

IMPACT DEBRIEFING TOOL KIT FOR MANAGERS

A Resource for Managers
and Supervisors Supporting
Individuals and Teams
Responding to Traumatic Loss
Events, Overdoses, Deaths
and Non-Death Losses

Y. Perreault
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IMPACT DEBRIEFING TOOL KIT FOR MANAGERS



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Some of the materials included were sourced from manuals and workshop exercises produced or adapted by the AIDS Bereavement and Resiliency Program of Ontario (ABRPO) during the course of delivering core grief and loss training programs. All ABRPO materials have been referenced. Perreault served as co-founder of ABRPO and Director from 1994-2018.

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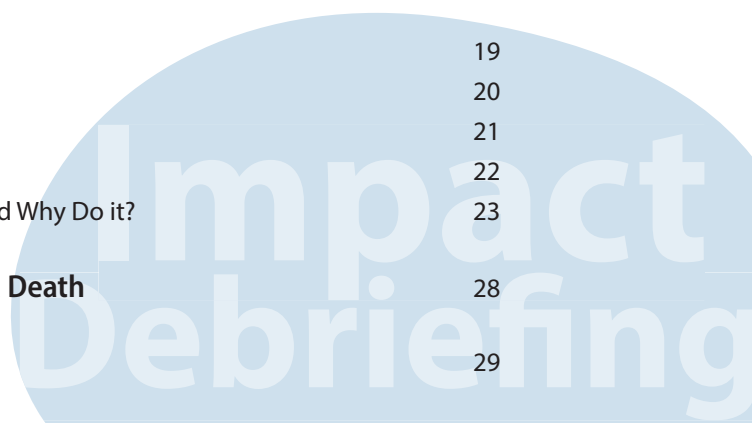
Acknowledgement

We would like to acknowledge that we are in Toronto, on the historical territory of many nations, including the Huron-Wendat, Petun, Seneca, the Anishnabeg and the Chippewa and more recently, the Mississaugas of the Credit. This land remains home to many Indigenous, Metis and Inuit peoples.

Toronto is covered by Treaty 13 with the Mississaugas of the Credit. This territory is also covered by the Dish with One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee and the Ojibwe and allied nations to peaceably share and care for the lands and resources around the Great Lakes.

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I. INTRODUCTION

This Tool Kit was designed to be a practical resource for managers and supervisors in workplaces where staff, volunteers, peers and community members are experiencing challenging loss events. Typically, loss events can range from:

- Critical incidents such as violence, robbery, fire, etc. A critical incident is an unusual or traumatic event “*which has the potential to overwhelm one’s usual coping mechanisms resulting in psychological distress and an impairment of normal adaptive functioning*”¹
- Traumatic losses such as accidents, suicide, overdoses — involving death or near-death experiences
- Expected losses such as terminal illness or significant workplace changes
- Repeated exposure to loss events which have become “a new normal”, such as the increasing and ongoing opioid related overdoses and deaths

Most agencies will already have a range of tools and resources in place to assist managers with these types of events:

- Policies and procedures related to critical incident debriefing
- Safety and Security (Unusual Occurrences)
- Employee Assistance Programs or mental health/trauma supports from the community
- Death/Critical incident notification protocols for agency personnel
- Bereavement and mental health/stress leave policies
- Training programs for both managers and workers to normalize the experience of traumatic grief, multiple loss and promote individual and team resilience

This Tool Kit offers a structure and process for **Impact Debriefing** which can be a key component in supporting workers dealing with traumatic loss events. This Tool Kit provides descriptions of the differences between various debriefing methods, offers some basic background information about grief, loss and trauma including the impact on workers and workplaces, details some of the ways the current opioid related losses are distinct from the realities once experienced in the AIDS crisis, provides some practical tips, Do’s and Don’ts, when supporting loss-impacted workers and outlines a detailed process for a 2-3 hour Impact Debriefing session. The Tool Kit concludes with a list of related resources.

Debriefing is an important practical and ethical consideration to ensure that workers are not psychologically or physically harmed by their experiences

A debrief is a simple yet powerful tool that enables a team to review the impact of critical incidents in a structural manner, allows people to connect, to gel as a team and enhance their individual and collective well-being and performance.

A dynamic debrief practice sends the message that the organization is committed not only to best practice, but also to worker wellbeing and resilience. A debrief reinforces the benefits of self-awareness, self-care and promotes the strengths of mutual support.

Debriefings have Different Purposes and Structures

There are 3 distinct types of Debriefing — each with their own value. Managers will likely use all three kinds of debriefings following critical incidents/traumatic losses.

1. Informal Debriefing: is an informal conversation that often takes place in a rather ad hoc manner, whether it be in a colleague's office at the end of a long day, in the staff lunchroom, over a drink with a team mate, during the drive home, etc. People can vent without fear of negative repercussions.

2. Impact Debriefing: is a process when a person is supported to reflect on what has happened for them in a particular situation. It is a container where a person can experience their own feelings and reactions, without judgement, in order to make sense of their responses to a crisis or a challenging/disturbing event.

Impact Debriefing processes can become part of an integrated overall health and safety agency strategy. For example, as part of a Harm Reduction approach, Impact Debriefing can be added to the skill-sets accompanying Naloxone training and opioid overdose protocols so workers feel confident in responding to critical incidents both practically, emotionally and psychologically.

What it isn't: Impact Debriefing is not psychotherapy and does not replace a critique or investigation of a traumatic event (Incident Debriefing). It is not part of a problem-solving process for administration issues. It is not team training or group supervision. It does not replace a Memorial service or Celebration of Life for someone who has died.

3. Incident Debriefing: Sharing Knowledge Improves our Practice

Most agencies will have formal Incident Debriefing protocols to help assess what can be improved from an organizational perspective. Incident Debriefing is a process where the team reflects on what happened and what you learned.

Generally, 2 key questions are explored:

a) What did we do right?

For example, in the current opioid crisis, effective responses are being developed by and with our peers, in the moment. It is necessary to share the learnings of what we did that worked in order to develop best practices.

b) What do we need to do differently?

While we want to be cautious not to share too many details in order not to "retraumatize" participants, we do need to share the things that everyone should know. Each time we respond, we learn something new and it's helpful to acknowledge that we may need to do things differently.

Benefits, Limitations and Risks of Debriefing Practices

Benefits: Research has shown that debriefs help teams establish effective norms, build trust and confidence and decrease subsequent decision-making time — and are among the most efficient means of building and ensuring team effectiveness.

For a business case analysis of why incorporate debriefing practices, this reference directs you to a useful Canadian resource: TEND: *The Business Case for a Comprehensive Organizational Health & Workplace Wellness Program*³.

Limitations/Risks: As a manager or supervisor, you are not expected to be a counsellor for your workers. Focus on creating a supportive environment where workers' responses are acknowledged and care is provided to assist workers in coming back into balance after a critical event.

Learning more details about a critical event during a debriefing can sometimes cause distress to participants who was not directly aware of all the details of an event. The risk of further traumatizing can be minimized by 1) using a low impact debriefing (LID) process (see page 20) and 2) ensuring that workers who participate in these sessions experienced about the same level of exposure to the traumatic event.

“Debriefs work because they help teams learn from their experiences and self-adjust over time. In a sense, debriefs are experiential learning accelerators.”²

II. GUIDING PRINCIPLES FOR DEBRIEFING PRACTICES

(from St. Stephen's Community House: Procedure related to Housing and Homeless Services Client Loss – contact St. Stephen's for the full document)

Purpose: Grief and loss come to the workplace in various ways and this procedure provides a protocol for how we manage and support staff, volunteers, peers, and community members through the loss of a client, staff or community member.

Guiding Principles:

- We work in a multiple loss environment.
- Mutual support is an effective way of supporting each other and building community within teams and organizations.
- We commit to capacity building and resiliency in our response to grief and loss.
- We acknowledge that grief and loss impact people in diverse ways and will work with each team member to determine their preferred method of communication, as well as their coping strategies.
- We commit to responding with compassion and presence, affirming existing coping strategies and creating opportunities for additional resiliency practices.

III. THE CONTEXT: WHAT DOES IT MEAN TO MANAGE IN A MULTIPLE LOSS ENVIRONMENT?

Useful Information about Multiple Loss and Traumatic Grief

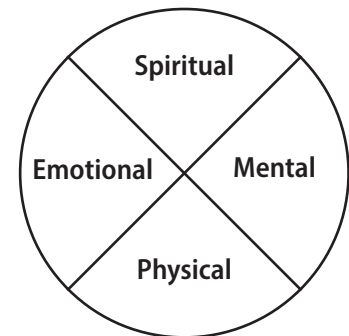
1. AN ORGANIZATION WILL FACE LOSS IN THESE SITUATIONS

Losses come to work, losses occur at work, and losses result from workplace changes. These various loss-generating situations will impact staff, volunteers, peers, clients, and community members in diverse ways. Even a single major loss event is experienced in as many unique ways as there are impacted workers and community members. These realities position workplace supervisors in a perpetual state of multiple loss management, continually juggling complex, layered, grief spheres that impact staff, volunteers, teams and organizational culture in overlapping ways.



2. RESULTING IN...

- Workplace losses — personal, a part of the work, and organizational change — generate a **multiple loss environment**.
- Both tangible and intangible losses impact workers, how they engage in the work and in the workplace.
- There are vast differences in the loss experiences of workers.
 - o People move through loss in their own way and in their own time.
 - o Loss impacts on a holistic level.
- Mutual support/collective care is an effective way of supporting each other and building community within teams and organization.
- People with lived experience of loss and trauma have deep knowledge about their own realities, what works for them and what doesn't. People with lived experiences of loss and trauma are essential resources in developing relevant workplace Support and Stabilization practices.
- Individuals and Organizations have the capacity to build their resiliency to respond to grief and loss.
- Organizations with a strong capacity and resiliency to manage grief and loss are more stable and productive in a multiple loss environment.

