N ational

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 $\mathsf{A}_{\mathsf{lcohol}}$ 

 $\mathsf{D}_{\mathsf{rug}}$ 

 $\mathsf{A}_{\mathsf{buse}}$ 

Program

This is a booklet prepared to discuss services provided thru the NNADAP Program with Kitsumkalum Health Center.

Blaine Stensgaard

250-635-6172

## I.F.O.T

#### INDIGENOUS FOCUSING ORIENTATED THERAPY

Indigenous Focusing Orientated Therapy heals trauma and has been especially well received because it honors core values of each community and respects local traditions. It is rooted in a humanistic, person-centered approach to healing. We offer it in situations of violence, intergenerational trauma, and collective and economic genocide. It works on multiple levels bringing healing to individuals, families, schools and communities.

This innovative Indigenous approach to healing draws on Focusing-Oriented Therapy, a safe and effective method of working with clients who experience complex trauma. However, trauma is approached through a collective intergenerational Indigenous lens and from a client centered and therapist driven connection.

IFOT is a body centered and person-centered approach to healing, developed over 30 years ago at the University of Chicago by Dr. Eugene Gendlin. It allows clients to have control of the pace and direction of their healing journey and is particularly effective in the treatment and healing of complex trauma caused by accident, sexual, physical, emotional abuse or neglect, and collective cultural trauma and genocide. IFOT has been especially well-received in Aboriginal and non-European communities because of its humanistic, personal-centered approach to healing, which reflects the core values of respect and non-interference, and the helpful in the face of collective and economic genocide.

Shirley Turcotte, RRC, is a Metis knowledge keeper and registered clinical counsellor, working internationally with survivors of childhood abuses, torture, and complex traumas, including Residential School Syndrome, for the last three decades. She is the lead instructor and clinical supervisor of two Aboriginal Programs with the Center for Counselling and Community Safety at the Justice Institute of British Columbia.

(https://www.addtoany.com/share#url=https%3A%2Ffocusinginternational.org%2Fabout%2ab out2Faboriginal-focusing-orientated-therapy-initiative%2F&title=Aboriginal%20Focusing-Oriented%20Therapy)





Men "Be a Partner In Your Health And Your Community"

Share your thoughts and ideas concerning men's wellness. Kitsumkalum Men's Wellness Company is always looking for new members, your knowledge is valuable to us!

Contact Blaine at Kitsumkalum Health to set up a meeting.

Kitsumkalum MWC Blaine Stensgaard 250.635.6172













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## **Referral Info**

- Complete the Eligibility Criteria and have the applicant complete the <u>Applicant's</u> <u>Questionnaire</u>.
- 2. If the applicant meets the criteria:

Who can come?

Applications are accepted by referral from any of the following sources:

- Alcohol & Drug Counselors
- Band Social Workers
- NNADAP Workers
- All Referral Workers
- · CHR's
- Any Treatment or Recovery Centre

#### Important information

- All Assessment & Referral packages are filled out with the client and returned to <u>Wilp Si'Satxw Community Healing Centre</u>.
- The COMPLETE application, including pre-admission medical exam and T.B. test (only if T.B. test is positive then a Chest X-Ray is required), must be submitted before booking a treatment date. Clients will be booked as we receive their referral package and medical examinations by mail or by fax. Travel (return) arrangements must be confirmed prior to entry into the programs offered by Wilp Si'Satxw.
- Pre-treatment alcohol/drug counseling and after-care planning is an important part of the application and referral process.
- Any person on parole, probation and court order: referral worker must send a copy of that order to Wilp Si'Satxw Community Healing Centre.

- While at Wilp Si'Satxw Community Healing Centre clients must be free of all outside
  appointments (court, probation, lawyers, doctors, dentists, specialists, etc.). Should
  a client arrive and request to be excused from the program for a previously booked
  appointment, they may be discharged from the program.
- Client will be given a copy of the House Rules, to review and discussed to ensure that he/she understands the House Rules.
- One week prior to intake day, if in receipt of all forms, the referring agent and/or the client will be contacted for confirmation.
- In order to accommodate this process we are requesting that our referral workers
  advise clients that on intake day, the Centre is open at 8:00 a.m. Buses for the East
  & West are met on that day for clients arriving by bus. If there is no other alternative
  but to send the client earlier than on intake day, for the safety of the client please
  contact the intake clerk to ensure that arrangements can be made to accommodate
  the client.

