

Grace Harbor Bereavement Coordinator Care Extension

Continuing compassionate care as grief changes over time.

SUBJECT-BASED SUPPORT SHEETS + QUICK-START GUIDE

Purpose

Bereavement coordinators often remain connected to families after the immediate activity surrounding a death has quieted. This packet supports follow-up calls, visits, mailings, groups, and other bereavement contacts with concise language, practical next steps, and guidance for recognizing changing needs over time. It is designed to extend - not replace - professional bereavement assessment, agency policy, interdisciplinary care, or specialized mental-health treatment when needed.

One Card. One Starting Place.

The Grace Harbor Pass-Along Card introduces mourners and families to Grace Harbor. From there, they can consider what they need and choose where to begin. Use the same canonical Grace Harbor Pass-Along Card used by other professional disciplines; do not create a Bereavement Coordinator-specific family QR card.

Quick Start (60-90 seconds)

Notice What Has Changed

- 1 Listen for what is different since the last contact: intensity of grief, daily functioning, isolation, family strain, new triggers, changing roles, support loss, or signs that the mourner needs more than brief bereavement support.

Offer One Helpful Response

- 2 Meet the need that is present today. Offer one validating phrase, one practical suggestion, one connection, or one manageable next step rather than trying to address the whole grief experience at once.

Leave Continuing Support Within Reach

- 3 Introduce Grace Harbor and offer the canonical Pass-Along Card. The family can consider its own needs, choose the level of support that feels right, and return whenever additional support is useful.

Continue Bereavement Care and Coordinate When Needed

- 4 Grace Harbor extends support; it does not replace bereavement follow-up, risk/needs assessment, agency protocols, the interdisciplinary team, community care, or specialized counseling. Continue appropriate contact and coordinate additional help when needs deepen or change.

Find the Support You Need

Use the subject that fits the need - not the calendar. Grief does not move through a fixed timetable. These thirteen sheets address common needs that may appear, disappear, and return throughout bereavement. Choose the subject that best matches what you are hearing or seeing today.

- 1 **Early Grief, Shock & Finding Footing**
- 2 **Changing Grief Responses & Expectations**
- 3 **Isolation & the Support That Fades**
- 4 **Family Differences, Conflict & Connection**
- 5 **Guilt, Anger & Unanswered Questions**
- 6 **Memories, Belongings & Continuing Bonds**
- 7 **Milestones, Holidays & Grief Surges**
- 8 **Caregiver Aftermath, Exhaustion & Relief**
- 9 **Identity, Roles & Secondary Losses**
- 10 **Children, Dependents & Family Functioning**
- 11 **Re-Engaging Life Without Leaving Love Behind**
- 12 **When Grief Remains Heavy**
- 13 **When More Specialized Support Is Needed**

If you're looking for help with something very specific, from the Home page, go to Restoring Your Horizon and open Tile 7.

Gentle Guardrails

- Follow agency bereavement assessment, risk-screening, documentation, referral, and emergency procedures.
- Do not assume grief follows a stage, schedule, or expected level of intensity.
- Use supportive language without diagnosing or labeling a mourner from a brief contact.
- Respect culture, faith, family structure, relationship history, and individual ways of grieving.
- For self-harm risk, abuse, neglect, exploitation, medical instability, or other urgent safety concerns, follow agency and emergency protocols immediately.

Support Sheet 1 - Early Grief, Shock & Finding Footing

Aim: Offer steadiness when the death still feels unreal and ordinary functioning is difficult.

What families may say

- This still doesn't feel real.
- I can't think straight.
- I don't know what I'm supposed to do now.

What you may notice

- Fog, numbness, agitation, repeated questions, or difficulty remembering.
- Basic routines feel unusually hard.
- The mourner is overwhelmed by decisions, calls, paperwork, or other demands.

Borrowable language

- You do not have to understand everything today. We can focus on the next small thing.
- It can be hard to think clearly when you are carrying this much. We can slow things down.
- Would it help to write down one or two things that matter most today?
- There is no requirement to grieve in a certain way this early.

