



***After the Wildfire: Loss,
Change & Moving Forward***

**Personal and Community
Considerations**

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Table of Contents

Our Essential Message 5

Grief Concepts

Understanding the Experience of Loss 7
Losses that might be Disenfranchised After a Disaster 8
Understanding the Experience of Grief 9
How Grief Shows Up in Our Lives11

Models of Grief

Grief Styles13
Dual Process Model14
Cycles of Grief15
How Individuals and Communities are Affected by a Disaster16
Progressive Changes in Traumatic Bereavement18
Interaction Between Grief and Trauma19
Valley of Despair - Experience of Traumatic Loss20
Grief and Depression21

What Helps? Personal and Community Considerations

Self Care.....23
What is Helpful for Supporters to Know?26
Professional Self care27
Trauma Informed Care28
Lessons & Strategies Identified in the High River Response.....29
Post Disaster Engagement Initiative30
Recommended Resources31
References32
Notes34

Our Essential Message

When supporting people who are living through distressing situations, it is important to be aware of possible trauma and its impacts. When we provide care in a **trauma informed** way we recognize the following:

- Realize the widespread impact of trauma and understand the potential paths for recovery
- Recognize the signs and symptoms of trauma in our clients, patients, families, staff members and ourselves
- Actively avoid re-traumatization
- Provide service in a respectful and compassionate environment; offering physical, social and cultural safety for patients and staff.
- Validate the experiences of people and provide client-centered, holistic and integrative services

Important **principles** that help us to provide care that is trauma informed:

- Create Safety
- Trustworthiness and transparency is practiced
- Peer Support is encouraged
- Collaboration and mutuality is nurtured
- Empowerment and choice is valued
- Cultural, Historical and Gender sensitivities are honored

(Adapted from SAMHSA, Trauma-Informed Care in Behavioral Health Services, 2014)

We know we are being trauma informed when we are:

”Providing the right service, in the right place, at the right time, by the right provider.”

(From Alberta Health Services, 2005 – What is Access?)

Grief Concepts

Understanding the Experience of Loss

Loss Is...

Loss is experienced when anything that we value or have become attached to, is absent. Any significant change in life can cause a person to experience the loss of someone or something that is important to them. A feeling of loss only comes when we feel love or connection to what is gone. This is a universal human experience and a natural part of life but it can be difficult to rebalance and adjust to new realities, while acknowledging the loss of the way life used to be.

There are many kinds of losses that affect our lives and these impacts can accumulate after many losses. They can happen suddenly or gradually, can impact us profoundly or be unacknowledged. Loss affects individuals but also families, social groups and even communities. Because losses can be unexpected and leave us feeling unprepared or out of control, they have the potential to create a traumatic response.

When loss occurs, typically there is the **primary loss**, such as the death of a loved one, end of relationship or loss through a disaster. **Secondary losses** happen because of the primary loss, such as loss of feeling safe, loss of companionship, loss of lifestyle. Some of these secondary losses can go unrecognized or unsupported and can result in a lack of support.

Disenfranchised Loss

A Loss that cannot be socially sanctioned, openly acknowledged or publically mourned. The Griever is not extended a “Right to Grieve” (Doka, 2002)

Ways that Loss can be Disenfranchised

1. The relationship is not recognized because it is not based on family ties
2. The loss is not acknowledged because it is not deemed socially significant
3. The griever is excluded because they are socially defined as not capable of grief
4. The circumstances of the death may have social stigma
5. The way in which an individual grieves may not fit within the cultural norms of expressing grief

How to Help Someone with Disenfranchised Grief

1. Recognize the hidden sorrow- Acknowledge the person’s grief
2. Validate feelings
3. Ease the isolation by giving space to the grief
4. Be an advocate
5. Connect to support systems

Losses that may be Disenfranchised After a Disaster

Relationships &
Social Connections

Mementoes/Valuables

Independence

Community

Hopes &
Dreams

Landscape

Disruption/Career

Possessions

Recreation Opportunity

Property

Business

Financial Security

Retirement Plans

Pet/Community

Neighbours

Perceived Support

Understanding the Experience of Grief

Grief is

- Our response to the loss of anything we value
- Our expression of the loss
- Personal
- A unique process for each person
- Not an illness
- A normal part of living

What We Know About Grief:

- The death of a loved one or a profound loss can be one of life's most difficult experiences
- Those who are grieving struggle with many intense emotions
- Often people feel isolated and alone in grief
- It will take longer than most people think
- It will take more energy than ever imagined
- Grievers may experience acute upsurges of grief that occur suddenly without warning (Grief Bursts)
- Grief may resurrect old issues, feelings, and unresolved conflicts
- Grievers may find that certain dates, events, experiences and times of the year may affect them long after the grief event
- Losses can impact the griever physically, cognitively, emotionally, socially and spiritually
- There is no right or wrong way to grieve
- There is no set timetable for grieving

What Can Impact A Person's Ability to Manage Grief:

- The nature and severity of the event
- Previous experiences with distressing events
- Levels of support available at home, through social circles or community
- Personal and family history
- Cultural background and traditions
- Age
- Whether the loss is known or understood

Challenges to Grieving:

- Grief makes others uncomfortable
- There is perceived pressure to “get over it and move on”
- Coping with insensitive comments
- Comparing grief to that of others
- The struggle of waiting for various outcomes
- Uncertainty of “What now?!”
- Whether a person understands that their experiences may be connected to a loss or grief

How Grief Shows Up in Our Lives

Grief symptoms are commonly experienced in many areas of our lives. It is common to feel the effects of grief physically, emotionally, socially, and spiritually in differing degrees. Recognizing these symptoms can help people understand the impact grief is having in their life.

