SAFER TOGETHER

METHODOLOGICAL GUIDE FOR TRAINING CAREGIVERS OF THE TERMINALLY ILL

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Introduction

Caring for the terminally ill is one of the most demanding, yet most important, tasks in the health and social care sector. It requires not only professional medical knowledge, but also sensitivity, patience, and the ability to cope with difficult emotions. Trainers of courses preparing individuals for this role play a crucial part in equipping future caregivers with the necessary professional and personal competencies. This methodological guide is intended to support trainers in conducting training courses effectively, so that participants acquire not only the right skills but also the capacity to manage stress and prevent professional burnout.

The role of a caregiver for the terminally ill goes beyond performing nursing procedures and assisting with daily activities—it also involves building relationships with the patient and their family, providing companionship during the final stages of life, and offering emotional support. All these responsibilities require proper preparation and ongoing development of interpersonal skills. Therefore, this guide focuses not only on teaching practical knowledge, but also on strengthening mental resilience and emotional self-regulation in future caregivers.

One of the key topics addressed in the training is the prevention of burnout, a serious risk for those working in long-term care. Burnout can result in loss of motivation, feelings of helplessness, and even health problems. That is why it is essential for caregivers to be aware of strategies that protect against excessive emotional strain—such as stress management techniques, the ability to set boundaries, and the practice of self-awareness.

This guide is designed for trainers who aim to deliver training in an engaging and effective manner. The included teaching materials, sample lesson plans, and practical tips will help structure courses that meet the real needs of caregivers. Additionally, the guide features modules focused on developing empathy, communication, and emotional intelligence—key components in the care of terminally ill individuals.

We hope this guide becomes a valuable resource for trainers in preparing professional, competent caregivers who carry out their roles with dedication and mindfulness. We believe that with proper theoretical and practical preparation, it is possible not only to enhance the quality of care for the terminally ill but also to support the well-being of caregivers themselves—a fundamental element for long-term success in this challenging profession.

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1. The main difficulties faced by caregivers of terminally ill people

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Caring for the terminally ill is one of the most demanding and yet most important tasks in the health and social care sector. It requires not only professional medical knowledge, but also sensitivity, patience and the ability to deal with difficult emotions. Trainers of courses preparing for this role play a key role in the training of future caregivers, equipping them with the necessary professional and personal competencies. This methodological guide aims to support trainers in effectively conducting training courses so that participants acquire not only the right skills, but also the ability to cope with stress and counteract professional burnout.

The work of a caregiver of the terminally ill is not only to perform nursing procedures and support in daily activities - it is also to build relationships with the patient and his family, accompanying in the last stages of life and providing emotional support. All these aspects require adequate preparation and ongoing development of interpersonal skills. Therefore, this guide will focus not only on methods of teaching practical knowledge, but also on building mental resilience and emotional self-regulation skills in future caregivers.

One of the key issues covered in the training is the prevention of burnout, which is a serious threat to those working in the long-term care sector. Burnout can lead to loss of motivation, feelings of helplessness and even health problems. That's why it's important for future caregivers to be aware of mechanisms that protect them from excessive emotional strain, such as stress management techniques, the ability to set gra-nice or work on their own self-awareness.

1.2 The main difficulties faced by caregivers of terminally ill people

Caregivers of the terminally ill face many difficulties in their daily work, which require both emotional support and adequate professional preparation. The most important challenges they face can be divided into several key categories:

1.2.1 Emotional and psychological burden

Caring for people in the terminal stage of illness involves a great deal of stress and the need to cope with the suffering of the patient and their loved ones. Caregivers often experience sadness, grief and helplessness, which in the long term can lead to professional burnout.

1.2.2 Physical workload

A caregiver's job requires a high level of physical fitness, as it often involves lifting patients, performing nursing procedures and working irregular hours. This can lead to chronic fatigue, health problems and injuries.

1.2.3 Difficulties in communicating with patients and families

Not all patients and their families are able to talk openly about death and dying, which can hinder the care process. Sometimes there are also conflicts related to different expectations of the caregiver and decisions about treatment and care.

1.2.4 Lack of adequate emotional and systemic support

Many caregivers do not receive sufficient support from employers or institutions, leaving them feeling alone in their responsibilities. Lack of access to support groups and regular training exacerbates their difficulties.

1.2.5 Ethical and moral dilemmas

Many decisions made in palliative care involve difficult ethical dilemmas, such as limiting life-sustaining treatment or ensuring a patient's right to die with dignity. Lack of clear guidelines and pressure from the family can lead to internal moral conflicts.

1.2.6 Irregular working hours and low pay

Caregivers often work in shifts, making it difficult to maintain a work-life balance. In addition, their pay does not always reflect the effort and commitment they put into their work.

The solution to the above difficulties is to provide adequate psychological support, regular training, and build awareness of protective mechanisms against burnout. Professional preparation of caregivers is crucial to their well-being and effectiveness in their work.

1.3 The process of a client's passing away from a caregiver's perspective

Caring for a terminally ill person is a unique and challenging experience in which the caregiver accompanies the patient in the last days, weeks and sometimes months of life. The process of a sub-recipient's passing is not only about the physical changes associated with a progressive disease, but also a profound emotional process that affects the patient, his family and the caregiver himself. Awareness of how dying takes place, what emotions may arise during this time, and how to cope with the loss is crucial to providing dignified and caring care. In the last stages of a patient's life, the caregiver faces increasing symptoms, such as weakness, loss of appetite, changes in breathing or consciousness disturbances. Each of these aspects requires an appropriate approach: providing comfort, alleviating pain and discomfort, and adapting conditions to the changing needs of the client. It is crucial during this period to work closely with the medical and nursing team so that the patient can pass away peacefully, without unnecessary suffering. One of the most important aspects of a caregiver's job is the ability to be present - to quietly, understandingly and empathetically accompany the patient in his or her final moments.

Sometimes this means talking, being silent together or holding hands, giving a sense of not being sa-mot at this difficult time. Dying people often experience a variety of emotions - anxiety, sadness, but also resignation to their fate. The role of the caregiver is to create a safe space where the patient can express his feelings and needs. The process of passing away affects not only the patient, but also his or her loved ones, who often experience strong emotions such as despair, anger, guilt or helplessness. The caregiver, as a person closely related to the patient, can become a support for the family - explaining the dying process, answering questions, and sometimes simply being present during these difficult moments. It is worth remembering that the family may react in different ways, and it is the caregiver's job to remain empathetic and professional, even if tensions or conflicts arise. The death of a caregiver, even if expected, is always associated with emotional strain. Many caregivers experience sadness, a sense of loss and sometimes even doubt whether they did everything they could to ensure the patient's comfort and a dignified passing.

A feeling of relief is also a natural reaction, especially if the patient has suffered for a long time - and this is perfectly normal. It is important for the caregiver to allow themselves to experience these emotions and take advantage of available forms of support, such as supervision, support groups or talking to a psychologist. Working with the terminally ill is extremely demanding, so caregivers must take care not only of the patients, but also of themselves. The process of a client's passing away can be particularly difficult emotionally, especially if a strong bond has been formed. It is worth remembering the need to take care of one's own mental boundaries, use stress management techniques, and seek the help of specialists if difficulties arise in coping with subsequent losses. The process of a client's passing is a profound and multidimensional experience that requires both professionalism and great sensitivity on the part of the caregiver. Caring for a patient in the last moments of life is one of the most difficult, but also most meaningful, tasks one can perform. It is crucial during this time to provide the patient with peace of mind, comfort and a sense that he or she is not alone, while taking care of one's own emotional resources to continue doing this important work.

