GOOD GRIEF CARE

March 31, 2018

for Supportive Housing Providers

Report of a Pilot for Effective Debriefing and Support in Multiple Loss Situations
Good Grief Care

REPORT OF A PILOT FOR EFFECTIVE DEBRIEFING AND SUPPORT IN MULTIPLE LOSS SITUATIONS

RESPONDING TO LOSS IN SUPPORTIVE HOUSING PROVIDERS

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Some of the materials included in the appendices were sourced from various manuals and workshop exercises produced or adapted by ABRPO during the course of delivering our core grief and loss training programs. ABRPO has been funded by the AIDS Bureau, Ontario Ministry of Health and Long-Term Care since 1994.

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GOOD GRIEF CARE – A PILOT FOR EFFECTIVE DEBRIEFING AND SUPPORT IN MULTIPLE LOSS SITUATIONS

Executive Summary

Background
The AIDS Bereavement and Resiliency Program of Ontario (ABRPO) was engaged to design and implement four monthly pilot project in response to the loss-impact being experienced by housing workers and community members as they deal with unexpected opioid-related deaths and overdoses. The project included impact debriefing circles and tailored training for managers and for frontline workers on grief and loss.

What We Did and What We Learned
A total of 101 people from 8 pilot sites participated in 16, 2-hour long impact debriefing circles (2 sessions per participating agency). In these circles participants completed a confidential Participant Questionnaire. From the discussions and the questionnaires, we learned that:

- participants represented a total of 575 years of experience in the sector and 380 years of experience in their organizations
- participants noted several impacts of these losses including: increased anxiety, intensified emotional response, changes in/at work, sense of overwhelmed/helplessness, grief/sadness, a holistic (mental, emotion, physical, spiritual) response.

Participants noted that managers had provided some useful/helpful responses to losses the worker experienced. These included: checking-in/offering support, giving workers options/time/space, and saying reassuring or comforting things. Participants also articulated a range of unhelpful responses including: not acknowledging the death or loss; not checking-in or offering immediate support; and providing unwelcome ‘advice’ or comment. Participants described the type of support they would need (ie. immediate debriefing, options to step away from work-station, acknowledgement) and how the organization was supporting them (ie supportive managers, debriefing, peer support, and training).

Managers at each organization were asked to complete an Organizational Questionnaire. These responses revealed organizations are providing some supports to workers, primarily paid time off, EAP, and extended health benefits. Other supports included time off, managers checking-in, debriefing. Peer support was noted as a valuable resource. It was noted that few organizations provided training on grief and loss to managers or to workers and this was seen as an important strategy for improving support to staff.

A one (1) day long training session was delivered to 20 managers from the 8 participating sites. Managers found the training useful in increasing their skills and theoretical understanding of grief and loss. They also noted the session was valuable as it enabled sharing and connection across organizations and enhanced their own self-awareness. Managers noted that the gaps in effective loss support were
inconsistencies in practice, knowledge/skill, and organizational structures/processes. Actions like an increase in manager support, enabling peer-based supports, and resource enhancements could address some of those gaps. Managers identified several concrete steps they could undertake over the course of the next year including: training/capacity building for both managers and staff, improved supervision and communication, and simple acknowledgement of losses and the impact on staff. They noted that shared training, shared support, and shared advocacy for resources were some strategies they could pursue cooperatively.

Frontline Workers/Peers participated in two, two-day training sessions. A total of 43 people participated in these sessions. During the course of the workshop, participants identified their agency was dealing with an average of 30, and some as high as 44, losses in the last several months. Participants noted that they were dealing with both traumatic events and deaths. Participants found the training useful in improving their skills, knowledge, and access to tools but most strongly referenced the value of connection, validation and sense of rejuvenation they got from the training. Participants noted the gaps in effective loss support as manager skill/knowledge, organizational approach, and agencies working together. Practical steps to be taken over the next year included interagency cooperation (on training, space, funding), better communication about losses to workers, and enabling staff peer-based support and activism.

Discussion

Grief and loss impacts workers, organizations and the communities they serve. With the opioid crisis escalating the amount of loss that housing workers and others are facing it is of benefit to health outcomes, system efficiency, client satisfaction, and worker satisfaction that the negative impact of grief and loss be mitigated. The pilot project pointed the way to a successful multi-dimensional strategy to achieve that goal.

Key emergent themes across all events and surveys were that

- grief and loss is having a significant impact on workers and managers,
- the debriefings were an important and effective opportunity for workers to process some of the impact of grief and loss and that doing so enabled them to refocus on their daily responsibilities
- managers and organizations were under resourced – in terms of knowledge, time and staffing – to effectively deal with the impact of grief and loss, and
- connection is the antidote to loss. Not that connection would mean the loss was not relevant or painful, but that connection would enable staff, organizations, and communities to recover from those losses. This is the essence of resilience.

Recommendations

1. Build on the current pilot by continuing to work with the 8 participant organizations.
2. Expand access to grief and loss training and support to all housing agencies within the Toronto Central Local Health Integration Network.
3. Create a central resource to provide training, debriefing, and coaching on dealing effectively with the impact of grief and loss for community-based organizations within the Toronto Central Local Health Integration Network.
BACKGROUND

Established in 1994 by the Ministry of Health and Long-Term Care during the early days of ongoing AIDS deaths in this province, the AIDS Bereavement and Resiliency Program of Ontario (ABRPO) has developed a range of practical, community accessible tools to respond to the impact of multiple losses. During the 1980's and '90's, AIDS-related illnesses and deaths were highly stigmatized and bereaved individuals marginalized as a result. ABRPO grew out of the deep need of loss-impacted community members not to be overwhelmed by the pain of these deaths, to find ways to stay well in the presence of so many absences in the community, and to speak of those who had died in a way that did justice to their full human story and celebrated the connections and love within the AIDS-impacted communities.

ABRPO is a sponsored program of Fife House Foundation, and HIV Supportive Housing Provider. This partnership situates ABRPO within a larger organization and reduces overhead costs while enabling the small ABRPO team to use its limited resources efficiently in the field.

ABRPO continues to be rooted in fostering a sense of hope and resilience particularly in loss saturated times. We do this by working with teams and in community circles, believing that effective collective care promotes healthier self-care and conversely that individuals who practice good self-care contribute to the greater collective well-being. The work we do with agencies provides a container within which peers, workers, and community members can come together to explore the impact of losses as they collective weave stronger structures to support both individuals and team as they move forward.

