶ untreated depression and feelings of futility and hopelessness
- ▶ severe anger or hostility
- ▶ constant thoughts about dying
- ▶ feelings of worthlessness.

Issues that increase risk

You need to take into account the various issues that may increase the person's risk of suicide.

Issues that increase risk include:

- ▶ a significant loss, such as the death of someone close
- ▶ relationship or family problems
- ▶ the suicide of a significant other
- ▶ personal crises, especially those involving rejection or humiliation
- ▶ a major loss or traumatic event
- ▶ unemployment
- ▶ financial difficulties
- ▶ legal problems, custody issues
- ▶ a lack of social support.
- ▶ cultural or religious conflicts.

Refer the person to their own self-protection or coping skills

Most people have innate protective factors or coping skills and beliefs, that they can draw on to help prevent them taking their own life.

Coping skills

Coping skills may include:

- ▶ a strong religious or spiritual faith, or a sense of meaning and purpose in life
- ▶ a belief that suicide is wrong
- ▶ emotional resilience
- ▶ problem-solving skills
- ▶ a sense of social and community connection.

Ask questions

Questions directed to the person continue to be important. At this stage, you may ask the person:

- ▶ What are your strengths?
- ▶ What have you done in your life that you're proud of?
- ▶ How have you solved problems in the past?
- ▶ What has meaning for you in your life?

Explore the person's connections to life and living

Most people who think about suicide are ambivalent or uncertain about wanting to die. In these situations, you need to explore the person's connections to life and living. These may involve family responsibilities, such as children, personal interests and activities, work, friends, and other protective factors, such as good physical health and good problem-solving skills.

Sometimes people need to be reminded or questioned about what they think the effect of their death will be on others; for example, on their children, family and friends. Emphasising links to life and protective factors is referred to as a strengths-based approach. This approach helps to re-establish the person's equilibrium and confidence in their ability to overcome their problems. It is also a way of moving forward that can inform and facilitate further intervention.



Respond to signs that a person may be considering suicide

If signs are evident that a person may be considering suicide, here are some ways you can help the person.

How to respond to a person that may be considering suicide

- ▶ Ask them directly if they are considering suicide.
- ▶ Make sure they are not left alone, including mobilising the support of their family or friends if necessary.
- ▶ Avoid giving advice such as, 'You're just feeling a bit down, cheer up and everything will be okay' or 'You just need to pull yourself together'.
- ▶ Give them information about the resources and services available to help them and encourage them to make choices.
- ▶ Ensure that they do not have access to a means of suicide.
- ▶ Avoid showing frustration, panic, anger or fear, as this may further disturb them.
- ▶ Identify and affirm their reasons for living.

Help a person who appears to have a mental health condition

A person at risk of suicide who appears to have a mental health condition such as depression, schizophrenia or bipolar disorder should be referred to a doctor or mental health service for assessment of their mental health status. These people, as well as those who have drug and alcohol problems, are often at higher risk of suicide than others. You need to take into account the following when providing support.

Identify the person's willingness to cooperate

- ▶ It is important to determine a person's willingness to cooperate with referrals. Assess whether they need further support to attend appointments. Make sure they can either get to an appointment themselves or have support people such as family members or friends who can help them to do so.

Request assistance from others

- ▶ In cases where a person needs to receive emergency medical care, it may be necessary to request help from others, such as mental health workers, family members or an ambulance, to take the person to a hospital emergency department.

Refusal of emergency services

- ▶ Some people may not consent to help; however, if it is clear that they are high risk and may also pose a threat to others, it is essential that they receive treatment. Mental health legislation in most states and territories has provisions for obtaining the assistance of the ambulance personnel or police to take the person to hospital on an involuntary basis.

Your duty of care requirements

A duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to the person using your service, co-workers or others while making sure you follow the organisation's policies and procedures.

Duty of care, negligence and dignity of risk

Community service organisations and workers have a responsibility to provide a duty of care to ensure the safety and wellbeing of people in receipt of their services. Legislative and regulatory obligations underpin an organisation's policies, which determine the procedures to guide service delivery that promotes and enhances the safety and wellbeing of people.

Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions. Duty of care is part of common law and it requires you to do what is fair and reasonable to prevent harm or injury to the person or their property. While aspects of WHS legislation may vary between states and territories, there are common legislative requirements and obligations under the duty-of-care principle. Here is more information about duty of care.

Duty of care

- ▶ Duty of care is the obligation a person has to act in a way that would not cause harm.

Negligence

- ▶ Negligence occurs when duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any community worker, supervisor or organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk.

Dignity of risk

- ▶ The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

Example

Identify and assess an individual’s suicide risk and where necessary refer to appropriate services.

Rachel is a new psychologist commencing her own private practice. Rachel has three new clients lined up to see in the afternoon, and is feeling a little nervous.

At one o’clock Claire arrives.

‘Hi Claire, what brings you here today to see me?’ asks Rachel.

Rachel notes that Claire appears slightly dishevelled and is restless and fidgety. ‘Can I get you anything? A glass of water?’ asks Rachel.

‘Umm ... I’m having bad thoughts at the moment,’ mumbles Claire. She avoids looking at Rachel

‘Bad thoughts? Can you expand on what type of bad thoughts you are having?’ asks Rachel.

Claire starts to weep, ‘I keep thinking about killing myself.’

‘That must be awful for you,’ replies Rachel

‘I am going to ask you to fill out this form with these questions so we can explore this further. I would also like your permission to ask the senior psychologist to review you before you leave. Would you be comfortable with that?’ asked Rachel

‘I suppose so,’ replies Claire.

Practice task 4

1. List three issues that increase risk of suicide for a person.

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2. Explain what duty of care means.

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3. Identify the two other areas of legal and ethical responsibilities the support worker must follow.

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Click to complete Practice task 4

Summary

1. When a person loses someone close to them or something personally significant to them, they experience grief.
2. Loss and grief may affect people in many ways and also impact families and communities.
3. 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.
4. You need to take into account cultural and other differences when supporting individuals.
5. 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.
6. Disenfranchised grief occurs when a person's loss and grief is not acknowledged or recognised by others. You need to recognise signs of disenfranchised grief and acknowledge the loss to normalise the person's experience of grief and loss.
7. 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.
8. Identify situations where there may be risk to the health and safety of the person or other people and make appropriate referrals.
9. Identifying persons at risk of suicide and assessing the risk.
10. Duty of care to the person at risk of suicide.

Learning checkpoint 1

Recognise reactions to loss and grief

This learning checkpoint allows you to review your skills and knowledge in bereavement support.

Part A

1. Explain what 'loss' is in relation to bereavement.

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2. Give a definition of primary, secondary and cumulative loss.

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3. Explain what integration of loss means for the person who is grieving

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4. Describe how organisations can provide appropriate support for people with different cultures, spirituality, ethnic and social values.

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5. How do cultural expressions of grief support the person who is grieving?

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6. List three negative impacts of loss of health and wellbeing on the individual who is grieving.

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7. Explain the stress vulnerability model that is used in bereavement support.

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8. List three members of the health team that you might refer a person to for additional support.

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9. Explain the difference between complex grief and disenfranchised grief.

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10. List two legal and ethical considerations for the support worker working with a person who is grieving.

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Part B

Read the case study, then answer the questions that follow.

Case study

Charlie lost his wife after a long battle with cancer several months ago and is showing signs that he is having difficulty coping with his grief and trauma. He has symptoms of separation distress, trauma, complex grieving and suicidal ideation. After Charlie's wife died he could no longer continue living independently, as he has mobility issues from arthritis which have worsened since his wife died. This has meant that Charlie's home, where both he and his wife lived for the past 46 years, needs to be sold so that he can enter into a supported residential living environment.

Charlie has had a brown Labrador, Queenie, for the last 13 years, but with his current mobility issues he can no longer care for her and has had to place her with his grandson's family, who live an hour away by car. Charlie is starting to make comments that he has lived a long life, and he is preoccupied with death. He has planned his funeral and has been giving away a lot of the belongings that both he and his wife had collected over their years together.

1. What could you do to assess Charlie's risk of suicide?

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2. What is the duty of care the support worker should consider when dealing with Charlie?

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Topic 2

In this topic you will learn how to:

- 2A Interact with individuals with empathy, sensitivity, professionalism and courtesy**

- 2B Identify and respect social, cultural, ethnic and spiritual differences**

- 2C Select and use verbal and nonverbal communication approaches that acknowledge the individual's emotional needs**

Engage empathetically

People who are grieving as a result of loss are emotionally vulnerable. It is important that you interact with them in a sensitive and respectful manner and take into account social, cultural, ethnic and spiritual differences that may influence how they respond to their loss. 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 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 support they need.

2A Interact with individuals with empathy, sensitivity, professionalism and courtesy

A person who is living with loss often feels confused and disoriented. One of the most important things that you can do to help someone work through their loss and associated grief is to empathise with them and allow them to experience and express their feelings. It is only by experiencing and acknowledging their emotions that bereaved people are able to work towards acceptance. Saying things like, 'You should try to pull yourself together now' is not helpful. Always be prepared to listen without judgment. In doing so, you show respect for the person and acknowledge what they are experiencing.

Some communication strategies for helping you interact with people living with loss are described below.

Communication strategies that can help you interact with people coping with loss include:

- ▶ empathetic listening
- ▶ identifying and affirming the person's strengths and opportunities
- ▶ helping to manage overwhelming feelings and facilitating their coping styles
- ▶ focusing on identifying immediate needs and concerns
- ▶ facilitating informed choices
- ▶ demonstrating unconditional positive regard
- ▶ adopting a non-judgmental approach
- ▶ responding in a genuine way.

Professional courtesy

All workers need to maintain professional courtesy to all individuals. This includes co-workers, people accessing the service and other contacts such as tradespeople. Courtesy is the showing of civility and respect to others in the way in which we interact and communicate with them. Here is a list of the most common forms of courtesy that needs to be part of the everyday activity in both home and working life.

Common forms of courtesy that need to be part of everyday activity

- ▶ Be respectful of all people
- ▶ Appearances count – maintain a tidy, professional appearance
- ▶ Be polite
- ▶ Maintain an appropriate tone of voice and communicate in a professional manner
- ▶ Be on time for work and appointments and notify others if you are running late
- ▶ Do not gossip about others

- ▶ Always acknowledge other people in your presence
- ▶ Assist in keeping common areas clean and tidy
- ▶ Always use the correct name to address a person

Use communication to respond to a person's needs

When working with grieving people, communicate in ways that respond to each person's individual needs and within culturally appropriate boundaries.

Grieving people often have needs such as those discussed here.

Grieving people often need to:

- ▶ feel safe and supported
- ▶ have the significance of their loss recognised
- ▶ be treated with empathy, sensitivity, respect and courtesy
- ▶ feel comfortable about expressing their feelings
- ▶ feel accepted and understood
- ▶ have their individual circumstances taken into account
- ▶ have their cultural needs respected
- ▶ feel they can rely on you for accurate information
- ▶ have their privacy and confidentiality maintained.

Respond to a person's needs

There are several steps that you should take in your initial conversations with the person experiencing loss and grief. When you first meet or have contact with a person who is recently bereaved, make sure that you acknowledge their loss. A grieving person needs to feel that their loss is recognised and understood. Strategies for responding to a person's needs are outlined below.

Acknowledge the person's loss

When others avoid directly acknowledging what has happened, the grieving person may feel that the significance of their loss and the life of the deceased person are being minimised. Simply saying that you are sorry to hear of the death and making sure you use the deceased person's name, shows the grieving person that you recognise their loss and want to acknowledge and be respectful of the person who died. Please note, however, that if you are supporting a person from an Aboriginal or Torres Strait Islander background it may not be appropriate to use the deceased's name.

Be genuine

It is important to be genuine and sincere in the way you communicate with a grieving person. They will quickly recognise if you are just going through the motions of doing your job.

Your sensitivity, empathy and professionalism can make a difference to whether they feel they can trust you and to how understood and supported they feel.

Listen

Allow the grieving person to talk about their loss and the person who has died. Should they not want to talk, respect their choice and make sure you are comfortable sitting with them in silence.

Let the person take the lead in setting the pace, tone and content. Your main role is to listen and to be empathetic, accepting and non-judgmental. When appropriate, ask sensitive questions to explore particular issues they bring up or to clarify meaning. Use the empathetic listening and communication skills to encourage open expression.

Accept pain

Make sure you do not fall into the trap of trying to make a grieving person feel better or thinking that you need to cheer them up. Losing someone close is deeply painful and trying to prevent someone from feeling and expressing their pain denies the significance and depth of their loss and grief. You can help the grieving person manage overwhelming feelings by being accepting of all their emotions and encouraging them to express them.

Be patient

Do not expect the grieving person to manage their grief in any neat and predictable way. Grieving is a highly individual process, influenced by many different personal and circumstantial factors. Be aware that grieving people have good days and bad days. It is important that you take a flexible approach to how you offer support and that you recognise and respond to the grieving person's changing needs.

Empathetic listening

It can be difficult to know what to say and how to support a person living with loss. Often just being with the person and showing a willingness to listen is more helpful to them than words of comfort. By listening and allowing the person to talk about their loss, you can help them accept their feelings and work through their loss.

To listen in an empathetic way, focus on the words and needs of the speaker, try to see things from their perspective and be accepting of the person's experience. For example, if someone says to you, 'I feel as though I have lost my only friend,' it would not be empathetic to say, 'I'm sure you'll make other friends in time'. Instead you might respond by saying, 'You must have been very close'.



Identify and affirm the person's strengths and opportunities

The person who is living with loss, especially those who are also dealing with grief associated with trauma, often experience a loss of confidence in their own abilities and worry about how they will cope. Try to help the person think about how they have managed loss and difficult times in the past. Encourage them to re-establish their sense of direction and resilience. This is known as taking a strengths-based approach.

By identifying and affirming a person's strengths, you help them recognise and draw on their resources and opportunities.

Opportunities may include sources of support and positive ways of dealing with their grief, such as going to a support group or using art to express their feelings.



Help to manage overwhelming feelings and facilitate coping

People experience difficult and overwhelming emotions when they are grieving. 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 abuse 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

- ▶ Allow the person to express anger, despair and sorrow without telling them what they should or should not be feeling. By being accepting of these feelings and allowing the person to express them without fear of judgment, argument or criticism, you help to normalise 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 do this by telling and retelling what has happened. Repeating the story helps them process and come to terms with their loss.

Be with the person

- ▶ Some people may not want to talk and may not want you to talk. Being with the person means sharing a space with them and showing your support by sitting silently and offering comfort through your presence. Never press a person to talk about their loss or feelings before they are ready to do so.

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, ask them to 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 have difficulty thinking about daily living. They might find it difficult to ask for help or fear 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 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
- ▶ answering the phone
- ▶ looking after children or pets
- ▶ making funeral arrangements
- ▶ looking after their immediate needs.

Positive regard, acceptance and genuine response

Always adopt an attitude of unconditional positive regard towards the grieving person. This means being respectful and accepting of them without judgment, disapproval or approval. When you show unconditional positive regard, you allow the person to be who they are and validate their experience. You also need to ensure that your approach is non-judgmental and that your response is genuine, as outlined below.

Adopting a non-judgmental approach

- ▶ Adopting a non-judgmental approach means that you do not impose your ideas, beliefs and values on someone else. In the same way, you should accept that everybody has their own ways of grieving. For example, some people like to celebrate a deceased person's life by telling jokes about them, whereas others may see this as disrespectful.

