

# Grace Harbor Social Worker Care Extension

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*Practical psychosocial support for the needs grief brings into everyday life.*

**SUBJECT-BASED SUPPORT SHEETS + QUICK-START GUIDE**

## Purpose

Social workers often meet grief where emotional pain intersects with family relationships, caregiving demands, practical decisions, finances, housing, transportation, isolation, safety, and access to help. This packet offers brief language and practical next steps that can be used during visits, calls, care conferences, and follow-up conversations without replacing professional assessment, agency policy, or interdisciplinary care.

## One Card. One Starting Place.

The Grace Harbor Pass-Along Card introduces patients, caregivers, and mourners 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 Social Worker-specific family QR card.

## Grace Harbor Professional Contact

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# Quick Start (60–90 seconds)

## 1. Notice What Is Making Life Harder

Look beyond the grief itself. Notice family strain, caregiver overload, financial or practical pressure, changing roles, isolation, resource barriers, difficult decisions, safety concerns, or trouble managing essential daily needs.

## 2. Offer One Useful Next Step

Respond to the need in front of you. Clarify one concern, offer one practical option, help identify one support person or resource, or make one appropriate referral. Keep the next step manageable.

## 3. Leave Continuing Support Within Reach

Introduce Grace Harbor and offer the canonical Pass-Along Card. The card gives the family a simple way to access support after the visit. The family can consider its own needs and choose the level of Grace Harbor support that feels right.

## 4. Continue Social Work and IDT Care

Grace Harbor extends support; it does not replace psychosocial assessment, case management, advocacy, community-resource work, safety planning, mandated reporting, clinical care, or the interdisciplinary team. Continue care according to role and agency protocol.

# Find the Support You Need

Use the subject that fits the need—not the calendar. Grief and caregiving pressures do not arrive in a fixed order. Choose the sheet that best matches what you are seeing today.

|    |                                                |
|----|------------------------------------------------|
| 1  | Immediate Overwhelm & Essential Needs          |
| 2  | Caregiver Strain & Role Overload               |
| 3  | Family Conflict & Difficult Decisions          |
| 4  | Financial Pressure & Resource Barriers         |
| 5  | Isolation, Support Loss & Community Connection |
| 6  | Changing Roles, Identity & Independence        |
| 7  | Housing, Transportation & Everyday Logistics   |
| 8  | Children, Dependents & Family Stability        |
| 9  | Boundaries, Unsafe Dynamics & Protection       |
| 10 | Work, Benefits & Administrative Burden         |
| 11 | Milestones, Transitions & Secondary Losses     |
| 12 | Re-Engaging Life & Rebuilding Support          |
| 13 | When Needs Become More Complex                 |

**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

- Stay within professional scope, agency policy, and applicable reporting requirements.
- Do not assume a practical problem is “just grief.” Clarify what is happening and what requires action.
- Use plain language and one manageable next step when the family is overwhelmed.
- Respect culture, faith, family structure, autonomy, and the person’s right to make informed choices.
- For immediate danger, self-harm risk, abuse, neglect, exploitation, medical instability, or other urgent safety concerns, follow agency and emergency protocols.

# Support Sheet 1 — Immediate Overwhelm & Essential Needs

**Aim:** Help the family regain enough practical footing to address the next essential need.

## What families may say

- I don't even know where to start.
- Everything needs to be done at once.
- I can't keep track of anything.

## What you may notice

- Decision fatigue or repeated questions.
- Missed meals, medications, appointments, bills, or basic household tasks.
- Several urgent concerns competing for attention.

## Borrowable language

- We do not have to solve everything today. Which problem needs attention first?
- Let's separate what is urgent from what can wait.
- Would it help if we wrote down the next two steps before I leave?
- Who is one person we can bring in to help carry part of this?

## What to offer

- Create a short urgent/soon/later list.
- Identify one reliable support person and one immediate resource.
- Introduce Grace Harbor with the Pass-Along Card when appropriate.

## When to bring the team in

- Basic needs cannot be met or care plan is breaking down.
- Medical or safety concerns emerge.
- Multiple agencies/resources require coordinated follow-up.

## Documentation-friendly language

- Assessed immediate psychosocial and practical needs; prioritized manageable next steps with family.
- Provided resource/support options and coordinated IDT follow-up as indicated.

## Support Sheet 2 — Caregiver Strain & Role Overload

**Aim:** Recognize caregiver depletion and help reduce the burden before it becomes unmanageable.

### What families may say

- I'm the one everyone depends on.
- I can't leave them, even for an hour.
- I'm exhausted, but there is nobody else.

### What you may notice

- Sleep loss, irritability, tearfulness, or difficulty concentrating.
- One person carrying nearly all care and household responsibilities.
- Reluctance to accept help or guilt about respite.