ABRPO delivers a range of supports for the HIV/AIDS sector:

- Immediate crisis response that includes a practice of impact-debriefing
- Workshops to process loss-related events within a team
- Training sessions to increase capacity for staff and managers to respond effectively to grief in the workplace and promote greater resilience within front line teams
- Resources and training to support peer engagement

We believe that our work must be:

- Grounded in solid theory
- Shaped by the experience of the people we work with
- Linked to people’s broader life experiences
- Framed within a context of equity and inclusion
- Trusting of everyone’s unique capacity to survive, thrive and make meaning.

For the past 20 years, ABRPO’s tools have also been utilized by other sectors experiencing distinct losses. Among them: Hemophilia Ontario, AIDS organizations outside of Ontario, ALS Society of Canada, Hospice and Palliative Care Workers dealing with diverse populations, Hep C Workers, Addiction and Mental Health Services, Community Health Centres (CHCs), collaborations with Indigenous groups working on resilience models, supportive housing workers experiencing traumatic events, etc. ABRPO has a long-
standing practice of collaborating with communities to create relevant loss and resilience tools and resources that support collective well-being. [www.abrpo.org](http://www.abrpo.org)

In 2017 a number of Harm Reduction and Hep C workers from Toronto and Ottawa Community Health Centres (CHCs) approached ABRPO for help managing the impact of unanticipated opioid-related deaths and near deaths. A series of on-site debriefings and community-grief circles were undertaken. Through that experience we soon realized that even with the distribution of naloxone kits and opening of Pop Up sites for safe consumption use and projected opening of Safer Injection Sites, the reality of tragic and traumatic losses would continue.

In partnership with those agencies and workers, ABRPO initiated a broader community consultation to discuss agency and community needs for grief and loss support, training and integration of organizational strategies to better support their workers, peers and community members. The work flowing from that consultation includes direct support to and training for frontline workers and peers in impacted programs in Toronto- and Ottawa-based CHCs and Supervised Injection Sites (SIS). It also includes the development of an Impact Debriefing Guide to support continued collective-care practices. The goal of our efforts in this sector is to help stabilize the front-line workers and peers so vital work in this area can continue.

ABRPO created handbook for managers and supervisors which forms the basis of our trainings and debriefing practices. This resource can be accessed free of charge at:

**When Grief Comes to Work: A Handbook for Managers and Supervisors**


**Current Project Deliverables**

At the request of the TCLHIN, and in partnership with key Support Housing Provider agencies, ABRPO was invited to create a response to the loss-impact being experienced by workers and community members as they deal with unexpected opioid-related deaths and overdoses. A four month pilot project was conceived that proposed to

- Identify 8 Supportive Housing Programs experiencing opioid related losses/deaths and identify key individuals and teams who were interested in partnering with ABRPO in this pilot

- Expand ABRPO’s support team to work full time in this area with 2 additional full time staff for 4 months. These new staff will be integrated into the existing ABRPO team for training and mutual support purposes. They will coordinate events below, collaborate with a Working Group from the sector, collect data related to events, participant numbers, evaluations, prepare a summary report of the pilot for review by key stakeholders and support development of a final report to go to funders.

- Establish a Working Group representing these pilot agencies to direct and support the pilot project. Along with ABRPO and Fife House, there will be at least 6-7 members of the Working Group selected and organized to meet monthly for the duration of the pilot.
• Coordinate series of supports for workers beginning with on-site impact debriefings and assessment of what additional loss/trauma related support could encompass. 2 visits to each pilot site within this 4 month period. A maximum of 16 on site debriefings for an average of 8-10 people per session. Pilot staff to be supported by the ABRPO team. Consideration to be given to whether or not one of these debriefing sessions might include peers from the housing agencies.

• Coordinate the delivery of 2-2 day Loss and Resilience trainings for front line workers and peers which will include: impact debriefing practices, information on multiple loss, tasks of grieving, differences in grief styles, emotional first aid, and promoting stabilization. Training content will be developed and delivered by the ABRPO team. Each training to include up to 20 participants. 40 in total.

• Coordinate the delivery of 1 day training for managers to support integration of impact debriefing practices and community grief circles within the work setting. 15 managers

• Data will be collected from this 4 month pilot and will include a description of events, numbers of participants, some demographics, participant feedback about effectiveness of materials and processes, along with ideas for moving forward. Consideration to be given to the needs and roles of peers in this area. Draft report to be prepared by the end of March

• Working Group to review activities, data collected, assist with final reports and identify possibilities for future work in this area

• Coordinate a joint knowledge transfer and education (KTE)event to review the work of the pilot, share the tools that were used and explore how best to integrate practices for effective debriefing and mutual support within agencies and within the sector. 30 participants.

• Prepare final report of pilot.

**Process**

**Selection of Pilot Sites**

ABRPO attended a meeting of the Supportive Housing Network to present the concept of the pilot. We followed up with agencies expressing interest. Pilots sites were selected with input of TCLHIN and met the following criterion:

- Funded by the TCLHIN
- In good standing with the TCLHIN
- Impacted by opioid deaths/overdoses in a direct way
Agencies selected to participate in this pilot:

- Fife House Foundation
- LOFT/McEwan
- YWCA- Elm Centre
- Breakaway Addictions
- St. Stephens: Toronto Community Addictions Team (TCAT)
- Mainstay
- Fred Victor
- Jean Tweed

**Working Group Development**

A Working Group was established the end of December, 2017 representing the 8 pilot sites. 6 Managers, 1 peer and 2 frontline workers. This group met monthly to review pilot activities and assist with guiding and supporting the pilot project.
WHAT HAPPENED?

The project employed a multi-method strategy designed to understand, respond, and build capacity within the sector. Three types of key activities were undertaken through this pilot: Impact Debriefing Circles, questionnaires – one for circle participants and one for organizations, and training – for both managers and frontline workers and peers.

Assessment - Questionnaires
Two assessment questionnaires were designed and distributed. The first was to each of the participating organizations for completion by a senior manager. The intention of this questionnaire was to document a baseline of the various ways that organizations were responding to grief and loss experienced in the workplace. Eight (8) responses to the organizational questionnaires were received. The second questionnaire was distributed to all the people participating in the impact debriefing circles. The intent of this questionnaire was again to establish a baseline of grief/loss experience and support in the workplace but from the perspective of the workers. One hundred and one (101) responses to the individual questionnaire were received.