Responding in a genuine way

- ▶ Responding to the grieving person in a genuine way involves being sincere. You should not fake concern for their wellbeing or try to be supportive of someone when you are not really interested in doing so. If a person feels that you are not genuine, they will find it difficult to trust and feel comfortable with you.
- ▶ One of the ways you can respond in a genuine manner is to ensure your body language matches what you are saying and thinking.

Example

Interact with individuals with empathy, sensitivity, professionalism and courtesy

Mailia is a youth worker. Recently, one of the young men using her service died of a drug overdose. A number of other young people who access the service are deeply affected by his death. Some of them are experiencing emotions that they are having difficulty coping with. Mailia responds to each individual, as well as supporting the group as a whole.

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 them 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 provide them with options and choices for getting further help.

Mailia is genuine in her desire to help the young people and demonstrates this by maintaining consistency between her verbal and nonverbal communication. She helps each individual 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.



Practice task 5

1. List five common ways to demonstrate courtesy in the workplace.

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2. Explain how to listen empathetically.

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3. Explain what a non-judgemental approach is.

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[Click to complete Practice task 5](#)

2B Identify and respect social, cultural, ethnic and spiritual differences

In your work, you need to be able to identify and respect social, cultural, ethnic and spiritual differences that may affect grief and bereavement responses. Knowledge of these differences helps you to provide relevant and effective support. It is also important to realise that differences associated with loss and grief are not only based on cultural, ethnic or religious differences. Among individuals and families there may also be social differences in coping styles and preferences about mourning rituals; for example, whether the deceased is cremated or buried, how the service is conducted and whether children attend a funeral.

Identifying and respecting differences requires you to:

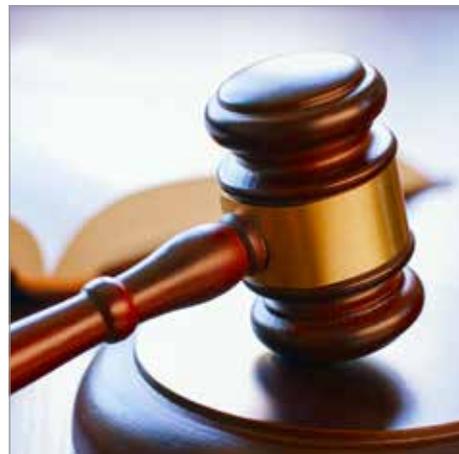
- ▶ respond positively to differences that exist between people
- ▶ provide socially and culturally appropriate support
- ▶ respect the person's rights
- ▶ build rapport and trust
- ▶ communicate effectively
- ▶ identify problems in grieving and assist the person to obtain appropriate help.

Understand legislation

All support workers should be familiar with the cultures of the people they care for and the people they work with, so they can respond positively to differences that exist between people, respect people's rights, communicate effectively and build a good working relationship with others. Legislations and standards help workers achieve this.

In Australia and throughout the world, it is illegal to discriminate against people for many reasons, including based on a person's culture. There are international and Australian laws that ensure all people are treated equally and all cultures are respected. Each state and territory has their own anti-discrimination laws (for example, the *Racial and Religious Tolerance Act 2001* (Vic)); relevant national legislation includes the following:

- ▶ *Australian Human Rights Commission Act 1986* (Cth)
<http://aspirelr.link/aus-human-rights-commission-act>
- ▶ *Disability Discrimination Act 1992* (Cth)
<http://aspirelr.link/disability-discrimination-act>
- ▶ *Sex Discrimination Act 1984* (Cth)
<http://aspirelr.link/sex-discrimination-act>
- ▶ *Racial Discrimination Act 1975* (Cth)
<http://aspirelr.link/racial-discrimination-act>



Different aspects of cultural diversity

The different aspects of cultural diversity are explained below, with some suggestions for how to show respect for them in your work.

Race

'Race' refers to a group of people who have similar features such as skin colour, type of hair, eye colour and other physical features.

Treat everyone equally regardless of the colour of their skin or where they are from.

Ethnic group

Ethnic groups have interests, history and cultural features (e.g. language, religion and interaction norms) in common. Many countries have a predominant ethnic group, plus a number of minority ethnic groups; in Italy, for example, the Italian ethnic group predominates, but there are also Jewish, Albanian and Ethiopian groups.

Be aware of a person's ethnic group so you can understand and talk with them about their culture, and avoid stereotyping them.

Language

Language is a very important part of a culture. Some common languages spoken in Australia are English, Italian, Greek, Spanish, Cantonese, Arabic, Vietnamese, Croatian, Macedonian, Turkish, Serbian and Hindi. Around 60,000 people in Australia speak an Australian Indigenous language.

If possible, arrange for someone who speaks a person's first language to come to talk with them.

Religion

Religion is the belief in a superhuman or supernatural power, such as a god, that has divine control over human life. Religions include Christianity, Buddhism, Islam, Judaism, Hinduism, Shinto and Sikhism.

Understand how different religions influence the way people do things like eating, dressing, praying, celebrating, honouring the dead and providing health care.

Spirituality

Many people have spiritual beliefs that are not based on a formal religion. These beliefs affect the type of food people eat, the way they treat animals and the way they live their lives.

You must respect other people's spiritual beliefs. See if a member or leader of the relevant spiritual group can visit a person who is unable to attend spiritual gatherings.

Cultural values

People value many things about their culture, including their language, food, religious practice, sport and family life. Different cultures have different values that are usually based on tradition.

You can build good relationships with people by learning about the things they value in their culture; for example, food and dress choices. Do this by talking to them or looking at photo albums with them.

Ceremonies and festivals

In most cultures, festivals and celebrations – like Chinese New Year, Easter, Anzac Day, Hanukkah and Greek National Days – are very important.

Learning about different cultural beliefs and customs can make the workplace interesting and fun. Encourage the person to maintain their traditions by celebrating special days.

Dress

The way people dress may be influenced by their religion or culture. Some people only want to dress the way they have always dressed.

Respect people's choice of dress and encourage others to do the same. Be aware of your role in dealing with unwanted or derogatory comments about dress or appearance.

Family structure

In many cultures, the male is the head of the home and is responsible for the family. In other cultures, the grandmother or mother is the matriarch (the female head of a tribe or family).

Be aware of which family member you need to contact about a person, but ensure you don't breach Australian laws and service standards. You may need to respectfully assert a person's right to direct their own care.

Gender and sexuality

A person's gender is generally defined as male or female. Australia promotes equality between the sexes, whereas some cultures uphold traditional roles (e.g. women's husbands may be chosen for them). Attitudes to sexual preferences also vary: some cultures forbid homosexuality.

Understand that a person may be embarrassed about their sexuality or may treat you in a certain way because of your gender. Ensure you show respect for their values but are also clear about what behaviour is acceptable and what is not.

Attitude to the elderly

In some cultures, especially Asian cultures, older people are particularly valued for their knowledge and age.

Treat all older people with respect. This may involve being patient and tailoring your communication to suit the individual.

Disability

In some cultures, people with disabilities may be placed in special homes; in some poor countries, people with disabilities may be sent out to beg. Other cultures include people with disabilities in everyday life. It is against the law in Australia to discriminate against people with disabilities.

Help people with disabilities retain their dignity and independence by providing them with care and support according to your role and their care plan. Ensure people with disabilities are aware of their rights.

Identify and respect differences

How to demonstrate respect for various differences in behaviour from people who are bereaved is explained below.

Culture and ethnicity

- ▶ Culture is a shared and learnt system of values, beliefs and attitudes that shapes and influences an individual's perception and behaviour. Ethnic groups have interests, history and cultural features in common. Cultural features include language, religion and the way people interact with each other. Australia is inhabited by people of many different ethnic groups.
- ▶ Be aware of a person's cultural background and how this may impact their response to grief and loss, but do not assume that someone who comes from a particular country has the same religious beliefs and practices surrounding death as others from that country.

Language

- ▶ Language is the way people communicate with each other 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 own language.
- ▶ When working with bereaved people who do not speak English as their first language, ensure you provide them with relevant information in their own language and use interpreters to exchange information if appropriate.

Religion and spirituality

- ▶ 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 the community.
- ▶ Always be respectful of others' religious and/or spiritual beliefs, even though they may be different from your own.

Family structure and gender roles

- ▶ 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 where there are clearly defined roles.
- ▶ Be respectful of different family structures and roles in families; for example, in some cultures women do not attend burials. They may participate in prayers but not go to the grave site.

Customs and rituals

- ▶ Customs and rituals surrounding death and bereavement differ according to religious or spiritual beliefs, culture and ethnicity.
- ▶ 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 other cultures.

Disability and special needs

- ▶ Sometimes the person with disabilities, especially intellectual disability or mental illness, are 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.
- ▶ 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.

Research differences

Helping people deal with loss and grief involves showing respect for their individual needs and cultural traditions. Sometimes you may not be sure what beliefs and customs the person and their families follow regarding death and mourning. You may need to conduct some research about the customs of a particular cultural, ethnic or religious group. You can do this by using the internet, consulting with people who represent different cultural, ethnic and religious groups, and asking the person or family directly.

The following are some questions to consider when researching differences between customs and beliefs related to death.

Questions to consider relating to customs and beliefs about death

- ▶ What is considered an appropriate emotional expression of loss and how is it integrated into ongoing life?
- ▶ What religious or spiritual beliefs does the group hold about what happens after death?
- ▶ What are the religious or cultural rituals associated with death? For example, what funeral services and mourning rituals are undertaken?
- ▶ Are there any specific gender roles associated with mourning rituals?
- ▶ How is it best to communicate with bereaved people? For example, are there any taboos, such as using the deceased person's name?
- ▶ Are all family members included in the mourning rituals? For example, are children, the very old or people with specific disabilities included?
- ▶ Is there any stigma attached to specific types of death, such as suicide?
- ▶ What kinds of support and comfort are considered acceptable? For example, is touching appropriate?

Cross-cultural communication

It is important that you communicate in a culturally sensitive way when identifying the needs of the grieving person from different cultural background. 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 particular cultural customs and practices that should be observed after a death.

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.

Some differences in communication and interactions between different cultures are discussed below.

Differences in communication and interaction may include:

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

Cross-cultural communication skills

The following tips outline some general cross-cultural communication skills.

When communicating with someone from another culture ensure you:

- ▶ speak clearly and in a way that is easily understandable
- ▶ do not speak loudly or in an exaggerated way
- ▶ do not do all the talking; listen to the person and respond to them when appropriate
- ▶ avoid double questions, such as, 'Would you like help with organising the funeral or are you okay with that?', as this can be confusing
- ▶ give encouragement to those with limited English, as this can help them to trust and feel confident in you
- ▶ check that you have understood what a person has said to avoid misunderstandings and confusion; use paraphrasing and summarising
- ▶ avoid using slang, as even the person who speaks English well may not have a complete knowledge of local phrases and sayings
- ▶ are aware of different communication protocols in other cultures
- ▶ back up verbal information about their support options with relevant written information
- ▶ arrange to have an interpreter present whenever necessary.

Family responses to grief

Most families have customs or unspoken rules that all members of the family are expected to follow. These often affect the way members express emotions and deal with emotionally difficult situations. You need to take into consideration the following when working with families.

Influencing factors

- ▶ Family responses to grief and loss are influenced by a number of factors, including their:
 - cultural background, religious or spiritual beliefs
 - family norms
 - relationships within the family
 - levels of support.

Different responses for different families

- ▶ Family responses to grief may be open and expressive, with members being supportive of one another, or they may be reserved and subdued, with each family member being left to cope in their own way. It is also important to recognise that there may be different needs within families; one family member may require more support than others.

Do not make assumptions

- ▶ Do not assume that one method is better than another or that you can help people from inexpressive families to feel better by insisting they talk about and openly grieve their losses. Expectations of this kind may increase the emotional burden they are trying to deal with.

Example

Identify and respect social, cultural, ethnic and spiritual differences

Tuyet is a person accessing the services of HACC service through her local council. She has cerebral palsy, and needs help with some personal care and home-based tasks, as well as community access support. Maggie is the worker who spends the most time with Tuyet. Maggie notices that Tuyet appears very fearful sometimes when they are out shopping. This is most apparent when there are groups of men in the vicinity, as Tuyet is jumpy and constantly looks over her shoulder. She walks close to Maggie in the shops and often puts her hand on Maggie's arm for reassurance. Maggie knows Tuyet lost some members of her family to violence in her home country before moving to Australia, but she is unsure whether Tuyet herself experienced the violence or trauma.



Rather than approach Tuyet directly, Maggie talks to her supervisor, who then works a shift with Maggie and Tuyet. The supervisor tactfully suggests to Tuyet that there are many support services available to help people who have had difficulties in their home countries. Tuyet decides to let the supervisor refer her to a counselling and support service designed to help people who have been victims of torture, trauma and violence.

Practice task 6

1. List two factors that influence and impact on the family response to grief.

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2. Explain how an ethnic group is defined.

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3. Identify three values that are fundamental to culture.

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[Click to complete Practice task 6](#)

2C Select and use verbal and nonverbal communication approaches that acknowledge the individual's emotional needs

When dealing with and responding to people who are grieving, you need to use both verbal and nonverbal communication skills. Good communication skills enable you to exchange information and build relationships with the person. It is important to be aware of culturally appropriate boundaries and the differences in the ways people communicate to avoid causing offence.



Deal with and respond to 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. The following are some examples of good practice techniques when communicating with someone who is grieving.

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.

Apply appropriate communication techniques

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

You should have an understanding of and be able to apply basic communication techniques to gain insight into the individual needs of the person

Basic communication techniques include the following:

- ▶ Active listening – let the person know you are interested in what they are saying.
- ▶ Behaving attentively – give the person your full attention.
- ▶ Showing empathy – try to develop a rapport with the person by looking at the situation from their perspective and letting them know you care.
- ▶ Listening reflectively – identify the person's feelings and respond in a way that promotes and encourages further feedback.
- ▶ Paraphrasing – repeat in your own words what the person has said to ensure you understand what has been conveyed to you.
- ▶ Summarising – attempt to understand all of the information that has been conveyed to you.
- ▶ Questioning – obtain the information required to identify the person's needs and to provide the appropriate quality of care.

Communication guidance

The following are some further tips for communicating with grieving individuals.

Tips for communicating with the grieving person

- ▶ Don't be impatient. Give the person time to gather their thoughts and express themselves.
- ▶ Don't discourage the person from going over and over what happened. This can help them make sense of their loss.
- ▶ Spend time establishing rapport and developing a trusting relationship.
- ▶ If you are unsure about something or need clarification, always ask.
- ▶ Ask concrete questions to establish areas of individual need, such as, 'Do you need someone to stay with you tonight?'
- ▶ Never make assumptions.
- ▶ Remember that not all people from a given culture or ethnic group hold the same beliefs, values or experiences.
- ▶ Each person is an individual with individual needs, regardless of their 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. It is important to provide this information in a clear and sensitive way.

To provide information clearly and sensitively, ensure the following:

- ▶ Be selective and clear about what information you give to the person so they do not feel overwhelmed by a large amount of written information.
- ▶ Suggest they have a friend or family member present who can help them go through the information.
- ▶ Limit verbal information; many bereaved find it difficult to concentrate and it can be stressful to have to listen to someone talking at them.
- ▶ Do not bombard grieving individuals with information or things they need to do.
- ▶ Give the person from culturally and linguistically diverse backgrounds information in formats they can understand.
- ▶ Provide information in a language other than English or organise to have an interpreter present if required.