### Borrowable language

- Needing help does not mean you are failing them.
- What is one task someone else could safely take over this week?
- You have been carrying several roles at once. Let's look at what can be shared.
- Rest and relief are part of sustaining care.

### What to offer

- Build a specific help menu: meals, errands, sitting time, transportation, calls.
- Review respite/community/agency supports available within role.
- Use Pass-Along Card for continuing family support.

### When to bring the team in

- Caregiver exhaustion is affecting patient safety or essential care.
- Depression, substance use, or severe functional decline is evident.
- Family needs additional nursing, chaplain, volunteer, or bereavement support.

### Documentation-friendly language

- Assessed caregiver strain, available supports, and barriers to accepting help.
- Reviewed practical support options and coordinated IDT resources as appropriate.

## Support Sheet 3 — Family Conflict & Difficult Decisions

**Aim:** Reduce confusion and support safer, clearer communication when grief and care decisions strain relationships.

### What families may say

- Nobody agrees on what to do.
- They won't listen to me.
- Every conversation turns into an argument.

### What you may notice

- Competing understandings of wishes or roles.
- Old family conflicts resurfacing under stress.
- One person dominating or another withdrawing from decisions.

### Borrowable language

- We may not be able to make everyone agree, but we can clarify what decision has to be made.
- Let's separate the care question from the family history for a moment.
- Whose wishes or authority guide this particular decision?
- Would a structured family meeting help everyone hear the same information?

### What to offer

- Clarify the immediate decision, participants, and available information.
- Offer or coordinate a family meeting/care conference when appropriate.
- Help family identify communication boundaries for the next conversation.

### When to bring the team in

- Conflict interferes with care or creates safety concerns.
- Questions of capacity, legal authority, abuse, or exploitation arise.
- Clinical clarification is needed from nurse/physician/IDT.

### Documentation-friendly language

- Facilitated clarification of family concerns, roles, and immediate decision needs.
- Coordinated interdisciplinary/family communication according to agency protocol.

## Support Sheet 4 — Financial Pressure & Resource Barriers

**Aim:** Help identify concrete pressures and connect families with appropriate resources without promising outcomes.

### What families may say

- I don't know how we are going to pay for this.
- I'm choosing between bills.
- I don't even know what help exists.

### What you may notice

- Food, utility, medication, housing, funeral, transportation, or caregiving costs causing distress.
- Unopened mail or avoidance of financial conversations.
- Confusion about benefits, eligibility, or community programs.

### Borrowable language

- Let's identify the expense that is creating the most immediate pressure.
- I can help you look at possible resources, but I cannot promise eligibility or approval.
- We can break this into one application or phone call at a time.
- You do not have to understand every system before asking for help.

### What to offer

- Prioritize immediate needs and likely resource categories.
- Provide verified agency/community referrals within role.
- Help organize documents/questions for benefits or resource calls.

### When to bring the team in

- Threat of homelessness, utility loss, food insecurity, or inability to obtain essential care.
- Suspected financial exploitation or coercion.
- Legal/benefit questions require qualified referral.

### Documentation-friendly language

- Assessed financial/resource stressors and identified priority barriers.
- Provided appropriate resource referrals; encouraged direct verification of eligibility and benefits.

# Support Sheet 5 — Isolation, Support Loss & Community

## Connection

**Aim:** Help families identify safe, realistic ways to rebuild human support when others have withdrawn or circumstances have changed.

### What families may say

- Everyone disappeared after the funeral.
- I don't want to bother anyone.
- I'm surrounded by people and still feel alone.

### What you may notice

- Shrinking contact with friends, family, faith community, or coworkers.
- Withdrawal after disappointing or hurtful responses.
- No dependable person for practical or emotional support.

### Borrowable language

- Who feels safe enough to contact, even if they are not the person you expected?
- We can make the ask specific so people know how to help.
- You are allowed to choose support that feels respectful rather than simply available.
- Let's identify one connection for practical help and one for companionship.

### What to offer

- Create a small support map.
- Develop a specific request script.
- Connect to appropriate community, faith, group, or bereavement supports.

### When to bring the team in

- Isolation is paired with severe hopelessness or safety risk.
- No support system exists for essential care needs.
- Social withdrawal is causing significant functional decline.

### Documentation-friendly language

- Explored current support network, barriers to connection, and preferred sources of help.
- Identified/initiated appropriate community and interdisciplinary supports.

# Support Sheet 6 — Changing Roles, Identity & Independence

**Aim:** Support adjustment when death, illness, or caregiving changes responsibilities, identity, and daily independence.

## What families may say

- I don't know who I am without this role.
- They handled all of this. I never had to.
- I hate needing other people now.