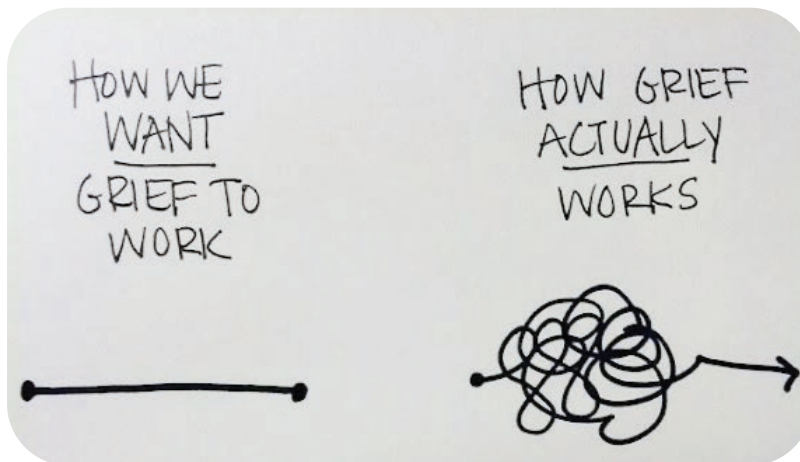


3. WORKPLACE WELL-BEING

Grief and loss support provided in the workplace offers a great opportunity for organizations to demonstrate a caring style of management. Grief is able to cut through social and organizational barriers – it reminds us of our common humanity. A caring style of management reflects a passionate commitment to the task and to the people.

- **Commitment to our workers:** If we want the whole-hearted support of staff, peers and volunteers to their work and to the agency, that commitment has to be reciprocal.
- **Commitment to the task and productivity:** Grief is a process that takes time, naturally and inevitably. It uses a great deal of emotional and physical energy, some of which would otherwise be available for work. The aim is to help people recover their ability to function positively in their life, including work, as soon as possible, without hurrying them artificially through the bereavement process.
- **The whole person approach:** each of us has one brain in one body through which we live at work and away from work. We focus our energy and attention on the task at hand, but some mental boundaries are not to be confused with rigid barriers between our professional and personal lives. The whole person is always there.

GRIEF AND LOSS: THE BASICS



While grief and loss are an inevitable part of life, most people lack a language and an understanding of grief to help them identify and cope with normal, natural responses to loss.

ABRPO

COMMON MYTHS ABOUT GRIEF

It is NOT True that:

- All losses result in the same type of grieving.
- Bereaved individuals only need express their feelings in order to “resolve grief”.
- To be healthy after the death of a loved one, just put that person out of your mind.
- The intensity of mourning is a testimony to your love for the deceased.
- Time alone heals all wounds. Grief should be over in a year; Grief declines in a steadily decreasing fashion over time.
- Sudden, unexpected death is the same as losing someone to an anticipated death.

SOME “TRUISMS” ABOUT GRIEF AND BEREAVEMENT

- Bereavement is a normal, natural experience — although traumatic and disruptive. Support is about stimulating the mourner’s own coping skills.
- Response to loss is not a uniform phenomenon — variability must be recognized. Some show intense distress and others don’t.
- Grief has no timetable. A major loss tends to resurrect old issues and conflicts for the mourner.
- Grief is not a linear process, but more of a spiral as mourners revisit aspects again and again.
- Grief is experienced within a social and cultural context. Society’s view of death and expectations of “appropriate grieving” influence expression of loss.
- The goal of grief work is to grieve “well” not to grieve “right”.
- A traumatic event has distinct elements: the loss at the core of the event — “*who died*”, and the trauma envelope surrounding that loss — “*how they died*”. People often require support to process the trauma envelope before they can move to the central loss itself.

How Grief Shows Up at Work

Traumatic loss events happen: accidental deaths, violent attacks, natural disasters, etc. And they rarely show up in isolation of other loss-generating events. In reality, losses at work are often added to an already existing burden of personal loss events for workers: illness, divorce, job losses, moves, parental and child care issues, family and pet deaths, and organizational transitions, such as office relocation, program changes, funding cuts, staff changes, etc.

All these types of losses result in varying grief responses for the workers- some more complex and overt than others. These overlapping loss responses will also manifest in an organizational manner.

ASPECTS OF GRIEF

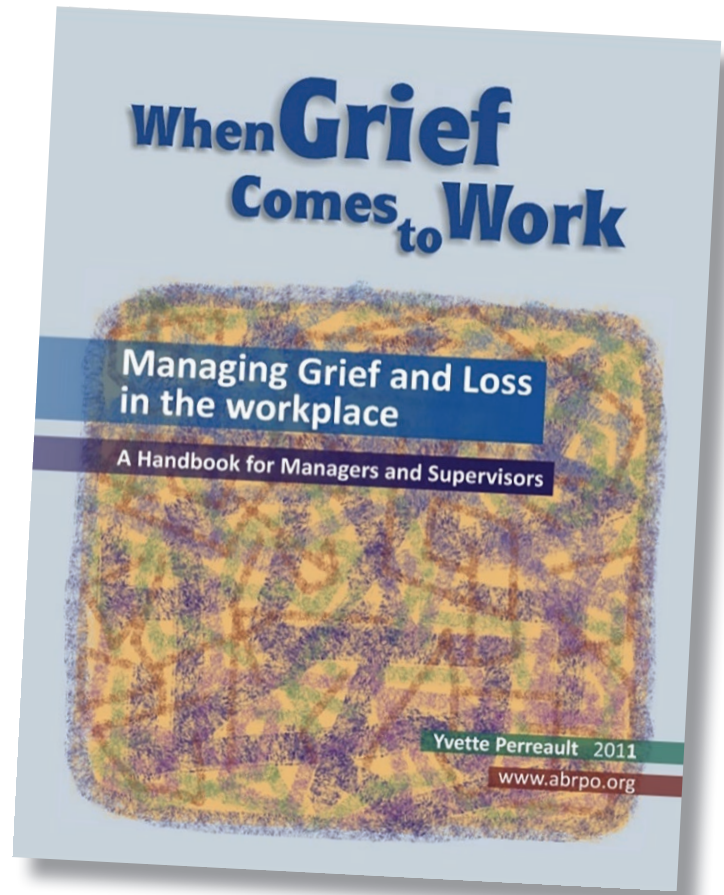
- unresolved and anticipatory or expected grief
- challenge learning to live with death and loss as a constant companion
- preoccupation with one’s own mortality
- difficulty tolerating ambiguity and uncertainty
- survivor guilt
- struggle to make meaning out of what one has witnessed

INDIVIDUAL RESPONSES

- loss of normal emotional responsiveness
- numbness and isolation
- uncontrollable emotional states
- dissociative mental states, disconnection from self and others
- pessimism and fatalism, view of the world as hostile
- fearfulness, insecurity and despair
- loss of safety in community

WORKER BEHAVIOURS

- forgetfulness and disorganization
- inability to concentrate
- inability to retain information
- preoccupation
- lack of interest or motivation
- lowered tolerance levels; rigidity
- fatigue
- decrease in productivity and morale
- increase in workplace absenteeism
- can't take holidays, seems driven to work
- difficulty in setting limits
- over involved with service-users
- 'callused', cold or 'jaded' worker unable to connect with others
- projection: avoid hearing the horror by interrupting people or distracting them from accounts of pain
- Resource for managers: www.abrpo.org
- self-neglect, self-destructive behaviours
- relentless anxiety, uncertainty over who is next



GRIEF REACTIONS CAN ALSO AFFECT PRODUCTIVITY IN OTHER WAYS:⁴

- **No-loyalty:** grieving people, who are hurt and bitter and have no sense of security, experience a significant drop in loyalty to agency goals.
- **Disgruntled:** Unhappy workers who have been dealt with in a manner that leaves them disgruntled can lash out publicly at the agency, causing damage to an agency's reputation. Others simply go through the motions to get through another day and put out little real effort. For others, anger influences the work pace and sense of morale and spirit.
- **Accidents and Errors:** Individuals can be so disoriented and anxious that they are prone to accidents and errors that might not normally occur.
- **Low Morale:** The lowered morale of workers who feel unfairly treated or are embittered by friends' terminations drains energy from the workplace. The worry about what still might be lost is a powerful distraction, as is rumour and speculation. People feel that there is a cloud hanging over everything in the workplace – that it's hard to come into work with this feeling of dread.
- **Avoiding Work:** Coming to work is not pleasant, so people are chronically late, absent and medical issues increase.
- **Numbing Out:** Drug and alcohol use may occur as workers fall back on self-medicating to deal with workplace agitation.
- **Stress:** The threat of loss and the grief over what has already been lost increases stress levels. The ongoing stress of unattended grief has psychological as well as physical repercussions. The net effect of this consumption of energy is the lowering of productivity in both hidden and obvious ways.
- **Over work:** resulting in increased leave time, unused vacation time.

It Matters How Death Comes

WAYS GRIEF IS COMPOUNDED BY AN OVERDOSE DEATH⁵

1. **Guilt and Regret** are unavoidable because you will always question if you took the right approach due to contradictory schools of thought. When the loved one dies family members/friends are left feeling like they are to blame no matter what actions they took or didn't take while the person was still alive.
2. **Grief Support Groups Offer Little Support.** Unless the support group is specifically for families/friends of overdose deaths, people cannot relate to their stories and grief. More support groups for opioid related deaths need to happen before real change can take place.
3. **There Are So Many Unanswered Questions**
 - What was it that made them start using again?
 - Did they intentionally take their own life?
 - Who was the last person they reached out to?
 - Did I enable them?
 - Where did they get the drugs from?
 - What more could I have done?
4. **A Death Window Is Harder Than an Anniversary.** Sometimes with an overdose death the body is not discovered until several days after death, which can have a big impact on how you grieve. There may be unanswered questions about the period leading up to and following the death.
5. **Your View of The World Becomes Much Darker.**
 - Loved ones are left with so many unanswered questions.
 - Toxicology reports often take longer than a month.
 - Families/friends often feel like their loved ones were murdered if toxicology reports prove that the heroin was fatally tainted with fentanyl.
 - Anger can become a major barrier to healing for people after an overdose if there is the belief that someone could have intervened.
6. **Societal Stigma Hinders the Grieving Process.** Negative generalizations about drug users can result in shame for the families. A suggestion that a person's life does not have any worth because they were overpowered by their addiction.