1.4 Passing away and awareness of death in terminally ill people

The awareness of impending death is one of the most difficult experiences a person can experience. Terminally ill people who know that their lives are coming to an end go through an intense emotional, mental and spiritual process. It is a time full of reflection, changes in perception of the world, and attempts to come to terms with the inevitable end of life.

1.4.1 Emotional reaction to impending death

After hearing the diagnosis and realizing that there is no hope for recovery, patients often go through various stages of emotional reaction, described in Elisabeth Kübler-Ross' model, among others: denial, anger, bargaining, depression and acceptance. Not everyone goes through these stages in the same order, and some may be repeated or mixed.
Denial - The patient may initially disbelieve the diagnosis, seek other medical opinions, three hope that there was a mistake.
Anger - There is frustration, questions of “why me?”, a sense of injustice and resentment toward fate.
Bargaining - Trying to find a way to prolong life, seeking alternative therapies, making contractual “pacts” with God or fate.
Depression - Sadness, despondency, loss of meaning in life, withdrawal from contact with others.
Acceptance - Serenity, coming to terms with one's fate, focusing on living one's last moments in the most worthwhile way possible.

1.4.2 Fear of the unknown and dying

One of the most difficult aspects of awareness of impending death is fear - both of the sa- moment of dying and of what may follow. Some patients fear pain, shortness of breath or loss of control over their bodies. Others fear loneliness or the suffering of loved ones after their passing. For believers, reflections on life after death may be important, while for others, awareness of the inevitable end raises questions about the meaning of existence.

1.4.3 Search for meaning and reckoning with life

Many patients, as death approaches, engage in reflection on their lives. They reminisce about important moments, analyze their relationships and attempt to repair what they consider unfinished business. Some yearn to reconcile with loved ones, to express previously unspoken words or to reconcile with themselves and their choices. For many, it becomes extremely important to pass on their story, to leave a mark - to write down memories, record messages for family or share their wisdom with others.

1.4.4 Experiencing relationships with loved ones

The last moments of life are often a time to strengthen ties with family and friends. Patients crave the presence of loved ones, conversation, touch, warmth. However, some consciously choose solitude, protecting their loved ones from the pain of saying goodbye. There is also ambivalence in relationships - on the one hand the need for support, and on the other the desire not to burden others with their suffering. Relatives also often don't know how to talk to a dying person, which can cause tension and feelings of loneliness on both sides.

1.4.5 Spiritual and existential dimensions of passing away

Regardless of religious beliefs, the moment of impending death prompts reflection on the essence of life. Some patients find solace in faith, others in nature, art or relationships with loved ones. The question arises, “Did my life have meaning?” For many, it becomes important to be able to live their last moments in peace and in accordance with their own values.

Awareness of impending death is a profound, multidimensional experience that involves strong emotions, reflection on one's life and relationships, and a spiritual search for meaning. Each person experiences this process in an individual way, but it is crucial that in these final moments they are supported, present and able to pass away with dignity.

2. How to talk to a terminally ill client?

Photo by @monkeybusinessimages

Talking with a terminally ill patient who is aware of his or her impending death is one of the most difficult yet important aspects of a caregiver's work. It requires not only adequate emotional and psychological preparation, but also communication skills and sensitivity to the patient's needs. It is crucial to create a space in which the patient will feel safe, listened to and understood. The caregiver should be ready for the patient's diverse emotional reactions and be able to adapt his approach to the patient's individual needs.

2.1 Emotional and mental preparation of the caregiver

Before talking to a patient who is aware of his or her impending departure, the caregiver should take care of his or her own emotional balance. It is essential to be aware of one's own emotions and reactions to the subject of death, and to be able to control them so as not to burden the patient with his or her experiences. The caregiver should also prepare for possible difficult questions about death, the meaning of life or life after death. It is important not to impose one's beliefs, but to be open to the patient's perspective.

Another important element is to maintain professionalism while showing empathy. It is worth remembering that the patient may have different needs - some want to talk openly about death, while others prefer to avoid the topic. The caregiver should be sensitive to these signals and adapt to the pace and scope of the conversation set by the patient.

2.2 What should the caregiver pay attention to during the conversation?

THE PATIENT’S NONVERBAL SIGNALS

Not every patient will speak directly about his emotions or concerns. Often his mental state can be read from facial expressions, tone of voice, rate of speech or gestures. The caregiver should pay attention to these subtle signals that may indicate fear, sadness, anxiety or a desire to talk.

RESPECTING THE PATIENT’S BOUNDARIES

Not every patient is ready to talk about death. If a patient avoids the topic or shows discom-fort, don't force the conversation. Instead, it's a good idea to give him or her space and subtly indicate your willingness to talk as soon as he or she is ready for it.

OPENNESS AND ACCEPTANCE OF THE PATIENT’S FEELINGS

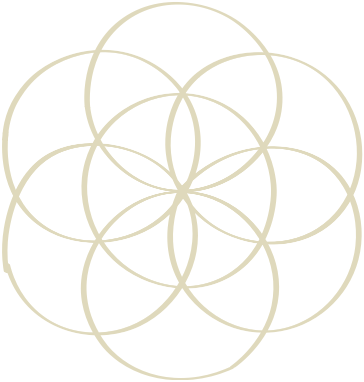
The patient may be experiencing a variety of emotions, such as anger, fear, sadness, frustration, but also peace or resignation. The caregiver should not judge these emotions, but give the patient space to express them. It is important not to negate his feelings, comfort by force or change the subject when the conversation becomes difficult.

MAINTAINING AUTHENTICITY AND SINCERITY

Patients in the terminal stage of illness often sense insincerity. The caregiver should speak the truth, but in a way that is gentle and attuned to the patient's emotional capacity. If the patient asks a question that is difficult to answer, it's a good idea to openly admit that you don't know the answer, rather than avoiding the topic.

ALLOWING THE PATIENT TO SUMMARIZE HIS OR HER LIFE

Many patients want to share their memories, talk about what was important to them, what they regret or what they consider their greatest achievements. The caregiver can encourage such reflections by asking about the most important moments in the patient's life or memories that make him or her happy.



2.3 How should a caregiver talk to a terminally ill patient?

1

ACTIVE LISTENING

A caregiver should first and foremost listen and not impose his narrative. Active listening means paraphrasing the patient's statements, confirming that you understand them, and asking questions that po- sess their thoughts and feelings.

2

ASKING OPEN-ENDED QUESTIONS

Avoiding closed-ended questions (e.g., “Are you afraid of death?”) in favor of open-ended questions (“How are you feeling right now?”, “What is most important to you right now?”) allows the patient to talk about his or her feelings in a way that he or she is comfortable with.

3

REASSURING THE PATIENT OF HIS OR HER WORTH

Terminal patients often struggle with feelings of uselessness and fear of being a burden to loved ones. A caregiver can help them see how much they mean to others by reminding them of their accomplishments, values and positive impact on loved ones.

