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## A Message from Chris Hall



Welcome to the Autumn 2014 edition of *Bereavement Practice in Palliative Care*.

In this issue, our feature article looks at resiliency and risk in bereavement care. Resilience has been vastly understudied compared to disease and vulnerability. Despite high levels of exposure to potentially traumatic events during their lifetimes, most adults do not go on to develop severe distress or psychopathology. Current theories view resilience as a multifaceted construct, which includes variables like temperament and personality in addition to specific skills (e.g. active problem-solving) that allow individuals to cope well following adverse life events. This feature article aims to provide a basic framework

for practitioners to consider when deciding what type of bereavement support should be provided. It also looks at the benefits of a resiliency-based approach.

Alongside the feature article, we have included information on a range of upcoming professional development events; a book review on *Hospice and Palliative Care: The Essential Guide (2nd Edition)*; information on the Centre's new Certified Bereavement Practitioner Program; a client information handout on Grief and the Body; and an overview of the Bereavement Search Filter recently developed by CareSearch for use in PubMed.

**Christopher Hall**  
Chief Executive Officer  
Australian Centre for Grief and Bereavement

### COMING EVENTS

#### 10th International Conference on Grief and Bereavement in Contemporary Society

**When:** 11–14 June 2014  
**Where:** Hong Kong  
**Website:** [www.socsc.hku.hk/icgb2014](http://www.socsc.hku.hk/icgb2014)

#### Palliative Care Victoria Conference

**When:** 31 July – 1 August 2014  
**Where:** Melbourne, Victoria  
**Website:** [www.pallcarevic.asn.au/conference](http://www.pallcarevic.asn.au/conference)

#### 2nd Australian Palliative Care Research Colloquium

**When:** 7–8 August 2014  
**Where:** Melbourne, Victoria  
**Website:** [www.centreforpallcare.org/index.php/events](http://www.centreforpallcare.org/index.php/events)

#### 20th International Congress on Palliative Care

**When:** 9–12 September 2014  
**Where:** Montréal, Canada  
**Website:** [www.pal2014.com](http://www.pal2014.com)



# Resiliency and Risk in Bereavement Care

By Christopher Hall, Chief Executive Officer,  
Australian Centre for Grief and Bereavement

An important decision for those providing bereavement care to clients is how, and in what form, that support should take. This involves a consideration of both the strengths and vulnerabilities of the bereaved person and the recognition that some of these factors may change throughout the course of their bereavement. The Bereavement Support Standards for Specialist Palliative Care Services (Hall et al., 2012) were developed to provide guidance for all Victorian government-funded, adult, specialist palliative care services, including community, inpatient, acute and consultancy services on bereavement care. The standards can be downloaded at <http://docs.health.vic.gov.au/docs/doc/Bereavement-support-standards-for-palliative-care-services>.

It is critical that we maintain a holistic perspective when considering the context and factors that impact upon grief reactions. Given the distinctive nature of complicated bereavement, anxiety and depression, it is important that any assessment be both comprehensive and broad in its character. Modern developments in grief theory recognise human diversity and 'suggest the need for an integrative approach to assessment which examines both risk factors and coping styles' (Agnew et al., 2010). In the palliative care setting, the bereaved have frequently undertaken care-giving roles that can have both positive and negative features, with carers often prone to physical and psychological morbidity, financial disadvantage and social isolation (Hudson et al., 2011). Depression rates of between 12 and 59 per cent (Hudson et al., 2011) and anxiety rates of between 30 and 50 per cent (Grunfeld et al., 2004; Hudson et al., 2011) in carers have been reported.

Screening and assessing for psychosocial and spiritual distress and risk of complicated grief is a continuous process undertaken from the time the client enters the

palliative care service to many months after the client's death. These assessments are a multidisciplinary and interdisciplinary undertaking, because clients may disclose different information to different staff at different times. A range of bereavement screening tools that aim to identify clients at risk of complicated bereavement are currently being used in Victorian palliative care services; however, there is insufficient empirical evidence to support the validity of one particular tool to screen for risk of complicated bereavement prior to the person's death. For this reason, a structured assessment should be undertaken through a conversational exploration of risk factors and strength/resilience factors. It is important to note that adjusting to bereavement does not take place in clinical isolation and is frequently accompanied by other comorbid conditions such as major anxiety disorders, depression and post-traumatic stress disorder. Any assessment of bereavement must address these frequently co-occurring conditions as well as emotional, behavioural, social, spiritual and physical domains. Drawing upon the work of Neimeyer and Burke (2012) any exploration of risk factors should consider Background, Treatment and Death-related factors:

## Background factors:

- close kinship to the dying person (especially spouse or child loss)
- female gender (especially mothers)
- minority ethnic status (reported in US studies)
- insecure attachment style
- high pre-loss marital dependence
- religion and spiritual beliefs and practices (for some, religious/spiritual belief results in lower levels of grief and, for others, a stronger faith can lead to more severe experiences of grief).