Obtain feedback to confirm 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 the type of service you might be interested in?' Sometimes, you may need to follow up on information you gave a person at an earlier date; for example, you might say, 'Last week we talked about the local bereavement support group and you said you'd like to attend some meetings. Are you feeling ready to do that now?'

Nonverbal communication with the grieving person

Nonverbal communication refers to the gestures, facial expressions, amount of eye contact and personal space you use when communicating. It is important to use nonverbal communication that supports what you say verbally. This helps 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. Always be aware of the messages that nonverbal communication may convey to the person. The following outlines the use of body language.

Gestures

Gestures are movements of the hands and arms, including gesticulating and touching. When you are working with grieving people, avoid overusing movements of the hands and arms so as to appear calm.

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 judgment to determine whether or not it is appropriate to touch someone.

Cultural differences

A person's cultural background can provide clues about whether they may be comforted using touch. For example, people from Latin cultures such as Italians, Spaniards and South Americans often use touch a lot, whereas many Asian people prefer to restrict the use of touch to family or other close personal relationships.

Religion also plays a role in whether touch is acceptable. For example, touching a Buddhist person on the head is considered offensive. In some cultures it is considered inappropriate for males and females who are unrelated to touch.

Expressions and contact

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.

Eyes are very important for nonverbal 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.

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 to others, but others prefer a greater distance.

You can usually judge a person's personal space requirements by how they react. If you are too close to someone they may take a step back. Respect the distance that they appear to be comfortable with.

Nonverbal communication

People can give the wrong impression when they are communicating. 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.

Paying attention to all aspects of communication is essential when you are establishing a relationship with someone you support, or a colleague. 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. Below is a list of nonverbal communication considerations.

Nonverbal communication to consider

Your tone of voice and whether it is pleasant, friendly, annoyed or angry.

The volume of your voice and whether it is loud or soft.

The pace of your voice and whether it is fast or slow.

Your body language and whether you are nodding your head in agreement or pointing your finger.

Your facial expressions, such as whether you are smiling or frowning.

Apply empathetic listening skills

In your work with the grieving person, displaying empathy means being able to identify with a person's feelings and experiences. It is not necessary to agree with the person, but you should try to understand their point of view. It is important that empathy is genuine and expressed in a way that is meaningful to the person you are communicating with.

Some ways that applying empathetic listening can help when working with a grieving person are shown below.

Applying empathetic listening skills helps to:

- ▶ show support and compassion
- ▶ build rapport, respect and trust
- ▶ validate what the person is feeling
- ▶ support the person to express their concerns and emotions.

Empathetic skills and their applications

Listening in an empathetic way helps you understand a person's circumstances and the context of their grief. The context of a loss may influence the way a person responds to loss and grief. Factors to take into account include socioeconomic circumstances, level of support, whether the death was expected, family relationships and the age and health of the deceased (including their mental health). The following outlines some empathetic listening skills you can apply when dealing with the grieving person.

Active listening and observing the person

Active listening involves listening with your full attention, focusing on understanding what the person is saying and what concerns they have. Observing the person and listening carefully to them can help you determine whether higher levels of support are required; for example, if a person shows signs of depression, you can refer them to an appropriate mental health professional.

Adapting

Always adapt the way you communicate to suit individual differences (including cultural differences). For example, in some Asian cultures it is considered rude to ask questions, especially questions about feelings or of a personal nature. If you need to ask questions, do so in a tactful way and make sure the person does not perceive your questions as an invasion of privacy.

Open questions

Open questions require the person to give more than a yes or no answer; for example, 'You said that you're feeling depressed. Can you tell me more about how you're feeling?' Open questions are useful for gathering information. Do not bombard a grieving person with questions as this may overwhelm them.

Closed questions

Closed questions can be answered with a yes or no; for example, 'Have you spoken to your doctor about the difficulty you're having sleeping?' Closed questions are useful for obtaining brief, direct answers that can lead to further questions. Only ask necessary questions to clarify meaning and show support. Avoid being intrusive.

Encouragers

Encouragers are brief phrases or nonverbal cues such as nods that encourage the grieving person to relate their story and concerns without interruption. Verbal encouragers are words like, 'Go on', 'I see' or 'uh huh'.

Paraphrasing

Paraphrasing involves restating what the person has said to confirm that you understand. This can also be used to draw attention to a particular concern; for example, 'So, you're saying that you don't think your life will ever get back to normal?'

Reflecting

Reflecting a person's feelings and thoughts helps them to clarify, acknowledge and examine them; for example, 'So, you're saying that still really missing Jim but you know that at some stage you need to get out among people again'.

Summarising

Summarising involves restating what a person has said over a period of time. It is a useful way of ending a conversation on a positive note and ensuring that you have understood what the person has told you. Use appropriate closing statements at the end of the interview to summarise what has been said and to agree on ongoing support.

What to avoid

Avoid the following when listening empathetically:

- ▶ Being critical or judgmental
- ▶ Offering unsolicited advice
- ▶ Offering superficial comforting statements such as, 'You'll feel better in a few months'
- ▶ Steering the person away from what they want to talk about

Questions

Avoid questions and statements like the following, as they show a lack of empathy.

- ▶ 'Isn't it time you got over it and moved on with your life?' (There is no specific time frame for grieving.)
- ▶ 'I know how you feel.' (You should never assume you know what someone else is feeling or experiencing.)
- ▶ 'Jill is in God's care now.' (The grieving person may not believe in God and be offended that you expect them to.)
- ▶ 'You'll meet someone else.' (This may be meant as comforting, but it is tactless and inappropriate when someone is grieving.)

Example

Select and use verbal and nonverbal communication approaches that acknowledge the individual's emotional needs

Tom is in his late 80s. Like many men of his generation, he is self-reliant and does not like to display his emotions or talk about his feelings. He grew up in the country, fought in World War II and has worked hard all his life. When his wife, Peg, dies, he deals with her death by keeping busy.

Kirsty, a community aged care worker, visits Tom soon after Peg's death, and realises he is devastated, but won't show it. She can tell from his posture and general demeanour that it would be inappropriate to touch him or to try and coax him to talk about his feelings. She decides to just make a simple statement acknowledging Peg's death and then to provide Tom with information about ongoing support options. She thinks this will be more helpful to him than embarrassing him by dwelling on his loss.

She tells Tom that she is very sorry to hear about his wife's death and that she is here to talk about any practical support she and her organisation can provide. Tom nods, not looking her in the eye. Kirsty then says, 'Tom, do you think we could have a cup of tea while we sit down and go through some of the information I've brought?' Tom agrees, and is pleased that Kirsty seems like a practical person who is not going to make a fuss.



Practice task 7

1. List and explain three appropriate basic communication techniques and skills when working with a grieving person.

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2. Explain nonverbal communication is, and give two examples of nonverbal communication and how a support worker would use this with a grieving person.

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3. Explain how paraphrasing can assist the process of communication with a person who is grieving.

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Click to complete Practice task 7

Summary

1. When dealing with and responding to clients who are grieving, you need to use both verbal and nonverbal communication skills. It is important to be aware of cultural differences in the way clients communicate so you do not cause offence.
2. Empathetic listening involves listening attentively and being accepting of a client's experiences and perspectives. Focus on the words and needs of the client and try to see things from their perspective.
3. Applying empathetic listening skills helps to show support and compassion towards the grieving client. These skills are also useful in building rapport, respect and trust, validating what the client is feeling and supporting the client to express their concerns and emotions.
4. Grieving clients are emotionally vulnerable. It is important that you interact with them in a sensitive and respectful manner. Try to take into account social, cultural, ethnic and spiritual differences that may affect grief and bereavement responses.
5. 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 are able to process their feelings and work towards acceptance.
6. 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

This learning checkpoint allows you to review your skills and knowledge in empathetic communication support.

Part A

1. Why should workers be empathetic and use empathetic listening skills when working with people who are grieving?

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2. Why is it important for workers to be able to identify and respect social, cultural, ethnic and spiritual differences that may affect grief and bereavement?

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3. Describe how you can use verbal and nonverbal communication skills to support grieving clients.

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4. Why should workers be empathetic and use empathetic listening skills when working with clients who are grieving?

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Part B

Read the case study, then answer the questions that follow.

Case study

Mailia is a youth worker. Recently, one of the young men using her service died of a drug overdose. A number of other young clients of the service are deeply affected by his death. Some of them are experiencing emotions that they are having difficulty coping with. Mailia responds to each individual, as well as supporting the group as a whole.

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 them 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 client learns something from the others' responses. She provides information to help educate them about grief and provide them with options and choices for getting further help.

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

1. What should Mailia do to interact with the young people in a way that is empathetic, sensitive, professional and courteous?

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2. List five empathetic listening skills Mailia can apply in her interactions with the group.

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Topic 3

In this topic you will learn how to:

- 3A Identify individuals who experience difficulty with grief and trauma and link or refer them to options for further help as needed**

- 3B Provide information about grief and bereavement support services and resources**

- 3C Identify, suggest or use strategies for formal and informal grief and bereavement support**

- 3D Obtain feedback from individuals to confirm that options are clearly understood**

- 3E Maintain confidentiality in line with organisational practices**

Offer support and information

To provide effective support, you must be able to identify a person's individual needs, provide information about informal and formal support options, and help the person to choose the options and strategies that best suit them. When providing support, you must adhere to organisational policies and procedures, including maintaining the person's confidentiality.

It is important for the support worker to have detailed knowledge of the common reactions to loss and the range of responses exhibited by the person who is experiencing grief or trauma. It is also important to identify the individuals that may be at risk of self-harm or suicide and who to refer them to.

3A Identify individuals who experience difficulty with grief and trauma and link or refer them to options for further help as needed

It is important for the support worker to identify any person having difficulty coping with grief and trauma. Some of the common signs that people are having difficulty and may be depressed include:

- ▶ feeling like life isn't 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.



The impact of loss

When a person loses someone close to them or something that is significant to them, they experience grief.

When dealing with a person experiencing loss and grief, you need to:

- ▶ recognise the common expressions of healthy grief
- ▶ recognise the signs that indicate a person is having problems resolving their grief
- ▶ accept different ways of grieving, such as those based on cultural and religious differences
- ▶ understand the ways that people come to terms with loss and integrate it into their lives.

Context and circumstances prior to loss

The way that a person responds to grief will often be a reflection of the context and circumstances prior to their loss. The question to ask here is, 'What was the situation before the loss?' Analysing the person's social environment provides relevant background information to help you understand the impact of grief responses. Examples and explanations of context and circumstances prior to loss are set out below.

Socioeconomic circumstances

- ▶ People who are experiencing difficult socioeconomic circumstances are likely to experience extra stress in dealing with loss and grief; for example, they may have difficulty obtaining the help they need, paying for the funeral and managing ongoing financial difficulties.

Presence of mental illness in the deceased person

- ▶ The death of someone with mental illness may induce strong feelings of guilt and remorse, especially among family. They often feel they should have done more to help or made life better for the deceased person.

Age of the deceased person

- ▶ When an elderly person dies of natural causes, reactions to their loss may be less intense than when a younger person or child dies. People are more inclined to see the death of an older person as a natural event or a relief, especially when a prolonged illness was evident.

Family relationships

- ▶ Family relationships influence grief reactions in a number of ways. The family may have unspoken rules for the way members express emotions and behave, and for the way funeral rituals are carried out.

Recognise common reactions to trauma

Trauma is a normal reaction to an abnormal event. Most people who experience trauma will have a stress reaction of some kind. You need to be able to recognise these reactions to help the person deal with trauma.

A stressful event or incident may cause trauma if:

- ▶ it happened unexpectedly
- ▶ it happened repeatedly
- ▶ it happened during childhood
- ▶ it caused intense fear
- ▶ it resulted in a feeling of powerlessness and loss of control.

Cope with trauma

Most people deal with feelings of grief and trauma on their own. The signs and symptoms mentioned previously can be unpleasant, but they are part of the normal process of recovery and help the person cope with the traumatic experience. Usually, these symptoms lessen over a period of weeks. Long-lasting symptoms of trauma in a person and those that intensify over time indicate that they should seek specialised help. If a person's stress reactions are getting in the way of their relationships, work or other important activities, they may need to see a doctor or a counsellor.

The person experiencing trauma may need professional help if:

- ▶ their symptoms are particularly severe or they continue for more than five or six weeks
- ▶ they feel ongoing numbness or emptiness
- ▶ they have no one they can talk to about the experience or their feelings
- ▶ they start using alcohol or drugs to cope.

Common reactions to trauma

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

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

Emotional

Emotional responses to trauma include:

- ▶ shock, denial and disbelief
- ▶ fear
- ▶ chronic anxiety
- ▶ anger and irritability
- ▶ mood swings
- ▶ sadness, including bursts of crying
- ▶ guilt
- ▶ shame and self-blame
- ▶ feelings of disconnection and numbness
- ▶ feeling hopeless about the future.

Cognitive

Cognitive responses to trauma include:

- ▶ frequent thoughts or 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
- ▶ unpleasant dreams in general
- ▶ difficulty making simple decisions
- ▶ memory problems and an inability to concentrate
- ▶ changes in world view and questioning values and beliefs
- ▶ suicidal ideation.

Physical

Physical responses to trauma include:

- ▶ restless and disturbed sleep due to intrusive thoughts and images
- ▶ exhaustion and fatigue
- ▶ muscle tension
- ▶ racing pulse, palpitations and trembling
- ▶ sweating
- ▶ breathing difficulties
- ▶ stomach upsets, such as nausea, diarrhoea or constipation
- ▶ aches, pains, severe headaches
- ▶ poor general health.

Behavioural

Behavioural response to trauma include:

- ▶ withdrawal from others
- ▶ needing to be alone a lot
- ▶ 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
- ▶ loss of interest in work
- ▶ increased use of alcohol, cigarettes or other drugs
- ▶ loss of appetite or increased eating.

Psychological or emotional trauma

Whether or not a traumatic event involves death, people who are affected by trauma must cope with a sense of loss. The loss may be of feeling safe and secure and of having a particular way of seeing the world. The natural reaction to loss is grief. People who are affected by trauma go through a grieving process in the same way that someone bereaved by death does.

People may experience psychological or emotional trauma for many reasons including:

- ▶ accidents and injuries
- ▶ the sudden death of someone close
- ▶ dealing with a life-threatening illness or disabling condition
- ▶ surgery
- ▶ the end of significant relationship
- ▶ a difficult or humiliating experience
- ▶ living in constant fear, such as living in a neighbourhood where violent crime is common.

Traumatic stress reactions

Post-traumatic stress may occur after a person has experienced a highly stressful or traumatic event. It can have severe and ongoing impacts on an individual's health and wellbeing. Traumatic reactions can be distinguished from normal grief in a number of ways, so make sure you are familiar with the differences.

In grief, the bereaved person experiences yearning for the deceased, whereas in trauma this may be coupled with horrific and intrusive thoughts, and images of the deceased and the manner in which they died.

People suffering traumatic stress reactions struggle to avoid reminders of what has happened. In trauma, an individual may experience anxiety, horror, disbelief, numbness, bitterness and a sense of futility. The emotions resulting from trauma may continue for months.