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# **Assessment Packages & Information**

The primary purpose of these assessment packages is for client referral to Wilp Si'Satxw Community Healing Centre. The assessment package may also be used for referring a client to another type of agency other than a treatment Centre as it is consistent with the information collected for other National Native Alcohol & Drug Abuse Program funded treatment centres.

Please download and fill out the appropriate form with your client, then email it to Vesta Williams at <u>v.williams@wilpchc.ca</u>. Alternatively, you can print the form and mail or fax it.

To download, click the appropriate link for yourself to open the form, then right-click on the form and select "Save As".

#### ADULT REFERRAL & ASSESSMENT PACKAGE

**COLLEAGUE APPLICATION PACKAGE** 

ADDENDUMS - THESE MUST BE FILLED OUT TO ATTEND THIS CLINIC

**CONSENT FOR TREATMENT** 

**CONSENT FOR RELEASE OF INFORMATION** 

**HOUSE RULES** 

METHADONE/SUBOXONE CONTRACT

SAFE/UNSAFE MEDICATION

YOUTH REFERRAL PACKAGE

All assessment and referral packages are filled out with the client and returned to Wilp Si'Satxw Community Healing Centre. The complete application, including preadmission medical exam and T.B. test (only if T.B. test is positive then a chest x-ray is required), must be submitted before booking a treatment date. Clients will be booked as we receive their referral package and medical examinations by mail or by fax.

- Applications are accepted by referral from any of the following sources:
- Alcohol & Drug Counselors
- Band Social Workers
- NNADAP Workers
- All Referral Workers
- CHRs
- Any Treatment or Recovery Centre

Please <u>click here</u> for guidance on writing the referral letter.

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# PHILOSOPHY & MISSION STATEMENT

Welcome to Wilp Si'Satxw Community Healing Centre. Together we can make a difference in delivering quality service to clients who are seeking help for their addictions and collateral issues.

#### **PHILOSOPHY**

Wilp Si'Satxw believes that people who are addicted to spirit destroying chemicals can gain power over their addictions. It is with this belief that the primary purpose of Wilp Si'Satxw is to provide a holistic, spiritually-based Healing Centre where people can go through the processes that will start them on the road to recovery. This approach looks at the following realms within an individual as important to the healing journey.

SPIRITUAL EMOTIONAL PHYSICAL/SEXUAL MENTAL

Each person has the ability to confront problem issues and secure their personal power to walk in health and wellness. Each of you are responsible for yourselves and your self healing is a personal choice.

#### **MISSION STATEMENT**

The process of healing in Wilp Si'Satxw begins with the understanding that each of us is responsible for Our-self and that self-healing is a personal choice.

Our goals are to:

Share knowledge of traditional native values

- Demonstrate a model of self-awareness and self-esteem
- Share knowledge of addiction and addictive process
- Share knowledge of developing healthy relationships
- Demonstrate and model skills needed for daily living
- Share knowledge of relaxation techniques

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Research Report

## Misuse of Prescription Drugs Research Report How can prescription drug addiction be treated?

Years of research have shown that substance use disorders are brain disorders that can be treated effectively. Treatment must take into account the type of drug used and the needs of the individual. Successful treatment may need to incorporate several components, including detoxification, counseling, and medications, when available. Multiple courses of treatment may be needed for the patient to make a full recovery.<sup>58</sup>

The two main categories of drug use disorder treatment are behavioral treatments (such as contingency management and cognitive-behavioral therapy) and medications. Behavioral treatments help patients stop drug use by changing unhealthy patterns of thinking and behavior; teaching strategies to manage cravings and avoid cues and situations that could lead to relapse; or, in some cases, providing incentives for abstinence. Behavioral treatments, which may take the form of individual, family, or group counseling, also can help patients improve their personal relationships and their ability to function at work and in the community.<sup>58</sup>

Addiction to prescription opioids can additionally be treated with medications including buprenorphine, methadone, and naltrexone (see "Medications for Opioid Use Disorder" below). These drugs can prevent other opioids from affecting the brain (naltrexone) or relieve withdrawal symptoms and cravings (buprenorphine and methadone), helping the patient avoid relapse. Medications for the treatment of opioid addiction are often administered in combination with psychosocial supports or behavioral treatments, known as medicationassisted treatment (MAT).<sup>59</sup> A medication to reduce the physical symptoms of withdrawal (lofexidine) is also available.