What to offer

- Help identify one immediate need and one support person.
- Reduce memory burden with a short written list or follow-up plan.
- Introduce Grace Harbor with the Pass-Along Card when appropriate.

When to bring the team in

- Basic needs or safety are becoming difficult to maintain.
- Severe distress is escalating rather than settling with support.
- Clinical, social-work, chaplain, or other IDT involvement is indicated.

Documentation-friendly language

- Provided bereavement support and normalized early grief variability; identified manageable next steps.
- Reviewed available supports and coordinated additional follow-up as indicated.

Support Sheet 2 - Changing Grief Responses & Expectations

Aim: Normalize the way grief can change without implying that there is one correct progression.

What families may say

- I was doing better and now I'm falling apart again.
- Why am I not grieving the way everyone expected?
- Some days I feel almost normal and then it hits me.

What you may notice

- Grief intensity changes across days or circumstances.
- The mourner compares their grief with relatives, friends, or cultural expectations.
- Concern about being too emotional, not emotional enough, or somehow grieving incorrectly.

Borrowable language

- Grief can change shape without meaning you are going backward.
- There is not one correct emotional schedule after a death.
- A calmer day does not mean you loved them less, and a hard day does not erase progress.
- What has been different about the harder days lately?

What to offer

- Identify recent triggers or changes without turning them into a rigid timeline.
- Encourage one coping practice that has helped before.
- Use the Pass-Along Card for continuing support between contacts.

When to bring the team in

- Changes include severe functional decline, safety concerns, or escalating substance use.
- The mourner requests or appears to need a higher level of assessment/support.
- Family expectations are creating significant conflict or harm.

Documentation-friendly language

- Explored changes in grief response, expectations, triggers, and current coping.
- Reinforced individualized grief course and coordinated further support as appropriate.

Support Sheet 3 - Isolation & the Support That Fades

Aim: Address loneliness and the loss of practical or emotional support after others return to their routines.

What families may say

- Everyone went back to their lives.
- I don't want to bother people anymore.
- I can be in a room full of people and still feel alone.

What you may notice

- Calls and visits have sharply decreased.
- The mourner withdraws after disappointing or hurtful interactions.
- There is no dependable person for companionship or practical help.

Borrowable language

- The need for support often lasts longer than other people realize.
- Who still feels safe enough to contact?
- We can make the request specific so someone knows how to help.
- You are allowed to choose support that feels respectful and useful.

What to offer

- Create a small support map: one person for practical help, one for companionship, one professional/community contact.
- Offer grief-group, faith-community, community, or agency options when appropriate.
- Introduce or revisit Grace Harbor as continuing support.

When to bring the team in

- Isolation is paired with severe hopelessness or self-harm risk.
- No support exists for essential needs.
- Withdrawal is contributing to significant functional decline.

Documentation-friendly language

- Assessed current support network, isolation, and barriers to connection.
- Identified preferred supports and coordinated appropriate follow-up/resources.

Support Sheet 4 - Family Differences, Conflict & Connection

Aim: Help families understand differing grief responses while recognizing when conflict needs additional intervention.

What families may say

- We are grieving completely differently.
- They think I should be over it.
- Every conversation turns into an argument.

What you may notice

- One person seeks closeness while another withdraws.
- Different remembrance, faith, or coping practices create tension.
- Old family conflict resurfaces around the death or estate/role changes.

Borrowable language

- Different grief styles can still come from love.
- You do not have to grieve alike to remain connected.
- What would help this conversation feel safer or more respectful?
- It is okay to set a boundary around comments that are hurting rather than helping.

What to offer

- Help identify one communication boundary or specific request.
- Encourage a structured family conversation when appropriate.
- Connect to social work, chaplaincy, counseling, or other resources when conflict exceeds bereavement support.

When to bring the team in

- Conflict creates safety concerns, coercion, abuse, or exploitation.
- Family strain is significantly impairing functioning or care of dependents.
- Legal/estate disputes require qualified professional referral.