Supporting someone experiencing both grief and trauma differs from the way you would support someone experiencing grief alone. People suffering a traumatic stress reaction may need specialist help to overcome the condition. The effects of trauma can be made worse if they are not dealt with in an appropriate way. Grieving people may find comfort in talking about their loss; someone experiencing trauma may be reluctant to talk about it.



Help a person to cope with grief and trauma

If a person is having difficulty coping with grief and trauma, there are usually some warning signs or indicators to alert you to this. It is important to recognise these signs so you can link the person with options for further help as needed. Some of the warning signs that may indicate that a person is struggling to cope with grief and trauma are listed below.

Signs of difficulty coping with grief and trauma include:

- ▶ ongoing preoccupation with the deceased person
- ▶ difficulty functioning at home or work
- ▶ emotional numbness, or feeling empty and isolated
- ▶ social isolation or disconnection from others
- ▶ feelings of fear, anxiety or depression
- ▶ being guarded or easily startled
- ▶ avoiding or minimising emotions, including using work to avoid feelings
- ▶ intrusive thoughts and images
- ▶ avoidance of reminders of trauma
- ▶ strained relationships or inability to form or maintain relationships
- ▶ use of alcohol or drugs to feel better
- ▶ fluctuating moods and emotions, or changes in behaviour.

Difficulties faced by a person who experiences grief and trauma

The person may experience a range of difficulties when coping with grief and trauma, with the most common being symptoms of separation distress, traumatic distress, complex grieving and suicidal ideation, outlined below.

Symptoms of separation distress

Separation distress is characterised by intense yearning for the deceased. Although this may be a normal reaction in the early, acute stages of grief, a complex grief reaction is indicated if it goes on indefinitely.

The people who integrate their grief are usually able to develop a new type of relationship with the deceased person. They may do this through meaning reconstruction or developing a continuing bond with the person who has died that is based on positive memories. Those who are unable to emotionally relocate the deceased person may continue to be preoccupied with them and have difficulty accepting their death.

If you recognise that a person is experiencing separation distress, refer them to a bereavement support group or grief counsellor.

Symptoms of traumatic distress or stress

A person experiencing traumatic stress is often troubled by intrusive thoughts and images of the incident. They may avoid talking or thinking about the incident and have difficulty relaxing. They may also experience a range of behavioural and physical symptoms such as difficulty sleeping, poor appetite, susceptibility to illness, social withdrawal and irritability. Severe and prolonged trauma may lead to post-traumatic stress disorder (PTSD).

People with PTSD are stuck in a state of emotional shock. They feel increased anxiety and emotional arousal, which interrupts their ability to function normally.

The person who has symptoms of traumatic distress or stress should be referred to their doctor, or to a counsellor or psychologist specialising in trauma, PTSD, loss and grief.

Complex grieving

A complex grief reaction is like being stuck in an intense state of mourning. The person has trouble accepting the death, long after it has occurred. They remain so preoccupied with the person who died that it disrupts their daily routine and undermines other relationships.

Complex grief has several distinguishing factors, including:

- ▶ reactions still occurring at least six months after loss
- ▶ experiencing a range of emotional, cognitive, physical and behavioural symptoms
- ▶ impairment in social, occupational or other areas of functioning
- ▶ separation distress
- ▶ symptoms that cannot be accounted for by other mental health disorders, such as depression or anxiety, although the person may be at increased risk of developing these conditions.

The person dealing with complex grief reactions may need to be referred to a doctor, specialist grief counsellor or psychologist. They may also benefit from joining a support group.

Suicidal ideation

Suicidal ideation refers to having the intent to commit suicide, including planning how it will be done. It is one of the symptoms of both major depression and bipolar depression.

Signs that indicate a person is thinking about suicide include talking about wanting to die or saying that life is not worth living anymore. The person may also start to give away personal belongings and prepare to part from friends and relatives.

If you suspect that a person has suicidal ideation, it is important to question them directly about their intentions. If they admit they have suicidal ideas, immediately put strategies in place to keep them safe. Mobilise their natural support base of friends and family, as well as linking them to formal support such as self-help groups, doctors, counsellors and organisations such as Lifeline.

Risk and protective factors

Understanding the role of risk and protective factors in maintaining mental health allows you to identify a person who may be vulnerable to developing ongoing problems in coping with stress and life challenges. You can then try to increase the person's exposure to protective factors by linking them to appropriate care and support options. Risk and protective factors are presented below.

Risk factors

Risk factors to maintaining health include:

- ▶ genetics or biology, such as a family history of mental illness
- ▶ brain abnormalities
- ▶ poor social skills and communication difficulties
- ▶ poor coping skills
- ▶ substance misuse
- ▶ few social supports
- ▶ difficult life circumstances, such as lack of work
- ▶ major events, such as job loss, the death of someone close or trauma.

Protective factors

Protective factors for maintaining health include:

- ▶ good physical health
- ▶ good social skills
- ▶ good communication skills
- ▶ no family history of mental illness
- ▶ social support
- ▶ problem-solving skills
- ▶ medication and professional care where appropriate
- ▶ personal resilience or good coping skills.

Example

Identify individuals who experience difficulty with grief and trauma and link or refer them to options for further help as needed

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 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 can't accept that he will never come back. She doesn't like to think about what happened or that he won't come back because it makes her feel like she has no reason to go on living.



Nearly a year after Yuri's death, Yelena still goes into his room to check if he is there. She keeps all his things exactly as he left them in case he returns. When friends suggest it might be better to move somewhere smaller now or to pack up his things, she becomes very distressed.

Practice task 8

1. Briefly explain what separation distress is.

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2. Which members of the health team should a person who is suffering from PTSD be referred to?

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3. List three signs that a person is experiencing difficulty in coping with grief and trauma.

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Click to complete Practice task 8

3B Provide information about grief and bereavement support services and resources

An important part of your role in supporting the person who is grieving is to identify the services and resources that are available to help them through the grieving process. You need to be able to research appropriate support options and give the person enough information to make informed decisions about the services they need. You also need to be familiar with your organisation's referral procedures so you can refer the person to other services as necessary.



Identify grief and bereavement care services

You need to be aware of services that are relevant for the person who is grieving, especially those that are available in their own community. This means researching and keeping up to date with local grief and bereavement services.

As discussed, there are a wide range of services available to provide support and care for the person who is experiencing loss and grief. These include general practitioners, counsellors, support groups and telephone counselling services.

Research available grief and bereavement care services

It is important that you are aware of the grief and bereavement care services available in the community. Most community services organisations keep a list of the referral sources they use on a regular basis. These may be kept in a database or in a file. Check your organisation's resources before looking elsewhere. You should also discuss options with your supervisor or co-workers who have experience working with grieving people. Information is also sourced from the internet and community networks, directories and resource listings, as outlined below.

Community resources

Community networks are an invaluable source of 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.

If your own organisation does not keep relevant or up-to-date listings, consult other service providers in the area to see who they recommend. This is also a useful way of updating your own organisation's resource listings.

Many communities create listings of all available community services for the benefit of their residents. These may be put together by local councils. If your community does not have such a resource, check your local telephone directory or Yellow Pages. Most libraries also hold community resource directories.

Internet

Most grief-related websites have links to support groups, telephone counselling services and resources for the person dealing with specific types of grief, such as children who are bereaved.

The Australian Centre for Grief and Bereavement is a highly authoritative online resource for the person who is grieving and those working with them.

Children are among a range of specific groups that require grief and bereavement care services. Kids Helpline provides counselling via telephone or email for people all over Australia to support children and young people facing a variety of difficulties and concerns, including loss and grief.

The Compassionate Friends websites detail where support groups can be found for people who have lost a child.

Identify appropriate 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 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 may actually prefer to go to a support group or to use a telephone counselling service when they want to talk to someone.

Identify referral procedures in accordance with organisational policies and 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 services who can best meet their needs. It is important that you follow these policies and procedures and conduct referrals in a professional manner, as outlined below.

The referral process

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.

Conduct the process in a professional manner

To conduct the referral in a professional manner, you need to:

- ▶ follow your organisation's policies and procedures
- ▶ have a detailed understanding of referral sources or be able to find this information
- ▶ check eligibility requirements and availability of the referral source; for example, some services may have age limits
- ▶ provide the person with relevant information and obtain their consent to refer them.

Referral activities

Basic referral activities, outlined below, include sourcing referral information, using referral databases and following referral protocols.

Sourcing referral information

To help identify whether a particular service provider offers the services a person needs, consider the following questions:

- ▶ What services does the organisation provide?
- ▶ Do these meet the person's needs?
- ▶ Does the person meet the eligibility requirements for the service?
- ▶ What does the person need to know about the organisation?
- ▶ Is the organisation in a convenient location for the person?
- ▶ Are there costs associated with the service and, if so, can the person meet them?

Using referral databases

Referral databases may include information about referral sources collated by your own organisation or they may be general community services directories based on the local community or a wider area.

Whatever type of referral database you use, it should be current and contain relevant information such as the type of service provided, eligibility criteria, the organisation's opening times and contact information.

You may also need to enter the 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.

Referral protocols

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 referral.
- ▶ Following up to ensure the appointment occurs and the person is satisfied and willing to continue.
- ▶ Keeping accurate records of all referrals you make in accordance with your organisation's guidelines.

General guidelines

If you make a lot of referrals, you may find the following guidelines useful to help streamline the process.

General referral guidelines

- ▶ Develop a relationship with services you make referrals to on a regular basis.
- ▶ Work with service providers to develop an understanding of the ways they work and whether they may be suitable for a particular person.
- ▶ Always be polite to staff; they are more likely to help you and provide you with information if you are courteous and respectful.
- ▶ Make sure you know the opening hours, eligibility criteria and basic services provided by the services so as to avoid delays and misunderstandings.
- ▶ Ensure the person can easily get to the service; for example, if they have to travel a long way, they may be less inclined to attend appointments.
- ▶ Follow up on all the referrals you make, including checking with the person that the referral is meeting their needs.
- ▶ If the referral does not meet the person's needs, offer to find another referral source for them.
- ▶ Never criticise other workers or the services they represent in front of a person.
- ▶ Keep accurate records about all the referrals and follow-up calls you make.

Appropriate resources

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

Suitability

It is important to ensure that the information you provide is:

- ▶ current
- ▶ accurate
- ▶ relevant and targeted to the person's needs
- ▶ easily understood
- ▶ well presented, in appropriate amounts so as not to overwhelm the person
- ▶ developmentally and age appropriate
- ▶ in a format suitable for the person; for example, in an appropriate language.

Language and literacy

You must also consider each person's language requirements. Many organisations now have brochures printed in a range of languages. Alternatively, a person may require an interpreter to help them understand the information you give them.

If the person has a low level of literacy, make sure you:

- ▶ carefully explain information using plain language
- ▶ check for understanding
- ▶ use diagrams and pictures to explain important points.

Special needs

You also need to consider whether a person has any cognitive or sensory impairment that may affect how they can use information. For example, you may come into contact with:

- ▶ a person who has vision impairment, who will need to be given verbal or recorded information
- ▶ a person who has a hearing impairment, who may require an interpreter to relay verbal information or written documentation in the form of brochures and pamphlets.
- ▶ a person who has a cognitive impairment that affects their ability to process information, and so may benefit from the use of visual aids such as photos or having a worker or other person available who is familiar with their communication needs.

Resources for grief and bereavement support

Below are some further sources of information for grief and bereavement support. You will find many more on the internet and through other community organisations.

Loss and grief network

The Australian Child & Adolescent Trauma, Loss & Grief Network promotes understanding of child and adolescent trauma, loss and grief.

You can access more information at: <http://aspirelr.link/anu-adolescent-tlg-network>

Bereavement care

The Australian Centre for Grief and Bereavement provides information and support for people recently bereaved or facing loss through terminal illness.

You can access more information at: <http://aspirelr.link/grief-bereavement-support>

Carers Australia

Carers Australia provides information for carers about dealing with grief and loss.

You can access more information at: <http://aspirelr.link/carers-australia>

Animal loss support group

Pets and People offers a Pet Loss and Grief support network to help people grieving the death of a companion animal.

You can access more information at: <http://aspirelr.link/pet-loss-grief-support-network>

Grief Link

Grief Link supports people in social groups such as Indigenous people, people in same-sex couples and those whose loss is associated with HIV/AIDS.

You can access more information at: <http://aspirelr.link/grief-link>

Palliative Care Australia

Palliative Care Australia provides information about palliative care and grief for the person caring for people with terminal illness.

You can access more information at: <http://aspirelr.link/palliative-care>

SIDS

Red Nose provides information about sudden infant death syndrome, as well as bereavement support.

You can access more information at: <http://aspirelr.link/red-nose>

Support after suicide

Support After Suicide provides support and information for those bereaved through suicide.

You can access more information at: <http://aspirelr.link/support-after-suicide>

Inform the person about grief and bereavement support options

All grieving people have the right to receive information about available support services and make choices about which 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.

Encourage decision making

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 decisions about matters that affect them, they are more likely to make good choices.

Encouraging decision making means the person will:

- ▶ feel empowered
- ▶ choose carefully
- ▶ be more willing to share information and participate in services that meet their needs
- ▶ be satisfied with the service provided
- ▶ have a greater sense of trust in workers
- ▶ value the role of workers and the organisation in their lives.

Informed choice

Informed choice means providing a person with enough information to make decisions about what best meets their needs. 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 child care or planning a funeral, as well as the social and emotional support provided by self-help groups.

To promote informed choice:

- ▶ provide information to the person about how to take care of their social, emotional and physical health to prevent ongoing problems
- ▶ encourage the person experiencing complex grief to visit their doctor, counsellor or other health professional
- ▶ 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

- ▶ uncover the person’s personal resources and build on them by asking about losses or difficult situations they have successfully dealt with
- ▶ discuss the person’s hopes for the future
- ▶ 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.

Make sure the person is fully informed

Give the person targeted information that meets their needs, rather than giving them a large amount of information that may not be relevant. You should also consider how the person can best take in and use the information.

Most people prefer to take a combination of verbal and written information. Written information is useful because the person can take it away with them to read or talk about with a friend or relative.

Ensure the person is fully informed by:

- ▶ providing them with clear, accurate and current information
- ▶ making them aware of the full range of services available
- ▶ listening to any concerns they have and exploring these issues
- ▶ focusing on their needs
- ▶ involving significant others to help them understand the information
- ▶ encouraging them to ask questions and discuss the various options
- ▶ helping them consider their options
- ▶ providing additional information if they request it
- ▶ being respectful, sensitive and courteous.

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 nursing home 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.



Practice task 9

1. If you are going to use a referral database, what information do you need to know?

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2. Identify and explain the support you would need to give to a person who has a hearing impairment when you provide information to them.

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3. List three benefits to the person being encouraged to select the type of services they would like to access.

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Click to complete Practice task 9

3C Identify, suggest or use strategies for formal and informal grief and bereavement support

To provide effective support, you must be able to identify a person's individual needs, provide information about informal and formal support options, and help the person to choose the options and strategies that best suit them. When providing support, you must adhere to organisational policies and procedures, including maintaining the person's confidentiality.

When providing support for grieving people, it is important to identify, suggest and use grief and bereavement support strategies that best suit the individual's needs. Grief and bereavement support strategies include both informal and formal sources of support.