### Medications for Opioid Use Disorder



Methadone is a synthetic opioid agonist that prevents withdrawal symptoms and relieves drug cravings. It works by acting on the same mu-opioid receptors as other opioids such as heroin, morphine, and opioid pain medications but at less intensity and for longer duration. Methadone has been used successfully for more than 40 years to treat heroin addiction but is generally only available through specially licensed opioid treatment programs.

Buprenorphine is a partial opioid agonist—it binds to the mu-opioid receptor but only partially activates it—and can be prescribed by certified physicians, nurse practitioners, and physician assistants in an office setting. Like methadone, it can reduce cravings and is well tolerated by patients. In 2016, the U.S. Food and Drug Administration (FDA) approved the NIDA-supported development of an implantable formulation of buprenorphine that provides 6 months of sustained medication delivery; and in 2017, a month-long injectable formulation was approved. These formulations eliminate the need for daily dosing and will give patients greater ease in treatment adherence, especially if they live far from their treatment provider.

There has been a popular misconception that methadone and buprenorphine replace one addiction with another. This is not the case. In people addicted to opioids, these drugs do not produce a high but simply prevent withdrawal and craving so that they can function in life and engage with treatment while balance is restored to brain circuits that have been affected by their disorder.

Naltrexone is another type of medication, an antagonist, which prevents other opioids from binding to and activating opioid receptors. An injectable, long-acting form of naltrexone can be a useful treatment choice for patients who do not have ready access to health care or who struggle with taking their medications regularly.

While medications are the standard of care for treating opioid use disorder, far fewer people receive medications than could potentially benefit from it. Not all people with opioid use disorder seek treatment. Even when they seek treatment, they will not necessarily receive medications. The most recent treatment admissions data available show that only 21 percent of people admitted for prescription opioid use disorder have a treatment plan that

includes medications.<sup>60</sup> However, even if the nationwide infrastructure were operating at capacity, between 1.3 and 1.4 million more people have opioid use disorder than could currently be treated with medications; this is due to limited availability of opioid treatment programs that can dispense methadone and the regulatory limit on the number of patients that physicians can treat with buprenorphine.<sup>61</sup> Coordinated efforts are underway nationwide to expand access to opioid use disorder medications, including a recent increase in the buprenorphine patient limit from 100 patients to 275 for qualified physicians who request the higher limit.<sup>62</sup>

NIDA is supporting research needed to determine the most effective ways to implement medications for opioid use disorder. For example, recent work has shown that buprenorphine maintenance treatment is more effective than tapering patients off of buprenorphine.<sup>63</sup> Also, starting buprenorphine treatment when a patient is admitted to the emergency department, such as for an overdose, is a more effective way to engage a patient in treatment than referral or brief intervention.<sup>64</sup> Finally, data have shown that treatment with methadone, buprenorphine, or naltrexone for incarcerated individuals improves post-release outcomes.<sup>65-67</sup>

For more information on medications to treat opioid use disorder, see NIDA's Medications to Treat Opioid Use Disorder Research Report.

### Reversing an Opioid Overdose with Naloxone

The opioid overdose-reversal drug naloxone is an opioid antagonist that can rapidly restore normal respiration to a person who has stopped breathing as a result of overdose on prescription opioids or heroin. Naloxone can be used by emergency medical personnel, first responders, and bystanders. For more information, visit NIDA's webpage on naloxone.

## **Treating Addiction to CNS Depressants**



Patients addicted to CNS depressants such as tranquilizers, sedatives, and hypnotics should not attempt to stop taking them on their own. Withdrawal symptoms from these drugs can be severe and, in the case of certain medications, potentially life-threatening.<sup>31</sup> Research on

treating addiction to CNS depressants is sparse; however, patients who are dependent on these medications should undergo medically supervised detoxification because the dosage they take should be tapered gradually. Inpatient or outpatient counseling can help individuals through this process. Cognitive-behavioral therapy, which focuses on modifying the patient's thinking, expectations, and behaviors while increasing skills for coping with various life stressors, has also been used successfully to help individuals adapt to discontinuing benzodiazepines.<sup>68</sup>

Often CNS depressant misuse occurs in conjunction with the use of other drugs (polydrug use), such as alcohol or opioids.<sup>69</sup> In such cases, the treatment approach should address the multiple addictions.

At this time, there are no FDA-approved medications for treating addiction to CNS depressants, though research is ongoing in this area.