Support - Debriefing Circles
We held 16-2-hour on-site impact debriefings in 8 agencies – 2 per pilot site – with a total of 101 participants. Whether or not managers participated was at the discretion of each pilot site.

a) First Debriefing Circle

Participants were introduced to the Pilot, to ABRPO and to the intention of these Debriefing Circles:

- To gather responses to a confidential questionnaire that would provide ABRPO with information about existing worker supports when dealing with loss as well as with information about gaps in support and potential skills building needs
- To provide a space where workers could begin to identify their work-related losses/deaths
- To provide a space where workers could begin to discuss the impact of those losses
- To offer an initial framework for Resilient Group Practices that includes working with multiple loss
- To offer a theoretical framework of the Multiple Loss process that would support individuals in normalizing their different loss responses

b) Second Debriefing Circle

We had anticipated that the same staff/peers who attended the first circle would also attend the second event, but at some agencies, we had an entirely new group of staff. Some managers were interested in maximizing who could benefit from this conversation so sent new people to the second event. We adapted our process when this was the case.

Generally, for the second Debriefing Circle our intentions were:

- To provide staff/peers with a summary update about the questionnaire results to date and invite them to the upcoming Grief and Loss trainings
- To identify any losses and loss impacts since our last debriefing circle
• To review the Impact Debriefing Guide being developed to help support and stabilize frontline workers

• To spend time in pairs using the steps identified in the Impact Debriefing Guide, primarily the Holistic Check-In tool. This tool helps workers recognize when they are in balance, and provide a way to recognize when things are “tilting”/out of balance. The key questions workers explored with one another included:

  o “How are you doing…. really?”
  o “Is this a balanced version of you?”
  o “What are you like when things are out of balance?”
  o “What would your colleagues notice?”
  o “What kind of support do you need/not need when you are feeling out of balance during stressful periods at work?”

• To discuss next steps- committing to the idea of collective care for one another as colleagues

See Appendix A to view copies of the materials distributed in these circles.

Debriefing Circle table for remembering the names of people who have died- both as part of the work and within community-of-meaning. The gold cloth represents the motivation and commitment we have to the people we work with and the grey represents the impact of loss and sorrow when dealing with tragic events. The candle invites us to remember our own spirit and passion for the work.

Feedback from frontline workers on what worked with debriefing circles:
- Thankful to be given a safe platform to share their personal stories of loss and grief in their personal and work lives. Grateful to be given the opportunity to sit with their peers and listen to their stories of loss and challenges they are facing with this opioid crisis.

Feedback from frontline workers on what didn’t work from debriefing circles:
- Some workers said they found it difficult to go directly back to work after attending a debriefing circle. Some staff said they would have liked more time to “ground” themselves with the facilitators after sharing such intimate feelings within the circle.
Capacity Building - The Training Events

ABRPO developed 2 types of training events for this pilot, one for managers and one for frontline workers/peers. ABRPO’s approach to training was a holistic, adult education model where participants were invited to engage the material in a variety of ways that support understanding and integration of theory into practice. Training design included thoughtful warm up activities (check ins and grounding exercises), opportunities for mutual learning between participants (sociometry), personal reflections on loss (worksheets and table-talk), presentation of theoretical frameworks on complex grief manifestations in the workplace (PowerPoint with discussion), possible workplace applications of these theories and practices (worksheets and group dialogue) and practical tools for workplace memorials/closures (closure activities). The worker session was less didactic and more experiential than the Manager’s training.

For full Training Agendas, see Appendix B. You can review complete training packages for both the Managers and the Front-Line Workers Trainings on ABRPO’s web site under the Harm Reduction section: www.abrpo.org

a) Managers Training - 20 people from 8 pilot sites participated in the 1-day session, February 23rd.

Training Goals for the Managers Session:
- Review results of initial on-site visits and organizational assessment questionnaires
- Explore range of current grief/loss supports available within each pilot site
- Review theoretical frameworks for understanding ongoing multiple loss impact/resilience
- Discuss multi-level supportive responses within workplace context - in practice/gaps
- Feedback on draft Impact Debriefing Guidelines
- Practical Steps for Moving Forward; Recommendations for Final Report

b) Frontline Workers/Peers Training - 19 people attended the first 2 day session on February 26-27th and 24 people completed the second 2 day session on March 12-13th.

Training goals for the Front-Line Workers Session:
- Review results of initial on-site visits and worker assessment questionnaires
- Explore range of current grief/loss supports available within each pilot site
- Review theoretical frameworks for understanding ongoing multiple loss impact/resilience
- Discuss multi-level supportive responses within workplace context - in practice/gaps
- Mutual Support Opportunities Using draft Impact Debriefing Guidelines
- Experience of one community-based closure tool: Saying a Good Goodbye
- Practical Steps for Moving Forward and Recommendations for Final Report

Multiple Loss Journey wall map contrasts two distinct loss processes: single loss and ongoing multiple loss. Workers pasted sticky notes to indicate where they perceived themselves in their current loss responses... “all over the map”
WHAT DID WE LEARN? The Results

Questionnaire Findings: Organizational
(for a copy of the questionnaire, see Appendix C)

Managers from the pilot sites completed a survey of organizational responses currently in place to support workers and community members responding to loss and types of trainings available to support both managers and workers dealing with loss events.

Q1 What formal supports does your organization provide to staff for a loss in their personal lives?

Agencies offered workers a range of paid time off following a death, along with referrals to EAP and access to other extended health benefits. It wasn’t clear what types of personal losses were covered by paid time off.

Q2 What formal supports does your organization provide to staff who have experienced a work-related loss or traumatic event while on the job?

Formal supports available were primarily manager check in/support and time off /being sent home after a death. Debriefing practices and peer support were also available.
Q3. What training does your organization provide to managers to better support staff after traumatic events?

While some agencies offered trauma-related training to their managers, this training did not necessarily include dealing with the impact of traumatic events on workers.

Q5. What training does your organization provide to managers around grief and loss?

Only two of the agencies had dedicated training on grief & loss. In many agencies managers had the option to pursue grief & loss training, however it was not known how many had exercised this option..

Q4. What training does your organization offer to front line staff around grief and loss?

Half the participating agencies did have training on grief and loss for workers.
Q6. How can your organization enhance the support it is able to offer staff and community around grief and loss?

Managers indicated that their organization would benefit from more training/capacity building for staff.

Q7. How does your organization currently support community members through their grief process?

It is important to note that two organizations referenced that protecting resident privacy presented a challenge to how the could support community members through their grief.
Questionnaire Findings: Impact Debriefing Participants
(for a copy of the Good Grief Assessment questionnaire, see Appendix D)

Numbers of completed questionnaires: 101

Q 1 How have you been affected as a worker by the increased number of opioid related deaths and non-fatal overdoses in the past year?