Physically

- ☞ Lack of Energy
- ☞ Sleep and Appetite Disturbance
- ☞ Stomach Aches/Nausea
- ☞ Chest Pain and Tightness
- ☞ Perception of an “Emptiness” or Space in the Body
- ☞ Frequent Colds/Infections

Spiritually

- ☞ Questioning Why?
- ☞ Searching for Meaning/Purpose
- ☞ Angry at God
- ☞ Moving Towards
- ☞ Spirituality/Religion/Angry at God
- ☞ Questioning beliefs/values as a Source of Support

Cognitively

- ☞ Difficulty Concentrating and Memory Loss
- ☞ Mental Fatigue, Decreased Focus
- ☞ Shock, Denial and Disbelief
- ☞ Reduced Interest and Motivation
- ☞ Feeling Overwhelmed

Socially

- ☞ Isolating Oneself
- ☞ Feeling Disconnected
- ☞ Change in Relationships and Roles
- ☞ Inability to Function in Everyday Life and Work

Emotionally

- ☞ Anger/resentment
- ☞ Sadness
- ☞ Fear
- ☞ Guilt
- ☞ Anxiety & Panic Attacks
- ☞ Relief
- ☞ Emotional Numbness

Models of Grief

Grief styles ...

Feeling Style

Grief is experienced emotionally

- ☞ Intense feelings
- ☞ Waves of emotions

Grief is expressed emotionally

- ☞ Ventilate emotions, many tears
- ☞ Feelings precede and dominate thinking and doing
- ☞ Primarily sadness, despair, loss

Thinking / Doing Style

Grief is experienced in thinking

- ☞ Trying to make sense
- ☞ Feelings are limited or toned down

Grief is expressed in thinking and doing

- ☞ Focus on problem solving:
Taking care of the estate
- ☞ Thinking and doing precedes and dominates feelings



Blended Style

Many people have a blended style of grieving



- Ken Doka and Terry Martin developed the concept of grieving styles by identifying certain patterns of grieving.
- Most people fall somewhere on the continuum of grief styles of the Feeling Style, the Thinking/Doing Style, and the Blended Style. These styles describe that grief can be experienced and expressed differently for Feeling Style Grievers and Thinking/Doing Style Grievers
- Intense feelings may be the hallmark of the Feeling Style but Thinking/Doing Style Grievers may express more toned down feelings and need more time to think things through
- Both styles are legitimate expressions of grief

Dual Process

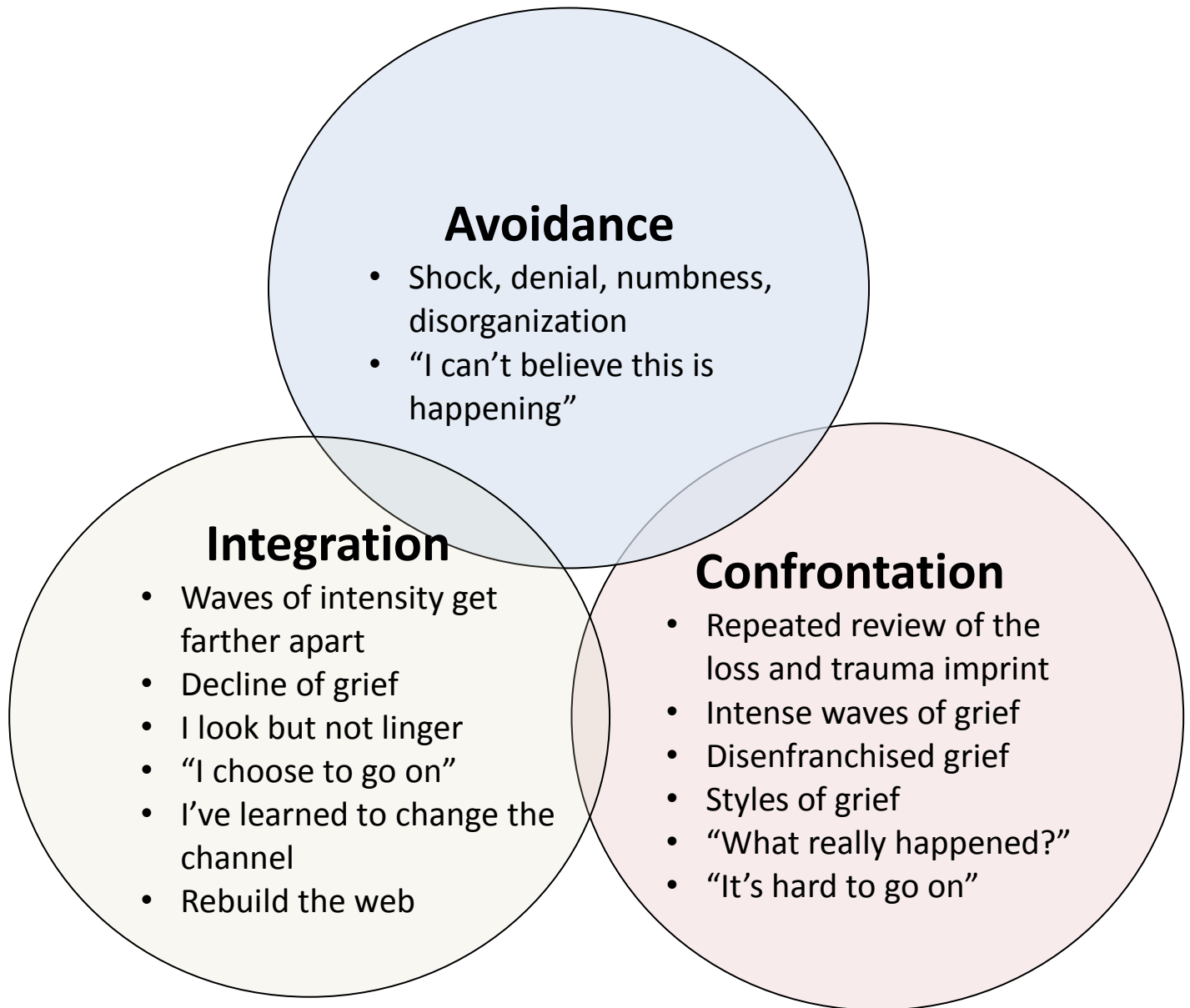


Dual Process Model
Stroebe & Schut (Death Studies, 1999)