## **Treating Addiction to Prescription Stimulants**



Treatment of addiction to prescription stimulants such as Adderall<sup>®</sup> and Concerta<sup>®</sup> is based on behavioral therapies that are effective for treating cocaine and methamphetamine addiction. At this time, there are no FDA-approved medications for treating stimulant addiction. NIDA is supporting research in this area.<sup>41</sup>

Depending on the patient, the first steps in treating prescription stimulant addiction may be to taper the drug dosage and attempt to ease withdrawal symptoms. Behavioral treatment may then follow the detoxification process (see "Behavioral Therapies" in NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide*).

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Misuse of Prescription Drugs Research Report



A Research Report

## Misuse of Prescription Drugs Research Report Are prescription drugs safe to take when pregnant?



Photo by @Thinkstock.com/George Doyle

Some prescription medications taken by a pregnant woman can cause her baby to develop dependence, which can result in withdrawal symptoms after birth, known as neonatal abstinence syndrome (NAS). This can require a prolonged stay in neonatal intensive care and, in the case of opioids, treatment with medication (see "Sex and Gender Differences in Substance Use Disorder Treatment" in NIDA's Substance Use in Women Research Report). Women should consult with their doctors to determine which medications they can continue taking during pregnancy.

Opioid pain medications require particular attention; rising rates of NAS have been associated with increases in the prescription of opioids for pain in pregnant women. NAS associated with opioid use (heroin or prescription opioids) increased fivefold from 2000 to 2012, with a higher rate of increase in more recent years. 52,53

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## Misuse of Prescription Drugs Research Report Is it safe to use prescription drugs in combination with other medications?

The safety of using prescription drugs in combination with other substances depends on a number of factors including the types of medications, dosages, other substance use (e.g., alcohol), and individual patient health factors. Patients should talk with their health care provider about whether they can safely use their prescription drugs with other substances, including prescription and over-the-counter (OTC) medications, as well as alcohol, tobacco, and illicit drugs. Specifically, drugs that slow down breathing rate, such as opioids, alcohol, antihistamines, CNS depressants, or general anesthetics, should not be taken together because these combinations increase the risk of life-threatening respiratory depression. <sup>4,26</sup> Stimulants should also not be used with other medications unless recommended by a physician. Patients should be aware of the dangers associated with mixing stimulants and OTC cold medicines that contain decongestants, as combining these substances may cause blood pressure to become dangerously high or lead to irregular heart rhythms. <sup>27</sup>



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Research Report

## Misuse of Prescription Drugs Research Report Overview



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Misuse of prescription drugs means taking a medication in a manner or dose other than prescribed; taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high). The term nonmedical use of prescription drugs also refers to these categories of misuse. The three classes of medication most commonly misused are:

- opioids—usually prescribed to treat pain
- central nervous system [CNS] depressants (this category includes tranquilizers, sedatives, and hypnotics)—used to treat anxiety and sleep disorders
- stimulants—most often prescribed to treat attention-deficit hyperactivity disorder (ADHD)

Prescription drug misuse can have serious medical consequences. Increases in prescription drug misuse<sup>1</sup> over the last 15 years are reflected in increased emergency room visits, overdose

deaths associated with prescription drugs $^{2-5}$ , and treatment admissions for prescription drug use disorders, the most severe form of which is an addiction. Drug overdose deaths involving prescription opioids rose from 3,442 in 1999 to 17,029 in 2017. From 2017 to 2019, however, the number of deaths dropped to 14,139.



June 2020



## The White Bison Vision

#### MISSION

White Bison is a Native Americanoperated 501(c)3 nonprofit dedicated to creating and sustaining a grassroots Wellbriety Movement – providing culturallybased healing to the next seven generations of Indigenous People.

#### TO GO BEYOND

The "Well" in Wellbriety is the inspiration to go on beyond sobriety and recovery, committing to a life of wellness and healing everyday. Many use White Bison's healing resource products, attend its learning circles, & volunteer their services to help themselves and others achieve wellness.

#### THE WELLBRIETY MOVEMENT

To be sober and well. That's what White Bison wants for our community, that's why we're a proud facilitator of the Wellbriety Movement. We must find sobriety and recover from the harmful effects of drugs and alcohol.

## A RESOURCE TO THE COMMUNITY

White Bison offers sobriety, recovery, addictions prevention, and wellness/Wellbriety learning resources to the Native American/Alaska Native community nationwide. Our resources are also available to non-Native people.