Only 3% of the participants stated that they have been unaffected by the opioid deaths/overdoses. Largest impact noted in range of emotional responses and sense of being overwhelmed and helpless. Also noted - opioid losses have changed the nature of their work.

Q 4a What front line workers told us about responses from managers that were helpful when there was a death or non-fatal overdose of a client:

- “My Manager told me that I did everything I could for my client, which was helpful to me as I was feeling guilty that I did not do enough for him.”
- “Just sat quietly with me and allowed me the space and freedom to just speak.”
- “Acknowledged my client by holding a memorial and putting his picture up at the worksite.”
- “Did a needs assessment on me. Asked me how the death was affecting me right now and how do you think you will be feeling when you leave work today.”
- “Allowing space
to debrief, offered one-on-one debriefing, offered to call in external supports.”

Q 4 b) What has a Manager said or done that has not been helpful to you when you had a death or non-fatal overdose of a client

“Said nothing, no acknowledgement of client death or check-in”

“Invalidated the importance of the person due to their drug use”

“You will get over it soon, this is the lay of the land”

“Changed the topic and went directly into task mode”

“Told me to go home without any debriefing of incident when all I really needed was to be around my peers so I could debrief with them”

“Insensitive client death notices- Told me about a client before I was going into a meeting then no follow-up or space to debrief with Manager”

Q 5a What front line workers told us about their immediate support needs when a client overdoses:

Opportunity to debrief within a safe place with management and/or peers before returning to their support role.

Assistance with death notifications and dealing with EMS/Police.

Be given the choice to end shift if needed.

Support from management to assist staff with supporting other clients through their grief.

Supportive group debriefing with trauma informed managers and colleagues.

Rapid client death notifications should be an organizational policy.

More agency wide training (grief and loss, vicarious trauma, overdose prevention, harm reduction, naloxone and ABRPO)

On-going open communication within the
Q5 b) What supports are needed to help you cope?

<table>
<thead>
<tr>
<th>What supports are needed to help you cope with the trauma of clients deaths and/or non-fatal overdoses? (n=77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debriefing</td>
</tr>
<tr>
<td>Affordable, knowledgeable counselling</td>
</tr>
<tr>
<td>Peer support</td>
</tr>
<tr>
<td>Ongoing team/capacity building processes</td>
</tr>
<tr>
<td>Training</td>
</tr>
<tr>
<td>Time off</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Opportunity to attend funerals/memorials</td>
</tr>
<tr>
<td>Skilled support from manager</td>
</tr>
<tr>
<td>Help talking with clients</td>
</tr>
</tbody>
</table>

Majority of workers wanted space for timely debriefing, and when needed support of peers and external counsellors. Also noted was help in talking about death/grief with community members.

Q6 What is your organization presenting doing to help you? (n=59)

*Training - on a variety of topics including grief/loss, harm reduction, Naloxone, trauma, etc
Q7 How is your organization supporting your team? (n=55)

How is your organization currently supporting your team through the impact of grief and loss? (n=55)

| Supports for the individual worker mirror the supports available for the teams as a whole. |
| Consistent approaches of management responding effectively with internal and external resources. |

It is worth noting that each organization has a range of supports available for workers. Primarily these were debriefing with managers, with peers and external resources such as EAP. Yet many workers are experiencing grief overload and anxiety as they anticipate more losses. Workers want managers to respond to their particular grief needs, to offer more capacity building for peer support, and to provide additional training on the topic of building resilience in the face of ongoing loss.

Impact Debriefings

One hundred and one (101) people participated in the impact debriefing circles. Of these 86 were front line workers, 3 peers, 3 Human Resource staff, 1 Administrative support, and 8 managers.

We asked how many years people had workers in their current agencies (an average of 5 years) and in the sector (an average of 9 years). We had a total of 575 years of experience in these participants from these pilot sites.
Participants also noted that they were dealing with an average of 30 recent losses and up to 44 losses in their organization.

Comments noted during Debriefing Circles when asked the question “How are you impacted by the increase in losses?” help illustrate the nature of that impact:

- “Sometimes overwhelmed, I bury the emotions…"
- “My hypervigilance is intensified…waiting for another loss”
- “I have been panicked at night. This is something I have been addressing”
- “Binge eating”
- “Not reacting, becoming numb”
- “Trying to navigate the waves of emotions”
- “When I leave work, I go home and cry in the shower”
- “When I would feel grief, I would use mad amounts of drugs to block those feelings out. I do other things now – like cleaning”

Related to the agency:
- “In some instances, there is never any closure with a death, it just haunts me”
- “I am angry how agencies communicate deaths to us…sometime the tight confidentiality is not warranted”
- “People need to be mindful how death is disclosed”
- “Connection really matters to me, it is my co-workers that keep me going”
- “Showing my fear/sadness seems like I am letting people down”
“A client dies but we still need to put on our face for 80-90 people in the drop-in”
“I think the whole drop-in died”; “The people I love are dying”
“I feel angry when people say what did you expect they are drug users?”
“Trying to right injustice in death”

What does and doesn’t support a worker:
“Connection really matters to me… it is my co-workers that keep me going”
“Grief supports should be made available to staff on a daily basis”
“Staff should be asked upon hiring how they would like to be notified when a client dies”
“I feel like I have had a heavy heart every day since this crisis… I feel like I can breathe again only when I hear from my clients”.
“Do not assume you know what is good for me”; “Do not hug me unless you ask me”
“Sometimes the less you say is better”
“When I am stressed I need to vent…. thinking out loud helps me”
“It is challenging to take time to debrief with our peers when there are so many staff inconsistencies- not everybody is skilled at this”
“It can be so overwhelming, even with good support”

Loss and Resilience Trainings

Both managers and front-line staff greatly appreciated the opportunity for mutual learning across agencies in these training sessions. “Cross pollination”/peer support were rated as extremely valuable for participants. Twenty (20) managers attended the 1 day managers training held on February 23; 19 frontline workers attended the 2 day frontline worker training on February 26-27th and 24 workers/peers attended the March 12-13th training.

Managers’ Training

One session was held with 20 managers from the 8 sites.

Participants appreciated both content and process dimensions and the opportunity to share across agencies. These comments were validated by what managers said they were taking away from the session.
As part of the training day, managers were asked to complete a short worksheet on “Agency & Sector Sustainability”. The responses to this in combination with flip chart notes provided some great insights into what is working now, what are the gaps, and opportunities for improvement in organizational and sector responses to grief and loss.

