



AIDS Bereavement Project of Ontario

PROPOSAL for RETREAT for OAN SUPPORT WORKERS

SUMMARY

As the HIV disease continues to change, the needs of front line AIDS Support workers to process their own grief and loss issues is apparent. Workers are being asked to provide effective interventions not only related to grief and loss associated with death but also to the losses accompanying the changes brought about by HIV in its present form. In order to be better able to provide support to service users, workers are requesting the opportunity to examine the effects, both personally and professionally, of 20 years of community loss.

NEED

In early 1997, Project staff undertook a Needs Assessment in the form of a telephone survey to 11 different AIDS Service Organizations representing a cross-section of OAN groups. When asked about their priority for training, Support Workers interviewed indicated they are most in need of specialized training in bereavement counselling. Project staff repeatedly heard from Support Workers that they were increasingly seeing clients with issues related to multiple loss with whom they feel inadequately prepared to provide appropriate support.

Early in 1998 the Ministry of Health AIDS Bureau granted funding to the Bereavement Project to provide Ontario's AIDS Support workers training on the complexities of counselling individuals experiencing AIDS-related losses. The goals of the training were to train participants in both theoretical and practical aspects of AIDS bereavement counselling, and to enhance the quality of bereavement services being offered by AIDS Service Organizations in the province of Ontario. A total of 56 support workers, identified by their agencies, attended the 5-day training; either in April or May.

The Bereavement Project collected data from the support workers including information about training, work experience, counselling skills, grief counselling skills, professional and personal losses, and the physical and emotional/psychological effects of grief (see attached final report). The data showed that of the participants, less than 50% (25) had formal education at the

Masters or Bachelor level. 31 indicated that they received "On site job Training". In addition, only 11 workers received clinical supervision for their work.

When asked to rate themselves on various counselling skills, the lowest scored were "Contracting", "Transference", "Counter-transference" and "Projection", with the last three eliciting a large number of "don't know" responses (13, 14 and 10 respectively). This may have reflected the lack of formal education and training present in the group. These concepts are central to counselling, identified as a component of the work by 47 participants. In AIDS work where grieving workers are counselling grieving clients, it is essential that there is an understanding of transference, counter transference and projection.

The evidence of multiple loss among support workers was clear when, adding together the number of deaths of friends, colleagues and acquaintances, there were 10 deaths per person over an average of four years in AIDS work. Given this reality, what was of concern was the low self-assessment on "Effects of grief counselling on the Counsellor" (1.98) with 4 respondents choosing "Don't know". Lack of personal awareness of the impact of grief can make working with client loss issues more difficult. 37 of the participants were able to identify physical effects of grief. The most common were "body pain", "Fatigue/exhaustion", "Gastrointestinal difficulties" and "Disturbed sleep patterns". 11 participants, noticed no physical effects that were grief related; suggesting an inability to connect physical manifestations to a loss event. 41 participants recognised psychological/emotional effects; most commonly "depression" (23) then "Anger" and "Sadness" (12 and 11 respectively). These effects clearly demonstrate the high personal cost for support workers in AIDS work, yet only 32 had sought professional support; fully one third had not. Only 20 (less than half the participants) had seen a mental health practitioner.

From the facilitators perspective it was clear that depression, named by participants as the most prevalent manifestation of grief, was present for many. So too was the identification with "Common avoidance patterns", particularly "Postponing".

When asked during the training if they identified a need to process their own losses, and if they would be willing to do that work with the staff of the Bereavement Project, the vast majority answered yes. When asked for suggestions for the future as part of the training evaluation, there were several requests for a follow-up session, possibly annually including more emphasis on specific tasks of grief and greater opportunity for role play with more time for personal work.

Given the experience of workers with multiple loss, and service user demands for grief counselling, it is clearly important to implement one of the recommendations from the final report on the training, that there be provided

"the opportunity for support workers to attend to their own personal griefwork as a group."

TARGET POPULATION:

The group we would like to work with consists of Support Workers (as defined by their agencies) within existing AIDS Service Organizations in Ontario who identify counselling as part of their workload. We estimate this number at 60 paid workers and anticipate that 40 workers would be interested in and available for the retreat during the spring of '99. We plan to work with the workers in 2 "batches" of 20. A secondary population for this training would be key volunteers or community referrals who already provide bereavement support to HIV infected or affected clients on behalf of an ASO.

OVERALL GOALS:

1. To provide an environment for and facilitate participants in identifying and exploring the personal effects of multiple loss
2. To enhance the quality of bereavement services provided by participants as workers in AIDS Service Organizations in the province of Ontario based on a clearer understanding of the different manifestations of AIDS-related grief.

*****For Objectives and Activities to Meet Objectives, please see Appendix A***

FORMAT:

Given the size of the target population and the experiential nature of the work, we will offer the four-day retreat to a small group of 20 twice within a 2 month period. Tentative dates have been set for March and April 1999.

We will be offering the Training from a Friday morning through to a Monday evening so we can take advantage of weekend travel and accommodation rates.

FACILITATORS :

The Project Staff will act as facilitators for the group process throughout the retreat. Outside experts and additional support people will be brought in to ensure an appropriate level of personal support is available.

EVALUATION:

At the completion of the retreat a questionnaire will be administered to all participants asking them to evaluate the experience. One month after the training, participants will be invited to meet in a small group or conference call to determine how useful the experience has been for them and whether or not they have been able to bring their learning to others in their agency involved in bereavement support. A 6 month follow-up questionnaire will be administered to determine how many bereaved individuals each participant has supported and in what ways they have used the learning from the retreat to enhance their counselling strategies.

FOLLOW-UP:

While the staff of the AIDS Bereavement Project will be available for individual consultation, we believe it more useful to assist participants in the strengthening of regional networks (where they currently exist), and to offer participants a list of regional bereavement resources for more personalized follow-up and consultation.

CONSULTATION:

Agencies involved in the consultation process so far, as represented by their support workers, include:

London,	Blackcap,
Thunder Bay,	ACAS,
Simcoe County,	New Credit Human Services,
North Bay,	Voices of Positive women,
Kingston,	Addiction Research
Hamilton,	Foundation HIV team,
Guelph,	Africans in Partnership,
Peel,	ASAP,
Kitchener/Waterloo,	2-Spirited People of the First
Ottawa,	Nations.
Niagara,	McKewan House,
Windsor,	Fife House,
Sarnia/Lambton,	John Gordon Home,
Huron County	127 Isabella,
Durham	Casey House Hospice.
Mohawks of the Bay of	
Quinte,	
Hemophilia Ontario,	
The Miriam Group,	