- Margaret Stroebe and Henk Schut developed this model to show the oscillating nature of grief.
- People live life despite grieving... so it is natural to go back and forth between living and grieving.
- On one side, the experiences of grief (called Loss oriented) are the behaviors that express feelings of grief. These may include expressing a range of emotional reactions such as feelings of anger, despair, guilt, as well as reviewing and reminiscing, and yearning.
- On the other side are the experiences of rebuilding a new life (called Restoration Oriented) are the behaviors that reorganize the self in the new, post-loss world. These include learning new skills, constructing a new identity, or simply attending to life's daily activities.

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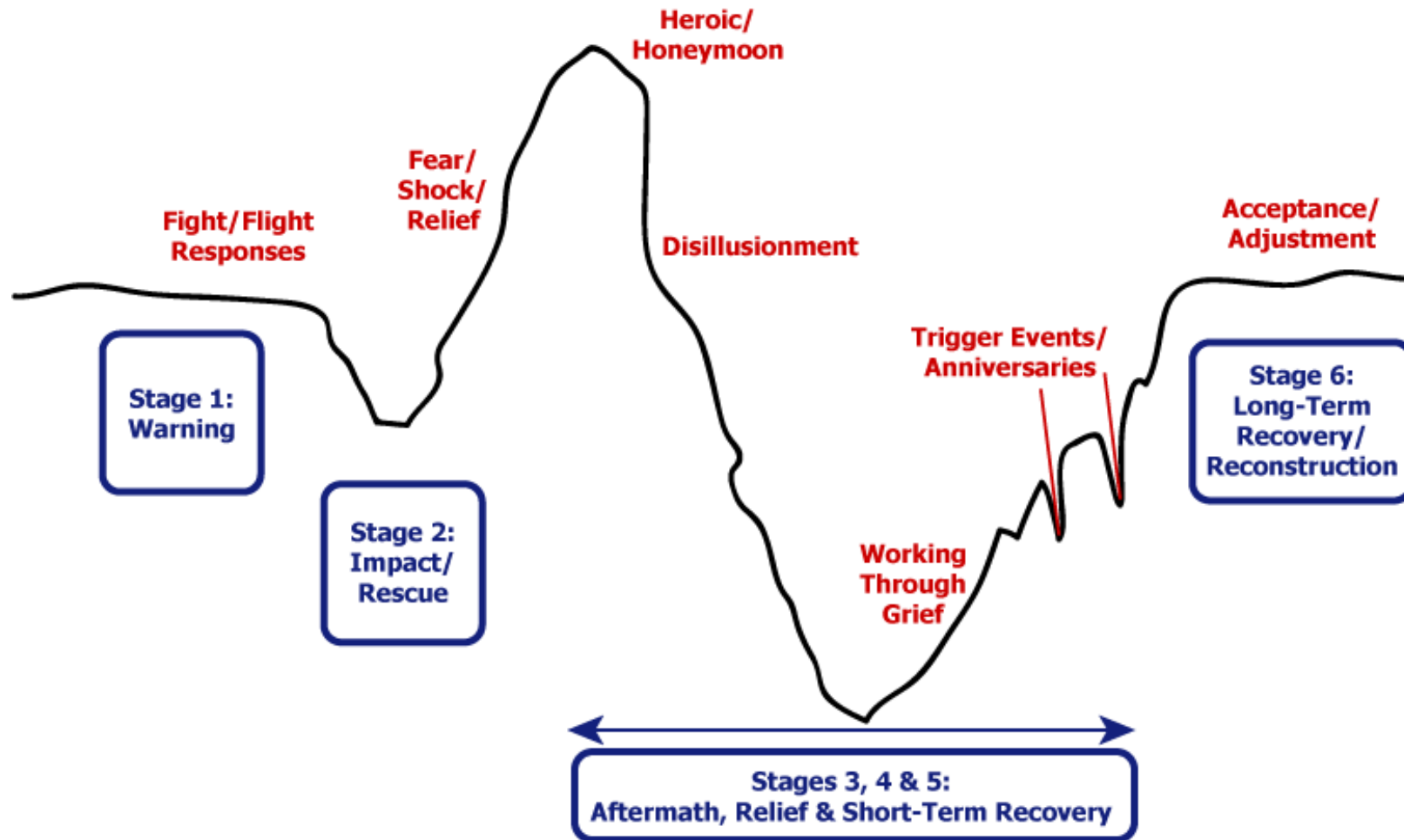
Cycles of Grief