4

CREATE AN ATMOSPHERE OF PEACE AND SAFETY

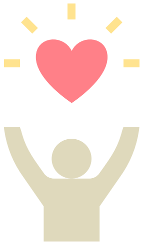
Conversations about death are difficult and emotionally taxing, so it is important that they take place in an atmosphere of calm and acceptance. Sometimes mere presence and support without words can be the most important thing for the patient.

5

SPIRITUAL SUPPORT (IF THE PATIENT WANTS IT)

For many terminal patients, a key aspect of preparing for death is the spiritual realm. A caregiver can support the patient in his or her religious practices, enable contact with a clergyman or simply listen to the patient's reflections on life after death.

Talking with a terminally ill patient who is aware of his death requires great empathy, attentiveness and tenderness. The caregiver should be ready for the patient's different reactions, respect his needs and boundaries, while creating an atmosphere of safety and acceptance. It is important not to avoid difficult topics, but also not to pressure the patient if he doesn't want to talk about them. The most important thing is to accompany the patient in his last moments with respect, care and readiness to listen to what is most important to him.



3. Emotional functioning of the immediate family of a terminally ill person

Photo by @SDI prodctions

3.1 Emotional Responses of Families Facing Terminal Illness

The process of a loved one's terminal illness evokes intense and often extreme emotions in the family. Family members go through different stages of emotional adjustment to the situation, and their reactions can be dynamic and change over time.

Shock and disbelief	When a loved one is diagnosed, the family often reacts with shock and disbelief. A denial mechanism emerges - some try to question the diagnosis, seek additional medical consultations, hope for a miraculous cure. This is a natural defensive reaction to a difficult reality.

Anxiety and uncertainty	Terminal illness is associated with a sense of lack of control over the future. Family members feel a strong fear of what is to come - what the further course of the disease will look like, what suffering awaits the patient, and how they themselves will cope emotionally and organizationally. Concerns also include how they will function after the death of a loved one.
Sadness and grief	The gradual loss of a loved one is associated with grief experienced even before the person's passing. The parent experiences deep sadness associated with observing the patient's deteriorating health, suffering and limitations. There may also be grief for things that will never happen again - shared plans that will not be realized, unfinished conversations.
Anger and frustration	Some family members may feel anger - at the disease, fate, doctors, or even at the the patient himself. There is a sense of injustice and frustration resulting from helplessness in the face of the situation. Anger may also be directed at other family members who, in their judgment, are insufficiently involved in the care of the patient.
Feelings of guilt	Family members often experience remorse - that they have not spent enough time with the sick person, that they have not shown him enough love in the past, that they are unable to relieve his suffering. They may also feel guilty when they experience fatigue and a desire to end the difficult situation.
Overload Physical and emotional	Caring for a terminally ill person is exhausting - both physically and emotionally. Within the family, there is often a change in roles - someone becomes the primary caregiver, giving up their previous professional and private lives. Long-term overload can lead to burnout, depression and health problems.

Acceptance and coming to terms with the situation	Some family members gradually come to the point of accepting the inevitable passing of a loved one. They then focus on ensuring the best possible quality of life for the person, on building shared memories and expressing feelings. This stage is often associated with inner peace and readiness to say goodbye.

The emotional functioning of the family of a terminally ill person is a complex and dynamic process. It is important for caregivers and medical staff to support the family by helping them through difficult emotions. Talking, psycho-education, and the provision of psychological support that can help the family cope with the difficulties arising from the illness of a loved one are crucial.

3.2 Core Needs of Families of Terminally Ill Patients

The family of a terminally ill person experiences enormous stress, anxiety and emotional strain. Their needs can be divided into several key categories:

Emotional needs

- Mental and emotional support in coping with loss and suffering.
- An opportunity to talk about one's fears and concerns about the illness of a loved one.
- An empathetic and sympathetic carer who shows understanding and patience.

Information needs

- Clear and reliable information about the patient's condition.
- Explanation of what the next stages of the illness are and what to expect.
- Knowledge of methods to relieve pain and other symptoms of terminal illness.
- Information on palliative care, available support and medical procedures.

Practical needs

- Advice on daily care of the patient, e.g. hygiene, nutrition, nursing.
- Advice on how to organise the home space to make the patient comfortable.
- Support in dealing with formal matters, e.g. related to medical records.

Spiritual needs

- Opportunities to talk about the meaning of life, death and the spiritual aspects of passing away.
- Access to clergy or people who can provide religious support.
- Respect for the values and beliefs of the patient and their family.

Needs concerning family relationships

- Help with communication between family members, especially in conflict situations.
- Encouragement to spend time together with the patient to make the most of the remaining moments.
- Support in reconciling daily responsibilities with caring for a loved one.

Above all, the family expects the carer to be empathetic, patient and to communicate clearly. It is crucial that the carer is accessible, provides factual information and, at the same time, is able to adapt his or her approach to the emotional needs of the patient's loved ones.

LESSON PLANS

(the total duration of the proposed activities is 24 teaching hours)

1. Empathetic communication in a caring relationship
2. The role of emotions in communication
3. Communication barriers in the care of the elderly and terminally ill
4. Recognition and acceptance of one's own powerlessness in the face of the mentee's illness
5. Ethical issues in the care of terminally ill patients
6. Emotional crisis experienced by caregivers of terminally ill persons.
7. Death as a natural process - taming the phenomenon of passing away
8. Bereavement - what it is and how to survive it

THEME: Empathetic communication in a caring relationship

Duration	2 lessons (90 minutes)
Target group:	Trainees of the training ‘Carer of terminally ill’.

ACTIVITY OBJECTIVES

Main objective:

To raise awareness of the role of empathy in communication with a terminally ill person and his/her environment.

Specific objectives:

1. To understand what empathy is and what its elements are in communication.
2. To acquire the skills of active listening and reading the emotions of the interlocutor.
3. To develop the ability to adapt the tone, words and behaviour in relation with a terminally ill person.
4. To practice empathic communication in practice.

WORKING METHODS

1. mini-lecture with elements of conversation.
2. group discussion.
Practical exercises (scenes and tasks in pairs). 4.
4. reflection and analysis of experiences.

FLOW OF THE ACTIVITIES

I. Introduction (10 minutes)

1. **welcome and aim of the workshop**
    - Welcoming the participants.
    - Explanation of the topic and the aim of the workshop: why empathic communication is crucial when working with terminally ill people. 2.
2. **Short mini-lecture: ‘What is empathy?’**
    - Definition of empathy: the ability to empathise with the situation and emotions of another person.
    - Difference between empathy and compassion.
    - Elements of empathic communication:
        - Active listening (focusing attention on the interlocutor).
        - Paraphrasing and reflecting emotions.
        - Respect for the feelings and experiences of the interlocutor.

II. Exercises and discussion (25 minutes)

1. **Exercise 1: ‘What did you hear?’ - Active listening**

- **Proceedings:**
    - Participants get into pairs.
    - One person talks for 3 minutes about a situation that was difficult for them (it can be a fictional or real story).
    - The other person listens without interrupting and then paraphrases what they heard and tries to reflect the emotions of the speaker.

- **Discussion:**
  - What difficulties did the listeners encounter?
  - What were the interviewees' reactions to active listening?

2. **Group discussion**
   - Question: ‘Why is active listening so important when working with terminally ill people?’

- Moderator emphasises the importance of attention, acceptance and not judging the interviewee.

