

# Psychosocial-Spiritual Alberta Series

## Effective tools for Grief Care: Perspectives from Spiritual and Mindfulness-Based Practice

Host and Moderator: Sheila Killoran, Ellen Mi

Presenter: Rasheal Charles

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# Introductions

## Host and Moderator

**Sheila Killoran, MTA, MA, FAMI**

Education Lead, Palliative Institute

**Ellen Mi**

Project Coordinator, Palliative Institute

## Presenter

**Rasheal Charles, MSW, RCSW**

Corporate Director Mission, Ethics & Spirituality

# The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

**Stay connected:** [www.echopalliative.com](http://www.echopalliative.com)



# Land acknowledgement

We acknowledge that what we refer to as Alberta is the traditional ancestral territory of a diversity of Indigenous peoples and home to Treaty 6, 7 and 8. We recognize and give thanks to the many First Nations, Métis and Inuit who have lived in and cared for these lands for generations, all who continue to grace these lands and all future generations. We make this acknowledgement as an act of reconciliation and gratitude



*Salix discolor* (pussy willows) in bloom, Beaver Hills House (Edmonton) Alberta  
Photo Credit: Sheila Killoran

# Reminders

- This session is not being recorded.
- Please do not disclose any personal health information during the session.
- Your microphones are muted. When we invite participation, please unmute yourself if you'd like to speak at that time.
- If you experience technical difficulties, please let us know in the chat.

# **Effective Tools for Grief Care:**

## **Perspectives from Spiritual and Mindfulness Based Practice**

Rasheal Charles MSW, RCSW



# Overview

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Grief is a complex and deeply personal experience that includes several emotions that pose challenges that are life changing. In this session we will focus on the issues and factors that create tension between healing and purpose finding and explore how mindfulness is a powerful technique first for the Clinician then for those we serve that can support healthy coping strategies that can be adopted as a life skill after loss.



## Issues and Factors that create tension (PIE)


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- Recognition of loss by others (i.e. disenfranchised grief)
- Social 'acceptability' of cause of death
- Social 'acceptability' of relationship of bereaved to deceased
- Ability to communicate feelings \*
- Language levels



# Healing and Purpose finding

**Gary Thandi** (BC Social worker and Founder of Moving Forward Family Services) in his 2023 article has stated:



- Taking breaks
  - Focusing your attention on other activities should it be overwhelming
  - Drawing the positive and challenging experiences -modelling this into the interactions
  - Position of advocacy and the power that it holds in navigating how grief can be processed
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<https://socialwork.ubc.ca/news/my-journey-as-a-wounded-healer/>



# Grief Care strategies

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Acknowledging the limitations of your intervention and effectiveness of the strategies



Existential struggle between acknowledging the loss and reality



**Pain x resistance = suffering**

**Pain x acceptance = less suffering**





# Distress Tolerance



Marsha Linehan has defined distress tolerance as a way of not being overwhelmed by an emotional state.



- Radical acceptance
- Paired Muscle Relaxation



- Temperature control
- Mindfulness exercises that exert physical energy (walking)



# Grief Care Strategies

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1. Narration of the loss

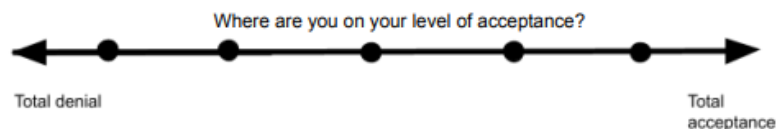
2. Identification of emotions

3. Cognitive restructuring





## Therapy worksheet on grief and loss



Growing up, how reactions to grief and loss were represented in your family?

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Do you display your grief reactions similar to your family's pattern?

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What are the similarities? What are the differences?