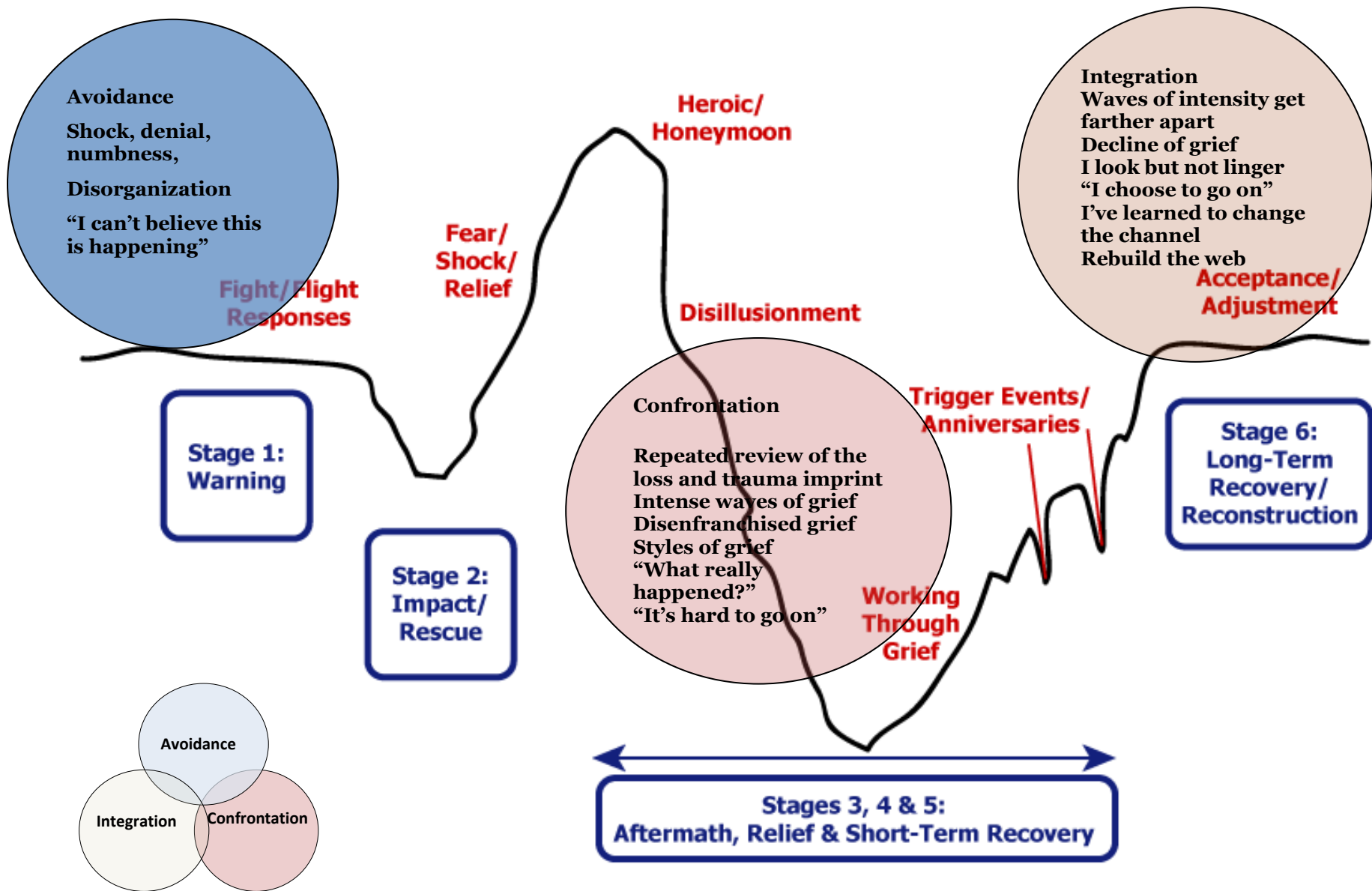
- Therese Rando developed this model to explain that people often experience cycles of avoidance, confrontation and integration of the loss within their grief processes.
- These cycles can overlap and do not necessarily happen in a linear fashion.
- The cycles are considered healthy and necessary aspects of normal grief

Adapted from Therese Rando

How Individuals and Communities are Affected by Disaster



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<http://www.communityarise.com/classroom.htm>



Adapted from Therese Rando, Cycles of Grief

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<http://www.communityarise.com/classroom.htm>

Progressive Changes in Traumatic Bereavement

During Year 1	Around Year 2	After Year 2
High Amounts of Distress	Moderate to low amounts of Distress	Low to no amounts of Distress
No realization of event/death & implications	Impact realization of event & implications	Realization of impact of event & implications
Shock, little pain because of numbness	No shock – new reality & increase in pain	No shock, decreased pain, no numbness
Little/no coping capacity	Limited coping capacity	Improved/full coping capacity
Much social support	Little/no social support	Little/no social support
Minimal expectations of self as a mourner	Unsuitable expectations of self as a mourner	More appropriate expectations of self
Minimal/moderate distance from event/deceased	Increasingly greater perceived distance from event/deceased	Stabilized perceived distance from event/deceased
<p>Time categorizations are only rough approximations. Many factors can influence actual occurrences.</p> <p>Adapted from the work of Therese Rando, 2004 (Calgary Grief Conference)</p>		

Interaction between Grief and Trauma

Trauma is a normal response to an abnormal experience.