## What you may notice

- Loss of confidence with tasks previously handled by another person.
- Fear around driving, finances, household management, or living alone.
- Identity tied strongly to spouse, caregiver, parent, or worker role.

## Borrowable language

- You do not have to master a whole new life at once.
- Which responsibility feels most intimidating right now?
- Learning a task is different from being ready to carry every task alone.
- We can look for support that protects your independence rather than taking it away.

## What to offer

- Choose one new responsibility to learn or delegate.
- Identify training, family help, community services, or practical supports.
- Use Grace Harbor for continuing grief support alongside practical rebuilding.

## When to bring the team in

- Cognitive, medical, or safety concerns affect independent functioning.
- Exploitation or coercive control is suspected.
- Higher-level assessment or community service coordination is needed.

## Documentation-friendly language

- Discussed role/identity changes and practical barriers to independent functioning.
- Developed a manageable support plan and coordinated additional assessment/resources as indicated.

# Support Sheet 7 — Housing, Transportation & Everyday Logistics

**Aim:** Reduce practical instability that can magnify grief and interfere with care.

## What families may say

- I can't keep up with this house.
- I have no way to get there.
- Everything was set up for the life we had before.

## What you may notice

- Unsafe or unsustainable living arrangements.
- Transportation gaps affecting care, appointments, food, or connection.
- Household tasks exceeding current physical, financial, or emotional capacity.

## Borrowable language

- Let's look at what has become difficult since things changed.
- The goal is not to solve your whole living situation today; it is to identify the next barrier.
- What would make this week safer or more manageable?
- We can explore options without deciding today that you must move or give something up.

## What to offer

- List immediate home/transport barriers.
- Connect to verified transportation, home-support, or community services.
- Help family prepare questions for housing or service providers.

## When to bring the team in

- Current home environment is unsafe.
- Transportation failure threatens essential treatment/care.
- Eviction, homelessness, abuse, neglect, or exploitation concerns arise.

## Documentation-friendly language

- Assessed housing/transportation/logistical barriers affecting current functioning or care.
- Provided appropriate referrals and coordinated IDT/community follow-up as indicated.

## Support Sheet 8 — Children, Dependents & Family Stability

**Aim:** Help adults consider the needs of children and other dependents while the family system is under strain.

### What families may say

- I don't know what to tell the children.
- They are acting completely different.
- I'm barely functioning; I don't know how to keep everything normal.

### What you may notice

- Changes in school behavior, sleep, routines, or separation needs.
- Adults shielding children from all information or oversharing adult burdens.
- Dependent adults or vulnerable family members losing routine/support.

### Borrowable language

- Children usually need honest, simple information that fits their age and understanding.
- We can protect them without pretending nothing has changed.
- What routines can stay familiar even while the family is grieving?
- Who is another steady adult they can count on right now?

### What to offer

- Identify one stable routine and one dependable adult.
- Coordinate age-appropriate school/community/bereavement resources.
- Encourage direct clinical guidance when behavior or safety concerns exceed supportive care.

### When to bring the team in

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

### Documentation-friendly language

- Assessed impact of loss/caregiving changes on children/dependents and family routines.
- Identified stabilizing supports and coordinated appropriate referrals according to policy.

## Support Sheet 9 — Boundaries, Unsafe Dynamics & Protection

**Aim:** Support clear boundaries and appropriate safety action when grief occurs alongside hostility, coercion, abuse, or exploitation.

### What families may say

- I'm afraid to say no.
- They keep pressuring me.
- I don't feel safe, but I don't know what to do.

### What you may notice

- Controlling access to money, medication, transportation, communication, or decisions.
- Threats, intimidation, coercion, neglect, abuse, or exploitation.
- Family member minimizing danger because of guilt, loyalty, or grief.

### Borrowable language

- Your safety matters even while the family is grieving.
- You are allowed to set limits on behavior that harms or frightens you.
- We can talk about options without forcing you to make every decision right now.
- I need to follow our safety and reporting procedures when certain concerns are present.

### What to offer

- Follow agency safety assessment/reporting procedures.
- Help identify safe contacts, emergency options, and specialized community resources within role.
- Document facts carefully; avoid promising secrecy where reporting duties apply.

### When to bring the team in

- Any immediate danger or threat.
- Suspected abuse, neglect, exploitation, or mandated-reporting concern.
- Safety planning requires specialized domestic violence, adult/child protective, legal, or clinical resources.

### Documentation-friendly language

- Assessed reported/observed safety concerns and followed agency reporting/escalation procedures.
- Provided appropriate safety/resource information and coordinated interdisciplinary follow-up.

# Support Sheet 10 — Work, Benefits & Administrative Burden

**Aim:** Help reduce the administrative load that often arrives while a family is least able to manage it.

## What families may say

- I can't think about paperwork right now.
- I don't know who I'm supposed to call.
- I'm afraid I'll miss something important.

