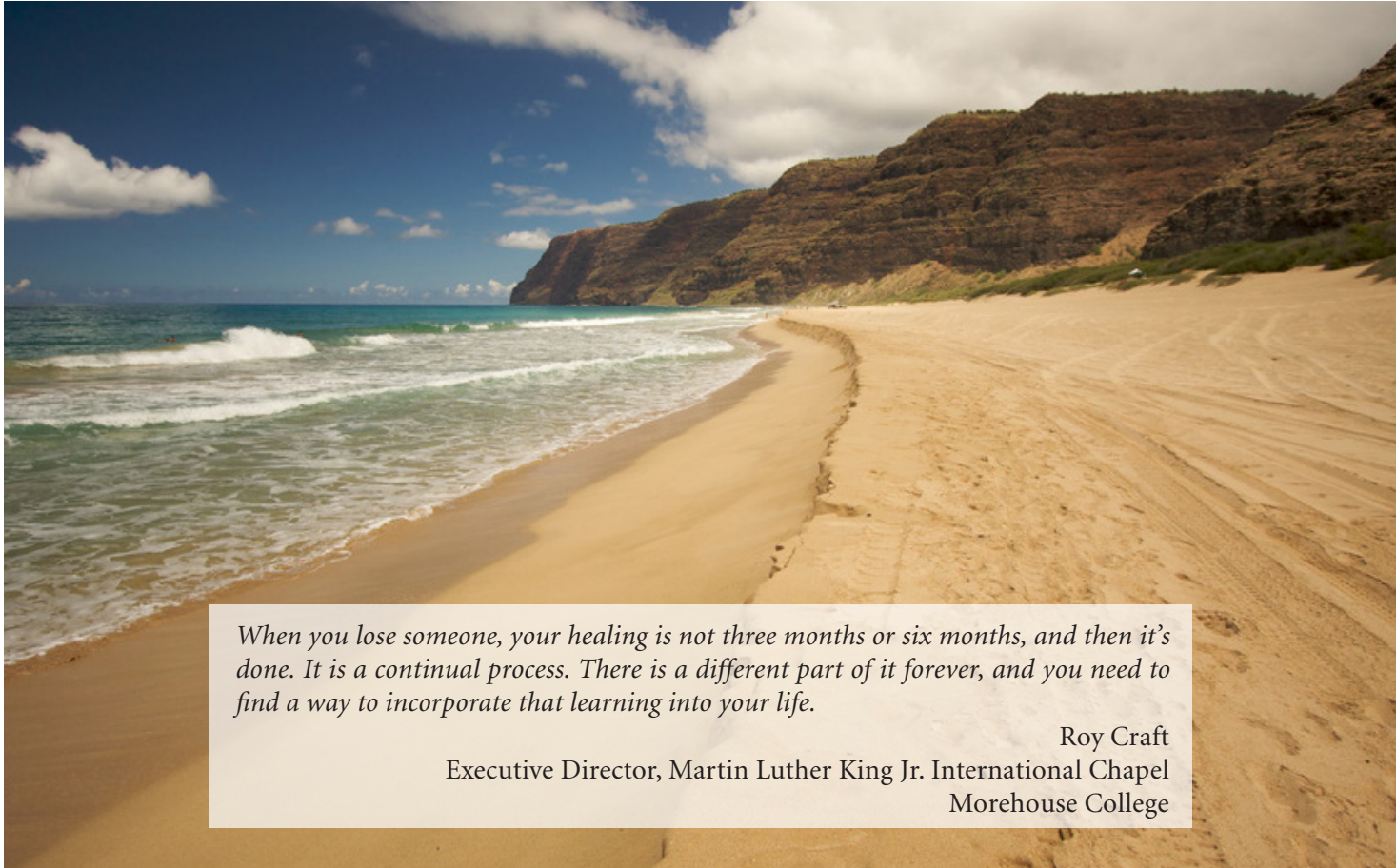


Confronting Loss

Fostering Resilience

Coordination of Bereavement
Support Provided by Communities

University of Georgia
Sponsored by the Association for
Clinical Pastoral Education



When you lose someone, your healing is not three months or six months, and then it's done. It is a continual process. There is a different part of it forever, and you need to find a way to incorporate that learning into your life.