## Treatment-related factors:

- aggressive medical intervention (for example, intensive care, ventilation, resuscitation)
- ambivalence regarding treatment
- family conflict regarding treatment
- economic hardship created by treatment
- caregiver burden.

## Death-related factors:

- bereavement overload (multiple losses in quick succession)
- low acceptance of impending death
- violent death (suicide, homicide, accident)
- finding or viewing the loved one's body after a violent death
- death in the hospital (rather than home)
- dissatisfaction with death notification.

Adopting a strength or resilience perspective to providing bereavement services is important. Components of resilience include psychological, social, spiritual and 'meaning-making' (Davydov et al., 2010). Resilience can be viewed as a mechanism that enables people to thrive in the face of adversity and can be considered synonymous with reduced vulnerability, with the ability to adapt to adversity or to 'cope'. The resilience approach is compatible with the World Health Organization's conceptualisation of mental health as a positive state of psychological wellbeing that goes beyond the absence of disease (WHO, 2005). Resilience includes factors and mechanisms that impact on a person's level of protection against adversities. Resilience is not only a result of an individual's personal attributes but can be impacted by a variety of community and cultural factors. Resilient individuals tend to:

- draw upon past experiences of loss survival
- connect with their family and community of care
- draw upon religious and spiritual beliefs and practices
- identify internal and external strengths and resources
- reconstruct a world of meaning and personal identity following the loss
- draw upon the experience and support of other bereaved people
- have higher levels of practical support

- hold a belief in a just world and acceptance of death
- gain comfort from talking or thinking about the deceased (Boerner et al., 2013).

Best practice bereavement support for these resilient individuals includes the identification and reinforcement of their coping and positive achievements; an avoidance of interference with their innate capacity for recovery; and an avoidance of any undermining or replacement of their family and community as sources of social support. Future articles in this publication will explore the value of using evidence-based tools to assist us in identifying clients who both require and are most likely to benefit from more specialist clinical interventions to address their complex and prolonged response to loss.

## References

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# Become a Certified Bereavement Practitioner

The Certified Bereavement Practitioner (CBP) Program ensures that bereavement practitioners who have undertaken specialised training are given due recognition.

Certification provides a high level of assurance to the community, employers, clients and professional associates of the credentials and peer recognition of a bereavement practitioner. By certifying practitioners who meet high standards of professionalism and ethical conduct, the program assists in improving bereavement practice and clinical outcomes.

The CBP Scheme was established in 2014 as an initiative of the Australian Centre for Grief and Bereavement (ACGB).

## Application Process

This program is open to all practitioners who can meet the requisite competency criteria of training, experience, professional conduct and ethical behaviour.

To apply for certification, you will need to submit a written application. There will be two application intakes for the CBP Program each year, occurring in March and September. The first intake deadline is Monday, 1st September 2014.

## Benefits of Certification

Certified Bereavement Practitioners will receive the following benefits:

- National recognition as an accredited bereavement practitioner.
- Listing within a searchable referral database of certified practitioners on the Australian Centre for Grief and Bereavement's website.
- Access to unique networking and professional development opportunities designed specifically to meet the needs of bereavement practitioners.



## How do I find out more?

Application forms and information packs will be forwarded to all practitioners who register their interest in the Certified Bereavement Practitioner Program.

To register your interest, go to:  
<http://is.gd/uyamaz>

# Grief and the Body

Information for families and friends of those in palliative care.

We know that grief affects our emotions, but what many people aren't aware of is that grief can also have a big impact on our physical health and wellbeing. It's common and very normal to experience a variety of physical symptoms after the death of a loved one. The body and mind are connected, and when we grieve it's not just our mind that grieves, but our entire self.

## Common physical responses

Responses may include:

- physical exhaustion
- sleeping difficulties
- crying
- feelings of heaviness and numbness
- dietary problems and stomach upsets
- weakened immune system
- aches and pains
- heart palpitations
- loss of appetite
- headaches
- high blood pressure
- shortness of breath
- disrupted menstruation
- restlessness and agitation
- weight loss or gain
- skin conditions
- flare-ups of existing conditions



## Your energy needs

When grieving, your body requires and uses greater amounts of energy. Things that were basic and everyday before, e.g. eating, sleeping and exercising, become increasingly important; but at the same time, feel much harder to achieve.