CHALLENGES OF THE OPIOID CRISIS FOR FRONT-LINE WORKERS

1. Seeing and dealing with trauma.

Staff and volunteers are directly impacted, either dealing with overdoses at their locations, or tracking their clients and being vigilant to be sure the people they serve are still alive. This is causing immense trauma to these front-line workers and is having a huge impact on operations, which is resulting in difficulties in keeping staff and higher incidents of sick leave.



2. The loss in community is immense.

Organizations are seeing huge losses of neighbours in the community, which is impacting them and their clients. They are dealing with grief in the populations they serve, on top of their regular services, and staff are also dealing with their own grief of losing so much of the community they serve.

3. Under-resourced to deal with this crisis.

Organizations are struggling to deal with the increased demands this crisis has put on their staff, volunteers and the organizations resources. The escalating costs of dealing with this crisis, including the dramatic increase in demands on staff time and energy are testing their capacity and will have a long-lasting impact on their abilities to deliver services.

4. Under-valued front-line.

These community organizations are on the front-line in this crisis, but what they do is significantly undervalued by society and funders, including government. Little or insufficient new money is being directed at them to help cope with this crisis, neither in service offerings or helping staff to deal with trauma. It is difficult to bring their stories of the opioid epidemic to public awareness.

5. Lack of will to address the problem.

While lots of government resources are being directed at the crisis in different ways, organizations see a lack of will to address the underlying causes of this crisis, such as lack of affordable housing, poverty, racism and the ongoing negative impacts of colonialism. Criminalization of drug use underpins this crisis.

6. Resiliency has limits.

The community is resilient and is rising to the challenges this crisis presents but there is only so much they can do without more support. Organizations are taxed to their limits to manage this epidemic, and report concern that this could become the new normal"

7. Stop the stigma.

People who are defined by their substance use/addiction and face profound stigmatization, which often prevents them from seeking help. This is an added layer staff have to deal with.

WHAT IS WORKING TO DEAL WITH THE SITUATION?

Holistic and Cultural Healing

We need to see culture as a form of healing, and can look to indigenous framework as a key to understanding intergenerational trauma and its symptoms, including addiction. Many organizations are seeing success in bringing indigenous cultural healing into their programs, connecting clients to their cultures and traditions. For an example of community Healing Circles, see the work of the CounterFit Harm Reduction Program at South Riverdale Community Health Centre: www.srchc.ca/program-category/harm-reduction/

Picturing It ~ ABRPOs Loss-Related Visual Tools:

Loss theory can be complicated and difficult to retain. We have found that visual tools support people in remembering the process of grief and in locating themselves in their own loss journeys. Here are several of the commonly used tools developed or adapted by ABRPO:

The Grief Loop

There are three basic phases/aspects of grief in a single loss:

- 1. Avoidance:** During this phase, common feelings include shock, denial and disbelief. The bereaved will commonly avoid all talk of the deceased or the circumstances of death.
- 2. Confrontation:** This phase is described as a “highly charged and emotional state.” The bereaved often experience feelings of anger and frustration. In some circumstances, they may feel guilt or remorse.
- 3. Accommodation:** This phase typically signals the beginning of the healing process. The feelings of acute grief begin to decline and the bereaved is able to return to their previous level of functioning. This is often referred to as acceptance. Our use of this term allows for the reality that “acceptance” is not always the goal in processing difficult losses, ie a child’s death to overdose.



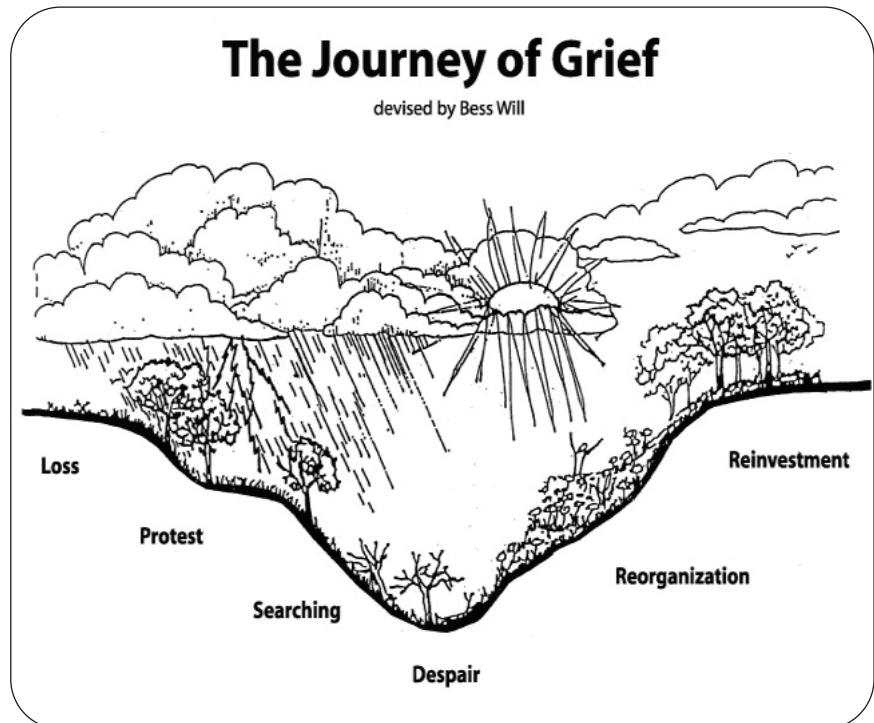
Tasks of Moving through Loss

Note on Tasks vs Stages: There is a notable difference between what is popularly referred to as the “*Stages of Grief*” and a more accurate description of the “*Tasks of Mourning*”. Our preference is the Task model developed by William Worden⁵. It incorporates the notion of grief as “work” with key tasks to be accomplished in one’s own way and in one’s own time. Here grief is experienced/expressed as labour. The Stage theory offers a more passive process where one moves through time and gets dropped into various emotional dimensions (denial, anger, bargaining, depression, acceptance). While these emotional reactions are certainly present in loss responses, the appreciation that there is “grief work to be done” helps create agency within the bereaved person.

Holistic

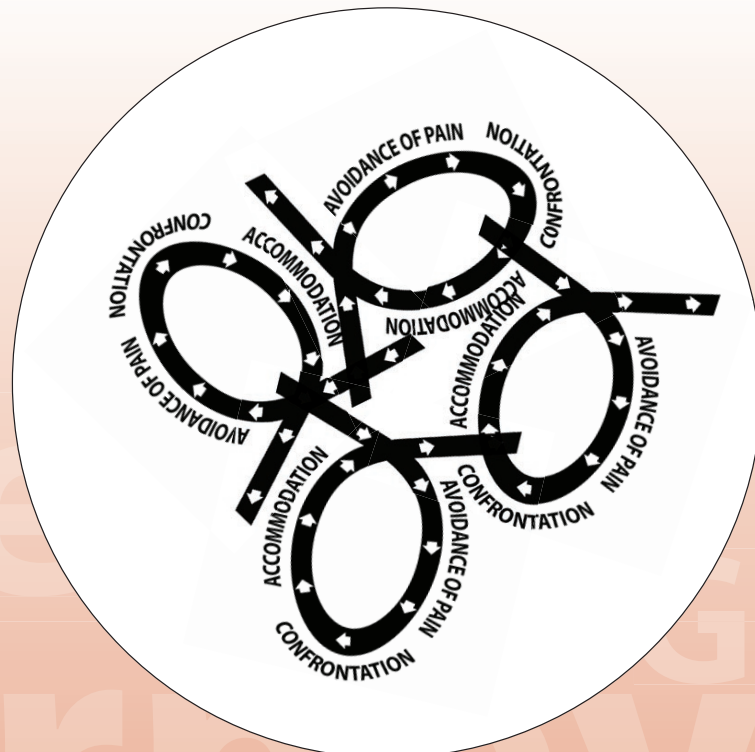
The Single Loss Grief Journey: The Four TASKS

1. **To Accept the Reality of the Loss**
Must talk about the circumstance surrounding the death/loss event.
2. **To Experience the Pain of Grief**
Emotional acceptance occurs when the survivor no longer needs to avoid reminders of the loss for fear of experiencing intense pain.
3. **To Adjust to an Environment in which the Deceased is Missing.**
"Secondary losses" need to be identified and mourned.
4. **To Withdraw Emotional Energy & Reinvest** as one builds a Legacy of the Deceased.