Roy Craft
Executive Director, Martin Luther King Jr. International Chapel
Morehouse College



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Letter to Faith Leaders


If it seems that you are presiding over an increasing number of funerals, know that your experience is real. In Georgia, one million persons were newly bereaved in 2011 and 2012. This means that one in ten persons is actively grieving. This level of loss is having a negative effect on the general health of our state. Our studies show that loss has a negative effect that can linger for as long as ten years. This lasting impact is most pronounced when there is the loss of a parent, spouse, sibling or child. With the death of these special persons, we see an increased risk for overnight hospitalization, 20 or more doctor visits, clinical insomnia, smoking, and obesity. Bereaved persons without health insurance are also more likely to have these experiences after a loss.

Community leaders are the *first responders* in this epidemic of grief. The University of Georgia is working to develop measures to counter this rising tide of grief-related illness. We have developed public health measures to supplement spiritual and emotional support offered by those working every day with bereaved families. To give you an example, our research shows that mild physical activity – like walking for 30 minutes or more each day – can decrease the risk of hospitalization by half. Something as simple as

walking groups for the bereaved might become a form of ministry administered by volunteers. With a grant from the Association for Clinical Pastoral Education, we developed this booklet. It reflects data from our recent work and includes insights that we have gathered from other faith communities.

The well-being of one person can have health effects on others in their familial and social networks. More than ever before, we need an organized response to grief. Coping with grief is the joint work of entire families and whole communities. In my work as a physician and a university researcher, I recognize the important role faith leaders play in supporting bereaved individuals. I have also become convinced of the value to communities of conversations that bring together congregants, faith leaders, with medical, legal, and public health professionals. It is my hope that this booklet will help encourage and facilitate conversations within and among your communities, resulting in better coordination of care for those who are grieving the loss of loved ones.

This booklet is designed to support and inspire you in your ministry to address the following needs:

-  promoting survivors' well-being and resilience
-  expanding your faith community's capacity to support its members in grief
-  integrating approaches to grief support within your local community

Faith leaders play an extremely important role helping grieving individuals and families cope and heal. By recognizing the long-term consequences of grief, you can encourage your community members to respond to grief in ways that support overall health and well-being. In addition to offering solace and emotional support, faith communities can also play an active role helping families restore lost social and financial resources. In the end, we all need bereavement care that promotes resilience and fosters well-being. I would love to hear from you. Please feel free to use the email below.

Sincerely,
Toni P. Miles, M.D., Ph.D.
University of Georgia,
ugamiles@gmail.com



Grief Experiences

We often think of grief as response to the loss of a loved person. But significant grief can be experienced in relation to losses and changes of various kinds, including loss of work or home, or even the loss of an ideal or other object of faith. As you likely well know from experiences both lived and witnessed, grief is less a state than a process with no clear or “normal” symptoms or time frame. Every person grieves a bit differently, and grief experiences can continue on long after the event of a loss. Even though grief can express itself differently in different people, it is still important to recognize and attend to its psychological and physical symptoms. The physical experience of grief can lead to new illnesses or trigger existing ones.

Grief can begin before a loss takes place

Grief experiences do not only follow upon the loss of a beloved, but also can occur in the months and weeks that precede the event. This is sometimes called *anticipatory grief*, and its symptoms, if left unaddressed as they occur, can just as much contribute to health complications as those that follow after a loss. Anticipatory grief can be especially problematic for those who serve over long periods as caregivers for sick or disabled loved ones. Caregiving

Grief following a loss can be intense

You may have heard or used the term *acute grief* to describe the painful and sometimes debilitating symptoms that follow immediately upon the experience of a loss. Some physical symptoms of acute grief include:

- Trouble sleeping at all or sleeping too much
- Chest or stomach pain or aches
- Appetite change resulting in weight loss or gain
- Trouble concentrating
- Pushing oneself to extremes
- Extreme fatigue
- Disengaging from work or social/family life
- Feeling, seeing, or hearing the dead
- Flawed judgment and thinking
- Wailing or crying
- Headaches/migraines
- Trouble remembering
- Irritability
- Reduced work capacity
- Abrupt changes in mood
- Uneasiness about moving on

responsibilities can increase risk of negative psychological and physical health effects.

Grief can intensify over time

Changes in behavior should be noted, and extreme changes in behavior should be monitored carefully, as they can make those who experience them more prone to ill health. As a first responder, you may find it appropriate to ask about and even track these symptoms, and you may need to take the initiative directing individuals to medical care or other community resources.