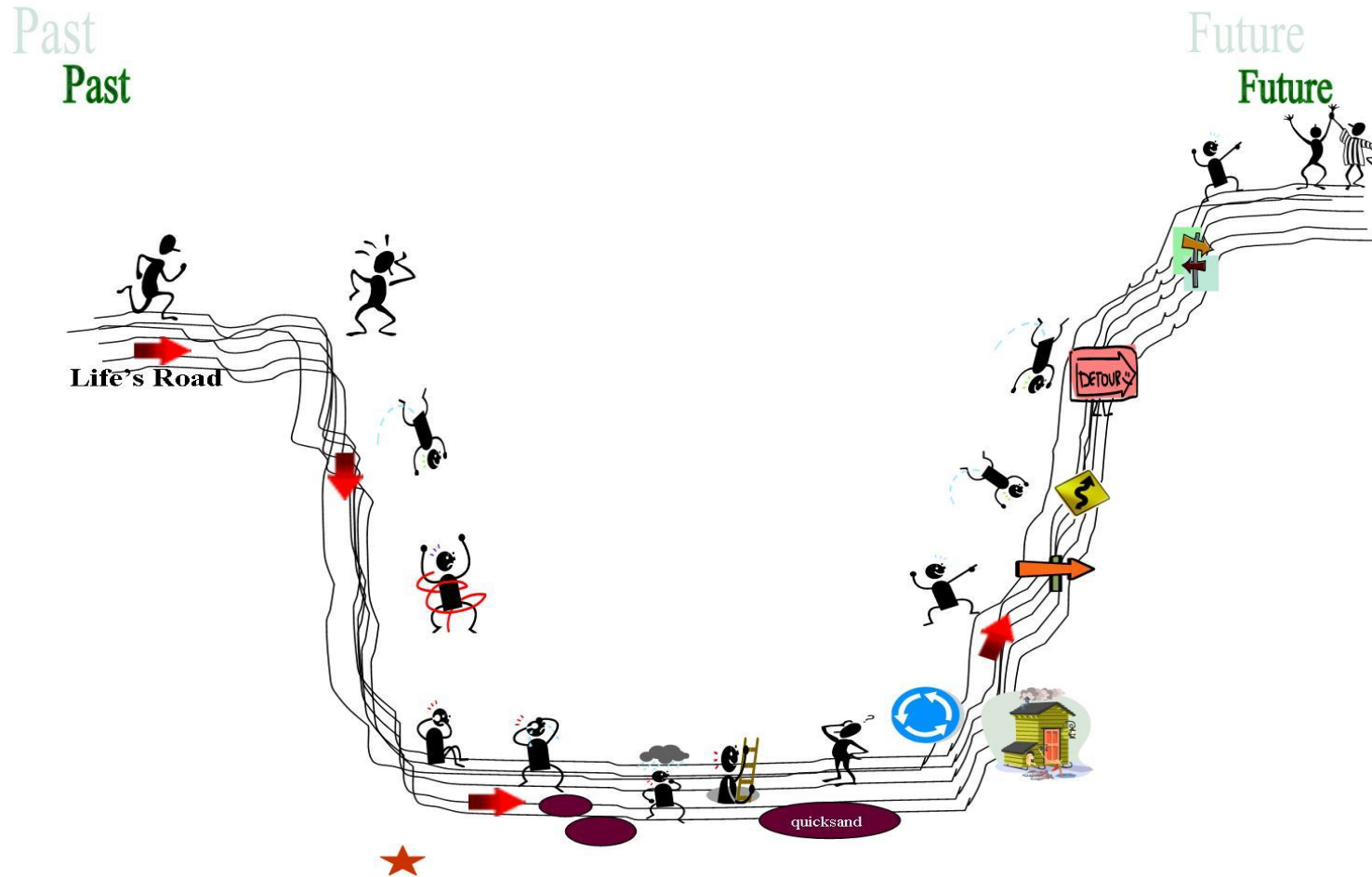
“Trauma refers to experiences or events that by definition are out of the ordinary in terms of their overwhelming nature. They are more than merely stressful – they are also shocking, terrifying, and devastating to the victim resulting in profoundly upsetting feelings of terror, shame, helplessness and powerlessness.” (Courtois, 1999)

Trauma	Grief
RE-EXPERIENCING EVENT, DREAMS	Disbelief, numbness
PRIMARY FOCUS on the traumatic event, all consuming	Yearning for what was
Somatic experiences	Somatic experiences
Numbing/avoidance	Numbing/avoidance
DIMINISHED INTEREST, restricted emotions, DETACHMENT from others	Diminished interest or pleasure, sadness
FEAR, HORROR and FRENETIC ANXIETY	Sadness, anxiety
Impaired concentration	Impaired concentration
Sleep disturbances, irritability	Sleep disturbances, irritability
WHY DID THIS HAPPEN TO ME? CAN IT HAPPEN AGAIN?	How can I go on? Who am I?

Interaction may intensify overlapping symptoms. Traumatic aspects may impact ability to grieve.

Adapted from: Jack Jordan, DWG, Calgary 2007

Valley of Despair – The Experience of Traumatic Loss



Sudden Losses can increase our distress while at the same time decreasing our ability to cope.

Grief vs Depression ...

Grief

- ☞ Disbelief, shock, numbness and feelings of unreality
- ☞ Feelings of guilt and anger
- ☞ Feelings of helplessness
- ☞ Sadness and tearfulness
- ☞ Preoccupation with the deceased, the death, or the loss
- ☞ Inability to function in everyday life
- ☞ Temporary loss of self esteem

Depression

- ☞ Intense feelings of guilt not related to the loss
- ☞ Thoughts of suicide or a preoccupation with dying
- ☞ Feelings of worthlessness and hopelessness
- ☞ Prolonged or severe inability to function at home / work / school
- ☞ Loss of interest in pleasure
- ☞ Deep and ongoing loss of self esteem

- The symptoms of grief and depression in many ways mirror each other and it can be difficult to determine the differences.
- **Grief** is usually more situationally related with a sense of powerlessness of life events that are occurring to a person.
- **Depression** is usually more personally related in terms of feeling that there is something wrong with whom they are as a person
- The concept of grief within a psychological DSM context is an emerging area that is still developing and there are differing opinions of how depression is diagnosed within grief
- Sometimes experiences of loss that are unacknowledged can present as depression

What Helps? Personal & Community Considerations

Self Care

Managing Your Self Care in Times of Grief

It is often very difficult to think about self-care when you are grieving. It is important however, to recognize that grieving takes a great amount of energy and that caring for yourself during this time is essential. Identifying and developing some daily self-care strategies can help with managing your grief. It is important to pamper and treat yourself well.

What is Self Care?