Documentation-friendly language

- Explored family grief differences, communication strain, and current support needs.
- Reinforced respectful boundaries and coordinated additional resources as indicated.

Support Sheet 5 - Guilt, Anger & Unanswered Questions

Aim: Make room for difficult emotions without forcing reassurance, forgiveness, or answers.

What families may say

- I should have done more.
- I'm angry at them - and then I feel guilty.
- Why did this have to happen?

What you may notice

- Repeated self-blame or replaying decisions.
- Anger toward the deceased, family, clinicians, God, or self.
- Shame about relief, resentment, or other mixed feelings.

Borrowable language

- You can tell the truth about what you feel here.
- Feeling guilty does not automatically mean you were responsible.
- Love and anger can exist in the same grief.
- Some questions may not have satisfying answers, but you do not have to carry them alone.

What to offer

- Help separate known facts from self-blaming assumptions.
- Offer writing, reflection, spiritual care, or counseling options according to preference.
- Use Tile 7 when the mourner wants support for a very specific situation.

When to bring the team in

- Guilt is tied to self-harm thoughts or severe depression.
- Anger creates danger to self or others.
- Trauma, substance use, or persistent impairment requires additional assessment.

Documentation-friendly language

- Provided supportive bereavement contact regarding guilt/anger/unanswered questions.
- Explored coping and need for additional clinical, spiritual, or community support.

Support Sheet 6 - Memories, Belongings & Continuing Bonds

Aim: Support ongoing connection while allowing decisions about belongings and remembrance to unfold at the mourner's pace.

What families may say

- I can't touch their things.
- I'm afraid I'll forget them.
- Everyone keeps telling me to clean everything out.

What you may notice

- Avoidance or sudden clearing of belongings followed by regret.
- Strong emotion around ordinary objects, photographs, music, or places.
- Pressure from others to remember, remove, donate, or change things before the mourner is ready.

Borrowable language

- There is no required timetable for belongings.
- You can keep what matters and decide about the rest later.
- Continuing to love and remember someone is not the same as refusing to live.
- What kind of remembrance feels comforting rather than demanding?

What to offer

- Use a keep/give/decide-later approach if helpful.
- Suggest a memory box, journal, recipe, service act, photo collection, ritual, or other personally meaningful practice.
- Connect to Grace Harbor for additional continuing-bonds support.

When to bring the team in

- Belongings are creating severe family conflict or unsafe living conditions.
- The mourner is unable to meet basic needs because of avoidance or distress.
- Additional social-work, mental-health, or bereavement assessment is appropriate.

Documentation-friendly language

- Discussed belongings/memory-related grief and preferred continuing-bonds practices.
- Supported paced decision-making and coordinated additional help as indicated.

Support Sheet 7 - Milestones, Holidays & Grief Surges

Aim: Prepare for dates and events that can intensify grief without treating renewed pain as regression.

What families may say

- Their birthday is coming and I dread it.
- The holidays feel impossible now.
- I thought I was doing better until this date came back around.

What you may notice

- Sleep, mood, or functioning changes as a date approaches.
- Avoidance of gatherings or pressure to recreate old traditions.
- Conflict between wanting remembrance and wanting distance from the event.

Borrowable language

- A hard date can bring grief close again without meaning you have lost ground.
- You can decide what to keep, change, skip, or leave early.
- Would it help to plan one meaningful act and one way to protect your energy?
- There is no single right way to mark this day.

What to offer

- Create a simple plan: people, place, remembrance, support, and exit option.
- Arrange a check-in before or after a known difficult date when agency practice allows.
- Use Tile 7 for situation-specific support.

When to bring the team in

- The date is associated with severe depression, trauma symptoms, or safety risk.
- Family conflict around remembrance is escalating.
- The mourner needs more frequent or specialized support.

Documentation-friendly language

- Explored anticipated milestone/holiday grief and developed a manageable support plan.
- Planned follow-up and coordinated additional resources according to current needs.