III. Group work - role plays (35 minutes)

1. **Scene 1: ‘Talking to a patient in emotional crisis’.**

- Aim: To practice responding empathically to difficult emotions.
- Proceedings:
  - One person plays the role of a patient who expresses sadness and anger related to illness.
  - The other person plays the role of the carer, trying to respond empathetically (actively listens, shows understanding, does not judge).
  - The group observes the scene and gives constructive feedback.

- Discussion: What elements of empathic communication were well applied?

2. Scene 2: ‘Conversation with the patient's family’.

- Aim: To understand how empathy helps when talking to a patient's relatives.
- Proceedings:
  - One person plays the role of the patient's family, who are stressed and ask a lot of questions.
  - The other person plays the role of the carer, responding with empathy and calmness.
  - Participants analyse the scene and indicate what could be improved.

IV. Summary and reflection (20 minutes)

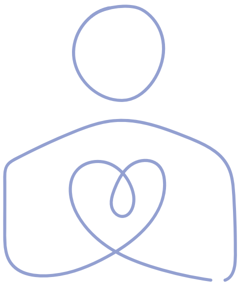
1. **Brainstorming: ‘What is empathy for me?’.**
   - Participants share their thoughts on what has changed in their perception of empathy after the class.
   - The facilitator summarises key findings and answers questions.

2. **Final exercise: Reflection card**
   - Each participant writes down one sentence that he/she remembers most from the class and one action that he/she will implement in his/her work with patients.
3. **Acknowledgement and closing**
   - The trainer thanks the participants for their activity and openness.

THEME: Empathetic communication in a caring relationship

Materials and didactic aids

1. flipchart or whiteboard to record the conclusions of the discussion.
2. printed role-play cards.
3. Cards and pens for participants.
4.



THEME: The role of emotions in communication

Duration	3 lesson hours (135 minutes)
Target group:	Participants of training courses on the development of communicative and emotional competences

ACTIVITY OBJECTIVES

Main objective:

To understand what emotions and feelings are, what their role is in communication and in everyday life.

Specific objectives:

1. to learn the difference between emotions and feelings and how they relate to each other.
2. to understand what information emotions carry and how they influence our behaviour and decisions.
3. to analyse the influence of emotions on the perception of difficulties and attitude to work.
4. to practice recognising and naming emotions.
5. to increase awareness of one's own emotional reactions and their impact on communication with others.

WORKING METHODS

1. mini-lecture with presentation.
2. group discussion and analysis of examples.
3. practical exercises (role plays, individual and group tasks).
4. reflection and self-reflection of participants.

THEME: The role of emotions in communication

FLOW OF THE ACTIVITIES

I. Introduction (15 minutes)

1. **Welcome and overview of the objective of the workshop**
    - Welcoming the participants and introducing them to the agenda.
    - Explaining why it is important to understand emotions and their role in communication.
2. **Brief group activation: 'What do you associate with emotions?'.**
    - Question to the group: 'What words come to mind when you hear the word emotion?'.
    - Writing down associations on the board/flipchart.
    - Introduction to the topic of the class based on the associations given.

II. Mini-lecture: 'What are emotions and what are feelings?' (25 minutes)

1. **Definitions and differences:**

- Emotions: short-term reactions to external or internal stimuli, e.g. fear, joy, anger.
- Feelings: enduring mental states that are more conscious and can result from experienced emotions, e.g. love, contentment.
- Relationship between emotions and feelings: emotions are the basis of feelings, but feelings result from reflection on emotions.

2. Functions of emotions:

- Informing our needs (e.g. fear warns of danger, joy indicates the achievement of a goal).
- Motivating us to act.
- Influencing relationships with others (positive and negative).

3,. **How do emotions affect perceptions of difficulties and attitudes to work?**

- Negative emotions can discourage or paralyse, but can also mobilise change.
- Positive emotions build commitment and motivation.

III. Practical exercises and discussion (40 minutes)

1. **Exercise 1: ‘Recognise your emotions’ (15 minutes)**

- **Aim:** Learning to recognise emotions in yourself and others.
- **Procedure:**
  - Participants receive cards with illustrations of different facial expressions (e.g. fear, joy, anger, surprise).
  - Everyone describes what emotions they see in the given illustration and in which situations they might feel such emotions.
- **Discussion:** Which emotions were the easiest and which were the most difficult to recognise?

2. Exercise 2: ‘Scenes with emotions’ (25 minutes)

- **Aim: To understand the impact of emotions on communication in practice.**
- **Proceedings:**
  - **Participants work in small groups (3-4 people).**
  - **Each group draws a scenario of a situation, e.g:**
  - **A customer expresses frustration at work.**
  - **A conversation with a superior after making a mistake.**
  - **An argument with a close friend.**
  - **One person plays the lead role, another presents their emotions in the situation and the others analyse how the emotions affected the communication.**
- **Discussion: How did the emotions shape the relationship in the depicted scenes?**

IV. Reflection and analysis of emotions (30 minutes)

1. **Exercise 3: ‘My emotions and their role’.**
   - **o Purpose:** To reflect on one's own emotions and their impact on daily life and communication.
   - **o Proceedings:**
     - Participants write down on cards:
     - What emotions do they most often feel at work?
     - How do these emotions affect their attitudes and relationships with others?
     - In pairs, participants share their thoughts (optional group discussion).

2. **Group discussion**

- Question ‘Are emotions a hindrance or a help in everyday communication? Why?’
- Moderated exchange, emphasising the key role of awareness and management of emotions.

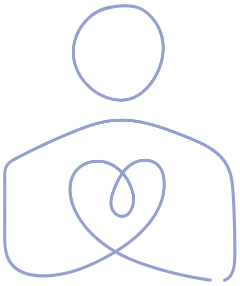
THEME: The role of emotions in communication

V. Summary (25 minutes)

1. **Highlight key findings:**
   - Emotions are natural and play an important role in our lives.
   - Awareness of emotions and their impact on our actions and communication helps to build better relationships and make better decisions.
2. **Final exercise: 'One word at the end'.**
   - Each participant summarises the activity with one word or short sentence.
3. **Acknowledgement and conclusion of the activity**

Materials and didactic aids

1. presentation with definitions and examples of emotions and feelings; sheets and pens for participants
2. cards with pictures of facial expressions 3. cards with descriptions of scenes
3. cards with descriptions of role-play scenes, Flipchart/tablet to record the conclusions of the discussion.



THEME: Communication barriers in the care of the elderly and terminally ill

Duration	3 lessons (135 minutes)
Target group:	People caring for the elderly and terminally ill
Session topic:	Communication barriers

LEARNING OBJECTIVES

Main objective:

To increase participants' awareness of communication barriers in relationships with the elderly and terminally ill and to develop skills to deal with these blockages.

Specific objectives:

1. to learn what communication barriers are and what types of barriers there are.
2. to understand how pain, suffering, anxiety and emotions of the client can affect communication.
3. To identify one's own barriers to communication and how they affect the relationship with the mentee.
4. To practice ways to minimise communication barriers in daily care

WORKING METHODS

1. mini-lecture with elements of conversation.
2. group discussion.
3. practical exercises (scenes, group and individual tasks).
4. reflection and analysis of own experiences.