Most people experiencing loss and grief find ways to work through their grief using their informal support network, including family and friends; however, some may need the additional formal support offered by doctors, counsellors and other service providers.

Informal support options

When a person feels the need to talk about their loss, they usually seek 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 identify the informal support that a person has available to them. This means determining who among the person's family, friends and acquaintances is available to provide comfort and practical help. Different groups of people who may be able to provide informal support are outlined below.

Family and friends

- ▶ Family and friends have an important role to play in supporting a grieving person. They can spend time with them 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. Having a strong personal support network helps a grieving person to cope.

Neighbours

- ▶ Sometimes a grieving person lives alone, and a caring neighbour may be the only person around who can 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 certain social and interest groups that the person may belong to. By continuing to be welcoming and supportive, these groups can help to normalise 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 options

There are a wide range of formal support options available. Some of these services are described below.

Aboriginal and Torres Strait Islander health services

Aboriginal and Torres Strait Islander health and community services may be the most appropriate option to provide support to Aboriginal and Torres Strait Islander people experiencing grief or trauma. Workers in these services understand the person's cultural requirements and the customs and practices associated with death and mourning.

Coronial services

Coroners help determine the cause of death if this is not clear. For the bereaved person, it is often very important to know the facts around the death as this may assist with the healing process.

Health services

People who are grieving commonly experience a range of health complaints. They may benefit from being referred to community health services, doctors or other private health providers. Doctors can help the person with general health care and ensure they receive appropriate mental health care.

Grief counselling

Group grief counselling may be a good option for grieving people who respond well to the interaction and support of other people who are grieving. Individual grief counselling with 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.

Palliative care

Palliative care services provide specialist care for people with terminal illness, as well as providing support for their family and carers. Palliative care may include multidisciplinary teams of doctors, specialists, nurses, social workers, counsellors and pastoral care workers.

Practical support

Practical support may be provided by a bereaved person's informal networks or through community services organisations. For example, you may refer an individual to a service that provides household help or meals for a period of time.

Psychological services

Psychological services may be necessary for people who require mental health assessment; for example, to determine whether they are experiencing a complex grief reaction or depression.

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 the church, synagogue, temple, mosque, etc.

Support groups

Bereavement support groups are an invaluable source of mutual support for the person who is experiencing grief and loss. Other support groups may also be useful, depending on the individual's needs; for example, mental health groups such as GROW, which offers peer support for mental health or programs of personal growth and development.

Telephone services

Telephone counselling services offer support to the person who need someone to talk to, but who cannot access or do not wish to use other services. They are usually available 24 hours a day.

Provide information informally to support the family

A supportive environment is one that is comfortable, calm and non-threatening; where everything is done to make conditions easier. At this stage, coordinators should listen to issues, act on queries promptly, provide what the person asks for (within organisational procedures and legal/ethical considerations) and refer issues to the appropriate person if necessary.

Coordinators should understand the stages of grief and loss and know what to do immediately following a person's death. Provide as much support as possible in accordance with organisational policy and procedures.

Confidentiality

Confidentiality is critical to work in the community services sector. As a support worker, you often have access to privileged and sensitive information about the people you work with and their families or carers. The way support workers manage confidential information can have a significant impact on a person's dignity, rights, choices, access to opportunities, self-esteem and wellbeing.

Confidentiality is about data or information and refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using, storing and disclosing information about a person that is outside of the scope for which the information was collected. Confidentiality refers to both written and verbal information. Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information but this is generally only when you become aware that someone may be harmed.

Example

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

Paul is preparing to refer Deirdre, a person who is experiencing difficulty coping with 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 and move forward with her life. 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 take place 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 in the afternoon. 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. She intends to have several more appointments. Paul documents this information in Deirdre's file and makes a note to follow up with her during the next month.

Practice task 10

1. Identify the four critical aspects to consider when planning grief and bereavement supports to people accessing the services.

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2. List two informal support options available to people to access.

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3. List two formal support options that assist with grief and bereavement.

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Click to complete Practice task 10

3D Obtain feedback from individuals to confirm that options are clearly understood

It is important to check that a grieving person understands the information they are given. If the person does not, they may end up being confused about what options they have and fail to use appropriate services. If a person appears confused or is not asking questions, you should check their understanding. You can do this by asking questions and obtaining feedback from them. In this way you are respecting the person's right to be informed, adhering to organisational guidelines and meeting your duty-of-care obligations, and demonstrating professionalism and ethical conduct.



Identify communication barriers

There are a number of different barriers to communication. It is important that you can identify these barriers and consider what you can do to remove them. Sometimes you need to consider the other person's background or your own knowledge of them, or think about how external factors may be affecting the communication.

The following shows some of the barriers to communication that may exist, and what actions you could take to address them.

Linguistic barriers

It may be difficult to discuss and negotiate with someone with limited English because you will have trouble understanding each other.

Strategies to address linguistic barriers include:

- ▶ 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
- ▶ learning a few words of the person's language
- ▶ using pictures to convey meaning
- ▶ preparing information in the person's preferred language.

Cultural barriers

Cultural expectations may relate to:

- ▶ body language
- ▶ appropriate conversations between men and women
- ▶ protocols such as avoiding eye contact or not wearing shoes in a house.

Strategies to address cultural barriers include:

- ▶ 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 barriers

Barriers that may limit understanding or attendance may include:

- ▶ 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.

Strategies to address physical barriers include:

- ▶ using pictures to represent words or an electronic device that aids communication
- ▶ selecting an accessible location for a person with limited mobility
- ▶ involving a carer, interpreter or support person in the discussion.

Psychological barriers

A person may be emotionally impaired and unable to hear or understand what you are saying.

Strategies to address psychological barriers include:

- ▶ 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.

Environmental barriers

The place you have chosen to discuss a conflict may have background noise, distractions, other people in the area, flickering lights, excessive heating or cooling, or be an inaccessible or uncomfortable location.

Strategies to address environmental barriers include:

- ▶ looking around the environment before beginning to communicate, and think about what factors may affect communication
- ▶ asking the person if a specific factor is a problem for them, and finding an appropriate location.

Listening blocks

People may not listen carefully because they are:

- ▶ only hearing what they want to hear
- ▶ not paying attention
- ▶ too busy thinking of a reply
- ▶ distracted by emotions
- ▶ trying to speak over who is talking.

Strategies to address listening blocks include:

- ▶ being aware of these barriers so you can identify when they are occurring
- ▶ concentrating on obtaining everyone's attention
- ▶ speaking concisely so people do not lose their concentration.

Seek feedback

There are several strategies you can use to ensure a person understands the information you provide, as outlined below.

Observe nonverbal communication

- ▶ Observe the person's nonverbal communication. You may need to change the way you are providing information if the person looks distracted, upset or confused.
- ▶ Some people may not like being 'talked at'. They may respond better to keeping verbal information at a minimum and having the information conveyed at another time or in another way, such as in written form.

Pause to allow the person to absorb information

- ▶ 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 gain their composure, or arrange another time to discuss support options.
- ▶ Give the person chunks of information, then pause and ask questions, such as 'Is that clear?', 'Do you have any questions?' or 'Are you okay with that?'

Encourage and summarise

- ▶ Encourage the person to ask questions so you can explain points they are not sure about. Listen carefully to what the person asks and clarify any issues of concern.
- ▶ Summarise the information you have given and ask for feedback about whether the information meets their needs. Check if there is any additional information the person needs. Alternatively, you may go through a list of points you have discussed, asking the person to confirm that they have understood each point. By checking, you demonstrate concern and awareness of their situation.

Provide written information

- ▶ 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 – this will provide the opportunity to clarify any areas of concern.
- ▶ 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 it and ask questions.

Check if communication is effective

Effective supervisors regularly review their own communication performance to ensure they are using appropriate skills to provide information others can understand. They should check they are giving relevant feedback and using communication to build trusting relationships. They should ensure they use culturally appropriate communication and interpret situations correctly.

With experience, these skills come naturally. When you are appointed to a supervisory role, you need to pay particular attention to the way you speak, consult and negotiate. Here are seven strategies for reviewing the effectiveness of your communication skills.

Review your communication skills

- 1 **Check decisions**
Check whether the decisions you have made and communicated to others have been carried out.
- 2 **Check care plan**
Check whether a care plan you helped prepare has correctly identified the person’s needs.
- 3 **Follow up**
Follow up feedback you gave to see whether it has been acted upon.
- 4 **Check reflective listening**
Check whether points you picked up in reflective listening have been carried out.
- 5 **Check outcomes**
Check whether there has been a reduction in the number of incidents following counselling sessions you have conducted.
- 6 **Check understanding**
Ask colleagues if they have difficulty understanding the directions or explanations you give or if they have difficulty understanding you.
- 7 **Check cultural awareness**
Think about requests or comments made by the person to see whether you are being inclusive and culturally aware.

Help the person to select appropriate support options

Take a collaborative approach to helping the person choose support options that best suit their needs. Provide the person with information about the different sources of support available and then encourage them to consider the options and make choices about what support they need.

It is important that you allow the person to feel comfortable enough to reveal their concerns and that they are not embarrassed to say, for example, that they do not want to be alone at night.

Access the services of translators and interpreters

In your role as a supervisor or coordinator, you may need to access the services of translators or interpreters. An interpreter or translator may be very useful when a person speaks or reads little or no English. As mentioned, using the services of an interpreter or translator may help to make the person feel comfortable, as they are communicating with them in a language they understand very well. Definitions of translators and interpreters are provided below.

Translators

- ▶ Translators convert the written word from one language to another. Use a translator to provide information to someone who cannot read English.

Interpreters

- ▶ Interpreters convert what someone says into another language. Use an interpreter to converse with someone who does not speak English.

Identify the need for an interpreter or translator

Interpreters must understand exactly what the care worker wants to communicate to the person. They listen to one person speaking a language and then interpret the words into the other person's language so both people understand each other. It is often necessary to get an interpreter when a person who doesn't speak English is admitted to a care facility or applies for care in their home.

By using an interpreter or translator, the person may be able to direct their own care; self-advocate; make a complaint, request or suggestion; or make their own legal, medical and financial decisions more appropriately and effectively. The following groups of people may benefit from the services of a translator or interpreter.

Staff

- ▶ Staff members who support people accessing services may need to use an interpreter to ensure the facility or agency has the correct information about each person. Staff can then develop a care plan and provide the appropriate service.

People accessing services

- ▶ The person may benefit from using an interpreter or translating service so they fully understand the service provided to them. All people must understand the nature of any documents they need to sign in relation to their care.

Family

- ▶ The person's family members and/or carers also need to understand the nature of the service provided to the person, particularly with regard to specific care and/or medication.

Hearing impaired

- ▶ People who are hearing impaired may use an interpreter to help them communicate with others. Remember, some people may use Signed English as an alternative to Auslan or may have learnt another signing method.

Example

Obtain feedback from individuals to confirm that options are clearly understood

Joanne is working with a family whose three-year-old daughter recently drowned in their backyard pool. She wants to provide them with a range of options for support in the community. 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 offer the family a support option that caters specifically to 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 a range of other options that she might like to offer the family, such as giving the other children in the family the Kids Helpline number in case they want to talk to someone about their loss.

Joanne also checks her local community services directory and telephone book and finds the numbers of other services that may be relevant to the family. Joanne provides all of the options to the mother, Maria, both verbally and in printed format. Maria feels that she would like to try a service that has professional counsellors to talk to as well as a service that connects her with other parents who have also experienced the loss of a child through accident. Maria also feels that providing the children with a helpline number is a good idea as it is difficult for her to answer their questions while grieving.

Practice task 11

1. Explain two ways you can check a person's understanding.

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2. Describe two barriers to communication with a person from another culture and explain the strategies that can be used to address them.

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3. List two ways to obtain feedback from a person.

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Click to complete Practice task 11

3E Maintain confidentiality in line with organisational practices

Confidentiality is an important principle in all community services work. It is underpinned by legal and ethical requirements. Make sure you are familiar with and follow your organisation's confidentiality requirements at all times.

You must not give personal or private information about a person to people who have no need or right to know. The following defines private and confidential information and the need to provide the person with information about your organisation's confidentiality and privacy policies when they first join the organisation.

Private information

Personal or private information includes:

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

Confidentiality

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 provided written consent for you to give their information to a specific individual or service.

Protect the person

This is done to:

- ▶ help the person understand their rights in regard to confidentiality
- ▶ assure the person that the organisation and workers will protect their confidentiality and have policies and procedures in place for doing so
- ▶ instil confidence in the safety of revealing personal information to the organisation
- ▶ help build trust, respect and empathy between workers and the person.

Confidentiality and privacy

All community services organisations must have privacy and confidentiality policies. These policies are based on relevant Commonwealth and state/territory privacy legislation; for example the *Privacy Act 1988* (Cth). On 12 March 2014, the Australian Privacy Principles (APPs) replaced the National Privacy Principles and Information Privacy Principles and apply to organisations and Australian Government (and Norfolk Island Government) agencies.

You can access more information at: <http://aspirelr.link/privacyfactsheet>

There are now 13 national privacy principles that apply to the collection, use and storage of personal information. Here is further information about how to handle personal information.

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 of 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 that 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.

Privacy

Under privacy legislation, both the person and staff have the right to have their personal information kept private. You must have a reasonable purpose for collecting, storing, accessing and distributing information about a person. You must not collect general information about a person without having a specific reason for doing so that is related to service goals. Listed below are some general guidelines that demonstrate how organisations and individuals can comply with privacy legislation.

Guidelines for maintaining confidentiality

- ▶ Avoid using names unnecessarily
- ▶ Be mindful that even a description of a person or worker may provide 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

Record-keeping policies and procedures

Your organisation’s policies and procedures must address how documents are to be kept, and how staff can access, use and copy them. For example, there are particular laws relating to health records, records relating to disputes, or records relating to children in care. A manager must uphold federal and state government legislation in relation to record-keeping to ensure legal and ethical compliance.

Ensure systems protect the person's information

It is important to maintain the confidentiality of the people you support and ensure systems are in place to protect their personal information.

A person's records are highly confidential and you may be required to sign a confidentiality agreement when you are employed, stating that you will not divulge any information you have acquired during or after your involvement with the person unless legally required to do so.

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 and, in return, you must make every effort to ensure this trust is not abused in any way.

Access to information should be restricted to the 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 adhere to their request.

To help protect the person's personal information, follow these guidelines.

Guidelines to protect personal information

- ▶ Follow procedures to prevent unauthorised access, loss, modification, disclosure or other misuse of personal information
- ▶ Be aware of your work practices and 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 from the person has been given, 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

Maintain confidentiality

It is vital to maintain the confidentiality of the people receiving care and their carers – never share information about them with your co-workers or anyone else. Remember, as per the Australian Privacy Principles (in the Privacy Act), confidentiality applies to written information such as personal details including bank accounts, medications, care plans, family contacts, data collected in a survey or information in a complaints form. With all personal information in one place, a record is highly confidential. A manager must ensure that all support workers are aware of the Privacy Act and the associated expectations to ensure your organisation complies with privacy requirements.



Share information

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 person is aware that they have the right to say they do not want to share their information 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 all have 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.

Always make sure that you do not reveal or access a person's information within the team unnecessarily and never gossip or engage in idle conversation about a person.

Share information with other agencies

Your organisation's privacy policy contains the information you need 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.