When the symptoms of acute grief worsen over time rather than improve, they can transform into a debilitating health condition known as *complicated grief* and requiring treatment. The factor of time is key to determining whether grief has become complicated.

Symptoms of complicated grief include

- Trouble accepting the loss
- Inability to trust others
- Excessive bitterness
- Engagement in reckless or self-destructive activity
- Detachment from formerly close others
- Feelings of the meaninglessness of life
- Extreme focus on the loss
- Inability to enjoy life
- Trouble carrying out normal routines
- Numbness or resignation
- Euphoria
- Irrationally strong feelings of resentment toward the living
- Agitation
- Intense longing or pining for what has been lost



Health Risk Factors

Having support decreases risk for illness after a loss. Support may come in the form of family members, friends, hospice services, community groups, and the like. Those most at risk for ill health after a loss include:

- unsupported caregivers of terminal patients
- individuals with chronic illnesses
- individuals taking multiple medications
- parents who lose children—of any age
- those experiencing sudden, unexpected losses, especially from violent crime, accident, or war
- children and teenagers who lose a parent
- individuals with clinical depression or other psychiatric illnesses

You can begin to assess an individual's risk for ill health after a loss by asking the following handful of questions:

- Do you feel overwhelmed?
- Do you feel isolated from family and friends?
- Did you feel prepared for the loss of your loved one?

For every “yes” response, encourage the individuals to share more details and listen carefully for ways you can help. Remember that attentive listening itself can make a grieving individual feel acknowledged and supported.

ALLEVIATING RISK

Likely you have great familiarity with the variety of *emotional supports* that can aid the grieving. These can be as simple as quiet presence, affirmation, attentive listening, laughter, appropriate touch, and allowing expressions of grief rather than dismissing or attempting to end them. Emotional support can also include referral to trained professionals for treatment interventions like therapy and medication.

Consider also these *protective factors* for keeping negative health consequences at bay:

☞ *Physical*: engaging in physical activity, eating a balanced diet, getting uninterrupted sleep

☞ *Financial*: securing sufficient health insurance, preparing for benefits transitions, getting help with budgeting or financial planning, getting information and advice to make informed decisions

☞ *Social*: getting assistance with the tasks surrounding a loss and developing the skills that will facilitate life changes such as seeking employment, changing residences, or navigating altered relationships with family and friends

Adverse effects of bereavement also can be addressed through preventive treatments delivered to family caregivers *prior* to the death of their loved ones.



Roles for Faith Leaders

CREATING SUPPORTIVE COMMUNITIES

Imagine a community in which concern about high quality of life directly involves recognizing caregiving, dying, and grieving as important aspects of life. This community might have the following characteristics:

- Faith communities, schools, social and other associations whose agendas regularly include issues and activities pertinent to caregiving, dying, and bereavement
- A population in which people support, and feel supported by, one another during times of caregiving and grief
- A population of individuals who have prepared for loss through discussions with family, friends, neighbors, and healthcare and other professionals