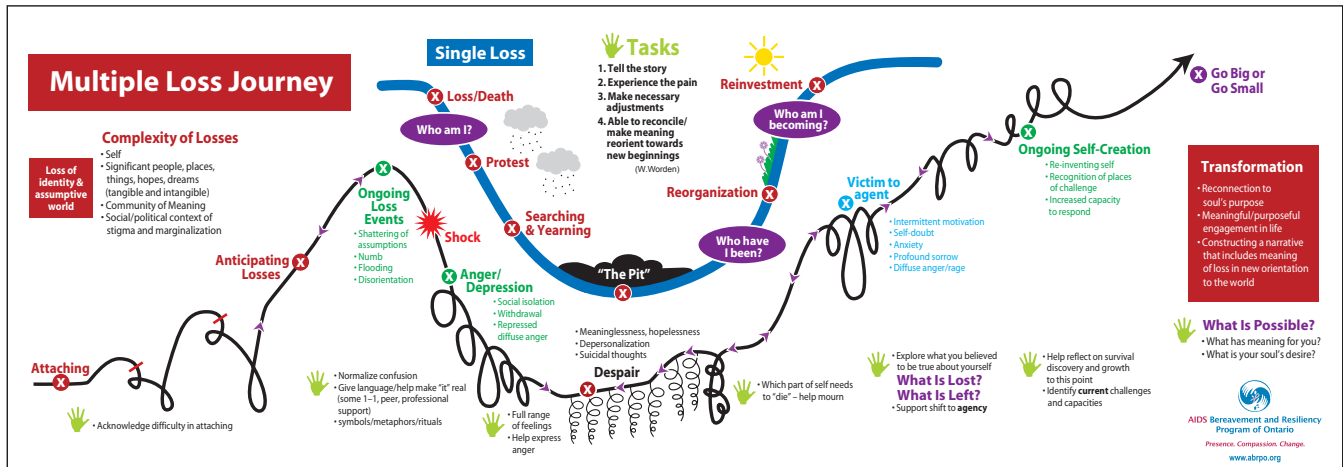
Multiple Losses

With the experience of ongoing, multiple losses, what happens with our many unclosed grief loops? How do we process overlapping experiences of loss and trauma?



Multiple Loss Journey (MLJ):

Grounded theory – the experience of moving through multiple losses as described by long term survivors of multiple, ongoing AIDS-related deaths.



The Multiple Loss Journey depicts a single loss model and associated tasks on the blue line at the top. The bottom line reflects the challenges of those experiencing ongoing, stigmatized illnesses and deaths during a period where many of bereaved survivors expected to also be dying of HIV/AIDS relatively soon. With the advent of new medications, they did not die and had a chance at a longer life, but were faced with the necessity of coming to terms with legacy of years of traumatic losses.

Key components of this Multiple Loss Journey, still relevant today in communities facing traumatic ongoing losses, include:

- Challenges in the ability of individuals to continue forming healthy attachments in their lives.
- The bereaved are anticipating even more losses. When those losses come, people still experience the shock of the death.
- Ongoing Loss events generate a cycle of intense emotional responses or a deep flatness/numbness. Individuals withdraw socially.
- People find themselves in places of deep despair where it's hard to find meaning and purpose about anything. This is a particularly isolating period.
- With the right kind of support, people shift from hopelessness to agency: "on-going self-creation".
- Three key life-questions form the basis for of the reconstruction of identity after multiple loss and community devastation:
 - **What's Lost?** Identify what has been lost, including parts of self, and mourn that.
 - **What's Left?** Identify what remains and who remains there with you.
 - **What's Possible?** Identify aspects of individual and communal resilience that can help form new creative connections and sustaining possibilities.

Comment on the MLJ~ When Communities are in the depth of loss

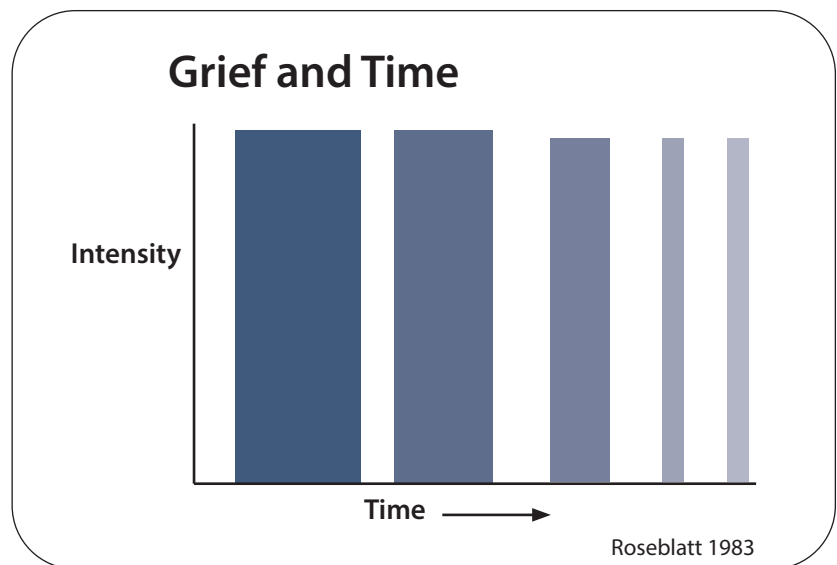
Note: Those who experienced waves of HIV/AIDS deaths in the 1980's and 1990's were not in a position to do deep bereavement work at that time. It was a time of crisis in community that required a continued personal, social and political response. So people found creative ways to build their version of a suspension bridge to take them "over the pit of despair" – allowing them to move forward in life because there wasn't time to process all that had happened. Very similar to those in a war zone, the crisis of AIDS demanded attention outside of one's self. It was only in 1994, well into the second decade of the AIDS crisis, that the AIDS Bereavement and Resiliency Program of Ontario was created to support a tragically bereaved community. Because the medications were now prolonging lives, a little more space and time opened up to allow for a deeper processing of what had happened.

This is a significant process piece to note for those working in **Harm Reduction** today. The Harm Reduction workers and community members are experiencing overwhelming numbers of stigmatized losses. The notion of consciously building personal and collective "suspension bridges" over the pit of despair seems relevant and could be considered a resilience strategy. Building a suspension bridge allows people to acknowledge the truth of what is happening, bracket some of the distress and pain and consciously continue their purposeful engagement in community. If this strategy is acknowledged, there will be a multiple-loss-informed community who will be prepared to enter into deeper conversations about the impact of these losses when the intensity of the crisis has shifted.

STUGS Sudden and Subsequent Temporary Upsurges of Grief⁷

One of the myths associated with the grief is that the intensity of the pain diminishes as time goes by. However, the lived experience, according to renowned Traumatic Grief Psychologist, Therese Rando, is that we experience intermittent "hits" of grief, as intense as the initial loss event, but the duration diminishes through time.

So an anniversary or another significant loss can resurrect intense responses that may be confusing for the bereaved individual. They are not "failing" at grief. It is helpful to have concepts that reflect the real experience of moving through loss.

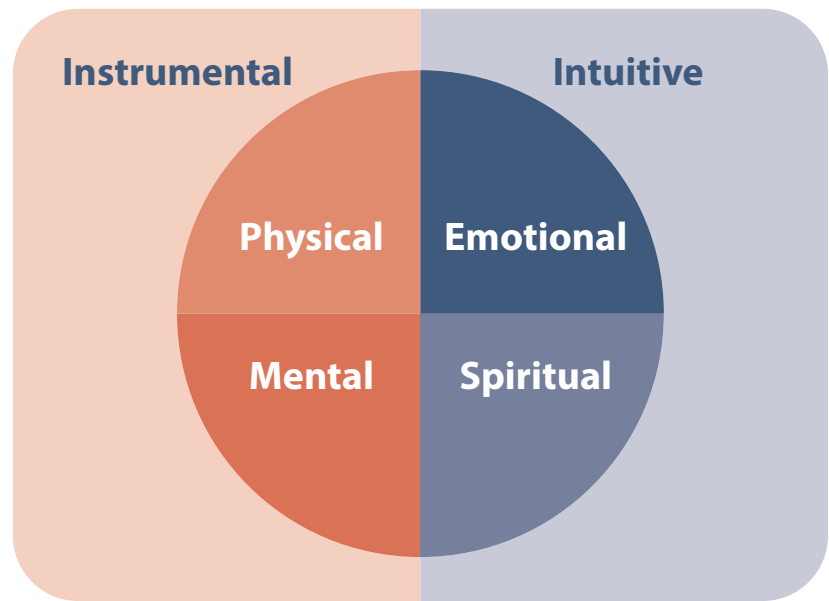


Move
Forward

Styles of Grieving: We Manage Loss Differently

Martin and Doka⁸ suggested that we look beyond gender to understand different patterns or styles of grief. They found that gender, culture, and initial temperament all interact to produce a dominant pattern of grief. Based upon the underlying concept of emotion regulation, Martin and Doka proposed three basic patterns of grief: *intuitive*, *instrumental*, and *dissonant*.

- Intuitive relates to **emotional and spiritual** expressions as dominant.
- Instrumental relates to the **physical and mental**.
- Dissonant refers to **being limited** to a type of grief expression not naturally suited to the individual.



Intuitive Griever

FEELINGS are intensely experienced; Expressions such as crying and suffering mirror the inner experience; Successful adaptive strategies facilitate the experience & expression of feelings; Prolonged periods of confusion, inability to concentrate, disorganization & disorientation; Physical exhaustion & anxiety may result.

Instrumental Griever

THINKING is predominant to feeling as an experience; feelings are less intense; There is a general reluctance to talk specifically about feelings; Mastery of oneself & the environment are most important; Problem-solving as a strategy enables mastery of feelings & control of the environment in creating the new normal; Brief periods of cognitive dysfunction are common as are confusion, forgetfulness, obsessiveness; Energy levels are enhanced, and symptoms of general grief reactions to the loss go unnoticed.

Dissonant Griever

Dissonant grievers are those who experience grief in one pattern but who are inhibited from finding appropriate ways to express or adapt to grief that are compatible with their experience.

Why is this relevant to managers who are not expected to be grief counsellors?

It is important that our grief-aware workplace strategies incorporate a broad range of both emotional and pragmatic elements to address the needs of your Intuitive AND Instrumental grievers. For example, a sharing circle works for Intuitive grievers, but often the creation of a physical Memorial Wall works better for Instrumental mourners.

TRAUMA HAS 3 PARTS

It is a mistake to consider a single traumatic incident as a solitary event. Every traumatic event is comprised of three distinct stages, any one of which can increase or decrease the ultimate impact of trauma:

1. **Circumstances leading up to the traumatic incident**
2. **The traumatic incident itself**
3. **The circumstances following the incident, both short and long- term**

This serves as a reminder to managers that all three parts must be considered as the core of the trauma for someone may not be the central loss: ie, while it was painful that the individual died in their home, the traumatic envelope for the worker is the reality that their body was not found for 3 days. What follows is a table that offers important distinctions between the experience of a grief response and a trauma response.