When grieving it may help to modify or adapt your usual patterns and routines in order to get the energy your body requires. For example, it might be easier for you to eat small meals at regular intervals, rather than have three large ones each day; you may need to take a short nap during the day; or you might find it more practical to go for a walk instead of going to the gym.

## Tips around self-care

Self-care is essential when grieving, particularly in the long-term. Taking the time to look after yourself can make a big difference in your ability to function on a day-to-day basis.

Self-care may take the form of:

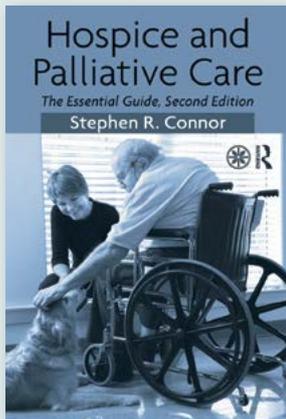
- rest and relaxation, e.g. sleep, massage, meditation
- physical activity, e.g. walking, cycling, gardening
- eating a healthy and balanced diet
- social interaction, e.g. engaging with friends, family, colleagues, local community
- talking about your grief, e.g. with family, friends, a counsellor or other health professional
- putting yourself first – this is one instance where making yourself a priority is important
- doing activities that bring you pleasure, e.g. hobbies, music, reading, going to the movies
- asking for help – don't be afraid or ashamed to seek help if you need it.

### Seeking help

Although it is normal to experience physical symptoms whilst grieving, if you are concerned by any of the symptoms you experience along the way, it is important that you seek advice from your GP or health practitioner.

For further information on grief and bereavement visit [www.grief.org.au](http://www.grief.org.au)

# Book Review



## Hospice and Palliative Care: The Essential Guide, 2nd edition

Stephen R. Connor, (2009)  
262pp. ISBN: 978-0-415-99356-2  
New York: Routledge Taylor and  
Francis Group  
AUD \$69.95 (inc. GST)

With a combined total of 283,087 registered and enrolled nurses in Australia, nurses comprise the largest occupational group in the health workforce in the country (Australian Institute of Health and Welfare, 2010).

Reflecting a growing national public and professional interest in the subject of end-of-life care, Connor's book examines the contemporary organisation, delivery and practice of hospice and palliative care in the USA today. From historical and emerging worldwide trends that have informed the establishment of the modern hospice movement, to the changing culture and attitudes towards managing dying in the USA, the book takes a broad look at the unique philosophical, whole-person and team-based approaches to care and patient management that should constitute best practice at the end of life.

A great strength of the book is found in the strong emphasis the author places on the contribution, organisation and standards of

psychosocial, spiritual and bereavement care that should underpin the holistic practice of palliative care, along with good medical, nursing, allied health and organisational care. The balance of didactic content, case-based discussions, and the provision of web-based resources and recommended readings for each chapter makes this a comprehensive and accessible text that readers within and outside of the US will find both relevant and a prompt reflective engagement. With this in mind, I would certainly recommend the book for the orientation and training of professionals coming to work in hospice and palliative care, as well as being an effective resource for educators wanting to upskill professionals in palliative care practice. It is also an important text that could assist organisations and business managers considering establishing new services or reviewing the structure of already established services in meeting best practice standards. Of interest, the book can also give the reader an understanding of the unique factors that affect the organisation and delivery of hospice and palliative care within the US health care system.

By Associate Professor Mark Boughey,  
Centre for Palliative Care, University of  
Melbourne and St Vincent's Hospital  
Melbourne, Victoria.

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## CareSearch<sup>®</sup> Bereavement Search Filter



CareSearch has developed and validated a **Bereavement Search Filter** for use in PubMed, the free online version of Medline. The death of a loved person is a significant loss and people respond differently to such a loss with some experiencing intense and persistent grief. Bereavement is

therefore an important part of care and care planning. The search filter is an experimentally derived, tested and validated tool that makes finding existing and emerging evidence easy.

The **Bereavement Search Filter** has been combined with 21 topic searches dealing with important aspects of bereavement care such as therapies or assessment, and bereavement in specific population groups. It adds to the resources that are available to support health professionals in specialist palliative care services, in hospitals, in residential aged care and in the community. The development of the Bereavement Search Filter was guided by an Expert Advisory Group of clinicians, counsellors and psychologists.