THEME: Communication barriers in the care of the elderly and terminally ill

COURSE OF THE WORKSHOP

I. Introduction (15 minutes)

1. **Welcome and discussion about the aim of the workshop**
    - Welcoming the participants.
    - Explanation of the topic and the aim of the workshop: why empathic communication is crucial when working with terminally ill people. 2.
2. **Group activation: ‘My experience with difficult communication’.**
    - Question to participants: ‘Have you ever had difficulties communicating with your mentee? What was the biggest obstacle?’
    - Several participants share their experiences (optional writing on the board).

II. Mini-lecture: ‘What are communication barriers?’ (20 minutes)

1. **Definition of communication barriers**

- Communication barriers are any obstacles that hinder effective communication between two people.

2. Types of communication barriers:

- Related to the client:
    - Physical (e.g. pain, fatigue, discomfort).
    - Psychological (e.g. fear, depression, fear of death).
    - Physiological (e.g. hearing problems, speech problems, dementia).
- Carer-related:
    - Lack of time, stress, lack of empathy.
    - Use of difficult language or tone of voice.
- Related to the environment:
    - Noise, lack of privacy, inappropriate conditions for conversation.

3. **The impact of pain and suffering on communication**

- How pain changes the way the patient responds or reacts.
- The effects of emotional suffering - withdrawal, irritability, difficulty in expressing needs

4. Why is it important to break down barriers?

- Building trust, understanding the client's needs, improving quality of care.

II. Practical exercises and discussion (60 minutes)

1. **Exercise 1: ‘Recognise the barriers’ (15 minutes)**

- **Proceedings:**
    - Participants work in groups (4-5 people).
    - Each group receives cards with a description of communication situations (e.g. the mentee refuses to talk, reacts with anger, doesn't answer questions).
    - Task: Identify potential barriers to communication and identify their causes.
- Discussion: Each group presents their findings and the facilitator summarises.

2. Exercise 2: 'Scenes - how does pain affect communication?' (30 minutes)

- **Aim:** To raise awareness of the impact of suffering on the way a conversation is conducted.
- **Procedure:**
  - Participants work in pairs.
  - One person takes on the role of a client in a specific situation (e.g. suffering from chronic pain, experiencing fear of surgery).
  - The other person takes the role of the carer and tries to have a conversation.
  - After the scenes, participants discuss their feelings:
  - How did the 'patient' feel?
  - What difficulties did the 'carer' have?
- **Discussion:** The facilitator stresses the importance of adapting language, tone of voice and posture.

3. **Exercise 3: 'Breaking down barriers' (15 minutes)**

- **Proceedings:**
  - Each participant writes down on a piece of paper one barrier they see in their communication with their mentee.
  - In pairs, participants reflect on how this barrier could be broken down (e.g. change of approach, different way of talking, more patience).
  - Presentation of the most interesting ideas to the group.

IV. Reflection and analysis (20 minutes)

1. **Exercise 4: 'Communication blocks in my life'.**

- Aim: Self-reflection on one's own communication barriers.

- Course:
    - Each participant writes down on a piece of paper:
    - What communication barriers do I see in myself?
    - How can I work on them?
    - Eager participants share their reflections with the group.

2. **Group discussion**

- Moderator asks questions:
    - ‘What from today's activities surprised you the most?’
    - ‘What barriers will you now more consciously break down?’

V. Summary (20 minutes)

1. **Highlight the most important findings**

- Communication barriers are natural, but can be minimised with awareness, empathy and the right tools.
- Suffering and pain of clients are common sources of blockages, so the caregiver should be particularly sensitive to these aspects.

2. **Final exercise: ‘One thing I will implement today’.**

- Each participant writes down one thing they want to change or improve in their communication with their mentees.

3. **Acknowledgement and end of class**

Materials and didactic aids

1. Flipchart/tablet to record the conclusions of the discussion.
2. cards with descriptions of situations and communication barriers.
3. role-play scenarios.
4. cards and pens for participants.

THEME: Recognition and acceptance of one's own powerlessness in the face of the mentee's illness

Duration	3 lesson hours (135 minutes)
Target group:	Carers of elderly and terminally ill people
Course topic:	Strengthening the psychological competence of caregivers to recognise and cope with their own powerlessness in the face of the mentee's illness

ACTIVITY OBJECTIVES

Main objective:

To raise awareness among caregivers about their own powerlessness in the face of the illness or death of their clients and to develop skills to cope with this feeling.

Specific objectives:

1. to recognise and understand what powerlessness is in the work of a carer and what emotions and behaviours it evokes.
2. To realise that powerlessness is a natural reaction to a situation of lack of control.
3. learning to accept one's own limitations as a carer.
4. To learn techniques for caring for one's own emotions and how to deal with difficult situations.
5. To discuss the role of support groups and practice creating self-help spaces among carers.

WORKING METHODS

1. mini-lecture with elements of discussion.
2. practical exercises (role plays, group and individual tasks).
3. reflection and self-reflection of the participants.
4. group work and brainstorming.

FLOW OF THE ACTIVITIES

I. Introduction (15 minutes)

1. **welcome and overview of the objective of the session**

- Welcoming the participants.
- Explaining that the topic of powerlessness is difficult but very important for the mental health of carers.

2. **Group activation: ‘What do you think of when you hear the word powerlessness?’.**

- Question to participants: ‘What associations come to your mind when you hear the word powerlessness?’.
- Writing answers on the board/flipchart, e.g.: ‘lack of control, frustration, sadness’.

II. Mini-lecture: ‘What is powerlessness and how does it affect the carer?’ (20 minutes)

1. **Definition of powerlessness**

- Powerlessness as a natural reaction to situations where we have no control over events (e.g. incurable illness of the mentee, impending death).
- Explaining that powerlessness does not imply weakness, but is a signal that the situation is beyond a person's ability to do.

2. **Emotions related to powerlessness**

- Sadness, frustration, anxiety, anger, guilt.
- Examples of behaviour: avoidance of contact with the client, apathy, over-control, emotional outbursts.

3. Consequences of not recognising powerlessness

- o Fatigue, professional burnout, relationship problems with the client and the family of the sick person.

4. **Acceptance of powerlessness as a key step**

- Realising that it is not possible to change everything, but it is possible to be present and support the mentee in their suffering.

III. Practical exercises and discussion (60 minutes)

1. **Exercise 1: ‘Recognise your powerlessness’ (15 minutes)**

- **Aim: To identify situations in which a carer felt powerless.**
- **Procedure:**
  - Each participant is given a sheet of paper and a pen.
  - Questions for reflection:
  - What situations in your work have made you feel powerless?
  - What emotions accompanied you in those moments?
  - How did you react to these situations?
  - After writing, willing participants share their thoughts in small groups (3-4 people).
- **Discussion: Powerlessness is a common experience and worth talking about.**

2. **Exercise 2: ‘Scenes - powerlessness in practice’ (25 minutes)**

- **Aim:** To understand how powerlessness affects the relationship with the mentee and how it can be accepted.