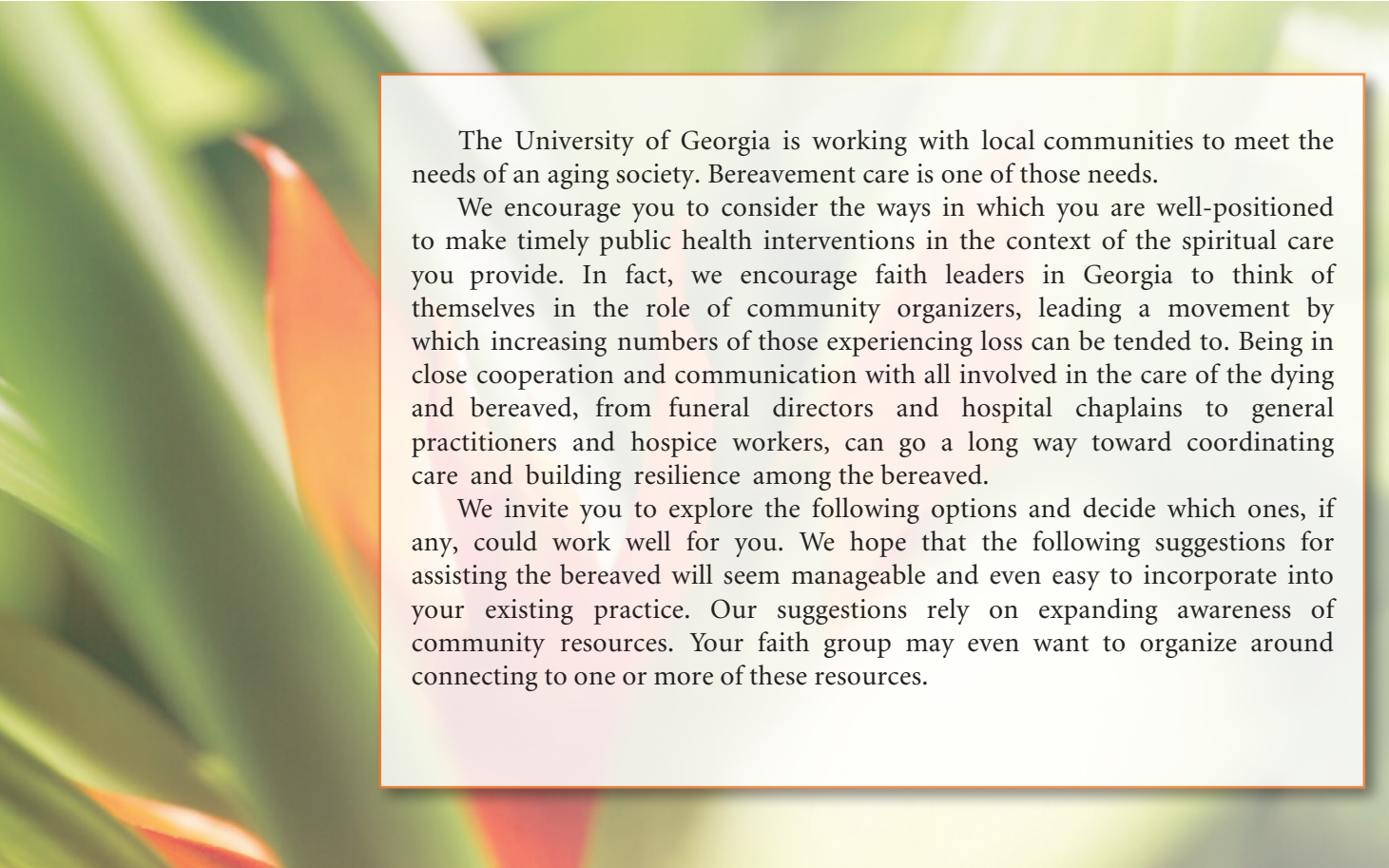


As a trusted leader, you have the potential to foster a culture of discussion and activity around these issues.

We acknowledge that communities have varying levels of willingness toward supporting one another during illness, caregiving, and grief. Different communities also have unique interests, patterns of engagement, attitudes, and expectations governing their interaction.

Determining the level of interest and engagement within a community can help determine which steps could be taken to support its members. For some communities, this support may involve smaller gestures, in others – the addition of whole new outreach efforts.

Although movement toward goals such as these can take years of concentrated effort, we encourage you to reflect on which activities or programs might improve, even slightly, the life of your community right now or in the very near future.



The University of Georgia is working with local communities to meet the needs of an aging society. Bereavement care is one of those needs.

We encourage you to consider the ways in which you are well-positioned to make timely public health interventions in the context of the spiritual care you provide. In fact, we encourage faith leaders in Georgia to think of themselves in the role of community organizers, leading a movement by which increasing numbers of those experiencing loss can be tended to. Being in close cooperation and communication with all involved in the care of the dying and bereaved, from funeral directors and hospital chaplains to general practitioners and hospice workers, can go a long way toward coordinating care and building resilience among the bereaved.

We invite you to explore the following options and decide which ones, if any, could work well for you. We hope that the following suggestions for assisting the bereaved will seem manageable and even easy to incorporate into your existing practice. Our suggestions rely on expanding awareness of community resources. Your faith group may even want to organize around connecting to one or more of these resources.

ASSESS YOUR COMMUNITY

We asked people who had experienced recent losses: “what do you really need?” and what they said was “we just need somebody to listen.”

— *Dr. Wilson Lattimore, Jr.*
Pastor, Chestnut Grove Baptist Church
Athens, GA

Ask yourself how the people within your community care for and support one another during dying and grief. To what extent and in what ways do grieving members rely on support from within your organization?

Identify and prioritize the needs of grieving people in the community to determine interventions or approaches that will be most appropriate. Conduct a survey of those you serve better to determine their specific needs, interests, and capacity to undertake new projects or fortify existing ones.