Grief	Trauma
Grief feels real	Trauma feels unreal
Sadness is the most common emotion resulting from grief	Fear and anxiety are the most common emotions with trauma
Pain (both physical and emotional) is the most common feeling with grief	People often dream of being in danger when they are experiencing trauma
With grief, the bereaved often dreams of the loved one that they lost	People often dream of being in danger when they are experiencing trauma
When someone is experiencing grief, the pain generally runs its course over time	When someone is experiencing trauma, the lack of care /support can worsen the condition

ABSENCE OF RITUALS IN TRAUMA

A notable difference between grief and trauma is that loss situations will often have rituals associated with them that help to provide a sense of stability — an anchor in a storm — a funeral or memorial. Trauma (such as being the victim of a violent attack) is less likely to be accompanied by such rituals. This can be significant as a traumatic reaction will often generate a strong sense of social isolation, and if there is not social support offered at this time, the reaction may be intensified.

“By doing something concrete and visible, such as engaging in ritual, we can begin to create symbolic mastery over events. Ritual allows a reorganization of community and continuity in a chaotic time. Collectively, it offers a reassurance that while we cannot control the tragedy itself, we have reasserted control in its aftermath”.

Doka

IV. THE RESPONSE: PROVIDING LOSS-RELATED SUPPORT FOR INDIVIDUALS AND TEAMS

Issues Managers Face Following A Death or Traumatic Loss Event

“Good leaders will be well tuned into grief and loss concerns and will be in a strong position to shape a culture that is sensitive to the negatives, but not fail to recognize the benefits of promoting growth, individual and organizational learning that can arise from painful times”.

Thompson⁹

A key component of effective staff care following a traumatic event is being able to balance negatives and positives. Clearly, when we are talking about grief and trauma, we are referring to situations characterized by considerable pain and suffering. There are inevitably negatives involved in this. However, when considering the notion of post-traumatic growth and transformational grief¹⁰, we should not lose sight of the potential for promoting growth, resiliency and for drawing the positives from the situation as we recognize and address the challenges involved.

A GENERAL CHECK-LIST FOR MANAGERS AND SUPERVISORS- BEFORE A CRITICAL EVENT OCCURS¹¹

- ✓ Remember, what seems like a small gesture to you, may be a source of lasting support to a team that has suffered a loss.
- ✓ Review bereavement policies and procedures as well as your policies about critical incidents, notifications, coverage, legal implications for your agency,
- ✓ Do you have policies and procedures that address the full range of losses and traumatic grief?
- ✓ If so, do these procedures have a suggested checklist of things that should be done. following a death/traumatic event so agency managers know what to do and are consistent in their responses?
- ✓ Do the policies allow the manager some flexibility to address both the agency and worker needs?
- ✓ Do the policies address families in the broadest sense of the word? Include same-sex and domestic partners?
- ✓ Consider addressing the topic of grief, loss and trauma in management orientation and/or trainings.
- ✓ Reinforce your organization’s sensitivity to grief and loss by addressing and/or responding to public losses, such as large-scale violence, accidents, natural disasters, etc.
- ✓ Develop lists of links to useful referrals that enable workers to access information and resources about grief, loss and trauma. EAP often provides some basic resource material.
- ✓ Hold workshops and information sessions for workers on a range of topics related to understanding traumatic grief and loss, including how to support a grieving colleague, myths and misconceptions about grief and trauma, what to tell children when someone is seriously ill or has died, or how to care for themselves while grieving. Normalizing responses is helpful.
- ✓ Create a resources board for information and community events on topics related to grief, loss and trauma as well as topics related to well-being and resilience.

Do's & Don'ts - TIPS for Managers Responding to Loss Events

When it comes to offering support, a key component is understanding- in both senses of the word. People involved in key positions in the organization need to **have** a degree of knowledge and understanding about the issues of grief and loss, and in addition, people need **to be** understanding, in the sense of being appreciative of the difficulties involved. You need to be able to show appropriate empathy in dealing with the challenges of managing life after traumatic loss events.

TIPS FOR MANAGERS RESPONDING ON A 1-1

We'll start with Do's we consider helpful- mark a check beside each one you already do! Then we'll move onto some of the Don'ts we find most egregious:

THE DO'S

- ✓ Do: Open the door to communication. If you aren't sure what to say, ask, "How are you doing today? or "I've been thinking about you and wondering how things are going right now?" Communication and information are important foundations of a caring workplace community.
- ✓ Do: Listen 80% of the time and talk 20% of the time. Very few people take the time to really listen to someone's deepest concerns. Be one of the few. Both you and the mourner are likely to learn a lot as a result.
- ✓ Do: Offer specific help and take the initiative to call the mourner. If you also respect the survivor's privacy, your concrete assistance with the demands of daily living will be appreciated.
- ✓ Do: Expect future rough spots with active attempts at coping with difficult feelings and decisions for months following the loss. Workplaces commonly underestimate how long grieving is likely to last and how intense it is likely to be
- ✓ Do: Be there for those who are impacted. There are few rules for helping aside from openness and caring. While workers are going through stormy patches, **provide an anchoring point, an oasis.**
- ✓ Do: Talk about your own loss experience and how you adapted to those losses. Although the mourner's coping style may be different from your own, your self-disclosure will help. These shared stories can make it clear that loss is indeed a challenge that we will all face. It is a common human experience. Connecting with another in this way by talking about our own losses, if handled well (remember the 80%-20% rule), can be extremely helpful in decreasing isolation.
- ✓ Do: Use appropriate physical contact and non-verbal communication – like a hand on the arm, or a hug, when words fail. Learn to be comfortable with shared silence, rather than chatting away in an attempt to cheer the person up.
- ✓ Do: Be patient with the griever's story, and allow them to share memories and worries and future plans. This fosters a healthy continuity as the person orients towards a changed future. Do: It is important to make sure that grief arising from losses that may be stigmatized in some way, such as unconventional relationships, death by AIDS or opioid overdose, suicide or murder, is not treated any less supportively.

DO'S

DON'TS

NOW THE DON'TS

- ✓ Don't: Force the mourner into a role by saying "You're doing so well." Allow the mourner to have troubling feelings without the sense that they are letting you down.
- ✓ Don't: Tell the mourner what they should do. At best, this reinforces the mourner's sense of incompetence, and at worst, your advice can be completely off the mark.
- ✓ Don't: Say "Call me if you need anything". Vague offers are meant to be declined, and the mourner will pick up the cue that you implicitly hope they won't call. Be specific about what kind of support you are willing to provide, such as "I'll stop by Thursday evening with dinner". "I'll complete that report over the weekend so you can rest". Bereaved people may be reluctant to seek help or even be too confused and disorientated to assess what they need.
- ✓ Don't: Suggest that time heals all wounds. The wounds of loss never completely heal and grief work is more active than this phrase suggests. We can feel powerless to help someone who is immersed in a grief response, and if we are not careful, this can lead to comments that are more about reassuring ourselves than the person we are trying to help. We cannot take away a person's pain.
- ✓ Don't: Delegate helping to others. Your personal presence and concern will make a difference.
- ✓ Don't: Say "I know how you feel". Each griever's experience of grief is unique, so invite the mourner to share his or her feelings, rather than presuming that you know what the issues are for that person. Expressing empathy is important, but this needs to be done in a way that respects the individual circumstances of the person concerned, and not in a blanket fashion. You do not know how someone else feels, even if you have had a very similar experience. Implying that your feelings are indeed the same as his or hers can be seen to devalue the unique experiences of your colleague.
- ✓ Don't: Use trite platitudes by saying things like "When one window closes, another opens", "You are never given more than you can handle", "Everything happens for a reason" or "God works in mysterious ways". This suggests to the mourner that you don't want to work to understand their unique situation and story. This can also give a misleading message that you are playing down the significance of their experience and are not interested in being genuinely supportive. Being helpful involves understanding what is going on for someone. Sweeping comments imply that we do not know enough about the specifics of this individual's circumstances to be able to offer direct, thoughtful, informed responses.
- ✓ Don't: Try to hurry the person through grief by urging them to get busy, to give away the deceased's possessions, etc. Grief work takes time and patience and cannot be done on a fixed schedule. A grieving individual will need to respond to grief at their own pace and in their own way, so allowances may need to be made in terms of expected quality or quantity of work.

Cultural Competence and Loss: One Size Does Not Fit All

- ✓ Be aware that there are broad patterns of responding to loss and considerable variation in terms of culture and gender and previous loss history. It goes beyond that to recognizing that there are not only individual differences in grief reactions, but also group or cohort differences in terms of such social factors as gender, ethnicity, age expectations.

V. PROVIDING STRUCTURE IN CHAOS AFTER A CRITICAL EVENT

Debriefing: Group Support Following a Death or Traumatic Event

While 1-1 support is essential for workers following a traumatic incident, the significance of offering debriefings in groups is supported by the reality that individuals do not exist in isolation — they are part of a social network which serves as a major reference point for the construction of identity¹². A supportive work setting can help reaffirm a sense of connectedness, whereas an unsupportive setting can reinforce feelings of isolation and estrangement. A Debriefing Practice provides an opportunity for individuals to contribute to the group's well-being and also to receive support from members of their group. This experience of mutuality is at the heart of team cohesion.

“All too often, mourning is described as if it were a strictly individual process, as if each of us were an island buffeted by the waves of misfortune, unconnected to anyone or anything beyond ourselves. While loss does indeed have deeply personal meanings, and we must respect our need to some of our “grief work” privately, it is worth reminding ourselves that much of this grief work has to do with affirming, strengthening and enlarging our connectedness to others.”