The **Bereavement Search Filter** and the PubMed Searches are available in the Clinical Evidence section of the CareSearch website.

To access, go to  
[www.caresearch.com.au](http://www.caresearch.com.au)  
then select  
**Clinical Evidence –**  
**Patient Management –**  
**Bereavement and Grief –**  
**Bereavement PubMed Searches.**

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palliative care knowledge network



## Our Services

### Bereavement Practice in Palliative Care

For all enquiries about this publication, please contact Jenny Field on (03) 9265 2100 or email [j.field@grief.org.au](mailto:j.field@grief.org.au). To download a PDF version, or to sign up to receive the publication as an e-newsletter, go to [www.grief.org.au](http://www.grief.org.au)

### Bereavement Counselling and Support Service

The Australian Centre for Grief and Bereavement (ACGB) operates a statewide Specialist Bereavement Counselling and Support Service for Victoria. This program is supported by the Victorian Government Department of Health and has counsellors located across metropolitan Melbourne and in regional areas (Grampians, Gippsland, Hume, Barwon South-West, and Loddon Mallee). For further information, call (03) 9265 2100, or email [counselling@grief.org.au](mailto:counselling@grief.org.au)

### Support groups

ACGB operates a range of support groups, including groups for adults, children, bereaved partners, loss of a parent and many more. For further information call (03) 9265 2100 or email [support@grief.org.au](mailto:support@grief.org.au)

### Practitioner Consultancy Service

This service provides free information, consultation and support for practitioners who are working with bereaved clients experiencing complex and prolonged bereavements. To access this service, call 1300 858 113 during business hours.

### Education and training

ACGB offers quality education and training opportunities for health professionals, students, volunteers and any other individual or agency desiring to enhance grief and bereavement knowledge and practice. Education and training programs are offered as seminars, workshops, short and long courses, conferences and customised training. For full details of all programs and services offered go to [www.grief.org.au/education](http://www.grief.org.au/education)

### Customised training and consultancy

ACGB offers a range of customised training and consultancy services that provide research-informed, high quality, professional development programs that meet the specialist training needs of organisations, groups and individuals. For further information contact the Centre on (03) 9265 2100 or email [education@grief.org.au](mailto:education@grief.org.au)

### Grief Matters: The Australian Journal of Grief and Bereavement

Published by ACGB three times per year, this journal encompasses both academic and applied aspects of grief and bereavement and is a ranked journal with the Australian Research Council as part of the Excellence in Research for Australia (ERA) initiative ([www.arc.gov.au](http://www.arc.gov.au)) To find out how you can subscribe to this journal, call (03) 9265 2100 or email [griefmatters@grief.org.au](mailto:griefmatters@grief.org.au)

### Internships

ACGB has a limited number of placement opportunities for experienced counsellors seeking to advance their knowledge and skills in bereavement counselling. For further information contact the Centre on (03) 9265 2100 or email [info@grief.org.au](mailto:info@grief.org.au)

### Membership

Access a range of benefits through the ACGB membership program. An enhanced membership option, reciprocal membership with the Association for Death Education and Counseling (ADEC), is also available. For more information about membership options and benefits go to [www.grief.org.au/get\\_involved](http://www.grief.org.au/get_involved) or call (03) 9265 2100.

### Donations

Donations over \$2 are tax deductible and allow ACGB to continue to provide services including bereavement counselling, support groups, newsletters, events, education and training. To make a donation, visit [www.grief.org.au](http://www.grief.org.au) or call (03) 9265 2100.

### We value your feedback

If you have feedback about this publication, or any of the services delivered by the Australian Centre for Grief and Bereavement we'd love to hear from you. Contact us on (03) 9265 2100 or email [info@grief.org.au](mailto:info@grief.org.au)



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## Contact Us

Australian Centre for Grief and Bereavement  
253 Wellington Road, Mulgrave, VIC 3170  
Ph: (03) 9265 2100 | Freecall: 1800 642 066  
Fax: 03 9265 2150 | Email: [info@grief.org.au](mailto:info@grief.org.au)  
Website: [www.grief.org.au](http://www.grief.org.au)

Bereavement Counselling and Support Service  
Ph: 1300 664 786 (toll free – Victoria)  
Email: [counselling@grief.org.au](mailto:counselling@grief.org.au)

Practitioner Consultancy Service  
Ph: 1300 858 113 (toll free – Victoria)