Managers clearly identified that there were several things that were currently working well within their own organizations. These included providing supervision for workers, informal peer-based supports, accessing external resources including EAP, training and other, and facilitating memorials and opportunities for worker and community members to gather.

Managers also identified gaps in effective loss supports. There gaps were related to inconsistencies in practice, knowledge and skill, and most notably in organizational structure/processes. This last refers to a gap in formal policy or practice or system to address grief and loss. The specific nature of the specific gaps varies by organization.
The discussion and sustainability worksheet also provided managers with an opportunity to reflect on what could address those gaps generally and, more concretely, specific things that could be initiated over the course of the next year within their own organization. These gaps included the manager support (ie. check-ins, debriefing, etc), resource changes (ie. double-shifting, back-filling), and an organizational approach that might include improved communication and frameworks for responding to loss.

More specifically, managers identified several concrete steps that they could undertake over the course of the next year to begin to put those solutions into action. Training/capacity building was for both managers and staff and extending it to encompass all staff in the organization (ie. including administrative staff as these staff also have relationships with clients and their colleagues). Improved supervision and communication suggestions included honouring losses at staff meetings and more clinical supervision. Simple acknowledgement of losses and an impact on staff was identified as important. Framework policies and interagency discussions were also referenced. Notably, enabling staff included things like creating safe spaces and opportunities for them to debrief including perhaps without managers present and finding ways to leverage their deep knowledge of the 'on-the-ground' experience of grief and loss and knowledge of the communities being served.

The Managers also turned their attention from their own organizations to the sector as a whole. They were quickly able to identify some common challenges and ways in which they could work together to address those challenges.
Comments noted during this portion of the Manager Training provide more texture to the discussion:

Moving forwards as an agency
- “acknowledge loss responses-ongoing (time & space)”
- “learn from others”
- “front line staff-space without managers”
- “Integrating other departments”

Challenges across agencies?
- “resources-learning to share”
- “capacity-stretched already”
- “split between management/front line”
- “how do I make this important/valuable for workers”
- “lack of informed supportive managers”
- “we all handle grief differently”
- “overwhelming and compounding losses paired with systemic inequality and scare resources”

What was useful about this training ;
- “concise, lots of materials, management focused”
- “I love that we got beautiful materials to take with us and use in the future”

What didn’t work for me?
- “Too much in the mind-would like a structure that was less in the mind and more in the body/feelings/spirit”
- “Need more time to have additional conversations”
- “Wish it was 2-3 days long to process and absorb”

One Gift I am taking away;
- “the importance of self-care and modelling (ie chakras); having processes in place for death/loss
- “appreciation for a cross-sectoral approach/framework to processing grief and loss”
- “Opportunity for me to explore myself”
- “reminder that people grieve differently; ways to personalize the approach based on person-supporting”
- “so much learning—great conversations with colleagues; playfulness of facilitators that enhanced my learning”

A complete evaluation of the Manager Training is including in Appendix E.

**Front Line Training**

Two sessions with Frontline Workers/Peers were held (February 26 & 27 and March 12 & 13).

<table>
<thead>
<tr>
<th>Why did you come to this training?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I am attending because nobody talks about this and I think it’s important that we talk about grief and loss</td>
</tr>
<tr>
<td>• An opportunity to bond with each other and for us to know how to best support ourselves</td>
</tr>
<tr>
<td>• Knowing how to prioritize when to stop and attend to ourselves because things are happening so fast</td>
</tr>
<tr>
<td>• Shared experiences are really helpful for me, helps me not to feel isolated</td>
</tr>
<tr>
<td>• Excited to connect with folks form different agencies and to see what protocols agencies have</td>
</tr>
<tr>
<td>• I was worried about coming today and about unpacking my emotions and how would I continue doing my work?</td>
</tr>
</tbody>
</table>

During the course of the workshop, participants identified their agency was dealing with an average of 30, and some as high as 44, losses in the last several months. Participants also noted that they were dealing with both traumatic events and deaths.

<table>
<thead>
<tr>
<th>How many <strong>traumatic events</strong> have you experienced in your professional life?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many <strong>deaths</strong> have you experienced in your professional life?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many</td>
</tr>
</tbody>
</table>
Workshop discussion included orientation to and discussion of styles of grieving – instrumental or intuitive. Participants self-selected their dominate style of grieving. This is relevant as it speaks to the different types of supports they might find helpful or useful when dealing with loss.

![Pie chart showing the distribution of dominant grieving styles among workers.](image)

Participants did two sociometric exercises to explore the degree and source of supports they receive.

![Pie chart showing support from managers.](image)

![Pie chart showing support from peers.](image)

Clearly, participants receive most of their support from their peers. In addition to identifying the scope and nature of events impacting participants and the sources of their support, several key learnings and insights emerged. Participants valued the combination of content, process, and multiple agencies. The extent to which they noted the value of the opportunity to share and that it helped validate their feelings and experience suggests a high degree of isolation and uncertainty among participants. It also points to the value of collective rather than individual support strategies. This is
validated in the comments about what participants were taking away with them from the session.

Participants also had several notable comments on next steps and what would help support them, their clients, and their organizations in working effectively with grief & loss:

Comments noted during the course of the Manager Training provide more texture to the discussion:

Gaps in effective loss support;
- "Close to zero acknowledgement"
- "No set policy or procedure for acknowledging loss"
“managers have one dimensional understanding of loss and how to respond”
“only engaging with us on a mental level...not a holistic level”

Two things to move this forward in the next year?
- “staff teams to come together without managers, without staff being targeted”
- “more opportunities for shared activities(i.e. memorial space-best practices”
- “more funding for initiatives like this”
- “harness our activism”

What I liked about the training:
- “being around individuals who had different experiences and ways to cope”
- “community support”
- Very engaging; the material can be taken back to work and be applied to the day to day;
great discussion from the group.

For next time I would suggest:
- “time to look at how we can support our clients”
- “I am hoping to learn more about how we can create space for co-workers to apply this
learning-strategies for buy in”

One gift I am taking away:
- “understanding trauma at a holistic level; self-enhancement as sustainability; figuring out what
is the best use of me”
- “honouring what is inside us”
- “understanding my broken parts better”
- “feeling connected to others and reflective”
- “I am not alone”
- “it is okay to sit where I am at and I need to sit in it and learn from it before I can move
forward”

Closing circle comments;
- “loss responses are not only about death but about change and transitions”
- “very important to see and hear others- knowing I am not alone in this”

A complete evaluation of the Frontline Worker’s Training is included in Appendix F.
DISCUSSION

Grief and loss impacts workers, organizations and the communities they serve. Organizational impacts include: absenteeism, illness, high job turnover; unpredictable results on the job; reduced confidence; concentration and memory impacted; decreased productivity; brittle, fragile, angry workers, emotional outbursts; inability to set limits and say no, not using lieu days or taking vacations; poor morale, flatness, lack of creativity; outdated agency responses to grief and loss: what worked for one cultural group may be considered inappropriate for another; employer costs including higher benefit premiums, costs of relief staff, costs of hiring and training; disruption to clients and communities, workers and organization (Perreault, *When Grief Comes To Work*, 2011).