Neimeyer¹³

Impact Debriefing Goals

The outcomes of integrating an impact debriefing practice into your workplace culture reflect the traditional Critical Incidence Stress Debriefing (CISD) goals articulated by Everly and Mitchell, creators of the model¹⁴:

- 1. Support and Stabilization.** This involves mitigating the acute stress that an individual may be experiencing at the time. Intent is to lower the tension and mitigate the group's reaction to a traumatic event
- 2. Restoration.** This involves a return to what is known as homeostasis — that is a steady state of psychological functioning or emotional stability. Intent is to facilitate the natural recovery process to an event that may be outside the norm.
- 3. Reduction.** The third goal is a reduction of the level of difficulty being experienced, helping people to return to their normal level of functioning. Intention is to help identify those who may need additional mental health supports through follow up referrals.

Challenges with Debriefing

Note: There has been debate over the benefits of debriefing. Some organizations are uncertain whether providing debriefing as part of a post-death or trauma protocol¹⁵. At one time, formal critical incidence stress debriefing (CISD) was unquestionably a positive form of support. However, some research now suggests that in some circumstances, debriefing can cause distress by opening up old wounds. Revised debriefing formats proposed in this Tool Kit modify the traditional CISD format, distinguishing between Incident Debriefing and Impact Debriefing, and including Low Impact Debriefing (LID)¹⁶ practices to address these concerns.

LOW IMPACT DEBRIEFING (LID)

** Adapted from Low Impact Debriefing: Preventing Retraumatization, Françoise Mathieu, 2008 ~ with thanks*

Low Impact Debriefing is a four-step process:

1. Increased Self-Awareness

How do you debrief when you have heard or seen hard things? Take a survey of a typical work week and note all of the ways in which you formally and informally debrief yourself with your colleagues. How much detail do you (or your colleagues) provide?

“Debriefing is an important aspect of dealing with trauma – but we must remember that what we share also has an impact on the listeners. One way to help ensure that we are not unwittingly traumatizing our colleagues and friends is use the following practice.”

2. Fair Warning

Before you tell anyone around you a difficult story, you must give them fair warning. When you call someone with bad news, you often give them warning – for instance, “are you sitting down?”

3. Consent

Once you have given warning, you need to ask for consent. This can be as simple as saying: “I need to debrief something with you, is this a good time?” or “I heard something really hard today, and I could really use a debrief. Could I talk to you about it?” The listener then has a chance to decline, or to qualify what they are able/ready to hear.

4. Low Impact Disclosure

When you have received consent from your colleague, you can decide how much to share. Imagine that you are telling a story starting with the outer circle of the story (i.e. the least traumatic information) and you are slowly moving in toward the core (the very traumatic information) at a gradual pace. Think about what it is you need to share in order to process your feelings and reactions to the story.

Keep in mind that when someone comes to share information with you, you also can practice setting boundaries when you don't feel you are in a place to be supportive.

Setting Up Impact Debriefing Sessions

- 1. Informal Debriefings:** everyone in the team is encouraged to check in with one another. See concepts and ideas in ABRPO's Impact Debriefing Essential Tool for individuals.
- 2. Incident Debriefing:** because incident reviews are related to agency improvement, it is important that managers lead the process and that notes are taken about what worked, what didn't and ideas for moving forward with better practices.
- 3. Impact Debriefing:** these sessions are about care for the workers. They are often more effective if led by a trusted team of people, but not the team's direct manager. Facilitators need to be skilled individuals who appreciate the specificity of the work your agency does, the types of people engaged with your agency, the range of losses experienced, and a solid understanding of multiple losses in marginalized communities. Discuss with the team: do they want their managers in the room?

THE IMPACT DEBRIEFING PROCESS

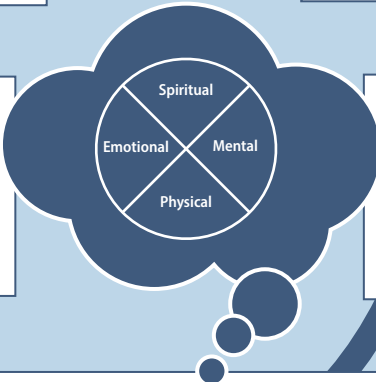
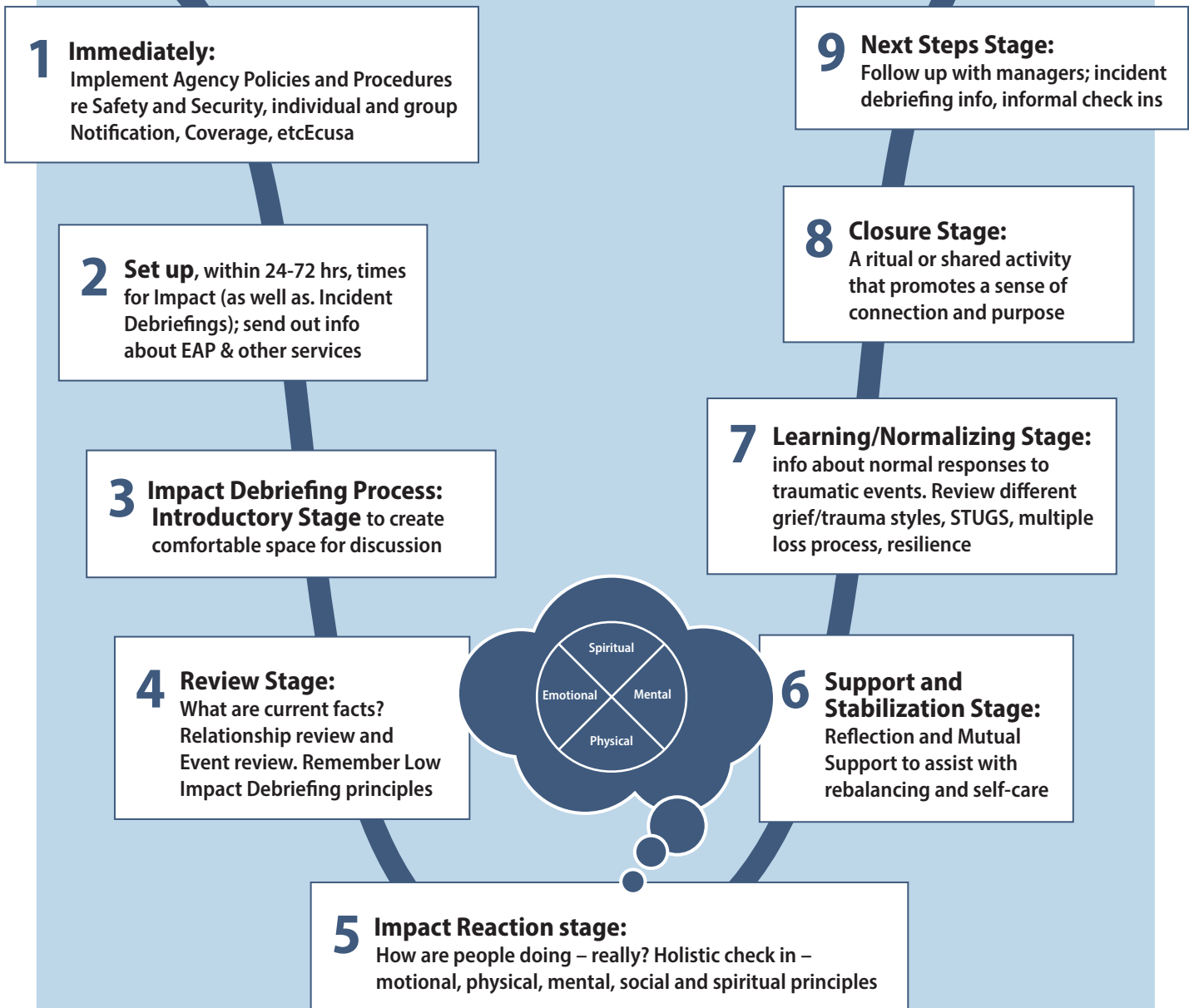
The Impact Debriefing Process Model is described in detail on the following page. It is important for managers to understand what is considered best practice in this area. It is helpful for you to know what is expected to take place in these sessions. This level of detail helps ensure a good fit between the choice of facilitators and the needs of the affected workers.



Impact Debriefing Process Model After a Critical Event

Adapted from Critical Incident Stress Debriefing (CISP) Mitchell, J. Txx.

www.info-trauma.org/flash/media-f/mitchellCriticalIncidentStressDebriefing.pdf



Process Steps - based on Chart on previous page

<p>What to Do? Remember- Connection is the Key</p>	<p>Why Do It?... To promote self and collective care</p>
<p>1. Immediately: Implement Agency policies and procedures re critical incidents: safety and security, notification and coverage, etc.</p> <p>If you are not the one contacting workers individually, ensure that you are reaching out on a 1-1 basis to check in with people. Know how your staff is doing.</p> <p>Identify workers most affected by the incident and offer them a quiet place to be but don't force them to be isolated if they'd prefer to stay with colleagues.</p>	<p>Process support is useful only once workers understand that their safety and security has been attended to and that practical matters (shift coverage) have been dealt with.</p> <p>The experience of a compassionate workplace creates a consistent message: just as we work with our clients and communities in a compassionate and caring manner, so do we provide that same consideration to our workers.</p> <p>Don't assume that workers want to go home – it may be challenging to get there or may be a place of isolation/caring for others.</p>
<p>2. Set up Impact Debriefing within 24-72 hrs, <i>(as well as a separate time for Incident Debriefing)</i>; send out EAP info and other resources for workers.</p> <p>Who will be leading the Impact Debriefing? Bring in a facilitation team that your workers know and trust.</p> <p>Is the debriefing optional or mandatory? While you may decide to make optional, encourage workers to participate – even if they choose not to speak, they might be in a position to support someone else.</p> <p>Make it easy for them to attend (shift coverage, etc).</p> <p>Does your team want you to participate in the session?</p>	<p>Usually 2-3 hours in length at a location that is not the immediate site of the critical incident.</p> <p>Invite workers and team members who have experienced the event – think more broadly than your staff – consider peers, volunteers and community members. You may decide to set up 2 sessions for different groups.</p> <p>Make sure referrals are able to handle the type of loss situations you are dealing with.</p> <p>Some staff groups really want their managers in the room while consultants facilitate. Other agencies do not. We think it's up to the workers to decide what works best for them regarding who is in the session.</p>