Ensure the person understands consent requirements

It is important to ensure that the person understands their rights regarding confidentiality and consent. A person should be given basic 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.

Disclosure of information

There are some instances in which you are permitted to disclose information as part of your duties. 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 a threat to public health and safety
- ▶ it is required for public health surveillance, where symptoms are mapped geographically to see if patterns arise, as an early warning system identifying epidemics
- ▶ it is necessary as part of the establishment or defence of a legal claim
- ▶ it is requested by an enforcement agency such as the police
- ▶ it is a necessary part of an investigation following a complaint, accident or incident
- ▶ there is a change of service provider in which case the personal information is transferred to a new or similar organisation.

Written information

Remember that any written documents, forms, emails or 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; 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.

Documentation you need to prepare or manage may include:

- ▶ care plans
- ▶ handover sheets
- ▶ communication books
- ▶ assessment tools
- ▶ time sheets
- ▶ care records
- ▶ progress notes
- ▶ incident or accident reports
- ▶ admission and discharge reports
- ▶ personnel files.

Electronic and manual record keeping

While some organisations use manual record-keeping systems, most use an electronic record-keeping system, which makes it easier to capture information, generate reports and meet legal and taxation reporting requirements.

When setting up a record-keeping system in your service, you must consider the advantages and limitations of electronic versus manual systems and decide what is most appropriate for the needs of your organisation.

Information about electronic and manual recording keeping is provided below.

Electronic record keeping

Most organisations use accounting software programs to simplify electronic record keeping and produce reports. Electronic record keeping also allows you to:

- ▶ record financial transactions, including income, expenses and payments to workers
- ▶ use less storage space
- ▶ easily generate pay records or inventory reports
- ▶ keep up with the latest tax rates, laws and rulings
- ▶ allows multiple people to access, update and add notes to records in real time
- ▶ backs up records and keeps them safe in case of fire or theft.

Manual record keeping

Some organisations may want to use a simple, paper-based record-keeping system. The advantages of manual record keeping include:

- ▶ lower set up costs
- ▶ the ease of correcting entries as opposed to electronic systems that can leave complicated audit trails
- ▶ lower risk of data corruption
- ▶ lower risk of data loss, especially if records are stored in a fire-proof environment
- ▶ the avoidance of duplicate copies of the same records
- ▶ simple processes that do not require training in sophisticated software.

Record-keeping risks

There are legal and financial consequences should your organisation fail to comply with record-keeping requirements of tax, business and privacy laws, as described below.

Lost records

Recovering essential records, whether they have been lost, damaged, destroyed or stolen, will assist you to re-establish organisational operations and service delivery.

If your records have been destroyed, you can reconstruct your records by researching your past transactions or requesting information from a range of sources, such as the ATO, your bank, service users, suppliers or other service providers.

Privacy and security

Australian privacy laws apply to the collection, use and storage of personal information. You must apply the National Privacy Principles to your record-keeping system.

New technologies make it easy to access, transmit and misuse personal information. Pay particular attention to securing online and electronic records. Develop a privacy policy and train your team members to implement it.

Example

Maintain confidentiality in line with organisation practices

Susan is the supervisor in a residential aged care facility. The daughter of Helen, a person requiring support, contacts Susan requesting access to her mother's file, which contains personal information and an individualised care plan. Helen had 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 had been living 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.

Harry had moved to this area 18 months before his death. 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, which is underpinned by the relevant aged care and privacy legislation. The policy states that only the person requiring support has a general right of access to his or her own health records and a representative's right to access the information is limited. The policy also states that personal information must not be disclosed to any other person except if 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 to the disclosure. She visits Helen in her unit who politely indicates 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 12

1. Give two examples of when a person's confidential information can be shared.

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2. State two ways you can safeguard confidential information.

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3. Identify two ways an organisation can comply with the privacy legislation for collecting information from a person.

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Click to complete Practice task 12

Summary

1. You must know about the services that are relevant for people who are grieving, especially those available in their own community. This means researching and keeping up to date with information about local grief and bereavement services.
2. 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.
3. 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.
4. Grieving people have the right to receive information about available services and 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.
5. 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.
6. The ways people respond to loss are influenced by a number of factors. You must be able to recognise common reactions to loss and the range of grief responses.
7. Trauma is a normal reaction to an abnormal, stressful event. Most people who experience trauma will have a stress reaction of some kind. You need to be able to recognise these reactions to support people dealing with trauma.
8. 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.
9. 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.
10. In all areas of community services, you must have an understanding of how to identify and provide effective support to a person at risk of suicide. People who experience intense and complex grief reactions are in a high risk category for suicidal ideation.
11. When working with grieving individuals, make sure that you communicate in a way that responds to each individual's needs. This means taking cultural and other differences into account.
12. You need to be able to identify, suggest and use the grief and bereavement support strategies that best suit each particular person's needs. These include both formal and informal sources of support.
13. Confidentiality is an important principle and is underpinned by legal and ethical requirements. Make sure you are familiar with and follow your organisation's confidentiality requirements at all times.

Learning checkpoint 3

Offer support and information

This learning checkpoint allows you to review your skills and knowledge in identifying people who require additional support.

Part A

1. Why should workers be aware of common reactions to loss and the range of grief responses?

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2. Briefly describe four symptoms or conditions that may indicate a client is having difficulty coping with grief and trauma. For each, indicate appropriate options for further help.

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3. Under what circumstances might you need to make a referral?

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4. List five points you should consider when providing information to grieving clients.

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5. List two strategies a support worker can employ to check that the information given has been understood.

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6. List three guidelines a support worker can follow to maintain confidentiality.

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Part B

Read the case study, then answer the question that follows.

Case study

Justine and Troy, a young couple, have moved from their home in South Australia to take jobs in the mining industry in 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. When Troy is killed in a workplace accident, Justine experiences deep shock and grief. She does not know where to turn or what to do.

The mining town where she works has 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 Justine's employers, a community services worker comes to visit Justine to discuss support options with her. She has been finding it difficult to sleep and keeps having traumatic mental images about Troy's death. She has been given time off work to attend Troy's funeral in South Australia, but has decided to continue working at the mine.



Topic 4

In this topic you will learn how to:

4A Monitor own stress level

4B Recognise and minimise risk to self

4C Identify and respond to the need for supervision and debriefing

Care for yourself

When supporting people who are dealing with loss, grief and trauma, you can often succumb to stress-related disorders. Compassion fatigue, vicarious traumatisation and burnout are relatively common. You must be able to recognise the signs and symptoms of these conditions and have strategies in place to address them. Try to look after your own health and wellbeing by eating properly, exercising and getting enough sleep and relaxation. Your organisation should make sure you have adequate supervision, support and opportunities for debriefing when required. They should also encourage you to access external networks and expertise for your own support.

4A Monitor own stress level

Managing the risks associated with providing grief and bereavement support is the responsibility of both you and your employer. You must adopt self-care strategies to maintain your own health and wellbeing, and adhere to organisational guidelines for managing risks associated with your work.

It is important to work as part of the team and seek support from peers and supervisors.

Identify and reflect on your own emotional responses

A support worker's environment is one in which there may have been a lot of suffering, pain, distress, anger and grief. Family members and friends place their own demands on the worker. There may be emotional issues surrounding the end of a person's life. For example, taking a person off a life-support system can be a very emotional experience for the bereaved person. In Victoria, workers may be supporting a person with a terminal illness who has chosen voluntary assisted dying, so they can choose the timing and manner of their death. For these reasons and more, workers must be trained to cope with death and bereavement.



Workers need to maintain a steady, professional manner and display understanding, warmth and empathy towards others. They should also look after their own health and wellbeing. As there is often little time to grieve or to talk about their own feelings with others, stress levels for workers are often high.

Reactions to bereavement

Grief and loss may arouse in people many conflicting or bewildering feelings and emotions. Typical reactions include feeling sad, angry, relieved, stressed, tired, confused or guilty. The person may cry a lot and have trouble concentrating. The support worker dealing with family or carers after the death of a person may find the situation very emotional and suffer from related stress. The support worker will need to monitor their level of stress and be aware of a change in their own behaviour as a reaction to the workplace.

Unresolved grief may result in 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 emotional stresses, depression or physical illness.

After the death of a person, you may:

- ▶ have difficulty shifting from a curative approach to a palliative and supportive role where death is an inevitable and 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.

Responses to grief

Responses to grief may occur together or one after the other. You should allow everyone to grieve and cope in their own way. Grief is the normal response to loss and may include physical, mental, emotional and spiritual responses. These are usually associated with unhappiness, anger, guilt, pain, and longing for the lost person or thing. Remember, grief is a continuing development – feelings of grief may change over time. It is also a natural reaction, and occurs in response to many types of loss, not just death. It is also dependent upon the individual's unique perception of 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 what is known as pathological, or complicated, grief.

Pathological, or complicated, grief symptoms may include:

- ▶ pangs of severe emotion
- ▶ distressing yearnings
- ▶ feelings of incredible isolation and emptiness
- ▶ great difficulty undertaking tasks reminiscent of the deceased.

Raise issues with appropriate people

You should talk through the issues you have about death, dying and grief with your supervisor or an appropriate person with expertise in bereavement. This may be a bereavement counsellor, psychologist or clergy. It is useful to keep a list of contacts for easy reference – you may need them yourself or for members of your team.

Learn to recognise when this type of support is needed and take action to receive it so you 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.

Take action

Learn to recognise your reactions and how to deal with your emotions. This may 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 emotions are detailed below.

Crying

Others (team members, people, family members and carers) may be personally affected and this will impact on the calming, supportive environment that should be provided by the care team.

Coping strategies:

- ▶ 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 the tasks that your team members are relying on you to do.

Coping strategies:

- ▶ Your team should allow you time to grieve. This includes permission to cry, allowing you to be angry, not expecting you to return to work immediately and offering time to discuss how you feel.

Fear

You are unable to provide the support necessary to other team members, the person, their family members and carers.

Coping strategies:

- ▶ Have a colleague mentor or assist other workers through difficult times. They should be available at all times, 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.

Coping strategies:

- ▶ Access support from team members. Allow time to grieve. This includes permission to cry, allowing you to be angry, not expecting you to return to work immediately and offering time to discuss how you feel.

Silence

If you isolate your emotions and withdraw from future people who access the service following the death of a person, this may result in a lower quality of care and prevent effective care for other people accessing the services.

Coping strategies:

- ▶ Seek support from your team and organisation such as bereavement training or debriefing sessions. Also seek support from counsellors, therapists, psychologists or social workers.

Stress/burnout

If you are overly stressed or burnt out, you are unable to complete the tasks that your team members are relying on you to do.

Coping strategies:

- ▶ Draw on the expertise of health professionals within the organisation such as psychologists, social workers or therapists. They will suggest ways to cope such as maintaining your health, evaluating your priorities, giving yourself timeout and getting adequate rest and sleep. Draw on the expertise of external organisations to provide stress-management training and/or professional bereavement support.

Example

Monitor own stress level

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 to the people she is supporting with compassion and empathy. 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 problems and most of them do it with little support.

When she starts having intrusive thoughts and 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 being more helpful and supportive. She says that her only excuse is that she has been so overwhelmed with work herself. She suggests that Layla see a counsellor and take some time off work so that she can start to feel well again.



Practice task 13

1. List two reactions to grief and loss that might occur.

2. Briefly explain the concept of grief.

3. List three signs of emotional stress that may be shown by a support worker.

Click to complete Practice task 13

4B Recognise and minimise risk to self

Working in an emotionally stressful environment such as grief and bereavement support can lead you to experience stress-related conditions that adversely affect your ability to carry out your work effectively and enjoy life outside of work.

When working with people who are grieving and bereaved, you face a number of risks. You must be aware of these risks and know how to identify their symptoms. Risks associated with grief support may include:

- ▶ compassion fatigue
- ▶ vicarious traumatisation
- ▶ burnout
- ▶ inadequate supervision
- ▶ insufficient access to support in your organisation.



Compassion fatigue

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. Unlike burnout and vicarious traumatisation, which develop gradually, the symptoms of compassion fatigue may appear quite suddenly. Compassion fatigue can have an impact on you both professionally and personally. The symptoms and impacts of compassion fatigue are outlined below.

Symptoms

Symptoms of compassion fatigue include:

- ▶ confusion
- ▶ irritability
- ▶ lack of enjoyment in life
- ▶ stress and anxiety
- ▶ hopelessness and negativity
- ▶ isolation
- ▶ exhaustion and dysfunction.

Impacts

If affected, you may feel unable to carry out your work effectively and have difficulty 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 fatigue early can promote a quick recovery.

Vicarious traumatisation

Vicarious traumatisation occurs if you are deeply affected by and identify with the trauma and grief experienced by 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. Below are the signs and symptoms and impacts of vicarious traumatisation.

Signs and symptoms of vicarious traumatisation

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
- ▶ tiredness and lethargy
- ▶ questioning of values
- ▶ loss of interest in work.

Impacts of vicarious traumatisation

- ▶ Vicarious traumatisation affects your nervous system in a similar way to the person who has actually experienced the event. You may only need to witness trauma or be told about it to experience its symptoms.
- ▶ Vicarious traumatisation usually occurs gradually as you are exposed to the cumulative effects of loss, grief and trauma experienced by people accessing the service.
- ▶ If vicarious traumatisation is not recognised and addressed early, it may lead to depression, a sense of meaningless and purposelessness, and substance abuse.

Burnout

Burnout is the state of emotional, mental and physical exhaustion that occurs when you are exposed to stressful and emotionally demanding work for long periods of time. If you suffer from burnout, you feel overwhelmed and unable to cope with your job or the person's needs. Occurring gradually over time, burnout causes you to lose interest in your work or question its purpose, or to feel drained of energy and as though you have nothing more to give. Longstanding burnout may take time to recover from. The symptoms of and contributing factors to burnout are outlined here.

Symptoms

Symptoms of burnout include:

- ▶ helplessness and hopelessness
- ▶ depression
- ▶ disillusionment and cynicism
- ▶ fatigue and exhaustion
- ▶ detachment and loss of interest in life and work
- ▶ vulnerability to illness.

Contributing factors

Factors that contribute to burnout include:

- ▶ working long hours
- ▶ working in an emotionally stressful environment
- ▶ feeling unappreciated and unsupported
- ▶ trying to make do with limited resources.

Inadequate supervision

One of the main roles of a supervisor is to provide support and direction to the people working under them. This involves mentoring them 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 maintaining duty of care for the person. Organisations should ensure that all workers have access to appropriate supervision directly from their supervisor and experienced co-workers.

Without adequate supervision, you may:

- ▶ feel isolated and unsupported
- ▶ make mistakes
- ▶ experience high levels of stress
- ▶ lose interest in your work
- ▶ feel unappreciated
- ▶ fail to undertake appropriate self-care strategies
- ▶ feel compelled to make decisions related to your work that you do not have the authority or experience to make.

Insufficient access to external expertise

Being involved in traumatic or emotionally stressful work, 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. The impacts of insufficient help and the stress resulting from limited access to help are described here.

Impacts of insufficient help

Insufficient access to external expertise may cause you to:

- ▶ develop serious stress-related conditions
- ▶ fail to recognise or deal with your problems
- ▶ leave your job or end your career.

Difficulty in finding help

One factor that may cause you stress is the difficulty of obtaining external help for people accessing the services. This may occur when your service is situated in a remote area or the local professional service providers are booked out and have long waiting lists. Sometimes, this can result in trying to provide help to the person that you are not qualified to give.