With the opioid crisis escalating the amount of loss that housing workers and others are facing it is of benefit to health outcomes, system efficiency, client satisfaction, and worker satisfaction that the negative impact of grief and loss be mitigated. The pilot project pointed the way to a successful multi-dimensional strategy to achieve that goal.

The interventions – impact debriefing circles and trainings – each had a unique and important benefit to their participants and were an important first step.

The impact debriefing circles provided participants with an opportunity to ‘discharge’ some of the accumulated impact of the losses they had experienced in the work and to do this within the collective or community context of the group. In addition to sharing their own experience, workers were able to hear from others and the similarity of their experiences and its impacts helped facilitate a deepening of the discussion which added further meaning and value for the participants. The impact debriefing also enabled workers to engage more readily in the training.

The training for both managers and workers established some common language, principles, content, and themes as a foundation for further development within each group and between the two groups. There was clear value in having the two separate sessions, but there was also an awareness that opportunities to bring the managers and workers together would be valuable.

Key emergent themes across all events and surveys were that

- grief and loss is having a significant impact on workers and managers,
- the debriefings were an important and effective opportunity for workers to process some of the impact of grief and loss and that doing so enabled them to refocus on their daily responsibilities
- managers and organizations were under resourced – in terms of knowledge, time and staffing – to effectively deal with the impact of grief and loss, and
- connection is the antidote to loss. Not that connection would mean the loss was not relevant or painful, but that connection would enable staff, organizations, and communities to recover from those losses. This is the essence of resilience.

“Resiliency is the capacity of individuals and groups to move forward with hope, clarity and effectiveness in the face of multiple loss, complex grief, and ongoing transition.” (ABRPO)
RECOMMENDATIONS

1. Build on the current pilot by continuing to work with the 8 participant organizations:
   - Offer Grief & Loss training opportunities to all 8 pilot sites for entire organizations.
   - Build capacity within the sector by creating/supporting a team of individuals within the sector to serve as resources for further Impact Debriefings within agencies and to provide peer support to managers
   - Initiate and coordinate monthly debriefing circles for all 8 pilot sites to include peers and front-line workers only.
   - Offer bi-monthly debriefing circles for Managers to help them learn the proper techniques of Impact debriefing. All 8 sites would have at least 2-3 Managers attend debriefing circles.
   - Initiate and coordinate a monthly front-line worker/peer support group that would include 2-3 workers/peers per agency.
   - A coordinator and facilitator would partner with selected managers and front line staff and peers to deliver these impact debriefing circles and training sessions on best practices for working with the impact of traumatic loss events, particularly opioid related losses.

2. Expand access to grief and loss training and support to all housing agencies within the Toronto Central Local Health Integration Network.

3. Create a central resource to provide training, debriefing, and coaching on dealing effectively with the impact of grief and loss for community-based organizations within the Toronto Central Local Health Integration Network. Given that the TCLHIN also funds CHCs in the Toronto region, there is an opportunity to combine the current Good Grief Care work being done by ABRPO in the CHC’s SIS/OPS sites- building a centralized flexible team of facilitators/grief supports that would be available to workers in both housing and CHCs.
Appendices:

A. Resilient Group Practices & Multiple Loss Journey
B. Training Agenda Outlines
C. Organizational Support Questionnaire
D. Good Grief Pilot – Worker Questionnaire
E. Evaluation Results from the Managers’ Training
F. Evaluation Results from the Front-Line Workers’ Training
Resilient Group Practices

Community Engagement

"I can see how the various elements in this conversation can be linked to our overall group work."

Organization & Community

"I have solid communication skills that enable me to speak with deep honesty AND remain connected to others."

Relational

"I am able to risk telling it like it is."

Self

"I am aware of what is going on for me – at all levels – as I relate to this situation."

"Am I remembering to use my support tools?"

★ Most tools can be applied at multiple levels, extending from self into group relationships.
New Theoretical Model: Multiple Ongoing Loss Journey

Designed by community members in 2004 based on common themes in stories of multiple loss.

Grounded by tasks, appropriate questions for each stage of the journey.
Good Grief Care Pilot
Responding to Loss in Supportive Housing

Sponsored by the AIDS Bereavement and Resiliency Program of Ontario (ABRPO) [www.abrpo.org]. Funding provided by the TCLHIN

Loss and Resilience Training for Managers

Agenda

Goals:
- Review results of initial on-site visits and organizational assessment questionnaires
- Explore range of current grief/loss supports available within each pilot site
- Review theoretical frameworks for understanding ongoing multiple loss impact/resilience
- Discuss multi-level supportive responses within workplace context - in practice/gaps
- Feedback on draft Impact Debriefing Guidelines
- Practical Steps for Moving Forward; Recommendations for Final Report

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 - 9:15</td>
<td>Registration, light breakfast</td>
</tr>
<tr>
<td>9:15 - 9:30</td>
<td>Welcome, Introductions, (ABRPO, working group, managers)</td>
</tr>
<tr>
<td>9:30 - 10:00</td>
<td>Review of pilot goals and data collected during on-site sessions and organizational assessment questionnaires; discussion of types of losses in agencies and current resources/supports Barb</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Presentation on Multiple Loss theory/support Review of When Grief Comes to Work Handbook for Managers ABRPO</td>
</tr>
<tr>
<td>10:30 - 10:45</td>
<td>Break</td>
</tr>
<tr>
<td>10:45 - 12:30</td>
<td>Ways of Understanding Burnout, Vicarious Trauma, and Resilience/traumatic growth; Different responses to Death/Loss ABRPO</td>
</tr>
<tr>
<td>12:30 - 1:15</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:15 - 3:00</td>
<td>Debriefing and Collective Care: Working with the proposed framework in Impact Debriefing Guide. table discussion/report</td>
</tr>
<tr>
<td>3:00 - 3:15</td>
<td>Break</td>
</tr>
<tr>
<td>3:15 - 4:00</td>
<td>Strategies for Sustainability: group proposals for moving forward</td>
</tr>
<tr>
<td>4:00 - 4:30</td>
<td>Wrap-up and Evaluations</td>
</tr>
</tbody>
</table>
Good Grief Care Pilot
Responding to Loss in Supportive Housing