Grief
Impact

WHY

What to Do? Remember- Connection is the Key	Why Do It?... To promote self and collective care
<p>3. Impact Debriefing Process: Intro Stage</p> <p>Set up the room in a circle; set up a central focus using colourful fabric draped over a small table or on the floor with a battery-powered candle, stones, a plant or flowers, a photo of the person who died if appropriate.</p> <p>Introduce survivors to the debriefing process. The facilitator defines the natures, limits, roles and goals of the debriefing process. The facilitator clarifies the time limits, guidelines (confidentiality, I statements, etc), to help create a secure environment in which to share stories and anxieties. While there is protection of personal information, sometimes information needs to go back to management- decide how will that be done.</p> <p>Bring visual handouts. (<i>Impact Debriefing Guide for Individuals and Teams, plus Multiple Loss Journey small version</i>)</p> <p>Opening circle might include a soft question: Have you been to anything like this before? What worked about it for you?</p> <p>Grounding exercise – feet on the floor, aware of breath, aware of tension, relaxed and present. 1-2 minutes of quiet centering breathing is a useful way to transition into the next section.</p>	<p>Your goal is to create an inviting and comfortable space. Setting up the space in this way lets workers know that this is not a meeting – it is a different type of gathering.</p> <p>Some people will be in their feelings and not remember the educational material about grief and loss that comes later on. Handouts are useful.</p> <p>This is a psychoeducational process: the Holistic Check-In is the central exercise, the Multiple Loss Journey the central educational piece, and the facilitation of dialogue and mutual support in the room, the central process component.</p> <p>If you are a manager who has been invited to the session, model the way! Begin with a bit of your own story, locate your introduction in a loss/mutual support context – what is your relationship to grief and why speak of these things in teams?</p> <p>In this description, a grounding exercise and gentle breathing is the transition activity to help signify that the topic is changing – something is closing and something new beginning.</p>



<p style="text-align: center;">What to Do? Remember- Connection is the Key</p>	<p style="text-align: center;">Why Do It?... To promote self and collective care</p>
<p>4. Review Stage: what are the current facts? Have someone provide a brief update about the situation.</p> <p>Participants are asked to make a brief statement about their relationship with the deceased/traumatized individual(s), how they heard about the death/loss, and circumstances surrounding the event. Participants are encouraged to engage in a moderate level of self-disclosure.</p> <p>It is important for the facilitator to:</p> <ol style="list-style-type: none"> a) Try to achieve an accurate sense of the survivor's context. b) Be aware of the survivors' choice of topics regarding the traumatic event. c) Gain insight into their priorities for the moment, and d) Help survivors see the many factors which contributed to the traumatic event to help curtail self-blame. <p>This warm-up naturally leads into a discussion of impact and reactions in the next stage.</p>	<p>Remember the Low Impact Debriefing principles. While it's important to share some information, not all the details are relevant. What's most important is HOW people are reacting to the situation.</p> <p>It is important that the group share the same story concerning events and that secrets or rumours not be permitted to divide members from each other. Group description of the events also provides the facilitator with an opportunity to listen for any attributions of guilt, extreme emotional responses, or stress reactions.</p> <p>Both the Relationship Review and the Event review provide participants with an opportunity to reflect on past traumatic events that may be triggered by this event. Situate this traumatic event in context: Is this type of traumatic situation a common experience – i.e. is there a history of violence in this community? What makes this event stand out? How do participants perceive the socio-political context of this event?</p>
<p>5. Impact Reaction Stage: Use the Holistic check-in for this activity. How are people doing- really? The Holistic check in invites an exploration of current reactions at multiple levels: emotional, physical, mental, social and spiritual. Give participants a few minutes to fill in their responses to the Holistic Check-In exercise. They may share in pairs or people may want to hear each other's responses.</p> <p>People have a sense of when they are in "functional balance" and when things seem "out of whack" for them. Invitation is for them to notice where they are doing okay and where they may perceive changes/ impact.</p> <p>Some prompt questions:</p> <ol style="list-style-type: none"> 1. How are you experiencing this? How are you moving through this? 2. What thoughts or reactions have you been having since the tragedy? 	<p>Consciously shift from "the story" to the "impact of the story". This can be a deeply emotional period for some, but not for all. Facilitators will use Emotional First Aid EFA skills to help people express their feelings, but not deepen their reactions.</p> <p>The use of "I-statements" is critical in this phase. Allow people to go where they need to: some will discuss personal relationship impact, others event impact i.e. an overdose death triggered memory of a past event and that's what is coming up</p> <p>At this stage, as in others, it is most critical that no one gets left out of the discussion, and that no one dominates the discussion at the expense of others. All feelings, positive or negative, big or small, are important and need to be listened to and expressed. More importantly, however, this particular stage allows survivors to see that subtle changes are occurring between what happened then and what is happening now.</p>

<p style="text-align: center;">What to Do? Remember- Connection is the Key</p>	<p style="text-align: center;">Why Do It?... To promote self and collective care</p>
<p>6. Support and Stabilization Stage: reflection and mutual support to assist with rebalancing and self-care.</p> <p>Questions: “What are your concerns or worries about the immediate future?”</p> <p>“What would help you feel safer right now?”</p> <p>“What has helped you cope when you have had to deal with difficult things or losses in your life before?”</p> <p>“What can you do to help yourself cope now?”</p> <p>Support containment of emotions at this stage.</p>	<p>Support people in accessing their own stories of coping and resilience: “Do you have any past experience with this type of loss and these types of reactions that you’ve been experiencing? What did you do then that might help you now?”</p> <p>Invite the wisdom of the group to assist: “has anyone else in this room dealt with this type of challenge? What helped you?”</p>
<p>7. Learning /Normalizing Stage:</p> <p>Information about normal responses to traumatic events. Review different grief/trauma styles, current losses resurrect old losses, STUGS, multiple loss process and resilience.</p> <p>Have a large version of the Multiple Loss Journey up on the wall. Discuss the notion of “suspension bridge building” and numbing as strategies of resilience.</p> <p>This stage is designed to assist survivors in learning new coping skills to deal with their grief reactions. It is also therapeutic to help survivors realize that others are having similar feelings and experiences.</p> <p>The facilitator assumes the responsibility of teaching the group something about their typical stress response reactions. The emphasis is on describing how typical and natural it is for people to experience a wide variety of feelings, emotions and physical reactions to any traumatic event.</p>	<p>Intention of this stage is to help people move from their emotions back to their heads and to contain their reactions to the loss event as they consider their own coping strategies and make decisions about next steps.</p> <p>Even if people zone out a bit during this section, they will have handouts to refer to and to share with colleagues, family and community.</p> <p>People need to know that their reactions are not unique and that there are universally shared reactions.</p> <p>In the situation where ongoing multiple loss and traumatic events are the norm for a group, use relevant theories and models that encompass these dimensions of loss and/or trauma.</p> <p>Critical to this stage is being alert to signals of poor coping in order to prevent negative outcomes and to help participants return to their pre-crisis equilibrium and interpersonal stability.</p> <p>Important to support people in affirming their own experiences of Resilience.</p>



<p style="text-align: center;">What to Do? Remember- Connection is the Key</p>	<p style="text-align: center;">Why Do It?... To promote self and collective care</p>
<p>8. Closure Stage: This final stage seeks to wrap up loose ends, answer outstanding questions, provide final assurances about “normal grief responses in abnormal times”, Offer reminders about using their “go to people”, encourage mutual team support, checking in on each other, speaking out if they are feeling out of balance</p> <p>Acknowledge and affirm people’s commitment to their work, their connections with clients and community and to one another.</p> <p>Centering exercise – 1-2 minutes of quiet centering breathing is a useful way to transition out of the session: “Put your feet on the floor, get grounded, slow down your breath, open your eyes, look around the room at who is here with you... connect with someone you may be able to follow up with later. Honour your time together. You’ve shared the experience of something really tragic. Know that you have the support of your team around you as you work through that”.</p> <p>Check-out circle – <i>Refer to any pieces of paper on the center table that participants have placed there in memory. Invite people to say a few sentences about what they wrote down – if they wish to.</i></p> <p><i>The check-out question is “One thing you are taking away with you”.</i></p>	<p>Participants should be aware that closure is taking place, therefore, no new issues should be introduced or discussed at this stage of the debriefing process.</p> <p>Discussion surrounding memorials and celebrations of life often surface and need appropriate direction.</p> <p>If they have asked managers for changes i.e. “we would like an opportunity for a quick debrief/huddle immediately following a loss,” or “we think a debriefing circle for community members/volunteers would be useful”, review how will this be taken back to agency management.</p> <p>The group may close by planning a group activity together such as a “living task,” for example, sharing a meal, planning a tribute, or similar activity to promote a sense of connection and shared purpose.</p> <p>Reminder of EAP referrals – have resource material available.</p> <p>Once the session is complete, remove any papers from the center table for disposal – not in a garbage, but quietly burned outdoors if possible, to honour these stories.</p>
<p>9. Next Steps Stage: Reminder of Incident Debriefing session if that has been set up.</p> <p>Continue with informal check ins; encourage people to take care of each other through this tough period and to speak with HR or their managers if they are having difficulties that interfere with life/work.</p> <p>Flag staff that have identified on-going needs to ensure additional supports are available.</p> <p>Conduct follow-up, after a time period (1-2) months to ensure team and staff’s needs aren’t requiring further supports that may have been missed earlier.</p> <p>Accept the wide variation in expressions of grief and ways of coping with loss.</p>	<p>Managers to debrief with Facilitators of the session.</p> <p>Open door policy afterwards. Be accessible and available.</p> <p>To Note: Suggestions made by those involved in the debriefing need to be taken seriously, with a commitment to investigate their feasibility. Promises in the heat of an emotional discussion need to be avoided. Feedback and follow up on any suggestions workers may have made is essential. Suggestions made at such a time, even if they are apparently small, may carry the significance and emotional power of possibility preventing such traumatic events in the future. This is why they need to be taken so seriously.</p>

VI. COMMUNITY CLOSURES: MEMORIALS FOLLOWING A DEATH

Agencies will have policies and procedures that inform what happens after a death. However, this wave of ongoing loss may require a review of current procedures. To help create a more current and inclusive agency response, consider the following:

1. **Following a Death:** Who should be informed? How do they want to be informed? What should be included as part of this communication? Is there some way the agency acknowledges a death? (candle/name near the front desk? memorial book?)
2. **Absence Arrangements:** What kind of supports are in place for bereavement leaves? Memorial attendance? Follow up visits with family/friends? Grief/stress leave? Time for renewal?
3. **Debriefing Supports:** In addition to group debriefings, what arrangements are there for 1-1 lateral/peer debriefings? What is available for peers and community members?