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<https://happiertherapy.com/wp-content/uploads/Therapy-worksheet-on-grief-and-loss.pdf>



# Grief Care Strategies

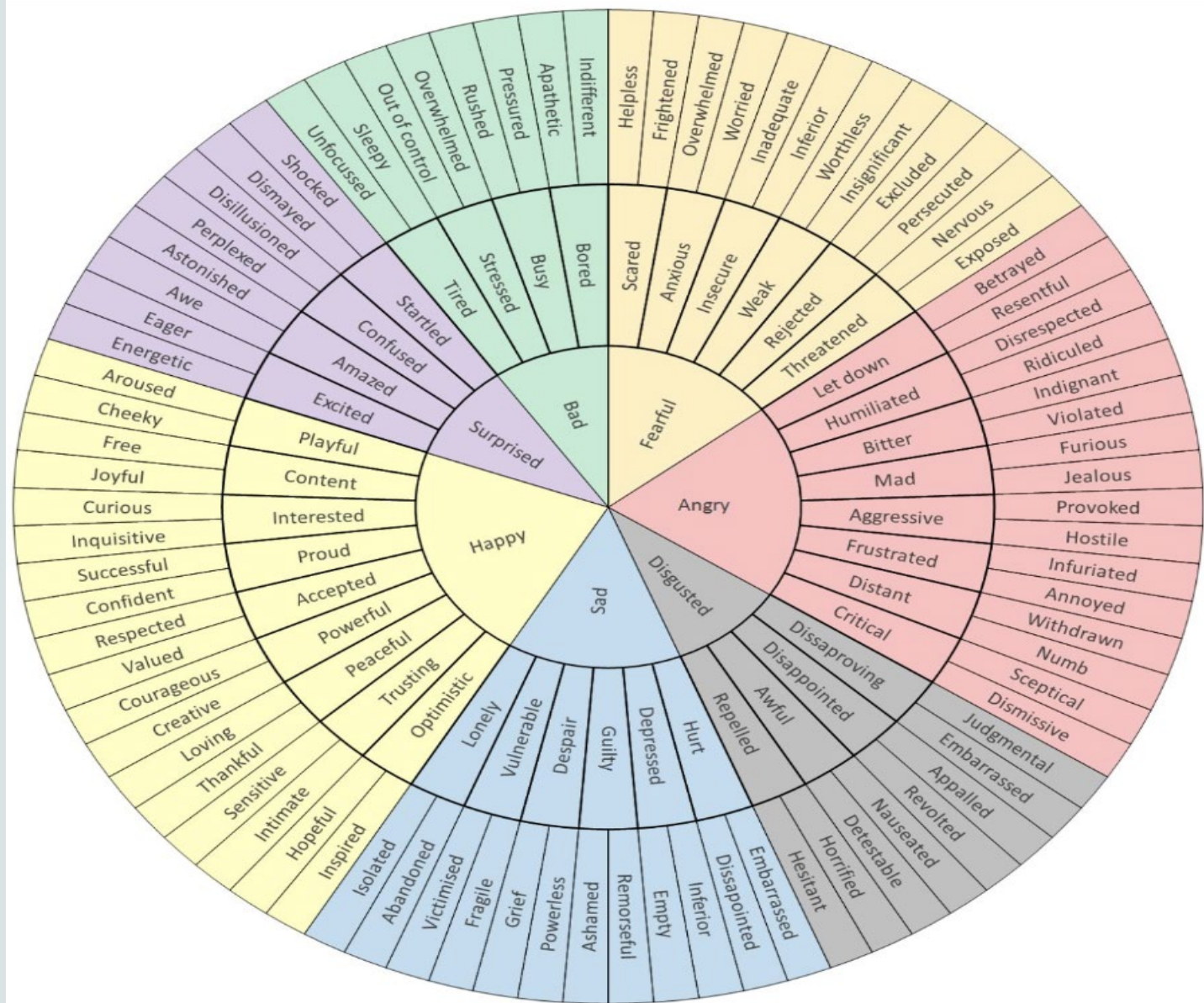
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1.Narration of the loss

2.Identification of emotions

3.Cognitive restructuring /reframing





# An Overview of Freud's Influence

## **GRIEF WORK**

- Primary task of separation
- Timelines that are set for the responses for mourning or transitional activities
- Focus on the bereaved and actions both internal and external
- Current and future states that is impacted
- Grief work (coined to further address the process that one might expect to go through including activities that may support addressing concerns of change)

## **PROFESSIONAL INTERVENTIONS**

- Primary task of separation from your own experiences with a focus on the bereaved
- Timelines that are set for interventions and the responsiveness from the client/patient's perspective
- Use of assessments to gauge the client's actions both internally and externally
- Current and future state assessment
- Grief work (coined to further address the process that one might expect to go through)

# Mixed reviews on strategies that confront emotions

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**Hooyman & Kramer (2006) surveyed the literature and found that in grief care: confronting, exploring the current and future states was helpful**