SET THE SCENE

An important part of driving change in one's community is giving others a broad view of the activity surrounding bereavement.

The following suggestions come from one clergy member's reflections on achieving that aim.

- ☞ Foster mutual good will and links between local organizations, so that the care of the bereaved is a communal responsibility, both in the early and in the ongoing phases of grief
- ☞ Offer an annual service of thanksgiving for those who have died during the year, with a personal invitation to bereaved people, and with refreshments afterwards to help build links within the community
 - ☞ Through your words and actions, help the congregation appreciate the importance of caring for the bereaved
- ☞ Define the tasks and aim of a community bereavement effort, and structure that effort so that it operates without great turnover and with proper training and support for those engaged in it
- ☞ Gain community members' backing by finding out what services or projects they are most interested in and capable of supporting or sustaining
 - ☞ Be available to complement and motivate those who take on this work

MAKE REFERRALS



An important early step is identifying existing resources within your community. A good referral can be the best counsel you can offer.

Tap people and resources you already know and whose work you know to be trustworthy. The Resources page in this booklet can help you begin to expand your referral network.

Remember that community members can work together to locate existing support services and determine whether or not these are meeting their needs.

EDUCATE YOUR CONGREGATION



Arrange for members of the following professions to speak with those you serve:

- *Hospital Physicians*, who can describe the physiology of death and grief and talk about end of life care
- *Licensed Psychologists or Psychiatrists*, who can help describe the grieving process as well as help community members recognize signs of psychiatric illness and make appropriate referrals
- *Lawyers*, especially those familiar with elder law and end of life planning, including advance directives and Georgia Physician Orders for Life Sustaining Treatment (POLST)
- *Financial Consultants and Insurance Experts*, especially those versed in end of life planning, and Medicare and Medicaid programs

CONVENE A GROUP FAITH COMMUNITY LEADERS

Training in offering assistance to the dying and to the bereaved is not the same either across faith groups or within them. Even faith leaders who share similar training may have very different experiences, values, and attitudes and different levels of comfort. They may also provide end-of-life and bereavement care services with varying frequencies and within differently arranged organizations.

Likely, though, faith leaders have all faced barriers to providing spiritual care during times of illness, dying, death, and grief. There may be interesting and informative comparisons to be made among faith leaders regarding perceived barriers or regarding patterns of communication with health care professionals, hospital chaplains, funeral directors, nursing home personnel, licensed therapists, and others.

Faith leaders who have gathered for ongoing training and discussion have found it helpful to compare experiences and especially helpful to address the following two topics.

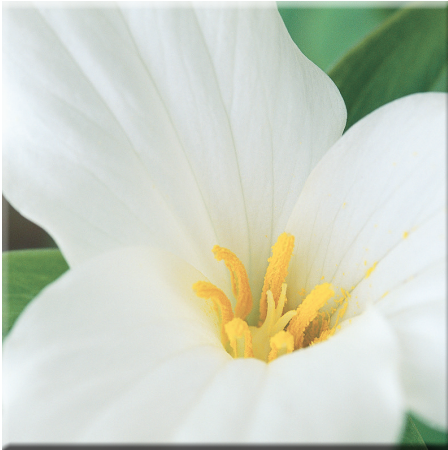
SELF-CARE – A leadership group might work together on the following: Identifying factors that can exacerbate stress in caring for the dying and bereaved; Describing work strategies that can facilitate self-care; Describing individual strategies that can facilitate self-care.

ROLE AMBIGUITY – Often, there can be a confusion of roles between community or congregational leaders and hospital ministers or chaplains, or confusion between the roles of faith leaders and of physicians, nurses, and lay persons engaged in bereavement care. A discussion of roles might include inquiry into what to expect of oneself, what peer professionals expect, and what the general public knows and expects.

What do you need to do to take better care of yourself?

Consider your own habits and choices.

What is one self-care activity you could incorporate into your daily practice starting today?



What would it take to talk with other faith leaders?

Consider which concerns might promote interfaith conversation about bereavement care.

Which topics seem ripe for coordination of efforts or partnerships across faith groups?