4. **Community Closures: Holding On and Letting Go** (thanks to Vikki Reynolds ¹⁷)

Traumatic deaths are not something workers can easily accommodate to. It's okay that they refuse to normalize these deaths. And yet, to help foster resilience, it is important to acknowledge that the death has occurred. We can provide people with a structured opportunity, in a safe community setting, to say a meaningful goodbye to someone they may have known in a context not easily discussed in a large-scale funeral/memorial setting.

Hold a 2-hour session in a familiar community space. Decide who should be invited. Set up the room in a circle format, have flowers, a candle and photo at the front of the room, a box of tissues, music that the person would have liked, some refreshments. Hand-out: *Saying a Good Good-bye* (below). The facilitator welcomes people and uses the following questions to help shape the discussion. These questions help multiple loss survivors contain their loss stories and focus on the person in question. Speaking is option.

- Who was this person? Tell the story of that unique individual.
- What difference did I make in this person's life? (*important for our own sustainability*)
- What difference did that person make in my life? (*their legacy and helps us remain humble*)
- How are you going to resist the disappearance of this person? (*important for our history*)

5. **How to Say a "Good Goodbye"** (adapted: Susan Aaron, Psychodramatic Bodywork¹⁸)

- **Gains & Achievements:** What have I gained/achieved as a result of this experience?
- **Appreciations:** What do I appreciate about this person? About myself? About others?
- **Unfinished Business, Regrets or Resentments:** Naming what is unfinished helps to leave it behind.
- **Ghosts of closures or endings past:** Other similar experiences that are present at this time?
- **Moving on - what's next?** As this experience is ending, name what you will carry forward.
- **Ritual:** Any deliberate action which has meaning in relation to closing on the experience- such as a meal together, writing memories in a book for the family members, or a final meditation.

Supporting our workers and our communities to repeatedly say good goodbyes is a refined skill that comes with experience, discipline, and a deep commitment to our work with marginalized communities. Open up space for meaningful conversations about how we continue to live and work with a "just anger" and sometimes with a "heartbreaking sorrow".

VII. TAKING CARE OF YOURSELF AS A MANAGER

This Tool Kit has provided you with some practical information on grief and multiple loss and how these life events impact the people you work with and the workplace teams you lead. It can be challenging to keep all these balls in the air when a critical incident occurs. We have offered detailed descriptions for an Impact Debriefing Process that can serve as a best practice for caring for your workers.

The key to moving through these rough times is Connection. Help workers remain connected to themselves and to each other in healthy ways. Help workers connect with purposeful goals that have meaning for them and the communities they serve. Help your agency leaders connect with the realities of the workers, peers, volunteers who sometimes require a little more care and attention than usual. Attending well to your workers in times of critical incidents will help workers focus on attending to services users in a similar manner.

What we know is that your well-being matters. Your ability to “show up” for your workers, for your own management team, for your agency and community, is only as good as your personal capacity.

Find regular times to Connect with yourself through any critical incident response. The Holistic check In Tool is a practical resource for you as well.

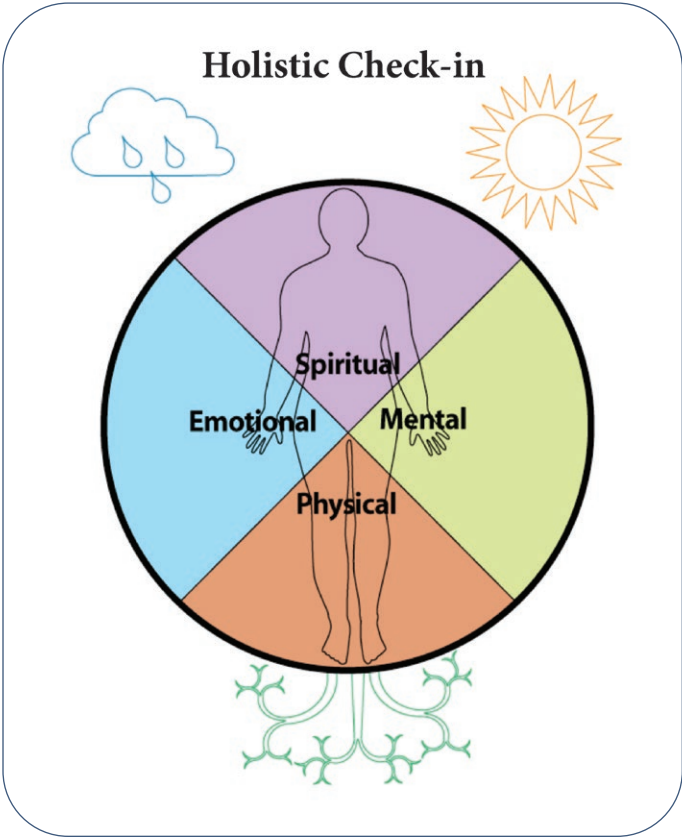
Holistic Check-In

- **How are you doing? Really?....**
- **Physically? Emotionally? Mentally? Socially? Spiritually?**
- **What nurtures you?**
- **What delights you? Enlivens your passion?**
- **What grounds you? Where are you rooted?**

Who are your “go-to people” who know how to provide just the right kind of support and solidarity? Consider setting up informal peer support teams where you can call on one another for backup in chaotic times surrounding critical incidents. Where the conversations are about each other’s well-being and providing warm and respectful space for you to have a range of reactions- and be cared for in a way that is right for you!

Your well-being matters.

We thank you for the work you do.



This Holistic Health model reflects an Indigenous world view. We are deeply grateful that these teachings have been shared with us ~



VIII. RESOURCE MATERIAL & REFERENCES

Available from ABRPO: www.abrpo.org

- **When Grief Comes to Work: Managing Grief and Loss in the Workplace — a handbook for Managers and Supervisors** (220 pages) (Perreault 2011) A comprehensive resource manual for those looking for more content and resource depth about this topic.
- **Good Grief Care Pilot Report** — (Perreault & Lush 2018) Findings of a report based on work conducted with staff and managers in 8 Supportive Housing Provider pilot sites dealing with impact of opioid overdoses and deaths.
- **Impact Debriefing Essential Tool** — (Perreault 2018) Considerations for peer debriefing practices in multiple loss situations.

References and Endnotes

- 1 www.icsf.org from International Critical Incident Stress Foundation: *A Manager's Guide Following a Traumatic Event*.
- 2 www.debriefnow.com (useful background information but used to sell a debriefing process)
- 3 TEND www.tendacademy.ca/background/ *The Business Case For A Comprehensive Organizational Health & Workplace Wellness Program* (this is a Canadian resource focused on compassion fatigue in workplaces)
- 4 Jeffreys, J.S. (1995) *Coping with Workplace Change: Dealing with Loss and Grief*. Lanham, MD: Crisp Publications, Inc.
- 5 *Community Report 2017*: Central City Foundation 206 – 304 W. Cordova St. Vancouver BC, V6B 1E8 E: info@centralcityfoundation.ca
- 6 Worden, W. (1982). *Grief Counseling and Grief Therapy: A Handbook for The Mental Health Practitioner*. New York: Springer.
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- 8 Martin, T. & K. J. Doka. (1999). *Men Don't Cry, Women Do: Transcending Gender Stereotypes of Grief*.
- 9 Thompson N. (2009). *Loss, Grief and Trauma in the Workplace*. Amityville NY: Baywood Publishing Company.
- 10 <http://trauma-recovery.ca/resiliency/post-traumatic-growth/>
- 11 *Grief in the Workplace: Tips for Supervisors*. Retrieved from: www.hrwebcafe.com/2007/03
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- 13 Neimeyer, R.A. (2000). *Lessons of loss: A guide to coping*. Memphis, Tennessee: Centre for the study of Loss and Transition. (p. 53).
- 14 Everly, G. & Mitchell, J. (1999). *Critical Incident Stress Management: A New Era and Standard of Care in Crisis Intervention*. Ellicott, Maryland: Chevron Publishing.
- 15 Tehran, N. (2004). *Workplace Trauma: Concepts, Assessments and Interventions*. Hove, UK: Brunner-Routledge.
- 16 Mathieu, F. (2016). *Low Impact Debriefing* www.tendacademy.ca/wp-content/uploads/2018/11/Short-LID-article-revised-2016.pdf
- 17 Viki Reynolds: <https://vikkireynolds.ca/> (Entire website is worth taking a look at!)
- 18 Susan Aaron's website <https://www.youremotions.com/> Susan's closure exercise can be found in: *ABRPO's When Grief Comes to Work*. www.abrpo.org page 145.



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