Sponsored by the AIDS Bereavement and Resiliency Program of Ontario (ABRPO) [www.abrpo.org](http://www.abrpo.org) . Funded by the TCLHIN

## Loss and Resilience Training for Front Line Workers

**Agenda**

**Goals:**
- Review results of initial on-site visits and organizational assessment questionnaires
- Explore range of current grief/loss supports available within each pilot site
- Review theoretical frameworks for understanding ongoing multiple loss impact/ resilience
- Discuss multi-level supportive responses within workplace context - in practice/gaps
- Practice and Mutual Support Opportunities Using draft Impact Debriefing Guidelines
- Experience of one community-based closure tool: Saying a Good Goodbye
- Practical Steps for Moving Forward and Recommendations for Final Report

### Day One

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>9:00 - 9:15</td>
<td>Registration, light breakfast</td>
</tr>
<tr>
<td>9:15 - 9:45</td>
<td>Welcome, Introductions, (ABRPO, working group, participants)</td>
</tr>
<tr>
<td></td>
<td>Establishing group guidelines for working together</td>
</tr>
<tr>
<td></td>
<td>Review of resources- <em>material in training packages</em></td>
</tr>
<tr>
<td>9:45 - 10:00</td>
<td>What you told us: Review of pilot goals and data collected</td>
</tr>
<tr>
<td></td>
<td>during on-site sessions and organizational assessment questionnaires;</td>
</tr>
<tr>
<td>10:00 - 10:20</td>
<td>Discussion of types of losses experienced by workers in agencies</td>
</tr>
<tr>
<td></td>
<td>and current resources/supports</td>
</tr>
<tr>
<td>10:20 - 10:45</td>
<td>Resilient Group Practices: Testing the Tools</td>
</tr>
<tr>
<td></td>
<td><em>Holistic Check-In</em> /discussion Break</td>
</tr>
<tr>
<td>10:45 - 11:00</td>
<td>Break</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td>Role of emotions in processing loss: <em>Emotional Wheel activity</em></td>
</tr>
<tr>
<td>11:30 - 12:30</td>
<td>Presentation Multiple Loss framework and relevance to workers</td>
</tr>
<tr>
<td>12:30 - 1:15</td>
<td>Lunch</td>
</tr>
</tbody>
</table>

Page 34
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:15- 2:00</td>
<td>Appreciating Diversity in Loss Responses: Small group activity <em>Understanding Your Own Loss History and What Supports You</em>; present back to large group</td>
</tr>
<tr>
<td>2:00- 3:00</td>
<td>Ways of Understanding Burnout, Vicarious Trauma, and Resilience/traumatic growth; Different responses to Death/Loss</td>
</tr>
<tr>
<td>3:00- 3:15</td>
<td>Break</td>
</tr>
<tr>
<td>3:15- 4:00</td>
<td>Working with Loss Impact: Self Care and Collective Care: Strategies for Sustainability discussion/activity</td>
</tr>
<tr>
<td>4:00- 4:30</td>
<td>Wrap-up and Evaluations</td>
</tr>
</tbody>
</table>

**Day Two**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 - 9:15</td>
<td>Registration, light breakfast</td>
</tr>
<tr>
<td>9:15-9:45</td>
<td>Circle Check in; Debriefing from yesterday</td>
</tr>
<tr>
<td>9:45- 10:30</td>
<td>Working with the proposed Impact Debriefing Guide Review of elements in the guide</td>
</tr>
<tr>
<td>10:30-10:45</td>
<td>Break</td>
</tr>
<tr>
<td>10:45-12:30</td>
<td>Practice and Mutual Support Opportunities Using draft Impact Debriefing Guidelines;</td>
</tr>
<tr>
<td>12:30- 1:15</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:15- 3:00</td>
<td>Table Discussion with Report Back: How we move forward with integrating loss supports in our teams and our workplaces?</td>
</tr>
<tr>
<td>3:00-3:15</td>
<td>Break</td>
</tr>
<tr>
<td>3:15- 3:40</td>
<td>Participant feedback- Recommendations for moving forward</td>
</tr>
<tr>
<td>3:40-4:00</td>
<td>Experience of a closure ritual: Saying a Good Goodbye Debrief</td>
</tr>
<tr>
<td>4:00-4:30</td>
<td>Wrap-up and Evaluations</td>
</tr>
</tbody>
</table>
Good Grief Project - Organizational Support Questionnaire

1. What formal supports does your organization provide staff for a loss in their personal life? Eg. EAP Counselling, Extended medical benefits, Time away from work, etc

2. What formal supports does your organization provide to staff who have experienced a work-related loss or traumatic event while on-the-job?

3. What training does your organization provide to managers around sensitivity training to better support staff after traumatic life events or work-related traumatic events?

4. What training does your organization currently offer to front-line staff around grief and loss care?

5. What training does your organization offer to managers around grief and loss care?

6. How can you see your organization enhancing the support it’s able to offer staff and community? Ie. Enhanced benefit package, relevant trainings, space for memorializing, etc

7. How does your organization currently support community members through their grief process?
APPENDIX D

Confidential Questionnaire - Good Grief Care Pilot Project

1) How many years have you been doing front line work in the mental health and addictions sector?

2) How long have you been working at your current organization?

3) How have you been affected as a worker by the increased number of opioid related deaths and non-fatal overdoses in the past year?

4) a) What has a Manager said or done that has not been helpful to you when you had a death or non-fatal overdose of a client.

b) What has a Manager said or done that has been helpful to you when you had a death or non-fatal overdose of a client?

5) a) What kind of immediate support(s) do you feel you need from your organization when you are on-site when a client overdoses or a non-fatal overdose occurs?

b) What supports and services are needed to help you cope with the trauma of client overdoses and/or non-fatal overdoses?

6) What is your organization presently doing that is helping you when there has been an opioids related death or non-fatal overdose of a client?