ESTABLISH A LAY BEREAVEMENT MINISTRY

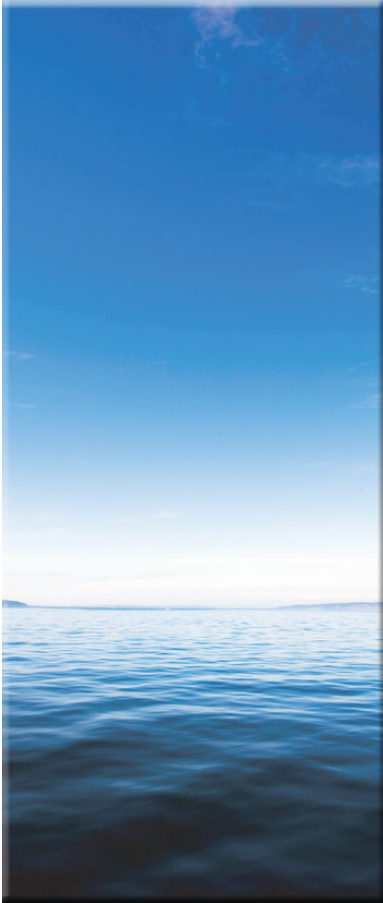
Successfully moving forward after a loss involves moving between processing the loss emotionally and engaging in resilience-building activities like adjusting to a changed environment and developing new roles, identities, and relationships. Thorough bereavement care strives to attend to both emotional and practical needs.

Before beginning a lay intervention, consider how the following aspects of that outfit might be fulfilled:

- Appropriate selection, education, and training of layperson teams
- Team supervision and support
- Rituals for team recognition and appreciation
- Record keeping and follow up mechanisms

Roles for lay persons might include:

- ☞ First Responders: pairs of community members who arrive on the scene of hospitalization events to offer comfort and immediate assistance
- ☞ Visitors: team members who engage as good neighbors of the bereaved, making regular contact, general social conversation, helping with practical matters, and staying alert to any particular needs
- ☞ Befrienders: those who more actively offer help and who are more aware of bereavement processes, tracking signs of concern, and accompanying bereaved people on relevant tasks (like visits to the Social Security office)
- ☞ Counsellors: those who, properly trained, respond to the emotional and psychological needs of the bereaved, with insight and knowledge to deal with grief and make appropriate referrals for additional help if necessary



An organized bereavement effort might involve appropriately timed and tracked points of contact. If they are willing, persons with relatively recent personal experience of loss may make good contacts for the newly bereaved. A **CONTACT SCHEDULE** for someone mourning a lost love could look like this:

Visit 1 as soon as possible after death or loss and before funerary rites. This visit should be preceded by reflection on how the cause of death might affect the reactions of the bereaved. This visit is to listen, comfort, offer practical help, and gain information on the level of support readily available. Someone with accurate knowledge of the administrative duties surrounding a death — where to register deaths, obtain documents, claim benefits — would be ideally suited for this visit.

Visit 2 within 3 or 4 weeks of the loss. This visit is for assessing ongoing needs of the bereaved and the support received from other family and friends. This is a good time to be aware of teens and younger children and to recognize the needs of the family as a whole.

Visit 3 around the 3-month period. This visit is for responding to the bereaved wherever they are in their grief, watching for signs that the bereaved may be struggling, and considering appropriate additional interventions, including support groups.

Visit 4 (or phone call, card, or letter) acknowledging holidays, birthdays, wedding anniversaries, and the first anniversary of the loved one's death.

ESTABLISH GRIEF SUPPORT GROUPS

Successful support groups might be structured in a number of different ways, but should include efforts to educate bereaved individuals about techniques for working through grief and connect bereaved individuals to other survivors. However the groups are organized, it is important that they facilitate exploration of grief in a confidential and warmly supportive setting.



Before putting together grief support groups, consider the following questions

- Will the group(s) be closed or open (registration or drop-in)?
- Will the group(s) have a set period (6 weeks, 8 weeks, indefinite)?
- Will the group(s) have a limit to the number of attendees (8-12 people) or a minimum number (4)?
- Will the group(s) be organized by age (children, older adults), by type of loss (parent, sibling, spouse), or both?
- Will group members be asked to commit to attending a whole series of meetings?
- Who will facilitate the group(s) (bereaved peer volunteers, volunteer professionals)?
- How frequently and for what length of time will the group(s) meet (once a week, in 2-hour sessions)?
- Where will the group(s) meet (on site, in someone's home)?
- Will there be an overall trajectory, organizational structure, or agenda for the meetings?
- Will participants be asked to do any preparatory work (e.g., readings) before attending sessions?

Hospice offers one model for the coordination of support services.