Self-care is what you do day-in and day-out to take great care of your mind, your body, and your spirit. It's about identifying your own needs and taking steps to meet them. It is taking the time to do some activities that nurture you. Self-care is about taking proper care of you. Remember you are going through a very difficult time. Be kind and gentle with yourself.

Principles of Self Care

- Grieving can change how much you can manage on a daily basis. During this time it can be helpful to lower your expectations about how much you can do. Let others know it will take time before you can manage all of the activities you were used to. Take a break from things that others can do for you or that can wait
- Listen to your body. If you need to sleep do so. If you need to talk to someone reach out to someone who can listen to you. If you need to cry then allow for this. Your body will let you know what you need. Take the time to listen to the signals and engage with what is needed.
- Identify something that gives you energy and lifts your spirits – even if it is for just a few minutes a day.

Benefits of Self Care

- The more you engage in self-care the more energy you will have to manage your grief. Self-care allows for the ability to thrive during times of stress.
- It is one of the few areas where you have full control over what you choose to do, when you choose to do it, and how you choose to do it.
- Developing and adhering to a daily self-care routine is very effective for strengthening your resilience.
- Self-care is a way to reduce stress and feel more able to cope with whatever is happening in your life

There Are Many Ways to Engage in Self Care

Physical Self Care

- Your body is absorbing and reacting to the stress of grief. It is important to offset this stress.
- Make sure you take care of your physical health. Drink lots of water, eat healthy and try to get lots of rest.
- Take the time to engage in physical activities you enjoy. At the minimum try to go for a daily walk.
- It can be helpful to see your doctor for a check -up.

Cognitive Self Care

- Being mindful of what you can manage and what can't
- Ask yourself "Do I address this issue or do I let it go?"

Emotional Self Care

- It is helpful to identify, accept and express the range of feelings that accompany grief.
- It is important to process your feelings. This could include talking, journaling, playing music, drawing, building or engaging with other creative outlets.
- Relaxation techniques can also help with managing intense feelings.

Social Self Care

- It can be difficult to maintain the same level of social activities or social connections during grief. This is to be expected. Try to maintain the relationships that are most important and that nurture you during your grief.
- Participate in your favorite recreational activities as you are able.
- Let others know what you need from them and how they can support you. Don't expect that people will know what to do or know how to act.

Spiritual Self Care

- Take time for regular spiritual rituals that are important to you (e.g. Meditation, attending organized religious services). These can help bring meaning when you are grieving.
- Take time to enjoy nature.
- Seek out others who can support you with similar spiritual connections.

It is important to take a break from your grief on a daily basis. This does not take away from your grief or your loved one. In fact, it helps both your grief and your ability to treasure memories.

Some Self Care suggestions:

- Designate some time in your day just for yourself when no one can interrupt you.
- Identify a 'treat' for yourself. Something that is and feels special.
- Check in with your breathing – it is very easy to maintain shallow breaths when you are grieving. Take 10 minutes and practice deep relaxing breaths.
- Make sure to eat nourishing food even if you do not feel like it.
- Wear comfort clothes and relax in places that feel comforting.
- Engage in things you enjoy doing. At first it may not feel enjoyable but over time it can feel better.
- Find some time to get some sunshine even if it is for a few minutes a day.
- Seek out a something that feels very nurturing like a massage or spa treatment.
- Play music you enjoy.
- Light candles, incense or aromatherapy – these things can help to soothe your senses.
- Try gentle exercise – walking, yoga etc. or exercise that you enjoy.
- Find ways to gather special mementos and reminisce.

Set aside some time to focus on our grief. Seek out a friend, journal or a counsellor. It is important to find ways to share what you are experiencing

Insomnia and Grief

Grief comes with many physical side effects and one of the most frustrating can be sleeplessness. Even if we've slept, our sleep is not as restorative during times of profound stress like after losing a loved one. Feeling tired but not able to sleep is a common grief reaction but does need to be addressed, as sleep is important to our health and well-being. Lack of sleep impacts our immune system, our mood and our ability to think. When we're not sleeping, it can make a difficult time feel worse.

Some tips to help with insomnia and grief:

- Exercise during the day
- Avoid caffeine and alcohol after 3 pm
- Get a massage or other types of relaxing body work
- Create a comfortable place to sleep free from electronics
- Do relaxing activities at night, such as deep breathing or meditation

What is Helpful for Supporters to Know?

- Don't let discomfort prevent you from reaching out to someone who is grieving
- You don't need to have answers or give advice
- Your support and caring presence will help the griever cope with pain and begin to heal

You are Listening to Me when.....

- You come quietly into my private world and let me be
- You really try to understand me when I do not make sense
- You grasp my point of view when it goes against yours
- You gave me enough room to discover for myself why I have these thoughts and feelings
- You held back the desire to give me advice
- You realize that the time I spent with you has left me tired and drained

You are NOT listening to Me when.....

- You say you understand before you know my situation
- You have an answer for my problem before I have finished telling you what my problem is
- You cut me off before I have finished speaking
- You are communicating to someone else in the room
- You are trying to sort out the details and are not aware of the feelings behind the words
- You get stimulated by what I am saying and want to jump in before I invite your response

Silence is a powerful listening skill...

- Be quiet and give the person time to think, as well as talk
- You can't listen and talk at the same time
- Stay focused on what is being said, don't let your mind wander
- Stay in the present, don't think ahead to what you are going to say
- Eliminate distractions while listening (cell phones, TV)
- Pay attention to your non-verbal signals, as well as the other persons
- Let the person know that you are listening with eye contact and verbal acknowledgements

Adapted from an anonymous poem

Professional Self Care

Keeping our Professional Balance

- Be Mindful of our Limitations...
- Be Mindful of the Work you do....It's difficult but necessary.
- Even if I don't know what to say...I know that listening will make a difference.
- Even if I feel helpless, I can still be present.
- I will accept that I don't have all the answers.

