

# Grace Harbor Chaplains Outreach Packet

*13-Month Monthly Support Sheets + Quick-Start Guide*

## Start Here: QR Support Access



*Scan to open the Chaplains page*

**For Chaplains (scan first):**

Open the online Chaplains page for packet downloads, updates, and orientation resources.

**Chaplains page URL:**

<https://www.graceharborcompassionateservices.org/chaplains.html>

**For families (offer first):**

“Here’s a QR code—scan it for short daily grief support, and choose the path that fits you. You can return anytime.”

**Family support page:**

<https://www.graceharborcompassionateservices.org/today>

**Contact:** (903) 796-9669 [info@QueenCityFuneralHome.com](mailto:info@QueenCityFuneralHome.com)

## About the Founder

Tracy R. Lee, FD, CG-C (ret.) is the founder of Grace Harbor Compassionate Services. She is a funeral service professional, certified grief counselor, author, and nonprofit leader with more than two decades of experience supporting families through loss. Tracy earned an Associate of Science in Funeral and Restorative Arts from the Dallas Institute of Funeral Service and holds grief counseling certifications through the American Institute of Health Care Professionals and Columbia University. She is currently completing her Bachelor of Science in Leadership at Texas A&M University, with a focus in Occupational Leadership.



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Tracy's work spans direct family care, community leadership, and grief education. She served as Caregiver Program Director for Easter Seals and founded Heaven Sent Corp, supporting families through pregnancy and infant loss. Through her syndicated column, Pushing Up Daisies, her grief writing has been published more than 1.5 million times across various outlets and professional journals. She is also a retired professional artist and served as Official Hall of Fame Artist (Former) for the International Gymnastics Hall of Fame.

*Personal note (optional): Tracy values family deeply and remains committed to fostering healing through gentle kindness, helping others find purpose and joy, and staying actively present in the lives of those she loves.*

## **Scope & Gentle Guardrails**

- Keep language simple; offer one small next step at a time.
- Avoid platitudes (for example: "God needed another angel" or "Everything happens for a reason").
- Ask permission before prayer, scripture, or spiritual framing.
- These sheets are supportive and educational; they are not medical, legal, or mental health treatment.
- If there is any safety concern (self-harm, abuse, medical instability), escalate to the appropriate emergency/clinical supports.



**Family support:**  
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## Purpose

These pages are designed as quick-reference support for brief visits, follow-up calls, and tender conversations with grieving families.

## Quick Start (60–90 seconds)

- Offer the QR card first: "Scan this for short daily support. Choose the path that fits you best."
- Name what you see (shock, fog, exhaustion) and normalize it.
- Ask permission: "Would you like prayer, a reading, or quiet presence?"
- End with one concrete next step and one follow-up plan.

## Gentle Guardrails

- Keep language simple; offer one small next step at a time.
- Avoid platitudes (for example: "God needed another angel" or "Everything happens for a reason").
- Ask permission before prayer, scripture, or spiritual framing.
- If there is any safety concern (self-harm, abuse, medical instability), escalate to the appropriate emergency/clinical supports.



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## Monthly Sheets

### Month 1 — Shock & Stabilizing

**Aim:** Provide calm presence and spiritual/meaning-centered steadiness in the first days and early weeks.

#### **What families often say:**

- This doesn't feel real.
- I can't think straight.
- Where is God in this?

#### **What you may notice:**

- Numbness or agitation; repeating questions.
- Decision fatigue; overwhelm with details.
- Spiritual disorientation: anger, silence, bargaining, or fear.

#### **What to say (borrowable lines):**

- We can take this one small step at a time. You don't have to hold it all today.
- If faith matters to you, we can bring it gently - or we can simply sit in quiet together.
- Shock can make everything feel unreal. Your mind and body are protecting you.
- Would you like a brief prayer, a reading, or just steady presence right now?
- It's okay if you can't make sense of this yet. Meaning doesn't have to be forced.

#### **What to offer (practical):**

- QR (first): "Here's a QR code. It takes you to short daily support. Choose the path that fits you best."
- A 30-second grounding: feet on the floor, one slow breath, name one thing you can hold or touch.
- A simple blessing/ritual: light a candle, speak the name, or offer a short words-of-peace moment.

#### **When to loop in team:**

- Safety concerns, self-harm talk, or inability to function: alert clinical team immediately.
- Severe conflict within family about decisions: loop in social work.
- Persistent panic, hallucinations, or intense substance risk: loop in nurse/social work.



#### **Family support:**

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## Month 2 — Body, Breath & Early Grief

**Aim:** Normalize the physical side of grief and offer gentle spiritual care without pressure.

### What families often say:

- I can't sleep or eat.
- My chest feels tight.
- I don't know how to pray right now.