Hospice offers bereavement counseling for 13 months after the death of a loved one, to help the newly bereaved adjust during the beginning stages of grief. In addition to individual counseling, Hospice may offer a variety of grief support groups, including groups that are open to the whole community at no cost. For example, Columbus Hospice, Inc. (which serves Chattahoochee, Harris, Marion, Meriwether, Muscogee, Schley, Steward, Talbot, Taylor, and Webster counties in Georgia) offers four programs specifically tailored to grieving adults, in addition to its many other services. These include:

- ☞ Individual, family, and group support counseling in or out of one's own home.
- ☞ A six week grief workshop providing education and tools to assist with grief and loss.
- ☞ Grief support groups facilitated by licensed professional counselors.
- ☞ Open peer grief support groups for those at any point in their grief journeys to make new friends and network with people who have also had deaths in their lives.

Support group interventions that provide a service upon request tend to yield better results than those offered as general outreach programs. These groups might be informal, as when people with similar losses meet to explore their grief, or more formal, as when group sessions are organized to meet regularly and with guidance over the course of several weeks or months. Interventions later in bereavement (after several months or years) are often more effective overall, since participants may have achieved some reflective distance from the experience of acute grief.

SUPPORT PRACTICAL ACTIVITIES

Are there talented members of your community who are knowledgeable about, and willing to be called on to help facilitate, the following?

PHYSICAL HEALTH: walking, swimming, or other exercise programs, meetings to discuss health choices, or relaxation and stress-relief workshops

FINANCIAL WELL-BEING: presentations or printed information to help make informed decisions, or one-to-one assistance securing sufficient health insurance, preparing for benefits transitions, budgeting, and financial planning

SOCIAL THRIVING: assistance developing or re-invigorating skills that will facilitate life changes such as moving, seeking employment, or navigating altered relationships with family and friends





Resources for Building Partnerships

More information about state-wide and national bereavement and resilience support can be found at the following websites:

Build Partnerships

As the number of people experiencing a significant loss continues to increase, supporting the bereaved requires more and more of our attention. Building a record of successful bereavement support in your community requires strong professional relationships with vetted partners.

AARP Georgia Chapter
states.aarp.org/category/Georgia

Administration on Aging
aoa.gov

Bereaved Parents of the USA
bereavedparentsusa.org

Caring Connections
caringinfo.org

Compassionate Friends
compassionatefriends.org

The Dougy Center
dougy.org

Financial Planning Association of Georgia
fpaga.org

Georgia Department of Community Health
dch.georgia.gov

Georgia Division of Aging Services
aging.dhs.georgia.gov

Georgia Hospice and Palliative Care Organization
ghpco.org

Georgia Hospital Association
gha.org

Georgia Legal Aid
georgialegalaid.org

Heal Grief
healgrief.org

Hospice Foundation of America
hospicefoundation.org

Memorial Society of Georgia
memorialsocietyofgeorgia.org

National Alliance for Grieving Children
childrengrieve.org

National Organization of Parents of Murdered Children

pomc.org

Tragedy Assistance Program for Survivors, Inc. (TAPS)

taps.org

YMCA
ymca.net

YWCA
ywca.org

A FINAL WORD

This booklet is about bereavement that promotes resilience.

The booklet builds on strategies that have been used by other faith communities in Georgia and across the United States.

We found the Hospice Foundation of America (HFA) audio series and companion guide:

Clergy to Clergy: Helping You Minister to Those Confronting Illness, Death, and Grief

(available for purchase at hospicefoundation.org) to be a very helpful resource. Here is what HFA has written about the series:

Clergy to Clergy was developed to provide clergy members with a way to learn more about bereavement, and to help them both minister to their communities and see to their own needs as caregivers. This audio series will help clergy reach out with increased compassion for, and sensitivity to, the special needs of the bereaved. The Resource Guide outlines the main points of the discussion and provides additional resources related to each topic. Disc six of *Clergy to Clergy* is intended for outreach and as a resource for bereaved families.

We hope you will be inspired by the actions of other people like you.

Ask what is needed.

Try to meet the need.

Reflect on results and revise your approach accordingly.

We welcome you to tell us about your experience.

We welcome your suggestions as well as information about practices that you would like to share or recommend to others.



There has to be a source of strength and grace to heal and to see a person through loss and beyond herself. We need to help people identify and draw upon their sources of spiritual strength – regardless of religion or beliefs.