Learning to Recognize Grief in Ourselves and in Our Team

- Opportunity to meet as a team and share views, experiences and practices
- Give opportunities to discuss arising issues & participate in a consensus approach to difficult issues
- Develop personal & corporate strategies to help individuals when they are vicariously impacted by clients' personal narratives
- Extend knowledge and access to a process of learning

Self Awareness

If when speaking/listening to someone tell their story you can feel yourself reacting either with faster heartbeat, or sweating more than usual, or feeling tearful, it is helpful to slow your breathing down and taking at least two slow deep breaths.

After you have interacted with a community member that has been affected by the flood, it's a good time to check in with yourself and notice if you are feeling sad, anxious or stressed. If you find that you are reacting know that this is normal (be mindful of intensity & frequency)

What is your Personal Policy Statement?

Being intentional about the message you need to give that represents your organizational policy regarding community response, while affirming the concerns of the individual.

Trauma Informed Care

Trauma Informed Care is a “philosophical” and “clinical” stance that acknowledges the “lived” experience of trauma, it’s connection to grief and it’s impacts on the bereaved.

Trauma Informed Services are provided in a respectful and compassionate environment that ensures physical, emotional, social, and cultural safety of clients and staff.

Trauma Specific Service facilitates and encourages the healing of traumatic experiences through counseling and other trauma specific interventions.

The Philosophical Context of TIC as a therapeutic stance.

Listening to an individual’s “lived in” trauma in grief narrative is like looking through a kaleidoscope. The longer one looks and the more time one spends turning the wheel, the more understanding and insight of the design, texture and complexities of the associated situation and circumstances are revealed.

The Organizational Context of TIC as a therapeutic stance.

- Realization of the widespread impact of trauma and the understanding of potential paths for referral and recovery
- Recognition of the signs and symptoms of trauma in clients, families, communities and co-workers.
- Respond by fully integrating knowledge about trauma in practices, procedures and policies.
- Resist the potential for re-traumatization.

The Clinical Context of TIC as a therapeutic stance.

- Understand the role and complexities of trauma in grief.
- Provide services in a respectful and compassionate environment, offering physical, social and cultural safety.
- Validate the experiences of clients and provide client centered and integrative services.
- Utilize clinical tools and resources to support recovery.

The Grief Support Program’s concept of therapeutic positioning.

- **Coming along side** = safety, trust, being attuned, sensitive, respectful & being trauma aware. (recognizing the “threads of trauma”)
- **Falling in behind** = continued connection, patience, empathy, non-directive, & giving time and space for the process to unfold.
- **Continuity of Care** = inclusion, information, options, choices, guidance, & bridging continued support.
- **Thin conversations** comfortable exchanges with very little insight. (M, White)
- **Thick conversations** explore and develop “thick” descriptions of situation, circumstance and perspective that reveal the stories of people’s lives, their cherished values, beliefs, purposes, and desires. (M, White)

Lessons and Strategies Identified in the High River Response

Engaging the impacted populations and supporting people in accessing services

- Assertive Outreach - being in the community i.e. Door Knocking
- Softer and informal approaches
- Non-traditional, “out of the box” programs such as yoga, wellness sessions and meals, drumming
- Interactive presentations-less presenting and more facilitated discussions and conversations
- Move away from Mental Health language, using words such as wellness, resiliency

Engaging and designing programs/connections with the vulnerable populations. This included child and adolescents, older adults, diverse cultural groups, and small business owners.

- Children and Adolescents: being present in school setting and mental health integrated into school curriculum.
- Seniors: social events and gatherings
- Using social media and local media sources to reach people

Relationship building and collaborative partnerships.

- Taking time to build and maintain relationships and rapport in community
- Building strong partnerships/collaborating on projects (important to find common goals)
- Efforts put into coordination, clarifying roles to decrease duplication and increase productivity

Using local resources and adapt to local context within communities. Have community define what is needed and adapt services to reflect the priorities of the population.

- Focus on capacity building and supporting local organizations
- Build and maintain staff/volunteer skill and competency
- Transition Planning-working with local services to establish a transition strategy to ensure smooth continuity of services

Kathy McFee/Brian Pickering – Central Zone Presentation – Ponoka Sept.2015

POST DISASTER ENGAGEMENT INITIATIVE – (Model from 2013 Southern Alberta Flood)

The overall vision is for flood funded members to continue to engage flood-affected individuals, families and organizations with psycho-social information, clinical validation and continued flood recovery resources throughout the flood recovery time period.

UTILIZATION OF THERESE RHANDO’S CLINICAL, “3 YR. TRUAMATIC BEREAVEMENT MODEL” FOR TEMPLATE

POST FLOOD “ENGAGEMENT” PSYC-SOCIAL ORGANIZATIONS Committee Participants to give input and direction towards the design and implementation of the “Engagement” Initiative through the implementation of 3 Goals as listed below.

AHS Grief Support Program
Samaritans Purse
Canadian Mental Health Association
Foothills Community Immigrant Society
Hull Services
Hearts and Minds
Town of High River – Human Impact Services
AHS – Addiction & Mental Health

GOAL 1

ASSESSMENT OF EMERGING TRENDS & ISSUES RELEVANT TO SPECIFIC FLOOD EFFECTED POPULATIONS?