Self-care strategies

To maintain your own health and emotional wellbeing, you need to monitor and take steps to minimise your level of stress at work. This means making sure you are aware of the signs and symptoms of stress disorders and undertaking appropriate self-care strategies.

Self-care strategies include:

- ▶ rest and relaxation
- ▶ exercise
- ▶ nutrition
- ▶ talking to others, especially trusted colleagues
- ▶ using self-reflection strategies, such as writing in a journal
- ▶ being aware of and respecting your own limits.

Supervision

Your organisation must ensure that you are adequately supervised and that you are encouraged to talk to your supervisor if you are experiencing symptoms of stress or trauma associated with your work.

Supervisors have a responsibility to ensure the wellbeing of their workers and to recognise the signs and symptoms of stress. You may be unaware that you are having problems or experiencing anything outside of the ordinary. Supervisors must be able to provide support and information, and make sure you receive the help and support you need.

Supervisors can help by:

- ▶ referring you to outside experts, when necessary
- ▶ ensuring you receive appropriate information and training in managing stress-related disorders
- ▶ listening to your concerns and providing guidance
- ▶ ensuring you undertake appropriate self-care strategies
- ▶ making sure that there is appropriate back-up in place to support you and allow you to have time out.

Debrief

You should have the opportunity to debrief after you have been involved in a stressful or critical incident, such as hearing about a person's stressful or traumatic experiences. Debriefing provides an opportunity for you to talk about what has happened and to express your concerns and feelings related to the incident or experience. Debriefing may be conducted by a supervisor or someone else trained to provide the service. Discussing your experience and reactions in a safe and supportive environment helps you to explore your concerns and recover more quickly.

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
- ▶ mobilise support resources both at work and at home
- ▶ provide information and prepare you for future reactions
- ▶ identify further sources of assistance, if necessary.

Appropriate support

You should never feel that you are working in isolation or without support. There will be many circumstances when you will need back-up, and organisations should have resources to ensure this happens.

Appropriate personal support may include having a supervisor or colleague to talk to or being able to call on colleagues for assistance. It may also include being able to take time off work when necessary. Most community services organisations have policies and procedures in place outlining how staff should support each other during crises or when a worker requests help.

External networks and expertise

External networks and expertise can provide organisations and workers with additional support and resources to help manage risks associated with stress-related disorders. Examples of external expertise and external networks are provided below.

Expertise

External expertise may include professionals such as doctors, counsellors and psychologists, who can assist you to manage and recover from conditions such as burnout, vicarious traumatisation and compassion fatigue.

Networks

Networks and communities among staff of related community services organisations share information and resources, organise professional development and training opportunities and foster supportive relationships between groups and individuals.

Example

Recognise and minimise risks to self

Jackson works with homeless people and finds that almost every person he comes into contact with has a story of loss, grief or trauma. He has seen many of his colleagues experience burnout and other stress-related disorders. 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 keeping interested in activities outside of work.



He is also aware of the strategies that 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 trauma, 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 networks and communities of practice.

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 of support.

Practice task 14

1. List three symptoms of compassion fatigue.

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2. Explain how vicarious traumatisation occurs.

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3. Give two examples of self-care strategies.

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Click to complete Practice task 14

4C Identify and respond to the need for supervision and debriefing

Access to appropriate supervision and debriefing is essential when supporting people who are experiencing grief and trauma. 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.



For a worker to maintain a healthy work environment and good health, support workers need to identify the need to access appropriate supervision and debriefing, and develop and implement appropriate strategies to access supervision and debriefing.

Identify the need to access appropriate supervision

Working with people accessing services who are grieving or experiencing loss or trauma is demanding and emotionally stressful work. It is important to be aware of the need to seek guidance and support through supervision. 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
- ▶ resolve any difficulties you are experiencing
- ▶ obtain information about resources and services
- ▶ maintain adequate self-care.

Your duty of care to the person

All community services workers have a duty of care to people accessing the service. This means that you must take reasonable steps to avoid acts or omissions that may cause or result in harm to a person or those around them. The following outlines what you need to take into consideration to meet your duty-of-care requirements.

Understand risks

People who have experienced loss and grief or trauma are emotionally fragile. You have a duty of care to ensure that you are aware of risks that a person who is grieving or experiencing trauma may face. For example, you should be aware that a person may be at risk of harming themselves if they make statements about not wanting to live anymore or that life no longer has any meaning for them. Any reference to suicide must be taken seriously. If a person makes statements such as these, you have a duty of care to take immediate action to obtain appropriate help for them.

Seek advice

Always seek advice from your supervisor if you are not sure what your duty-of-care obligations are in a particular situation. For example, if you think a person may be at risk but are not sure, consult your supervisor. Your supervisor should help you with:

- ▶ the safety of the person
- ▶ the safety of others
- ▶ taking appropriate precautions
- ▶ the legal and ethical principles relevant to the situation
- ▶ the policies and procedures of your organisation.

Always keep in mind that your supervisor is there to help you achieve the best outcomes for the person and for you.

Meet requirements

To fulfil your duty of care when working with people accessing the service, you should:

- ▶ adhere to all reasonable directions given by your supervisor or employer
- ▶ seek advice from your supervisor if you are unsure about what to do in a particular situation
- ▶ act in a way that a reasonable person in your position would be expected to act
- ▶ request help as necessary
- ▶ adhere to your duties as outlined in your job description
- ▶ provide the person with relevant information so they are fully informed about support options
- ▶ maintain the person's confidentiality, unless they are at risk of harming themselves or others or a court requires the information
- ▶ promptly document your actions clearly and accurately.

Maintain appropriate self-care

You not only need to address the person's needs for care and safety, but also your own. Supervisors can help you identify areas of self-care that you may be unaware of or are overlooking. They can also provide you with information and options for seeking additional support and learning.

When working with others who are experiencing strong emotions such as grief, loss and trauma, you must take extra care to look after yourself. If you do not maintain proper care of yourself, you cannot expect to help others in an effective way.



Identify the need to access appropriate debriefing

You should have the opportunity to access debriefing when you are exposed to a stressful incident at work. Debriefing aims to reduce any 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.

Debriefing sessions

A typical debriefing session involves a supervisor or other experienced person having a semi-structured conversation with you about a stressful or traumatic event that you have experienced. The person conducting the debriefing session is there to listen to and acknowledge your experience, and to help you examine your reactions to the event or incident. They also provide information to help normalise your reactions and to inform you about possible longer-term impacts and reactions.

The person carrying out the debriefing 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
- ▶ facilitate informed choice about options for ongoing support
- ▶ assess and confirm your wellbeing
- ▶ obtain feedback about the session.

Duty of care

If you are suffering from anxiety or other effects of trauma or stress, you cannot provide effective care and support for the person. Organisations need to make sure they provide opportunities for you to talk through stressful events and to resolve any issues or problems associated with the event. The following outlines when you should access debriefing and the consequences of not receiving effective debriefing.

When to access debriefing

You should access debriefing when you:

- ▶ have witnessed or heard about a traumatic event as part of your work
- ▶ have been personally involved in a crisis or 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 a stressful incident.

Consequences of not receiving effective debriefing

You may suffer a range of negative impacts, such as:

- ▶ having difficulty coping with the demands of your work
- ▶ experiencing stress-related problems that may impact your own wellbeing and ability to carry out your work
- ▶ having difficulty focusing on a person's needs
- ▶ breaking confidentiality by talking about an incident outside of work – this is known as indiscriminate debriefing.

Debriefing and self-care

The purpose of debriefing is to provide immediate support to you when dealing with emotional stress. Unlike supervision, debriefing is less concerned with helping you learn from an experience, but aims to clear your immediate reaction to the experience. If you do not have an opportunity to debrief after a stressful incident, you may experience a negative impact on your health and wellbeing. 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.

Effects of not debriefing on your health and wellbeing include:

- ▶ anxiety
- ▶ trauma
- ▶ loss of confidence and self-esteem
- ▶ feelings of inadequacy
- ▶ burnout, vicarious traumatisation and compassion fatigue
- ▶ difficulty sleeping
- ▶ substance abuse
- ▶ loss of interest in your work.

Develop and implement appropriate strategies to access supervision and debriefing

All community services organisations and workers should be aware of the need for staff to access supervision and debriefing when required. Organisations should have specific strategies in place for this to occur.

If you find your organisation does not have these strategies, or if they are unclear or poorly implemented, you may need to speak to your supervisor about developing and implementing appropriate policies and procedures.



Check organisational policies and procedures

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. Here are some guidelines to help you consider appropriate strategies.

Research options

- ▶ 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.
- ▶ It is also important for you to be informed and have an opportunity to discuss your needs with regard to supervision and debriefing. You may prefer to see an external expert such as a counsellor for debriefing, while others may be happy to debrief with their regular supervisor. Management should also be consulted so they can consider options within the organisation's resource constraints.

Assess 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 you 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?

Strategies for debriefing and supervision

There are several different strategies that workplaces may adopt to ensure you have access to appropriate supervision and debriefing. These may include a combination of the strategies outlined below.

Workplace supervision and debriefing

The supervisor is usually the community worker's team leader and, in many cases, they also provide debriefing when a worker is experiencing difficulties with their work or has experienced a crisis or stressful event. Those carrying out these roles need training to recognise and respond to workers experiencing stress-related conditions. They should also be able to recognise when a worker needs to be referred to a specialist for help.

Larger organisations may employ a range of professional staff so workers can seek help from a counsellor or psychologist. These people may have a designated role in debriefing following an incident and helping staff deal with work stress.

Organisations should have policies and procedures documenting when workers should seek supervision and debriefing, and who is responsible for providing these services.

Professional supervision and debriefing

Professional supervision and debriefing are increasingly common practices. A professional supervisor attends to the professional development of each worker and helps them deal with problems or concerns they may have regarding development. The professional supervisor does not supervise the daily work of staff and is usually not involved in a particular team.

One of the most important roles of a professional supervisor is to identify problems that workers may be experiencing and implement strategies to address these problems early. To be effective, sessions should be held on a regular basis, such as every two weeks or every month. Professional supervisors may also conduct debriefing sessions.

Peer supervision

Peer supervision is often used as an adjunct to other forms of supervision. It is an effective way of ensuring workers have the opportunity to discuss their work and emotionally unburden themselves with those who are working in similar environments and facing the same challenges.

Peer supervision is usually conducted in small groups. Its focus is on providing a non-judgmental and supportive environment for workers to share experiences and reflect on their practice. Peer supervision can only be successful if participants trust and respect one another and maintain confidentiality. Many workers find the support and advice of colleagues beneficial in helping them deal with the difficulties and emotional stresses associated with their work.

Implement strategies

Developing and implementing strategies to access supervision and debriefing involves determining strategies that are most appropriate for your organisation and its workers, and developing policies and procedures that clearly document the chosen strategies. It is important to note that most organisations use a mix of strategies. For example, they may rely on workplace supervision and debriefing most of the time, but 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.

Organisational strategies for supervision and debriefing

The following tips outline strategies that organisations may adopt to ensure staff members have access to appropriate supervision and debriefing.

Strategies for supervision and debriefing

- ▶ Have policies and procedures to indicate to whom the need for debriefing should be reported and when debriefing is necessary
- ▶ Provide regular ongoing supervision with a supervisor at least once per fortnight, depending on worker interaction and stressful circumstances
- ▶ Provide regular opportunities for workers to debrief with colleagues or their supervisors
- ▶ Ensure supervisors set aside time during team meetings to discuss stressful incidents
- ▶ Establish a peer-support network with regular meetings
- ▶ Ensure each worker has a manageable and balanced workload; that is, that no worker is supporting more people than they can manage
- ▶ Make sure there is a limit on the number of people a worker supports who are dealing with trauma or grief
- ▶ Ensure workers have adequate back-up if they are dealing with a critical incident or stressful event
- ▶ Provide continued professional development to help staff recognise conditions such as compassion fatigue, vicarious traumatisation and burnout

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 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 in acknowledging 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 that it is important that she looks after herself and always feels she can ask for help when she needs it.

Practice task 15

1. List three ways effective supervision can reduce a support worker's stress.

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2. List two factors you need to address to meet your duty of care to the person you are supporting.

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3. List two positive effects of debriefing for the support worker.

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Click to complete Practice task 15

Summary

1. Working with people who are grieving or experiencing loss or trauma is demanding and emotionally stressful work. It is important to be aware of the need to seek supervision.
2. You should have the opportunity to access debriefing when you have been exposed to a stressful incident at work.
3. All community services organisations should have appropriate procedures in place for debriefing workers.
4. To determine what guidelines and documentation your organisation has in place for accessing supervision and debriefing, check the policies and procedures manuals.
5. If you find your organisation does not have debriefing and supervision strategies or they are unclear or poorly implemented, you may need to speak to your supervisor about developing and implementing appropriate strategies.

Learning checkpoint 4

Care for yourself

This learning checkpoint allows you to review your skills and knowledge in caring for yourself.

Part A

1. List three reactions a person might experience if the level of stress becomes too high to manage.

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2. Describe how inadequate supervision can contribute to a support worker's feeling of stress.

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3. List three self-care strategies a support worker can employ.

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Part B

Read the case study, then answer the question that follows.

Case study

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, especially my mother. 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 hadn't felt so helpless. 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 in acknowledging that it must have been very difficult for her in that situation and that her reaction was perfectly normal, given the circumstances. 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 to work through them. Chris tells Jenny that she is a valuable worker and that it is important that she looks after herself and always feels she can ask for help when she needs it.

List three strategies that the supervisor employed in the debriefing session with Jenny.

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Topic 5

In this topic you will learn how to:

- 5A Reflect on outcomes during and after support is provided**
- 5B Identify where further support is required**
- 5C Review practices for continuous improvement**

Review support provided

All community services organisations must have processes for reviewing and evaluating the services they provide to the person accessing the service. Within this process, you should reflect on the outcomes you achieve with the person, which you can do by engaging in regular self-reflection and participating in reflective practice sessions with your supervisor and other team members. It is also important to consult with the person and other stakeholders to ensure the services you provide are meeting the person's needs, including their need for further support. By regularly reviewing practices, organisations and workers can achieve continuous improvement in the services they provide.

5A Reflect on outcomes during and after support is provided

Reflective practice is used widely in community services to highlight the need for thinking about and reflecting on work practices. The goal of reflective practice is to improve and achieve better outcomes. When you take the time to reflect on what you do, you gain knowledge and understanding, which allows you to become more responsive to the person's needs and concerns. Reflective practice is a form of continuous learning and professional development. It may be carried out alone (self-reflection) or it may involve discussion with a supervisor or co-workers.



Self-reflection

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 enables you to improve your own practice and achieve better outcomes for the person. Here is some guidance in helping you to practise self-reflection.

Use self-reflection

- ▶ When using self-reflection, consider your strengths, as well as areas you find difficult or think you need to improve. Over time, you will find that regular periods of self-reflection help you increase your skills and knowledge as you learn to think through issues, become more accountable for your actions and make better decisions.
- ▶ Self-reflection is most effective when carried out on a regular basis. Use a self-reflection journal for making notes at the end of every day. This helps to process the events of the day and consider what you need to do in coming days.