### What you may notice:

- Fatigue, shakiness, headaches, nausea, or appetite changes.
- Irritability or tearfulness; short attention span.
- Prayer feels empty; guilt about faith responses.

### What to say (borrowable lines):

- Grief lives in the body, not just the heart. What you're feeling can be a normal response to loss.
- You don't have to find the right words. Silence is also prayer.
- If it helps, we can use a short, gentle prayer - no pressure to participate.
- Your only job today is the next small thing: water, rest, one call, one decision.
- Would it help to name one person who can be your "helper" for the next 24 hours?

### What to offer (practical):

- QR (first): daily short supports and a faith-seeking option if desired.
- A brief body check-in: "On a scale of 1-10, how flooded do you feel right now?"
- Permission language: "It's okay to step away, eat something small, and return when you're ready."

### When to loop in team:

- Sleep deprivation beyond 48-72 hours with worsening functioning: loop in nurse/social work.
- Family reports they cannot keep the patient safe at home: loop in nurse.
- Signs of traumatic stress (flashbacks, intense startle) interfering with basics: loop in social work/bereavement.



### Family support:

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## Month 3 — Ritual, Decisions & First Goodbyes

**Aim:** Support meaning-making during arrangements, bedside rituals, and early remembrance.

### What families often say:

- We don't even know what to do next.
- I don't want to make the wrong choice.
- I can't imagine the service.

### What you may notice:

- Overwhelm with logistics; fear of regret.
- Family disagreement about traditions.
- Sudden waves of tenderness or anger when talking about rituals.

### What to say (borrowable lines):

- There are no perfect decisions - only loving ones made in a hard moment.
- We can choose something simple and true to who they are.
- If you'd like, we can create a short bedside ritual - a blessing, a reading, or a memory moment.
- It's okay to keep the service gentle and small. Meaning matters more than scale.
- Would you like help finding words for "goodbye" that fit your beliefs?

### What to offer (practical):

- QR (first): a brief called "first days" support for families.
- A 3-part ritual: name, gratitude, release (or blessing, if desired).
- Help drafting a simple obituary line, prayer, or reading selection.

### When to loop in team:

- High conflict about arrangements: loop in social work/lead.
- Family wants clergy contact: coordinate with their faith community.
- Complicated family dynamics with safety concerns: loop in clinical team.



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## Month 4 — The Quiet After

**Aim:** Address the drop-off in support and the loneliness that often follows services and visitors.

### What families often say:

- Everyone went home and it's just quiet.
- I feel worse now.
- I don't know what I'm supposed to do with my days.

### What you may notice:

- Isolation; restless nights; avoidance of the home space.
- Difficulty completing simple tasks.
- Spiritual numbness or anger resurfaces.

### What to say (borrowable lines):

- The quiet after can feel heavier than the busy days. You're not doing grief wrong.
- Could we plan one small anchor for each day this week?
- Would you like a short check-in call scheduled, or a trusted person to text you daily?
- If your faith community is supportive, we can invite gentle help - meals, rides, or prayer.
- It's okay to feel both relieved and devastated. Those can live together.

### What to offer (practical):

- QR (first): "today" page for daily support.
- A 7-day plan: one person, one task, one rest practice per day.
- Invite the bereavement team follow-up schedule or grief group info.

### When to loop in team:

- No support system and rising risk factors: loop in social work.
- Severe functional decline (not eating, not getting out of bed): loop in clinical team.
- Any suicidal statements: immediate escalation.



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## Month 5 — Anger, Guilt & the 'Why' Questions

**Aim:** Hold hard emotions and spiritual questions without forcing resolution.

### What families often say:

- I'm angry at God.
- I should have done more.
- Why would this happen?

### What you may notice:

- Self-blame loops; rumination.
- Anger at staff, family, or faith.
- Avoidance of prayer/services due to shame.

### What to say (borrowable lines):

- Anger and questions are a normal part of love. You are not alone in this.
- You don't have to defend your feelings to me. We can tell the truth here.
- Guilt often shows up because you cared deeply. It doesn't always mean you caused anything.
- Some questions don't get answers - but you don't have to carry them alone.
- If you'd like, we can use a lament-style prayer: honest, simple, and real.

### What to offer (practical):

- QR (first): a brief on guilt/anger and gentle grounding.
- A short "release" ritual: write one sentence of guilt, then reframe with compassion.
- Suggest a trusted clergy member or counselor if the spiritual crisis feels overwhelming.