**Where does that leave our interventions about making meaning and finding and exploring purpose?**

Break out session question:

- How do you help a bereaved person at the time of loss?
- Report 2 or 3 intervention strategies

# Break Out Room Discussion Questions

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- **How do you help a bereaved person at the time of loss?**
- **Report 2 or 3 intervention strategies and how you have learned if it was successful or not?**



## A note for the Clinician

Acknowledging the nature of loss in your own life helps to cultivating a sense of acceptance. This can be passed along to those we wish to help

If loss isn't adequately resolved can be a barrier to help others find and process their own grief

Adequate self-awareness and boundaries



# Mindfulness Interventions

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- The ability to make space, pay attention on purpose and observe our thoughts, reinforces the “separation” of oneself to gain a better understanding and perspective of actions thoughts and behaviors.
- Stress reduction comes with practice mindfulness and having a regular routine to incorporate this into daily life is also helpful.
- Equanimity is possible and helpful but also can put pressure to seek out meaning when one isn't ready
- Deep breathing techniques are helpful: provides lower heart rates, decreases to stress producing hormones and promotes relaxation for the body and mind.



# Mindfulness Interventions List

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- Meditation
- Yoga
- Visualizations
- Walking practices
- Stretching and Movement



# Spiritual Care Interventions

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- Connecting with the faith and practices of their religion or spirituality
- Understanding what gives their life meaning or for their loved one
- Exploring how they wish to be remembered or their loved one
- Sharing their life story or that of their loved one



# Spiritual Care Interventions List

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- Ritual and purpose meaning because of the loss with practice mindfulness and having a regular routine to incorporate this into daily life is also helpful.
- Prayer/Intentions/ connecting with spiritual traditions
- Addressing or finishing unfinished business between the dying person and significant others expression of love regret forgiveness and gratitude
- promote integrity by honoring life
- Making meaning of the dying experience
- Provide comfort by being present and listening offering information about resources
- Addressing whole range of life cycle events
- Spiritual genograms- spiritual timeline or history
- faith or beliefs importance and influence community address (FICA)

# Grief Care Assessment

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- What type of loss?
- Traumatic – Expected or Sudden
- Relationships to the loss
- Age of the person receiving intervention (developmental stage)
- Overall mental health concerns



## Screening Tools

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- PTSD
- Anxiety
- Depression

# Grief Care Assessment and the Use of Tools

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## PHQ- 9

The PHQ-9 can be self-administered or clinician administered. No-formal training is required to use the measure.

## GAD- 7

The GAD-7 is a self-administered patient questionnaire and it takes about 1-2 minutes to complete

## PCL - 5

The Posttraumatic Stress Disorder Checklist (PCL-5) is a 20-item self-report tool that corresponds to the 20 symptoms listed in DSM-5 (Blevins et al., 2015). It can provide a global assessment of PTSD severity both at the time of diagnosis and over the course of treatment

# Use of Tools

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<b>Preparing for anticipatory triggers after loss</b>	Meaningful rituals initiated by the interventionist	Objects and activities that address needs that can be shared with others or private
	Meaningful rituals that are family or peer group initiated	
	Use of music creating a list of songs that prompts discussion of its meaning related to the loss	
<b>Utilization of tools with MH concerns</b>	Screening and administration needs to be completed to ensure the choice of the most effective intervention	Collaboration

# References

Carmon, A. F., Western, K. J., Miller, A. N., Pearson, J. C., & Fowler, M. R. (2010). Grieving those we've lost: An examination of family communication patterns and grief reactions. *Communication Research Reports*, 27(3), 253-262.

Hooyman & Kramer (2006). *Living through loss: interventions across the life span*. Columbia University, Press

Humphrey, K. M. (2009). *Counseling strategies for loss and grief*. Alexandria, VA: American Counseling Association.

Rockman, P. & Woods, S. (2021) *Mindfulness-based stress reduction: Protocol, practice, and teaching skills*.



Thank you

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# Community Of Practice

- Based on the strong success of this new 7-session series
- Desire to develop a Community of Practice for Psychosocial Spiritual practitioners working in grief and palliative care in Alberta
- Please fill out the evaluation survey to share your thoughts and help shape the development



# Evaluation

<https://www.redcap.link/psecho7>

# Thank You

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