Questions to ask yourself

- ▶ Why did I make that particular decision?
- ▶ Did my own values and attitudes influence my actions or response to a person?
- ▶ Did I respond to a particular situation in the most appropriate way?
- ▶ Did I meet my own needs and/or the person's needs?
- ▶ What worked for the person? What could I have done to improve the outcome for the person?
- ▶ What did I do well? What did I do today that I could have done better?
- ▶ What can I learn from the experience?

Reflect on outcomes with others

As well as engaging in self-reflection, you will benefit by reflecting on the outcomes of your work with appropriate others, such as members of your team and your supervisor. To carry out your work effectively, you need access to appropriate supervision. Supervision allows you opportunities to reflect on the person's outcomes and make changes where necessary. Participating in group sessions, such as team or case meetings or peer group supervision also allows the team to consider the outcomes of their work as a group.

The advantages of team reflective practice include:

- ▶ identifying work practices that need improving
- ▶ improving outcomes for people
- ▶ focusing on an individual's needs and how these can be addressed
- ▶ reflecting on what both you and the team do well and where improvement is needed
- ▶ learning from other team members' experiences
- ▶ receiving support and constructive feedback from others
- ▶ identifying opportunities for learning and professional development
- ▶ building relationships with colleagues and supervisor
- ▶ ensuring duty-of-care obligations to the person accessing the service are understood and met
- ▶ identifying and discussing self-care strategies.

Seek feedback

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.

Request and receive feedback

- ▶ 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.

Accept and reflect on feedback

- ▶ 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 do not need to accept feedback that is not given in a fair or impartial way.
- ▶ 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.

Example

Reflect on outcomes during and after support is provided

Juanita keeps a journal for reflecting on her daily practice at work. She writes in the journal 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 so she can 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 16

1. List three questions a support worker could ask themselves when carrying out self-reflection.

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2. Identify three advantages of team reflective practice.

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3. Explain two ways to request and receive feedback.

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Click to complete Practice task 16

5B Identify where further support is required

As part of the process of reviewing and evaluating the grief and bereavement support that you provide, you need to consider whether a person's needs have changed over time and if they require further support. Take the below considerations into account when identifying if further support is required.

Identify changing needs

- ▶ Try to encourage the person to collaborate with you in reviewing the services they receive
- ▶ Always be ready to provide information about the different sources of support available and help the person consider their options
- ▶ Grief is a natural response to loss and is a process that takes time to work through
- ▶ People may have high support needs immediately after their loss, but in most cases their need for grief and bereavement support decline over time
- ▶ Some people who access the service may require further support, especially those who experience trauma, develop a complex grief response or have concurrent mental health concerns
- ▶ People who access the service may have other needs that require attention, such as housing and financial support needs

Revise plans

You should revise and update the person's support plans 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 these issues themselves, asking for changes to be made or requesting additional support as needed. Others may not recognise the need, so encourage them to consider options or sources of support to meet their changing needs.

Make sure all changes to the person's support plan are documented so that all the members of your team know what changes have been made.

When identifying if a person needs further support, consider:

- ▶ whether all the person's needs have been accurately identified
- ▶ whether the current support is meeting the person's needs
- ▶ what additional needs the person has
- ▶ whether the person's needs have changed
- ▶ whether the person is willing to have their current support changed
- ▶ whether the organisation can meet further support needs or whether the person needs to be referred elsewhere
- ▶ what the expected outcomes of further support are
- ▶ how the person might benefit from further support
- ▶ what specific informal or formal support the person requires.

Need for additional support

When working with someone who is grieving, it is important to identify the range of concerns they require help with. Some people move through the grief process with minimal support needs. Others may experience difficulties because of other concerns; for example, difficulties with the grief process, mental health concerns or other personal difficulties that affect their ability to resolve their grief. You need to be aware of these concerns and work with the person to identify appropriate sources of help and support. In some cases, the person may require further support from your organisation, or they may need to be referred elsewhere. Some details about these conditions or circumstances and considering protective factors are outlined below.

Conditions

- ▶ 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
- ▶ You can identify these concerns by asking direct questions, using active listening skills and by encouraging the person to talk about their circumstances and difficulties.

Protective factors

- ▶ You may need to consider the stress vulnerability model when considering a person's further support needs.
- ▶ This means taking into account protective factors in their lives such as:
 - the presence of supportive family and friends
 - good health
 - coping skills.
- ▶ People who have fewer protective factors and more risk factors are more likely to require further support.

Refer a person who has a mental illness

A person who is showing signs of depression or other mental illness should be referred to appropriate services for professional help. You are not required 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 the person for a mental health assessment with a doctor, community mental health service or other mental health professional.

You can access more information at: <http://aspirelr.link/sane>

Seek additional support

In some cases, such as where the person poses a threat to themselves or others, or is unable to cooperate because of acute symptoms of mental illness, you may need to call the police to intervene and have the person involuntarily taken to hospital for treatment. The following illustrates some of the services and sources of help that you can discuss with the person who needs further support.

Services and sources of support

- ▶ Complex grief reactions – counsellors and psychologists specialising in loss and grief, and bereavement support and self-help groups
- ▶ Mental health problems – community mental health services, GPs, psychologists, counsellors, and relevant support and self-help groups
- ▶ Substance misuse problems – AOD services, GPs, community health centres and relevant support and self-help groups
- ▶ Trauma – community mental health services, psychologists, counsellors, GPs and relevant support and self-help groups
- ▶ Homelessness or inadequate housing – government and non-government housing services, shelters and refuges
- ▶ Unemployment – financial support and employment services, training organisations and volunteering services

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 the 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 respectfully and discusses options with him, even though he is having trouble making decisions.



Practice task 17

1. What does a support worker need to have knowledge of to ensure adequate support for people accessing the service?

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2. List three factors you may consider to determine if a person needs further support.

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3. List two conditions that require additional support.

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[Click to complete Practice task 17](#)

5C Review practices for continuous improvement

Organisations and workers must be prepared to continually review their practices to help ensure the person's needs are addressed and identified outcomes are achieved. This should be done according to organisational procedures and in consultation with a range of stakeholders.

A focus on auditing and continuous improvement will assist in maintaining the organisation's policies and procedures and also improve support to people accessing the service.



Continuous improvement

Continuous improvement is the practice of continuously improving services to better meet a person's needs. It requires organisations to have processes in place to evaluate their practices, seek feedback from stakeholders (workers, people accessing the service and their significant others, and other service providers) and implement any necessary changes. Most organisations will have a plan for implementing continuous improvement.

A continuous improvement plan may cover information on how to:

- ▶ keep up to date with industry standards and developments in the field, including the latest research on best practice
- ▶ obtain feedback from stakeholders about practices
- ▶ monitor outcomes by reviewing records and documentation
- ▶ ensure staff have adequate opportunities for professional development
- ▶ review and make changes to practices to improve their effectiveness
- ▶ evaluate changes to practices.

Review practices

When reviewing practices, you need to consider the person's outcomes and whether the practices you are using are adequately helping the person. For example, if a service is providing support to a number of people who access the service to cope with loss and grief, but these people do not show signs of coming to terms with their grief over time, you should review what support they are receiving and consider changing this or obtaining additional support. The following explains the importance of reviewing outcomes and provides questions to ask in order to review practices.

Review outcomes

Reviewing the person's outcomes helps organisations and workers determine:

- ▶ whether the practices they are using are meeting the person's needs and helping them achieve their desired outcomes
- ▶ whether there are any problems with the practices being used
- ▶ whether the person would benefit from a change in approach
- ▶ whether workers need more training in the practices they are using.

Organisations must have procedures in place to evaluate their own services and make the required changes to better meet the person's needs.

Review practices

Ask the following questions when reviewing practices:

- ▶ In what areas do current practices work well?
- ▶ Are there enough opportunities for the person to provide feedback?
- ▶ Do current practices address the person's individual needs and responses?
- ▶ Do current practices support a range of options for formal and informal support?
- ▶ What issues are likely to affect practices now and in the future?
- ▶ How does the service maintain practices that are based on industry standards or other benchmarks of best practice?
- ▶ Are practices supported by current and relevant policies and procedures?
- ▶ How regularly are practice policies and procedures reviewed and updated?

Gather information

To review practices and evaluate their effectiveness, organisations should gather information from a range of sources, including workers, the person accessing the services, the person's significant others, other service providers, industry standards and best practice, and the person's records. Following is more information about each of these sources.

Workers

Workers must carry out the practices set out by an organisation's policies and procedures, and are often the first to realise that a particular practice does not work or could be carried out in a more efficient and effective way. It is important that you have the opportunity to suggest improvements to your supervisor or in team meetings.

The person accessing the services

The person accessing the services is the most important stakeholder. They have an important role to play in helping you review your practices. The people who access the services should be consulted on a regular basis to check if what you are doing meets their needs and what practices are or are not working for them.

Significant others

Significant others, such as family members, carers and partners, can provide useful input about a person's progress and whether certain practices meet their needs. They are able to observe behaviour that you do not see; for example, they may note that the person seems to be less emotional and is gradually taking up past interests again.

Service providers

Workers from other organisations and professionals, such as doctors or counsellors, can provide information about a person's progress. They may also provide information about what concerns the person still needs to address or how their needs are changing. They may suggest possible future directions in service delivery or the use of specific practices to support a person.

Best practice

Practices should be checked against industry standards and other benchmarks on a regular basis. This means keeping up to date with the latest research and evidence-based practice in the field and adhering to relevant industry standards; for example, aged care service standards. Attending training and development programs helps ensure you are aware of what standards and practices are relevant to your field and how these change over time.

The person's records

By reading back over a person's records, you can identify issues you have not addressed fully or areas where the person may need further support. Records are also useful for detecting patterns in a person's responses and outcomes. For example, it may become apparent that each person referred to a service commented that they did not find the service useful. In this type of situation, you need to consider why the service is not meeting the person's needs and plan to use an alternative provider.

Obtain feedback from people who access the service

Obtaining feedback from people accessing the service is important in understanding their individual differences and the range of responses they may have to loss and grief. The people accessing the service also have different preferences about the kinds of strategies they prefer. Besides discussing practice issues and outcomes with the person, you may also use feedback forms to obtain information about how well a service is meeting their needs. Feedback forms are useful for gathering information from the person that they may not be willing to discuss directly with you.

You should conduct consultations in a respectful, courteous and professional manner. Demonstrate a willingness to listen to the person's needs by using empathetic listening skills, asking questions and seeking clarification.

Maintain documentation

Write and maintain the person's documentation according to organisational guidelines. This means knowing what your role and responsibilities are and what reports you need to make. For example, if you observe changes in a person's behaviour, you need to document this in the person's case notes so other team members know to monitor and report any changes they notice. Ensure that you adhere to work health and safety

requirements, such as filling out incident reports or hazard identification forms. It is also important to ensure the security of both paper and computer-based records. Securely lock paper files in filing cabinets and close computer-based records after every use.

Record details and update files

Always keep in mind that records you write may be used as evidence in court; for example, to settle a negligence claim. In addition, under freedom of information legislation, a person may request access to their files. Make sure what you write is fair, objective, accurate and up to date. Use direct quotations as much as possible when you need to report what a person has said.

When writing the person's records, ensure that you:

- ▶ follow organisational policies and procedures about documenting information – these may vary between organisations
- ▶ write only facts about what you see, hear and do
- ▶ make sure you write in a clear and concise way so it is easy for other workers to understand your notes
- ▶ keep records up to date by documenting information as soon as possible after working with the person
- ▶ note important details so that anyone accessing the file has the most up-to-date information
- ▶ maintain person confidentiality; for example, make sure the person's files and records are stored securely on a password-protected database
- ▶ check your information to make sure it is accurate
- ▶ adhere to your organisation's work health and safety guidelines for using information technology and making incident reports.

Incident reports

To comply with work health and safety guidelines, you must ensure that you fill out case notes and incident reports when you are involved in an incident that places you at risk of harm. Incident reports clearly document what has taken place and what actions you took in response. A critical incident might be an accident or a situation where a person is harmed or is at risk of harm.



Information technology and health and safety guidelines

Each workplace must have work health and safety policies and procedures. Under work health and safety legislation and in accordance with organisational policies and procedures, you have a general duty of care to ensure you work in a manner that is not harmful to your own health and safety or the health and safety of others. As part of daily work, most community services workers use information technology (IT) for research, communication and writing reports and case notes. The following outlines some guidelines relating to the use of IT.

Use IT

Using IT effectively involves:

- ▶ following organisational guidelines for making electronic reports and conveying information by email; for example, you may be required to enter the person's records in a database or use an online incident form when reporting an incident
- ▶ protecting the safety of personal information and the person's information when you use IT, including emails and databases
- ▶ keeping the person's electronic records up to date.

IT and WHS

Your organisation's work health and safety guidelines for using IT safely may include:

- ▶ taking regular breaks to avoid occupational overuse injury (OOI)
- ▶ using breaks to walk around or do exercises such as shoulder-rolls and eye exercises
- ▶ making sure your workstation is set up to suit your ergonomic needs; for example, having your feet flat on the floor
- ▶ maintaining correct posture while at your desk
- ▶ ensuring adequate lighting.

Example

Review practices for continuous improvement

Part of Anya's responsibilities as a supervisor at a large inner-city aged care residence 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. When doing so one month, Anya notices that there is no reference to wearing disposable gloves when attending to injuries where blood is present. She immediately makes a note of the deficiency in the WHS logbook and reports it to the manager the following Monday morning. The procedures are subsequently updated to include this requirement.



During a regular team meeting, Anya leads a discussion about how consistently the team meets accreditation standards. She presents a display relating to sustainability in the environment, to support her team with knowledge about more sustainable ways of operating the service. Anya checks the performance appraisal records of her team and observes team members as they go about their daily work. She makes notes about how consistently they follow policies and procedures. She realises from the appraisals that a number of team members feel unskilled to support consumers with medication, so she arranges a training session for the team.

All of the activities and new procedures that Anya has undertaken form part of the continuous improvement register. At the time of entry into the register Anya also documents a review timeframe and notes the person responsible for completing the follow-up audit.

Practice task 18

1. Identify two examples of information that may be included in a continuous improvement plan.

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2. List three questions to ask when reviewing practices.

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3. Explain how you would ensure your organisation maintains best practice.

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[Click to complete Practice task 18](#)

Summary

1. Always take time to reflect on the outcomes of your work, both while you are providing support and afterwards. Reflecting on the outcomes of your work helps you integrate knowledge and experience, which leads to better outcomes for people accessing the service
2. 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.
3. 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.

Learning checkpoint 5

Review support provided

This learning checkpoint allows you to review your skills and knowledge and identify areas that could be improved.

Part A

1. List five questions that organisations might ask when reviewing practices for continuous improvement.

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2. When identifying if a client needs further support, what should workers consider?

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Part B

Read the case study, then answer the question that follows.

Case study

Juanita keeps a journal for reflecting on her daily practice at work. She writes in the journal 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.

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. Susan has little experience in supporting people who are grieving and is not sure how she should respond. She notes that Tony seems very depressed and that he says he cannot see the point in living any more, but she is not sure if he really means this. She is feeling a bit overwhelmed with her job at the moment and is finding it hard to focus on the person's needs.

When she attends her regular supervision sessions, she takes her journal so she can 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.

Her daily journal entries help her document how she is gaining skills and knowledge and any training and professional development opportunities that may be helpful.

How can reflective practice in a team environment assist Juanita with continuous improvement in her role as a support worker?

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