- **Procedure:**
    - Participants work in pairs.
    - One person plays the role of the carer, the other the mentee (e.g. in pain, unwilling to talk, close to death).
    - Task of the carer: try to talk to the mentee, being aware of his/her powerlessness in front of his/her suffering.
    - After the scenes, participants discuss:
    - What emotions emerged during the conversation?
    - How did the caregiver deal with the feeling of being out of control?
- **Discussion: The facilitator stresses that presence and empathy are sometimes more important than solving the problem.**

3 Exercise 3: 'Techniques for caring for yourself' (20 minutes)

- **Aim:** To learn how a carer can take care of their own emotions in difficult situations.
- **Procedure:**
    - The facilitator introduces the techniques:
    - Regular self-reflection (writing a journal of emotions).
    - Breathing and relaxation techniques.
    - Talking to a trusted person.
    - Restorative activities (hobbies, time for self).
    - Participants in small groups share their ideas for dealing with difficult emotions.
- **Discussion:** Working out a common list of ways to take care of oneself.

III. Support groups and coping with powerlessness (30 minutes)

4. Exercise 4: 'Forming a support group' (15 minutes)

- **Aim:** To encourage participants to work together and deal with difficult emotions together.

- **Proceedings:**
  - Question to participants: ‘What could help you in difficult moments of your work as carers?’.
  - Participants jointly develop rules for a hypothetical support group (e.g. regular meetings, exchange of experiences, sharing of difficulties).
- **Discussion:** A support group can operate formally (e.g. under the supervision of a psychologist) or informally (e.g. in the form of buddy meetings).

Discussion: ‘How to accept one's own powerlessness?’ (15 minutes)

- Question to participants: ‘What can help you accept that not everything can be changed?’.
- Moderated discussion, emphasising that accepting powerlessness is a process that requires time, patience and self-understanding.

V. Summary (10 minutes)

1. **Highlight key findings:**

- Powerlessness is a natural part of the carer's job.
- Accepting one's own limitations helps to better manage emotions and support the mentee.
- Taking care of oneself is key to avoiding professional burnout.
- Support groups can be an important part of coping with difficulties.

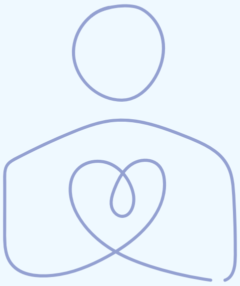
2. Final exercise: ‘One closing thought’.

- Each participant shares one thought or lesson learned from the class.

3. Acknowledgement and end of session

Materials and didactic aids

1. Flipchart/tablet for writing down conclusions.
2. cards and pens for participants.
3. scripts for role play.
4. Presentation with techniques for taking care of oneself.



THEME: Ethical issues in the care of terminally ill patients

Duration	3 lessons (135 minutes)
Target group:	Carers of terminally ill patients
Session topic:	Identifying and dealing with ethical dilemmas in the care of terminally ill patients

ACTIVITY OBJECTIVES

Main objective:

To develop the ability to identify and deal with ethical dilemmas in the care of terminally ill patients.

Specific objectives:

1. to make participants aware of what ethical dilemmas are and how they affect their work.
2. to discuss the most common ethical dilemmas in palliative care, such as:
    - Requests to discontinue treatment or services.
    - Conflicts between the patient's wishes and the family's expectations.
    - Informing the family about the patient's statements or condition.
    - Crossing personal boundaries in the relationship with the client.
3. Developing the ability to analyse ethical dilemmas and make informed decisions in accordance with professional ethics.
4. Practising the ability to resolve conflicts arising from ethical dilemmas.

WORKING METHODS

1. mini-lecture with elements of discussion.
2. case study analysis.
3. role-play with problematic situations.
4. moderated discussion.
5. individual and group reflection.

THEME: Ethical issues in the care of terminally ill patients

COURSE OF THE WORKSHOP

I. Introduction to the subject (15 minutes)

1 Welcome participants and introduce the purpose of the class.

- Explaining that the topic will be the difficult ethical decisions that carers have to make in their work.
- Discussing that ethical dilemmas do not always have a clear-cut solution.

2. Warm-up: ‘Ethics in my work’.

- Question to participants:
- Have you encountered a situation in your work that made you unsure of how to act?
- What feelings accompanied you at that moment?
- Brief exchange of opinions, writing down key associations on the board/flipchart (e.g. ‘helplessness’, ‘sense of responsibility’, ‘conflict of interest’).

II. Mini-lecture: What are ethical dilemmas? (20 minutes)

1. **definition of an ethical dilemma**

- An ethical dilemma is a situation in which a carer has to make a decision and each option involves a potential violation of some ethical value.

2. **Examples of ethical dilemmas in palliative care**

- The patient asks to stop treatment or services.
- The family presses for actions that are contrary to the patient's wishes.
- The patient asks for certain information to be kept secret from the family.
- Conflicts between professionalism and personal emotions of the caregiver.

3. Basic ethical principles in the work of the carer

- Respect for the autonomy of the patient.
- The principle of nonmaleficence.
- The principle of beneficence.
- Fairness and equality in the treatment of patients.

4. **Consequences of unresolved ethical dilemmas**

- Professional burnout, guilt, conflicts with patient or family

III. Practical exercises and discussion (75 minutes)

1. **Exercise 1: Case study (30 minutes)**

- **Aim:** To learn how to analyse ethical dilemmas and make decisions in accordance with ethical principles.
- **Proceedings:**
    - Participants are divided into 3-4 groups. Each group is given one case to analyse.
    - Example cases:
    - A terminally ill patient asks the caregiver to stop all care activities, explaining that he wants to pass away peacefully. The family insists on the continuation of services.
    - The family asks the carer if the patient has said anything about them as their relationship is strained. The patient had previously asked the carer not to communicate anything to the family.
    - the carer notes that the patient is directly suggesting that he would like to end his life, but the family insists on maintaining all possible life-sustaining procedures.

- **Tasks for groups:**
    - Identify the values and ethical principles that are in conflict.
    - Discuss what options the carer has and what the consequences might be.
    - Choose a solution and justify the decision.
- **Discussion:** Each group presents their solutions and the facilitator moderates the discussion, pointing out different perspectives.

2. Exercise 2: Role play (30 minutes)

- **Purpose:** To practice communication in difficult ethical situations.
- **Procedure:**
    - Participants work in pairs or small groups.
    - Each group gets a situation to act out.
    a. **Example Scene 1:** The patient says to the caregiver: “I don't want any more treatments or medicines. Please don't do anything else.”
    b. **Example Scene 2:** A family member asks the caregiver: “Did Dad say anything about us? Why doesn't he want to see us?”.
    c. **Sample Scene 3:** The family insists on transferring the patient to another facility, even though the patient clearly said he wanted to stay where he was.
- **Participants' task:**
    - get into character and act out the scene.
    - After each scene, discuss what emotions the caregiver experienced and what dilemmas he faced.
- **Discussion:** The facilitator emphasizes the importance of clear communication, empathy and adherence to ethics.

3. Exercise 3: “My Ethical Principles” (15 minutes)

- **Purpose:** To make participants aware of their own values and ethical principles.
- **Procedure:**
- Participants individually write down answers to the questions:
    a. What principles guide my work as a caregiver?
    b. How do I respond when my principles conflict with patient or family expectations?
    c. How do I ensure that my decisions are consistent with my values?
- **Discuss:** Eager participants share their reflections, and the presenter concludes that awareness of one's own principles helps to deal with ethical situations.