Some communities have made the commitment to become one of the 100 Drum Communities.

## White Bison's Philosophy

- A set of Principles, Laws & Values governs Mother Earth
- Leadership exists to serve the people first
- Leadership existence ensures Truth is given to the people
- Changes are the result of implementing Natural laws
- All Native people believe in a Supreme Being
- Elders and teachings are a guiding force to direct ourselves, families and communities
- There is a natural order running the universe
- That our traditional ways were knowledgeable about the natural order
- When the community leads, the leaders will follow
- · Alcohol and drugs are destroying us; we want to recover
- Change comes from within the individual, the family and the community
- · Within each person, family and community is the innate knowledge for well being
- The solution resides within each community
- Interconnectedness it takes everyone to heal a community
- Healing will take place through the application of cultural and spiritual knowledge
- Alcohol, drugs and domestic violence are all symptoms, not the cause. To "heal a community" it must deal with the cause
- The Circle and the Four Directions are the Teachers in the Four Laws of Change
- Change is from within
- For development to occur, it must be preceded by a vision



# The Sacred Hoop of 100 Eagle Feathers

The Sacred Hoop of the Wellbriety Movement was born from a vision in 1994, not long after Miracle, the first white buffalo calf, was born on August 20 in Janesville, Wisconsin. In that vision, an Indian man saw a willow sapling lose its leaves and form itself into a circle. One by one, eagle feathers began to arrive from each of the four directions to

attach themselves to the willow hoop. He saw in his vision that each of the quadrants of the Hoop was painted a different color: Yellow in the east, Red in the south, Black in the west, and White in the north. The feathers stopped coming when 100 were hanging from the circle. Each feather represented a Native American Community.

## Mission of the Sacred Hoop: Healing Individuals, Families, Communities and Nations

A hoop just like in his vision was built in a sweat lodge over a weekend in May of 1995. On the first day of summer of that year, a multicultural Elders gathering was held in Janesville, Wisconsin to provide prayers for the Hoop and align its purpose to the coming Healing Time. The Elders placed the four gifts of Healing, Hope, Unity and the Power to Forgive the Unforgivable into the Hoop, entrusting it to Don Coyhis, Mohican nation, and the White Bison organization for the work to come. The Sacred Hoop took part in many different healing activities and ceremonies between 1995 and the first full-fledged Sacred Hoop Journey in the Spring of 1999.

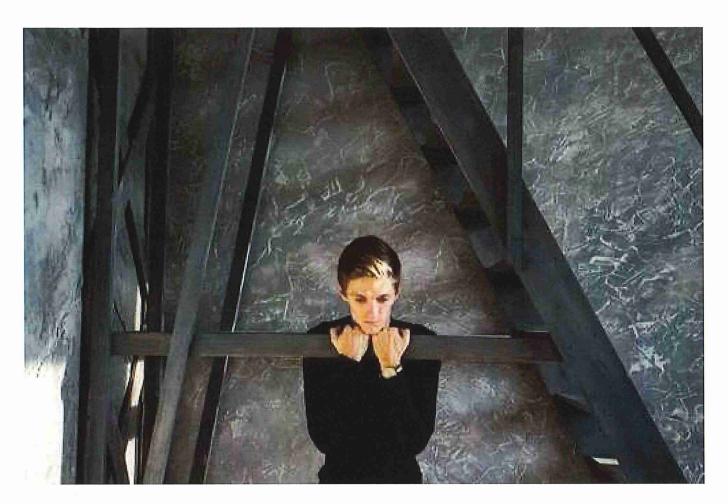
Since the Sacred Hoop was blessed, it has traveled over 75,000 miles to Indigenous communities across the United States. Individual communities can request a visit by the Sacred Hoop by contacting the White Bison office. On occasion, the Sacred Hoop will be taken on a tour. Since 1999, there have been a number of Sacred Hoop Journeys. When the Sacred Hoop comes to a community, the people gather for ceremonies and talks about living a sober and healthy life that is balanced emotionally, mentally, physically, and spiritually. Many communities have decided to begin a process of learning and planning that includes the building a vision of wellness. This is accomplished through the community development process offered by White Bison.