## What you may notice

- Stacks of forms, bills, benefit notices, employer paperwork, or unanswered calls.
- Difficulty tracking deadlines or understanding which office handles what.
- Work demands colliding with caregiving or bereavement.

## Borrowable language

- Let's sort this by what has a deadline and what can wait.
- You do not have to complete every form in one sitting.
- I can help you identify the right office or resource, but that office will determine eligibility or benefits.
- Would a written call list make this easier to manage?

## What to offer

- Create a deadline/contact checklist.
- Identify appropriate employer, insurer, benefits, veterans, community, or agency contacts.
- Encourage qualified legal/financial guidance when questions exceed social-work scope.

## When to bring the team in

- Loss of benefits threatens essential care or housing.
- Legal disputes, estate issues, or complex financial questions arise.
- Work stress creates safety or severe functioning concerns.

## Documentation-friendly language

- Reviewed administrative/benefit concerns and prioritized time-sensitive tasks.
- Provided appropriate contact/referral information without guaranteeing eligibility or outcome.

# Support Sheet 11 — Milestones, Transitions & Secondary Losses

**Aim:** Recognize the additional losses hidden inside major dates, transitions, and changes in family life.

## What families may say

- This is the first time I've had to do this alone.
- The holiday is coming and I dread it.
- I didn't realize how many other things I lost too.

## What you may notice

- Distress around birthdays, anniversaries, holidays, moves, retirement, school events, or care transitions.
- Loss of income, social role, friendships, routines, future plans, or sense of home.
- Family pressure to participate in traditions that no longer fit.

## Borrowable language

- Sometimes the date carries more than one loss.
- You can decide what to keep, change, skip, or leave early.
- Which part of this transition feels hardest—the event itself, the people, or what it represents?
- A changed tradition can still honor what mattered.

## What to offer

- Make a simple plan: attend/change/skip plus an exit/support option.
- Identify practical barriers attached to the transition.
- Connect to Grace Harbor/Tile 7 for situation-specific grief support.

## When to bring the team in

- Transition triggers severe depression, panic, or safety concerns.
- Family conflict around decisions is escalating.
- Practical losses require additional resource coordination.

## Documentation-friendly language

- Explored milestone/transition-related stressors and associated secondary losses.
- Developed a practical support plan and coordinated additional resources as appropriate.

## Support Sheet 12 — Re-Engaging Life & Rebuilding Support

**Aim:** Support gradual participation in continuing life without framing progress as leaving grief behind.

### What families may say

- I feel guilty doing anything enjoyable.
- I don't know how to start over.
- People think I should be back to normal.

### What you may notice

- Avoidance of ordinary activities long after they are physically possible.
- Loss of confidence in social or community settings.
- Tension between remembering the deceased and making new plans.

### Borrowable language

- Moving toward life does not require moving away from love.
- What is one activity that feels possible—not perfect—right now?
- You can try something and decide afterward whether it was too much.
- We can rebuild support gradually rather than expecting you to return to everything at once.

### What to offer

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

### When to bring the team in

- Severe avoidance or panic prevents necessary functioning.
- Isolation, depression, or substance use is worsening.
- Additional bereavement or mental-health support may be appropriate.

### 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 13 — When Needs Become More Complex

**Aim:** Recognize when grief is intertwined with persistent impairment, trauma, safety, mental-health, or resource needs requiring more specialized care.

### What families may say

- I'm not getting any better.
- I can't manage my life anymore.
- I don't see how anything can change.

### What you may notice

- Persistent severe impairment in daily functioning.
- Intense hopelessness, traumatic symptoms, escalating substance use, or profound isolation.
- Multiple practical and emotional crises that cannot be stabilized through brief support alone.

### Borrowable language

- You deserve support that matches the weight of what you are carrying.
- We can keep addressing the practical needs while bringing in additional help.
- Needing more support is not a failure; it tells us the current burden needs more resources.
- Let's decide which concern needs the strongest support first.

### What to offer

- Warm referral to appropriate bereavement, mental-health, clinical, legal, safety, or community services.
- Coordinate rather than simply hand off whenever role and agency process allow.
- Introduce Grace Harbor as an additional continuing-support resource, not a substitute for specialized care.

### When to bring the team in

- Any self-harm talk, abuse, neglect, exploitation, or immediate danger.
- Persistent severe impairment or trauma symptoms.
- Needs exceed current role, agency resources, or level of care.

### Documentation-friendly language

- Assessed complexity, functional impact, safety, and resource needs; escalated according to agency protocol.
- Coordinated appropriate interdisciplinary/specialty referrals while maintaining psychosocial support.