First of all, you learn that it's a ministry of presence. You don't try to impose your own agenda. You are there to listen and help facilitate who people are and the discovery of their own way to deal with grief so they can own it. You learn not to offer platitudes. That's one of the most important lessons for a clergy person: to avoid platitudes and say as little as possible – something as simple as “I don't know how you feel but my heart goes out to you. We'll be here for you.” The ministry is sometimes as simple as a cup of cold water and a box of tissues.

—Mark Tjepkema, Chaplain
St. Mary's Health Care System



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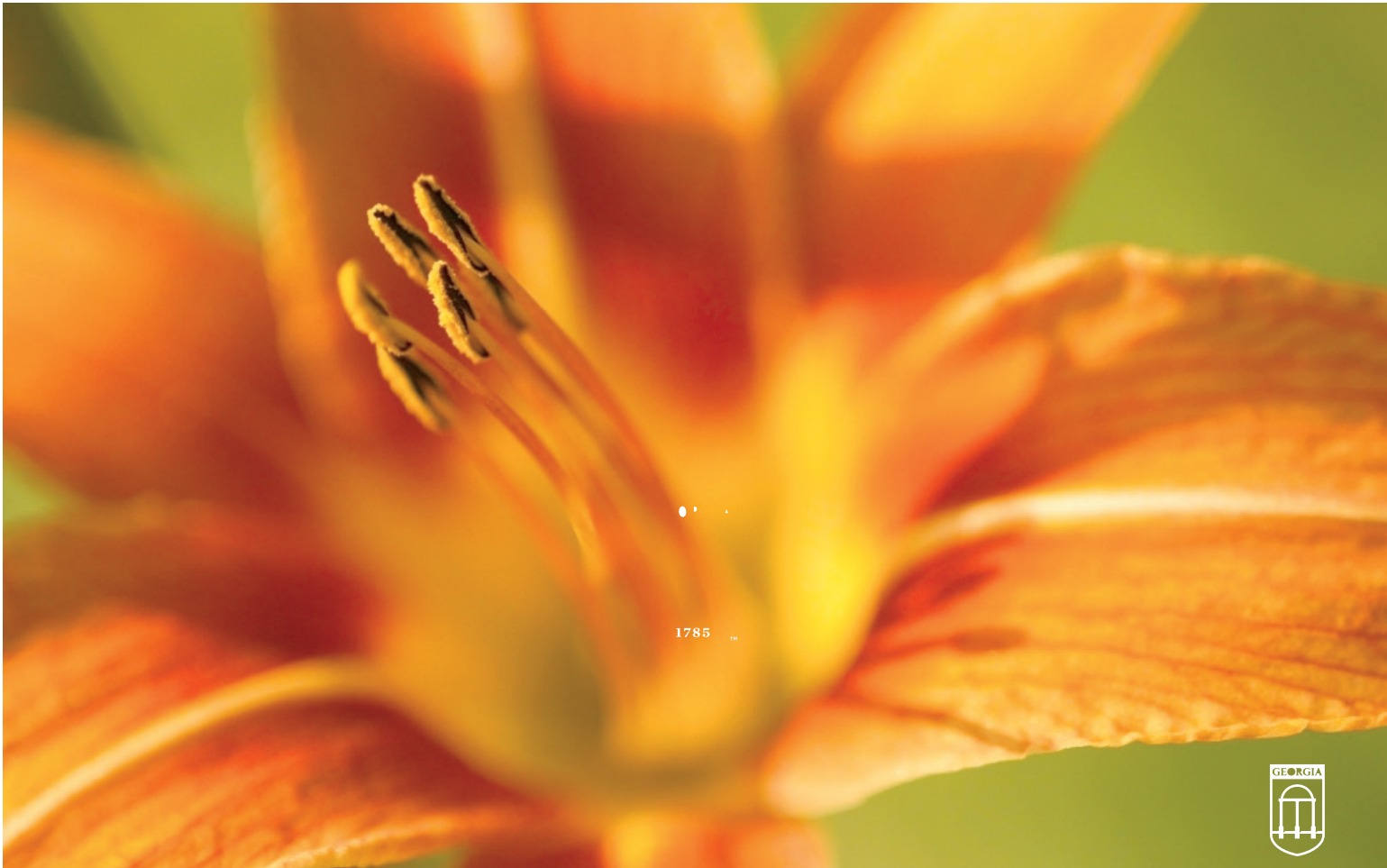
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