- A great learning must take place
- You must create a Healing Forest
- OUR CULTURE IS PREVENTION

#### ALL CURRENT CAMPAIGNS

VIEW WELLBRIETY CERTIFIED TREATMENT CENTERS





## STAGES OF GRIEF: NOT ONE-SIZE-FITS-ALL

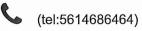
Pop culture often references

(https://www.explainxkcd.com/wiki/index.php/1554:\_Spice\_Girls) the stages of grief, but how much does the general population know about them? One thing generally missed: people should interpret the seven stages of grief loosely. No one person experiences loss the same way. In fact, people go through the different stages in their order and can even loop back to one they already "experienced."

It's helpful to know the seven stages of grief because it normalizes the difficult, sometimes isolating behaviors. For instance, it is normal for a person to go through an extended period of isolation, loneliness, and depression months after the initial loss. What feels like an abnormality is, in fact, perfectly healthy when dealing with grief. Below are the seven stages of grief clarified to better understand the difficult, but necessary, mourning process.

## THE 7 STAGES OF GRIEF:

1. DISBELLEF & SHOCK





The initial reaction to loss includes a feeling of shock. Learning someone you love is gone creates a numbness and fills a person with doubt. This is a form of emotional protection and can last for weeks. The time experienced often reflects the suddenness of the death, but there is no cookie cutter recipe for grief. It's not uncommon for someone to go through the shock phase throughout the duration of funeral preparation simply to get through the process.

#### 2. DENIAL

The next stage of grief reflects the stubbornness of the human spirit. The mind goes into a state of denial to avoid the pain and reality of loss. A person can deny a loved one's passing for weeks no matter the circumstances around the death. People experience other kinds of denial as well. For instance, a grieving person may deny that the loss affects them in a serious manner. Denial is a type of self-preservation much like shock. A person's experience with the stage helps shelter them from the eventual pain and ensuing stages of grief.

#### 3. GUILT & PAIN

As a person begins to feel the full realization of someone's death, their numbness leads the way to extreme emotional pain and suffering. Guilt often accompanies this pain. A person may feel survivor's guilt or a constant sense of "what might have been." They may feel remorse over missed opportunities or things they did or didn't do with their loved one before their passing. It's important to experience the full depth of pain when going through grief. Masking this stage with alcohol or drugs only makes things worse in the long run.

## 4. BARGAINING

The negotiation phase occurs when a grieving person needs an emotional release from the shock and pain of loss. This phase involves wrestling with fate or "the powers that be" to try and make sense of loss. Of course, there is nothing one can do to bring someone back from the dead.

#### 5. ANGER

People going through this phase tend to lash out at the ones around them as an unwarranted reaction to the feelings of helplessness. One may place undue blame on someone else for the death. Grief strains the relationships of the living. To preserve these relationships, it's imperative to find a way to release these extreme emotions in a healthy manner. Failing to do so may permanently damage ties you have with friends, family, or coworkers.

#### 6. DEPRESSION

People who never experienced depression before have a hard time with this stage. Depression is all-encompassing and consumes your life. While it may seem extreme and worrying to go through a depression stage it is perfectly healthy to do so when grieving. After all the energy expelled and mental anguish of the other stages, depression gives you time to reflect and recover. Taking ample time to feel the loneliness and isolation make it easier to re-enter the world when you are ready.

When going through depression, avoid people who encourage you to "snap out of it." For one, you cannot control your emotions that way. Instead, let yourself feel the despair and emptiness—just as you let yourself feel the other stages. This is a significant period of reflection and recuperation.

#### 7. ACCEPTANCE

As a person adjusts to life without the person they grieve, the depression and other extreme feelings fade away. Common signs of acceptance include:

- Restructuring life without the person
- · Cleaning out the loved one's personal items
- · Working on financial and social problems
- Seeking out old relationships and support systems
- · Beginning new projects or hobbies

Acceptance does not equate to happiness. Rather, acceptance is the stage where a grieving person makes a conscious decision to move on and work towards a feeling of normality again. After a significant loss, a person rarely feels the same way they were before again. Acceptance occurs when a person stops looking towards the past and focuses on the future.

# COUNSELING & THERAPY TO HELP WITH THE STAGES OF GRIEF

When one experiences a tragic loss, it sometimes feels like things will ever be okay again. However, joy exists in the world and recovery is possible. It helps to talk with a neutral third party about your grief, emotions, and the ensuing fallout that comes with death. A grief therapist helps you express the complex web of feelings you experience and provides helpful tools for dealing with them.

If you are looking for a grief counselor in Boynton Beach, the team at Gateway Counseling provides people in the community with the support needed to get through the seven stages of grief. Call us at your convenience at