SOURCES

DOOR-TO-DOOR QUESTIONNAIRE
FRONT LINE EXPERIENCE and INSIGHT TO DATE
(Therapists, Counselors, Involved FTE’s & Flood Related organizations)

GOAL 2

ENGAGEMENT STRATEGIES AND ACTIVITIES TO THOSE IMPACTED (Info & Conversation)

CONTENTS

INCLUSION, ACKNOWLEDGEMENT & NORMALIZATION OF RELEVANT TRENDS

EDUCATION AND VALIDATION OF CLINICAL GRIEF AND TRAUMA INFO (1ST, 2ND & 3RD YEAR DYNAMICS)

SUPPORTIVE TOOLS, SKILLS TO ENABLE CONTINUED MOVEMENT FORWARD (Resiliency workshop, PFA, etc)

EDUCATION AND CONNECTIONS TO AVAILABLE COMM. RESOURCES (Counseling/Support Continuum in High River)

GOAL 3

OUTREACH COMPONENT

CONTINUED COMMUNITY OUTREACH

OTHER FORMS OF INFORMATION DISEMINATION TO NORMALIZE AND VALIDATE FLOOD RESPONSES

REPRINTING OF THE VARIOUS HANDOUTS ETC DEVELOPED BY THE HIGH RIVER CARES NETWORK OF INVOLVED AGENCIES.

DEVELOPMENT OF NEW AND RELEVANT FORMS OF ENGAGEMENT

Recommended Resources

A Book by Alan Wolfelt, PH.D, 2014.

Healing Your Grief When Disaster Strikes: 100 Practical ideas for coping after a tornado, hurricane, flood earthquake, wildfire or other natural disasters. Companion Press, Fort Collins, CO.

TICByte

Subscribe to Alberta Health Services monthly newsletter on Trauma Informed care

<https://www.mailoutinteractive.com/Industry/Subscribe.aspx?m=31475>

June 2015 article on Grief, Trauma and Adjustment

About MyGrief.ca

MyGrief.ca helps people who are grieving understand and work through some of the difficult issues that can arise in grief. MyGrief.ca has been developed by a team of national and international grief experts together with people who have experienced significant loss in their own lives. It is not meant to replace professional counselling or other health care services.

- Confidential
- Access in the privacy of your own home
- Developed by families and grief experts
- Stories from people who have "been there"
- A resource for professionals
- Free for Canadian users

How do I use MyGrief.ca?

Everyone's grief is different. You may find certain topics and sections speak more strongly to you at different times as you move through grief and your needs change. There are nine sections to choose from; each includes text and video clips. You may wish to review certain specific topics only, or you may prefer to work through the entire content of MyGrief.ca, section by section. You can use MyGrief.ca as many or as few times as you need: decide what works best for you.

Topics Covered on MyGrief.ca

- Grieving an expected loss
- Understanding grief
- How has this loss affected my family and me?
- Moving through grief-
- Making sense of intense emotions
- Managing difficult situations
- Caring for yourself
- Do I need more help and where do I find it?
- When life starts to get better

References

- American Psychiatric Association. (2013) *Diagnostic and statistical manual of mental disorders*, (5th ed.). Washington, DC: Author
- Anonymous, Listening Poem. Retrieved from:
<http://visionforlearning.co.uk/cfp/Listening%20Poem.pdf>
- Doka, K and Martins, T. (2001). *Men Don't Cry, Women Do. Transcending Gender Stereotypes on Grief*. Philadelphia: Brunner-Maze
- Doka, K. (2002). *Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice*. Champaign, Ill.: Research Press
- Harris, D. (Eds) (2011). *Counting Our Losses. Reflecting on change, loss and transition in everyday life*. New York: Rutledge.
- Humphrey, K. (2009). *Counseling Strategies for Loss and Grief*. Alexandria, VA: American Counselling Association
- Insomnia and Grief information retrieved from: <http://mindfulnessandgrief.com/grief-sleep/>
- James, JW, Friedman, R & Landon Mathews, L. (2001) *When Children Grieve: For Adults to Help Children Deal with Death, Divorce, Pet Loss, Moving, and Other Losses*. HarperCollins Publishers: New York, NY.
- Jeffreys, J. (2001). *Helping Grieving People- When tears are not enough*. New York. Rutledge.
- Kirmayer, L. (eds.) (2012). *Common mental health problems in immigrants and refugees: general approach in primary care*. *International and Cultural Psychology*.
- McColl, H., McKenszie, K., & Bhui, K. (2008) *Mental health care of asylum seekers and refugees*. *Advances in Psychiatirc Treatment*, 14(6), 452-459.
- Poole, N. & Greaves, L. (Eds.) (2012). *Becoming Trauma Informed*. Centre for Addiction and Mental Health.
- Neimeyer, R., Harris, D et. al (Eds.) (2011). *Grief and Bereavement in Contemporary Society*. New York: Routledge.
- Rando, T. (1993) *Treatment of Complicated Mourning*. Champaign, Ill.: Research Press

Roos, S. (2002). *Chronic Sorrow: A living loss*. New York. Routledge.

Stoddard, F., Pandya, A. & Katz, C. (2011). *Disaster Psychiatry: Readiness, Evaluation and Treatment*. Washington DC: American Psychiatric Publishing.

Stoebe, M & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *Omega*. 61(4) 273-289

Tudeau, R. (2008). *The Mother's Guide to Self-Renewal: How to Reclaim, Rejuvenate and Re-Balance Your Life*. Austin, TX: Balanced Living Press, Independent Publishers.

US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). A Treatment Improvement Protocol TIP 57: Trauma-Informed Care in Behavioral Health Services. Retrieved from <http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

Walsh-Burke, K. (2012). *Grief and loss: Theories and skills for the helping professions*. (2nd ed.) NJ, Pearson Education Inc.

Zamore, F & Leutenberg, E. (2008). *GriefWork, healing from loss: Reproducible, interactive & educational handouts*. Duluth, MN: Whole Person Associates.

Zisook, S., Pies, R., & Iglewicz, A. (2010). Grief, depression and the DSM 5. *Journal of Psychiatric Practice* 19: 386-95