Support Sheet 8 - Caregiver Aftermath, Exhaustion & Relief

Aim: Recognize the physical and emotional aftermath that can follow a long period of caregiving.

What families may say

- I don't know what to do with myself now.
- I'm exhausted even though the caregiving is over.
- Part of me feels relieved, and I hate myself for that.

What you may notice

- Deep fatigue, disrupted sleep, neglected health, or difficulty shifting out of crisis mode.
- Loss of daily purpose or structure after caregiving ends.
- Guilt about relief, frustration, resentment, or wishing suffering had ended sooner.

Borrowable language

- Relief after a long caregiving burden does not erase love.
- Your body may still be coming down from a long period of vigilance.
- You lost the person, and you also lost a role that filled much of your day.
- What would gentle recovery look like this week?

What to offer

- Encourage restoration of basic routines and overdue personal care.
- Identify one new daily anchor as caregiving tasks disappear.
- Offer chaplain, social-work, medical, group, or counseling support according to need.

When to bring the team in

- Exhaustion or neglect of health creates medical/safety concerns.
- Guilt or hopelessness becomes severe or persistent.
- Substance use or inability to function is increasing.

Documentation-friendly language

- Explored caregiver aftermath, role loss, fatigue, and mixed emotions following death.
- Identified restorative supports and coordinated additional follow-up as appropriate.

Support Sheet 9 - Identity, Roles & Secondary Losses

Aim: Help mourners name the many life changes carried inside a death and begin rebuilding a workable sense of self.

What families may say

- I don't know who I am without them.
- I lost more than the person. I lost my whole life as I knew it.
- Everything I used to do was connected to us.

What you may notice

- Loss of spouse/parent/caregiver identity or household role.
- Changes in income, friendships, routines, home, future plans, or social belonging.
- Difficulty making decisions independently after a long shared life.

Borrowable language

- A death can change many parts of life at once.
- You do not have to replace the old identity all at once.
- Which change feels most difficult right now - the role, the routine, the relationship, or the future you expected?
- We can work on one piece of continuing life without asking you to leave the past behind.

What to offer

- Name secondary losses so they can be addressed separately.
- Identify one role or routine that needs practical support.
- Coordinate social-work/community resources when practical losses are significant.

When to bring the team in

- Housing, finances, safety, or essential daily needs are unstable.
- Identity loss is paired with severe hopelessness or functional impairment.
- Additional clinical or psychosocial support is indicated.

Documentation-friendly language

- Explored identity/role changes and secondary losses associated with bereavement.
- Identified priority adjustment needs and coordinated appropriate supports.

Support Sheet 10 - Children, Dependents & Family Functioning

Aim: Support the bereaved adult while noticing how grief is affecting children, dependent adults, and family routines.

What families may say

- I don't know what to tell the children.
- They are grieving differently and I don't know if it is normal.
- I'm barely functioning and everyone still needs me.

What you may notice

- Changes in school, sleep, behavior, separation needs, or routines.
- Adults avoid all discussion of the death or place adult emotional burdens on children.
- A grieving caregiver is struggling to maintain essential care for dependents.

Borrowable language

- Children often need honest, simple information that fits their age and understanding.
- Different family members may show grief in very different ways.
- What routine can stay steady even while other things have changed?
- Who is another dependable adult this child or dependent can turn to?

What to offer

- Identify one stabilizing routine and one additional supportive adult.
- Coordinate school, pediatric, community, spiritual, or child-bereavement resources when appropriate.
- Offer Grace Harbor family support without substituting for specialized child services.

When to bring the team in

- Child/dependent safety, abuse, neglect, or serious behavioral risk is present.
- Caregiver functioning is too impaired to meet dependent needs.
- Specialized pediatric, school, protective, or mental-health resources are indicated.

Documentation-friendly language

- Assessed bereavement impact on family functioning, children/dependents, and routines.
- Identified stabilizing supports and coordinated appropriate referrals according to agency policy.

Support Sheet 11 - Re-Engaging Life Without Leaving Love Behind

Aim: Support gradual participation in continuing life without presenting healing as forgetting or moving on.