7) How is your organization currently supporting your team through the impact of grief and loss? Is it meeting your needs?
Good Grief Care – Managers’ Training

Evaluation Summary

20 Managers from 8 agencies attended a 1-day training session on February 23, 2018.

What I liked about the session (n = 25)
- Facilitation/process 9
- Content 8
- Tools 4
- Opportunity to share 2
- Multiple agencies 2

What didn’t work for me (n=6)
- Nothing/all good 3
- Timing (too short, day of week) 2
- Too theoretical 1

For next time I would suggest (n=15)
- Longer training 7
- Process changes 4
- Content changes 3
- More participants 1

One thing I would like to tell the facilitators (n=11)
- All positive comments

One gift I am taking away (n=16)
- Skills 6
- Theory 5
- Self-awareness 4
- Sharing/connection 1
Other Comments from Manager Training Participants

Moving forwards as an agency;
- “acknowledge loss responses-ongoing(time & space”
- “learn from others”
- “front line staff-space without managers”
- “Integrating other departments”

Challenges across agencies?
- “resources-learning to share”
- “capacity-stretched already”
- “split between management/front line”
- “how do I make this important/valuable for workers”
- “lack of informed supportive managers”
- “we all handle grief differently”
- “overwhelming and compounding losses paired with systemic inequality and scare resources”

What I liked about the session;
- “the amount of material covered in an honouring and honest manner”
- “the cohesion of the facilitators”
- “concise, lots of materials, management focused”
- “I love that we got beautiful materials to take with us and use in the future”

What didn’t work for me?
- “Too much in the mind-would like a structure that was less in the mind and more in the body/feelings/spirit”
- “Need more time to have additional conversations”
- “Wish it was 2-3 days long to process and absorb”

One Gift I am taking away;
- “the importance of self-care and modelling-chakras; having processes in place for death/loss
- “appreciation for a cross-sectoral approach/framework to processing grief and loss”
- “Opportunity for me to explore myself”
- “reminder that people grieve differently ;ways to personalize the approach based on person-supporting”
- “so much learning-great conversations with colleagues; playfulness of facilitators that enhanced my learning”
Good Grief Care – Frontline Worker Training

Evaluation Summary

Nineteen (19) people participated in a two-day training on February 26 & 27/18. Twenty-four (24) people participated in a two-day training on March 12 & 13/18. Some, but not all, of the people participated in both sessions.

**FLW - What I liked about the session? (number of comments made=74)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content (theory &amp; tools)</td>
<td>25</td>
</tr>
<tr>
<td>Facilitation/Process</td>
<td>21</td>
</tr>
<tr>
<td>Opportunity to share</td>
<td>17</td>
</tr>
<tr>
<td>Feelings/experience validated</td>
<td>8</td>
</tr>
<tr>
<td>Multiple agencies</td>
<td>3</td>
</tr>
</tbody>
</table>

**FLW - What did not work for me in the training session (n=20)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Lack physical movement</td>
<td>2</td>
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<tr>
<td>Timing (too short, day of week)</td>
<td>4</td>
</tr>
<tr>
<td>Facilitation/process</td>
<td>4</td>
</tr>
<tr>
<td>Nothing/all good</td>
<td>10</td>
</tr>
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</table>

**FLW - Next time I would suggest (n=25)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process improvements</td>
<td>9</td>
</tr>
<tr>
<td>Longer time for training</td>
<td>5</td>
</tr>
<tr>
<td>Expand across whole agency(s)/facilitate buy-in</td>
<td>4</td>
</tr>
<tr>
<td>More opportunity to integrate theory &amp; practice</td>
<td>3</td>
</tr>
<tr>
<td>More practical tools for supporting clients</td>
<td>2</td>
</tr>
<tr>
<td>More focus on self-care</td>
<td>2</td>
</tr>
</tbody>
</table>

**FLW - One thing I really want to tell the facilitators**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator sharing &amp; authenticity</td>
<td>7</td>
</tr>
<tr>
<td>Facilitator engaging, humourous, supportive</td>
<td>7</td>
</tr>
<tr>
<td>Feel validated in my experience</td>
<td>7</td>
</tr>
<tr>
<td>Other (thank you, etc)</td>
<td>7</td>
</tr>
<tr>
<td>Facilitator knowledgeable, informative, skillful</td>
<td>3</td>
</tr>
<tr>
<td>Share report with agencies &amp; LHIN</td>
<td>2</td>
</tr>
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</table>
**FLW - One gift I am taking away (n=56)**

<table>
<thead>
<tr>
<th>Connection</th>
<th>14</th>
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</thead>
<tbody>
<tr>
<td>Validation</td>
<td>10</td>
</tr>
<tr>
<td>Self-awareness</td>
<td>9</td>
</tr>
<tr>
<td>Knowledge</td>
<td>8</td>
</tr>
<tr>
<td>Skills/tools</td>
<td>7</td>
</tr>
<tr>
<td>Rejuvenation</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>

**Other Comments from Frontline Worker Training Participants**

**Gaps in effective loss support**
- “Close to zero acknowledgement”
- “No set policy or procedure for acknowledging loss”
- “managers have one dimensional understanding of loss and how to respond”
- “only engaging with us on a mental level...not a holistic level”

**Two things to move this forward in the next year**
- “staff teams to come together without managers, without staff being targeted”
- “more opportunities for shared activities(i.e. memorial space-best practices”
- “more funding for initiatives like this”
- “harness our activism”

**What I liked about the session**
- “being around individuals who had different experiences and ways to cope”
- “community support”
- “Very engaging; the material can be taken back to work and be applied to the day to day; great discussion from the group”
- “the facilitators have a wealth of knowledge and experience to share and complement the theory”

**What didn’t work for me?**
- “felt at times there was an obligation to share deep and personal things with people I had only met”
- “days seemed long because material was so heavy, however, I understand the need for covering all the material. Ideally this training should be spread over 3 days”
- “all the sitting-would appreciate some more embodies work”

**For next time I would suggest;**
- “time to look at how we can support our clients”
- “circle seating”
- “I am hoping to learn more about how we can create space for co-workers to apply this learning-strategies for buy in”
One thing I really want to tell the Facilitators
- “It was good that you shared your personal experiences”
- “insightful and informative facilitation team”
- “thank you and keep up the good work-sense of humour and keeping it real”
- “you guys are amazing and very caring and supportive”

One gift I am taking away
- “understanding trauma at a holistic level; self-enhancement as sustainability; figuring out what is the best use of me”
- “honouring what is inside us”
- “understanding my broken parts better”
- “feeling connected to others and reflective”
- “I am not alone”
- “it is okay to sit where I am at and I need to sit in it and learn from it before I can move forward”

Closing circle comments
- “Was voluntold to come-didn’t know what to expect-but it’s been a really good learning experience”
- “we are the map(multiple loss journey)-not just on the map”
- “loss responses are not only about death but about change and transitions”
- “very important to see and hear others- knowing I am not alone in this”
- “learned that I’ve got stories buried inside of me that seem to want to come out now-I will give my stories some room now”