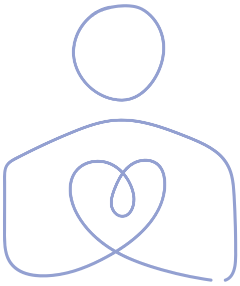
IV. Summary and reflection (25 minutes)

1. **Summary of key findings:**
    - Ethical dilemmas are part and parcel of a caregiver's job.
    - It is crucial to respect the patient's autonomy and to communicate with the family in a spirit of empathy.
    - Consideration of ethical dilemmas requires analysis of the situation, consultation with others and self-reflection.
2. **Final discussion:**
    - Question to participants: “What skills would you like to develop to better deal with ethical dilemmas in your work?”
3. **Final exercise: “One sentence to take away”.**
    - Each participant writes down one sentence that best summarizes the activity for them (e.g., a lesson, a reflection, a plan for the future).
4. **Acknowledgement and conclusion of the class.**

THEME: Ethical issues in the care of terminally ill patients

Materials and teaching resources

1. **Flipchart/tablet for writing down conclusions.**
2. **Cards and pens for participants.**
3. **Case scenarios and scenes.**



THEME: Emotional crisis experienced by caregivers of terminally ill persons.

Duration	3 lesson hours (135 minutes)
Target group:	caregivers of terminally ill persons

ACTIVITY OBJECTIVES

Main objective:

To make participants aware of what an emotional crisis is, what causes and effects it can have, and how to deal with an emotional crisis when working with terminally ill people.

Specific objectives:

1. To explain the concept of crisis and emotional crisis.
2. Discuss the importance of emotional crisis in the life of a caregiver.
3. To identify potential causes of emotional crisis in working with terminally ill people.
4. To present ways to deal with emotional crisis, such as conversation, group support, self-reflection, relaxation methods and others.
5. To practice the ability to recognize the symptoms of crisis in oneself and others and to develop strategies for dealing with difficult emotions.

WORKING METHODS

1. Mini-lecture with elements of discussion.
2. Practical exercises (role-play, analysis of crisis situations).
3. Group work (brainstorming, exchange of experiences).
4. Individual reflection (work with one's own emotions).

THEME: Emotional crisis experienced by caregivers of terminally ill persons.

COURSE OF ACTIVITIES

I. Introduction (15 minutes)

1. **Welcoming participants and introducing the purpose of the class.**
- Explaining that emotional crisis is a natural and often unavoidable part of working with terminally ill people.
- Emphasizing that it is crucial to understand this phenomenon and to know how to deal with the crisis.

2. **Warm-up: “When was the last time I felt overwhelmed?”**
- Participants answer the question, “Has there been a situation in your work that made me feel emotionally overwhelmed? What was it?”
- Eager participants share their examples (no pressure), and the facilitator writes down key causes of overload on the board (e.g. powerlessness in the face of suffering, conflicts with the patient's family, lack of support).
- Mini-lecture: What is an emotional crisis? (30 minutes)

3. **Definition of crisis and emotional crisis.**
- Crisis: a state of emotional imbalance caused by a sudden or prolonged difficult situation.
- Emotional crisis: strong, often overwhelming feelings that affect the ability to cope with daily responsibilities.

4. **The importance of emotional crisis in caregiver work.**
- A natural part of working with the terminally ill.
- Can lead to professional burnout, but can also be a starting point for personal growth if properly worked through.

5. Causes of emotional crisis in caregivers:

- Powerlessness in the face of the patient's suffering.
- Lack of emotional support from the patient's family or colleagues.
- Ethical conflicts (e.g., discrepancies between the patient's wishes and the family's expectations).
- Physical and mental overload.
- Confrontation with death and one's own emotions.

6. **Symptoms of emotional crisis:**

- Physical (fatigue, insomnia, muscle tension).
- Emotional (anger, sadness, frustration, apathy).
- Behavioral (avoidance of work, conflicts with the environment).
- Practical exercises and discussion (75 minutes)

7. **Exercise 1: “Recognize the symptoms of a crisis” (20 minutes)**

- **Purpose:** To learn how to identify the symptoms of an emotional crisis.
- **Course:**
  - The facilitator presents three brief descriptions of caregiver situations (case study):
  - Anna is increasingly irritable, avoids contact with the patient's family, and has no energy for daily chores.
  - Marek feels that he is losing the meaning of work, has difficulty concentrating, and feels constant fatigue.
  - Catherine reacts by crying to small situations, feels guilty that she can't help the patient more.
- Participants in groups analyze each case:
  - What symptoms of emotional crisis can be observed?
  - What would be the potential causes of these symptoms?
  - How can the person be helped?
  - Discussion: Presentation of conclusions by groups, moderated discussion.

8. Exercise 2: Role play (30 minutes)

- **Purpose:** To practice communication and support in crisis situations.
- **Procedure:**
- Participants work in pairs or threes. Each group acts out a scene in which one person is a caregiver in crisis and the other offers support.
- **Example situations:**
  - A caregiver confesses to a colleague that he/she feels overwhelmed and is thinking of quitting.
  - The caregiver, in a conversation with the patient's family, explodes with anger over their expectations.
  - The caregiver reports to his/her supervisor that he/she needs help, but is afraid of the response.
- Task for the “supporter”: offer empathetic solutions and an appropriate response.
- **Discussion:** The facilitator analyzes the scenes, highlighting the key elements of support: empathy, listening, non-judgmental.

9. **Exercise 3: “Rescue Plan in Crisis” (25 minutes)**

- **Goal:** Develop strategies for dealing with an emotional crisis.
- **Course of action:**
  - Each participant individually creates his/her “rescue plan” for an emotional crisis by answering the questions:
  - What symptoms indicate that I am in crisis?
  - Who can I ask for help (family, co-workers, psychologist)?
  - What activities can help me in a difficult moment (e.g., walking, relaxation, talking)?
  - How can I take care of myself on a daily basis to prevent crises (mental hygiene, rest)?
- **Discussion**: Eager participants share their plans; the facilitator emphasizes the importance of individual approaches to dealing with emotions.

THEME: Death as a natural process - taming the phenomenon of passing away

Duration	3 lesson hours (3 x 45 minutes)
Target group:	caregivers of the terminally ill

GENERAL OBJECTIVES

1. To help caregivers understand death as a natural part of life.
2. To reduce the fear of death and dying through psychoeducation and reflection on the process of passing away.
3. Emotional support for participants in coping with the mental burden of accompanying the dying.

SPECIFIC OBJECTIVES

1. To expand knowledge of the biological and psychological processes that accompany dying.
2. To make participants aware of the importance of accompanying the dying for them and for the caregiver.
3. To strengthen communication skills with the terminally ill and their families.
4. To develop strategies for coping with emotions associated with the loss of a client.

THEME: Death as a natural process - taming the phenomenon of passing away

Class structure:

I. Introduction (15 minutes)

- Welcome to the participants.
- Brief introduction of the purpose of the class and the plan.
- Warm-up: Each participant answers the question:
- “What do I associate death with?” (method: round in a circle, working with metaphors).

II. Block I: Death as a natural process (45 minutes)

Psychoeducation:

- Short presentation: “Biological and psychological aspects of the dying process”.
- Phases of dying according to Elizabeth Kübler-Ross.
- Signs of impending death (e.g., physical changes, withdrawal, slowing of vital functions).
- The phenomenon of a dignified death and its importance for the patient and caregiver.

Group discussion:

- Topic: “What is a natural death for me? Does society allow us to perceive it as such?”
- Exercise: Work in pairs - exchange of reflections on one's own experience with the dying of loved ones (for those willing).