### When to loop in team:

- Persistent self-blame with depression signs: loop in social work/bereavement.
- Escalating anger creating safety issues at home: loop in clinical team.
- Substance misuse increases: loop in nurse/social work.



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## Month 6 — Belongings, Memories & Continuing Bonds

**Aim:** Support families as they face belongings, photos, and identity shifts.

### What families often say:

- I can't touch their things.
- I feel like I'm forgetting them.
- Who am I now?

### What you may notice:

- Avoidance or sudden clearing; regret afterward.
- Tears with ordinary objects.
- Spiritual longing: dreams, sensing presence, searching for signs.

### What to say (borrowable lines):

- There is no timeline for belongings. You can go slowly.
- Keeping a connection is healthy - love doesn't end. It changes form.
- Would it help to choose one small item to keep close for now?
- Some people find comfort in a memory ritual: a box, a journal, a photo corner.
- If you notice signs or dreams, we can hold them gently without forcing meaning.

### What to offer (practical):

- QR (first): memory and continuing-bonds briefs.
- A "three items" approach: keep, give, decide later.
- Offer a blessing of belongings or a memory table moment.

### When to loop in team:

- Family conflict about possessions: loop in social work.
- Extreme avoidance or hoarding behaviors: loop in bereavement/social work.
- Prolonged inability to function due to triggers: loop in bereavement.



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## Month 7 — Relationships, Secondary Losses & Isolation

**Aim:** Help families navigate differing grief styles and relational strain.

### What families often say:

- We are grieving so differently.
- People disappeared.
- I feel alone even with others around.

### What you may notice:

- Irritability; arguments; withdrawal.
- Friends avoid; family feels judged.
- Faith community misunderstandings or hurtful comments.

### What to say (borrowable lines):

- Different grief styles can still be love. You don't have to match to be connected.
- It's okay to set boundaries with hurtful or unhelpful comments.
- Would you like language to tell people what you need (and what you don't)?
- Loneliness is common. It doesn't mean you are failing.
- If your community hurt you, we can talk about safe ways to seek support again.

### What to offer (practical):

- QR (first): briefs on relationships and boundaries.
- A simple script: "We appreciate your care. What helps most is \_\_\_\_."
- Connect to a grief group, chaplain follow-up, or bereavement counselor.

### When to loop in team:

- Domestic safety concerns or escalating conflict: loop in social work/clinical lead.
- No support plus depression symptoms: loop in bereavement.
- Complex family systems impacting care decisions: loop in IDT.



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## Month 8 — Milestones, Holidays & Anticipatory Grief Surges

**Aim:** Prepare for dates that intensify grief and create a plan that protects families.

### What families often say:

- I dread the holidays.
- Their birthday is coming.
- I don't know how to do this without them.

### What you may notice:

- Avoidance of gatherings or compulsive over-scheduling.
- Increased irritability and sadness near dates.
- Spiritual longing: wanting a sign or reassurance.

### What to say (borrowable lines):

- Milestones can bring a fresh wave. It doesn't mean you're going backward.
- We can make a plan: what to do, what to skip, and how to leave early if needed.
- Would you like a small ritual for the day - candle, prayer, letter, meal, donation?
- You can honor them and still protect your energy.
- If you want, we can gather one sentence that captures what they meant to you.

### What to offer (practical):

- QR (first): milestone planning briefs.
- A 3-option plan: connect (ritual), comfort (support person), and cover (exit plan).
- Coordinate remembrance in their faith community if desired.

### When to loop in team:

- Major escalation of depression near dates: loop in bereavement/social work.
- Family conflict about holiday decisions: loop in social work.
- Any safety concern: immediate escalation.



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## Month 9 — Faith Strain, Doubt & Meaning-Making

**Aim:** Support spiritual struggle and meaning-making without spiritual pressure.

### What families often say:

- I feel abandoned.
- I don't believe like I used to.
- People keep telling me platitudes.

### What you may notice:

- Avoidance of worship; anger at faith leaders.
- Shame about doubt; fear of judgment.
- Searching for meaning; existential distress.

### What to say (borrowable lines):

- Doubt can be part of faith - you are not disqualified.
- You don't have to accept platitudes. Your grief deserves honesty.
- Would you like a gentle practice: one line of gratitude, one line of lament, one line of hope?
- We can talk about what feels true right now, even if it's small.
- If you prefer, we can keep the focus on comfort and presence, not answers.

### What to offer (practical):

- QR (first): faith-seeking and grounded/practical briefs.
- A short reading list (psalms/poetry) matched to their belief system.
- Offer to coordinate with their clergy or faith community, if welcome.