What families may say

- I feel guilty when I enjoy anything.
- I don't know how to go places alone.
- People think I should be back to normal.

What you may notice

- Avoidance of social, community, work, or ordinary activities.
- Fear of judgment for laughing, dating, traveling, changing routines, or making future plans.
- Uncertainty about how to carry memory while building a different life.

Borrowable language

- Moving toward life does not require moving away from love.
- You can try one small thing without committing to a whole new life.
- Joy and grief can exist in the same day.
- What feels possible now - not easy, just possible?

What to offer

- Choose one low-pressure activity or responsibility.
- Plan companion, transportation, timing, and exit options if needed.
- Use Grace Harbor continuing support alongside gradual re-entry.

When to bring the team in

- Severe avoidance or panic prevents necessary functioning.
- Isolation, depression, or substance use is worsening.
- The mourner wants or appears to need more specialized support.

Documentation-friendly language

- Discussed readiness/barriers for gradual re-engagement and identified one manageable step.
- Coordinated supportive resources/referrals based on current needs and preferences.

Support Sheet 12 - When Grief Remains Heavy

Aim: Recognize sustained distress and impairment without shaming, diagnosing, or assuming that time alone should have resolved grief.

What families may say

- I thought I would be better by now.
- Every day still feels impossible.
- I feel like my life ended too.

What you may notice

- Persistent intense distress with little relief.
- Significant difficulty resuming basic responsibilities or relationships.
- Profound isolation, hopelessness, repeated traumatic replay, or inability to imagine a continuing life.

Borrowable language

- There is no shame in needing more support.
- The amount of time that has passed does not tell us everything about what you are carrying.
- You deserve care that matches the weight of this grief.
- Would you be open to adding another kind of support alongside bereavement care?

What to offer

- Increase or adjust bereavement contact according to agency protocol and assessed need.
- Offer warm connection to counseling, grief-specialty, clinical, spiritual, group, or community resources as appropriate.
- Introduce Grace Harbor deeper-support resources as an additional option, not a substitute for professional care.

When to bring the team in

- Self-harm thoughts, severe hopelessness, or immediate safety concerns are present.
- Persistent severe impairment or trauma symptoms require further assessment.
- Needs exceed the bereavement program's scope or level of care.

Documentation-friendly language

- Assessed ongoing grief intensity, functioning, supports, and need for additional care.
- Coordinated appropriate interdisciplinary/specialty referrals while maintaining bereavement support.

Support Sheet 13 - When More Specialized Support Is Needed

Aim: Help the coordinator move from supportive follow-up to an appropriate warm referral when risk, complexity, or impairment exceeds routine bereavement care.

What families may say

- I don't think I can do this anymore.
- Nothing is helping.
- I need more than a phone call or grief group.

What you may notice

- Self-harm talk, severe hopelessness, trauma symptoms, escalating substance use, or dangerous behavior.
- Persistent severe impairment in daily functioning.
- Abuse, neglect, exploitation, complicated family risk, or mental-health needs beyond bereavement scope.

Borrowable language

- I want to make sure the support matches what you are facing right now.
- We can keep caring about your grief while bringing in someone with the right specialty.
- I would rather help connect you than simply give you a name and leave you to navigate this alone.
- If there is immediate danger, we need to act on safety first.

What to offer

- Follow agency risk, escalation, emergency, and referral procedures.
- Use warm handoffs when role and agency process allow.
- Coordinate with clinical, mental-health, social-work, spiritual, safety, or community resources as indicated.

When to bring the team in

- Any self-harm talk or intent, abuse, neglect, exploitation, or immediate danger.
- Severe impairment, trauma symptoms, psychosis, or substance-related risk.
- Needs exceed current program scope, staff role, or available level of care.

Documentation-friendly language

- Assessed risk/complexity and followed agency escalation/referral procedures.
- Coordinated appropriate specialty/interdisciplinary support and documented disposition/follow-up plan.