Working methods:

- Multimedia presentation.
- Moderated discussion.
- Work in pairs.

III. Block II: Accompanying a dying person (45 minutes).

Psychoeducation:

- Key needs of the terminally ill: safety, presence, understanding.
- The role of the caregiver in the dying process.
- Importance of nonverbal communication and simple gestures (e.g., touch, hand holding).
- Discussion of practical strategies for supporting the family of a dying person.

Exercise:

- Simulation in small groups:
  - “How to answer difficult questions from a dying person, e.g. 'Will it hurt?”, ‘Is it over?’.”
- Analysis of examples and elaboration of answers in groups.
- Discussion of the exercise in the forum.

IV. Block III: Dealing with emotions after loss (45 minutes)

Psychoeducation:

- Grief mechanisms and emotional reactions after the death of a client.
- How to deal with guilt, helplessness, sadness?
- Self-support techniques: mindfulness, self-compassion, talking to other caregivers.

Exercise:

- Individual work:

“My strategies for dealing with difficult emotions - a list of helpful actions.”

- Brief discussion of the developed methods in the group (for those willing).

Discussion:

- Topic: “How can you accept death as a natural process and at the same time take care of your own mental health?”

V. Summary and conclusion (30 minutes)

- Summary of the content and reflections from the class.
- Exercise: “Letter to self”. - Participants write a short letter to themselves in which they summarize what was most important to them in the class and what they would like to put into practice.
- Questions and reflections from participants.
- Distribution of supplementary materials (e.g., list of books, articles, links to resources on end-of-life issues).

Materials and teaching resources:
- Computer, projector, multimedia presentation.
- Cards, pens for participants.
- Examples of scenarios of conversations with dying people.
- List of psycho-educational materials (to be distributed after the class).

Methods of work:
- Interactive lecture.
- Moderated discussion.
- Practical exercises (individual, in pairs and groups).
- Work with metaphors and examples from life.

Assumed effects of the training:
- Participants will have a greater awareness of the dying process and their role as caregivers.
- Their fear of death and the taboos associated with it will decrease.
- They will gain concrete tools for dealing with emotions and better communication with the sick.
- They will be more aware of their emotional boundaries and how to take care of themselves in difficult situations.

THEME: Bereavement - what it is and how to survive it

Duration	4 didactic hours (4 x 45 minutes)
Target group:	caregivers of terminally ill patients

GENERAL OBJECTIVES

1. Help participants understand the nature of mourning as a normal reaction to loss.
2. Equipping participants with the tools to experience mourning in a healthy and constructive way.
3. To provide emotional support to caregivers who are experiencing bereavement after the loss of a client.

SPECIFIC OBJECTIVES

1. To expand knowledge of the stages and mechanisms of mourning.
2. To realize that mourning is an individual process that is not subject to evaluation.
3. To develop the ability to cope with difficult emotions accompanying bereavement.
4. Strengthen awareness of how to take care of oneself in the process of experiencing mourning.

THEME: Bereavement - what it is and how to survive it

Class structure:

I. Introduction (15 minutes)

- Welcoming participants and introducing the purpose of the class.
- Introductory exercise: “My association with bereavement”. - Participants share one word or short sentence that they associate with mourning (method: round in a circle).
- Brief discussion: “Why is mourning worth talking about, even if it is difficult?”.

II. Block I: Bereavement - what is it? (45 minutes)

Psychoeducation (text for the presenter):
Text to be read to participants (about 1 A4 page):
“Bereavement is a natural, psychological human reaction to loss - whether of a loved one, a relationship, or another important part of life. Mourning is an expression of love and attachment. Although it is often associated with sadness, it is accompanied by a whole range of emotions: guilt, anger, despair and even relief. All these feelings are normal and have their place in the mourning process.
Bereavement has no single pattern - everyone experiences it differently, at their own pace. However, psychology distinguishes certain stages that may or may not occur in the grieving process:

1. **Denial:** At first, we may not accept that the loss really happened. This is a natural protective reaction of our psyche, which gives us time to get used to the reality.
2. **Anger:** We may feel anger - at ourselves, at others, or even at the person who has passed away. Anger stems from a sense of injustice and powerlessness.
3. **Bargaining:** This is the stage when we often think, “If only...,” looking for a way to turn the situation around.

4. **Depression:** When the fullness of the loss reaches us, we may feel deep sadness, withdrawal and lack of energy. This is a natural stage for us to process emotions.
5. **Acceptance:** Over time, we learn to live with our new reality. Acceptance does not mean that we stop missing, but that we find a way to continue living.

It is worth noting that these stages do not occur in everyone, and if they do, they are not always in the order given. Every bereavement is different - there are no “bad” or “good” ways of experiencing it. For caregivers of the terminally ill, bereavement can be particularly difficult because it often begins even before the physical death of the client - what we call “anticipatory bereavement.” Accompanying the dying person is a challenge that can leave a trail of guilt that we didn't do “enough,” or difficulties in returning to daily life after the loss.

The key in experiencing grief is to allow ourselves to experience emotions without judging them. It's normal to need time and support - it's worth seeking it in conversation with loved ones, support groups or therapy.”

Group discussion:

- Topic: “Is the staging of grief consistent with my experience? What resonates most with my emotions?”
- Each participant may (but is not required to) share his or her reflections.

Method:

- Interactive lecture.
- Moderated discussion.

THEME: Bereavement - what it is and how to survive it

III. Block II: How to experience bereavement? (45 minutes)

Psychoeducation:
- What is cumulative bereavement and how does it affect caregivers?
- The importance of expressing emotions (crying, talking, writing).
- How to avoid suppressing emotions and “feigning strength”?
- The importance of goodbye rituals and symbols (e.g., lighting a candle, writing a letter to the deceased).

Exercise:
- Individual work: “My ways of experiencing bereavement” - participants create a list of activities that can help them in the process of experiencing loss (e.g., talking to someone close to them, taking a walk, writing a journal of emotions).
- Eager participants can share their ideas with the group.

IV. Block III: Grief support (90 minutes)

- How to recognize when we need the help of a specialist (such as a psychotherapist)?
- The role of support groups in the grieving process.
- How can caregivers support each other?

Exercise:
- Simulation in pairs: “How can I support a grieving person?” - Participants practice a conversation in which they support the person experiencing loss using empathetic listening and simple questions.

Final discussion:
- Topic: “What do I need most in grief - from myself and from others?”

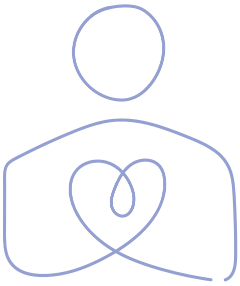
THEME: Bereavement - what it is and how to survive it

V. Summary and conclusion (15 minutes)

- Discussion of the most important lessons learned.
- Exercise: “Letter to the person I have lost”. - Participants (optional) write a letter to the deceased, expressing the emotions they would like to convey.
- Distribution of supplementary materials (e.g. list of books and resources).

Working methods:
- Interactive lecture.
- Moderated discussions.
- Practical exercises (individual and in pairs).
- Work with text and metaphors.

Class outcomes:
- Participants will understand the nature of bereavement and its diversity.
- They will be better prepared to experience bereavement and support others in the process.
- They will gain tools to cope with their emotions and take care of themselves.



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