### When to loop in team:

- Spiritual crisis tied to self-harm risk: immediate escalation.
- Severe hopelessness or inability to cope: loop in bereavement/clinical team.
- Requests for theological counseling beyond scope: refer to their clergy.



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## Month 10 — Re-Engaging Life & Identity

**Aim:** Help families integrate loss while re-entering routines, work, and social life.

### What families often say:

- I feel guilty laughing.
- I don't recognize myself.
- People expect me to be better.

### What you may notice:

- Grief bursts in ordinary places.
- Pressure to "move on" from others.
- Ambivalence: relief and sadness intertwined.

### What to say (borrowable lines):

- Moments of relief are not betrayal. They are part of being human.
- You are not returning to the old life - you are building a new one with love still included.
- Grief can come in waves. The goal isn't to erase it - it's to learn its rhythm.
- Would you like help naming one small step toward life this month?
- Your pace is allowed. You don't owe anyone a timeline.

### What to offer (practical):

- QR (first): briefs on returning to life and guilt.
- A "two things" practice: one task of living, one act of remembering.
- Suggest a service project or memorial act if that fits their values.

### When to loop in team:

- Persistent inability to function at work/home: loop in bereavement.
- New panic attacks or severe avoidance: loop in social work.
- Family tension increasing with re-entry: loop in social work.



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## Month 11 — Caregiver Weariness & Support System Repair

**Aim:** Address exhaustion, depleted support systems, and the need for ongoing care.

### What families often say:

- I'm tired all the time.
- I can't keep up.
- I don't know who I can lean on.

### What you may notice:

- Burnout; irritability; neglecting basics.
- Withdrawal from community.
- Spiritual dryness: "I have nothing left."

### What to say (borrowable lines):

- Of course you're tired. You've been carrying a lot for a long time.
- Support often fades, but your need is still real. Let's rebuild a small circle.
- Would you like help asking for specific help (rides, meals, errands)?
- Rest is not selfish. It's stewardship of the body and soul.
- We can choose one small practice that restores you - even five minutes counts.

### What to offer (practical):

- QR (first): caregiver and support briefs.
- A "help menu" list they can text: "If you want to help, here are three options."
- Connect to grief group, faith community care team, or counseling.

### When to loop in team:

- Burnout with depression symptoms: loop in bereavement/social work.
- Substance use increase: loop in nurse/social work.
- No supports and worsening function: loop in clinical team.



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## Month 12 — Anniversary & Re-Grief

**Aim:** Prepare for the 1-year mark and normalize re-grief as love revisits.

### **What families often say:**

- It's been a year and it hurts again.
- Everyone thinks I should be okay.
- I don't want to face this date.

### **What you may notice:**

- Sleep disruption near the date.
- Heightened sensitivity and tears.
- Spiritual longing: wanting closeness or reassurance.

### **What to say (borrowable lines):**

- Anniversaries often reopen the ache. This is normal.
- You don't have to perform strength. You can be honest about missing them.
- Would you like to plan a small, meaningful act for the day?
- Some people want company; others want quiet. Both are valid.
- Love doesn't follow the calendar. Neither does grief.

### **What to offer (practical):**

- QR (first): anniversary briefs and planning prompts.
- A remembrance plan: who, where, what, and an exit option.
- Invite a short blessing, prayer, or memory-sharing circle.

### **When to loop in team:**

- Anniversary brings severe depression or risk: loop in bereavement/clinical team.
- Family conflict about remembrance: loop in social work.
- Persistent trauma symptoms: loop in bereavement.



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## Month 13 — Continuing Bonds & When Grief Stays Stuck

**Aim:** Support ongoing connection while recognizing signs that extra help is needed.

### What families often say:

- I thought I'd be better by now.
- I can't stop replaying everything.
- I feel like life ended too.

### What you may notice:

- Persistent intense yearning with little relief.
- Avoidance of reminders or inability to resume basics.
- Hopelessness; numbness; isolation.

### What to say (borrowable lines):

- There is no shame in needing more support. Some grief is heavier and needs more hands.
- We can honor your love and also build supports that help you live again.
- Would you be open to a counselor or grief specialist alongside spiritual care?
- You deserve care that matches the weight you're carrying.
- Let's name one thing that feels impossible - and break it into a first step.

### What to offer (practical):

- QR (first): ongoing support briefs and grounding tools.
- Warm referral to bereavement counselor, therapist, or group.
- A continuing-bonds practice: letter-writing, memory ritual, or service in their honor.

### When to loop in team:

- Any self-harm talk or intent: immediate escalation.
- Prolonged, severe impairment: loop in bereavement/clinical lead.
- Complicated grief indicators: coordinate with social work and mental health resources.



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