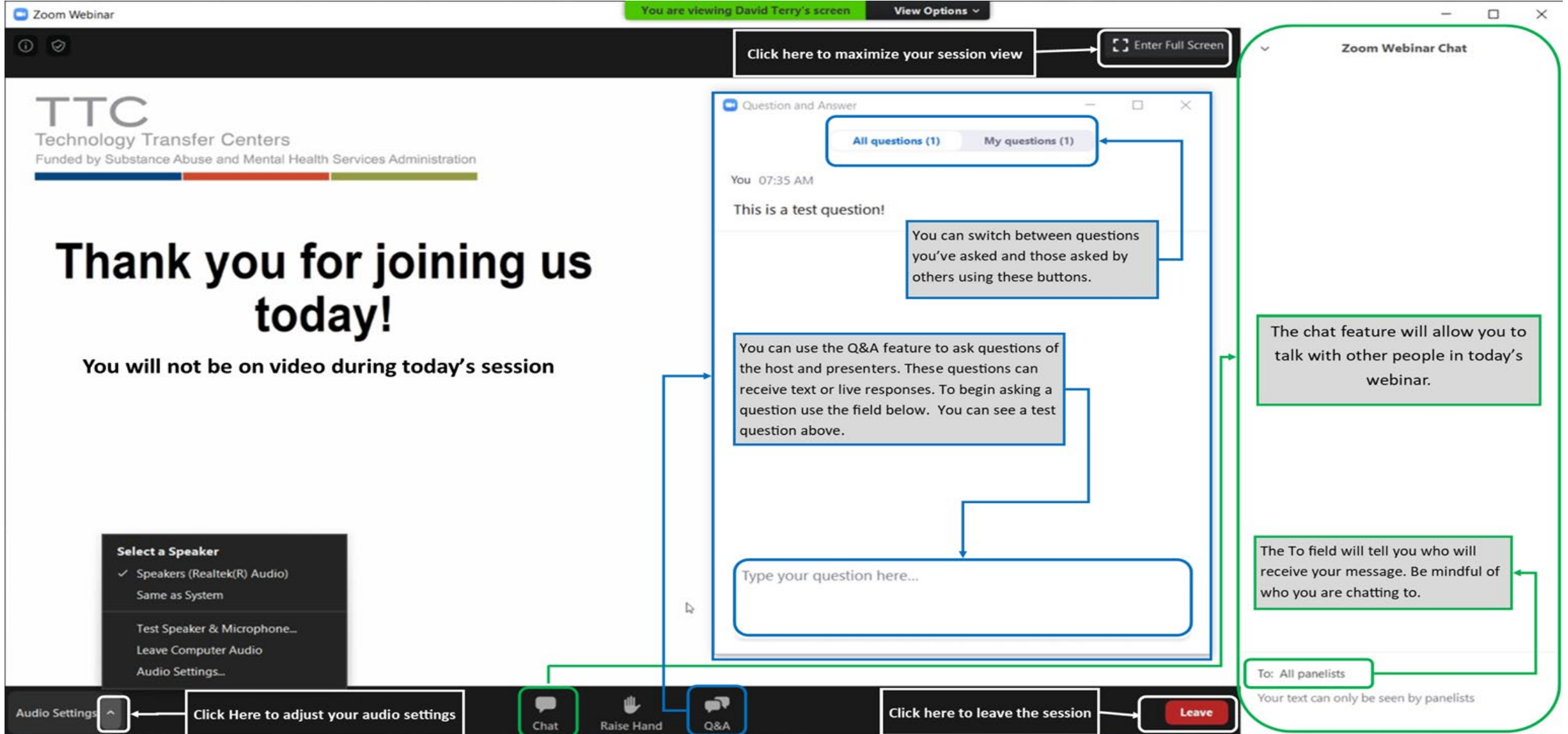


Please Note:

- All attendees are muted
- Today's session will be recorded

Get to know the Zoom Webinar interface



The screenshot shows a Zoom Webinar interface with the following elements and annotations:

- Zoom Webinar Header:** Includes "Zoom Webinar", "You are viewing David Terry's screen", and "View Options".
- Session Controls:**
 - "Click here to maximize your session view" points to the "Enter Full Screen" button.
 - "Click Here to adjust your audio settings" points to the "Audio Settings" button.
 - "Click here to leave the session" points to the "Leave" button.
- Main Content Area:**
 - Logo for "TTC Technology Transfer Centers" with the text "Funded by Substance Abuse and Mental Health Services Administration".
 - Message: "Thank you for joining us today!"
 - Message: "You will not be on video during today's session"
- Q&A Feature (Question and Answer):**
 - Buttons for "All questions (1)" and "My questions (1)".
 - Text: "You can switch between questions you've asked and those asked by others using these buttons." (points to the buttons).
 - Text: "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above." (points to the question input field).
 - Text: "This is a test question!" (points to the test question).
 - Input field: "Type your question here..."
- Zoom Webinar Chat:**
 - Text: "The chat feature will allow you to talk with other people in today's webinar." (points to the chat window).
 - Text: "The To field will tell you who will receive your message. Be mindful of who you are chatting to." (points to the "To: All panelists" field).
 - Text: "Your text can only be seen by panelists" (points to the chat content area).
- Audio Settings Panel:**
 - Section: "Select a Speaker"
 - Options: "Speakers (Realtek(R) Audio)", "Same as System", "Test Speaker & Microphone...", "Leave Computer Audio", "Audio Settings..."
- Bottom Toolbar:** Includes "Audio Settings", "Chat", "Raise Hand", "Q&A", and "Leave".



 MHTTC
*Grief Sensitivity
Virtual Learning Institute*

A two-part series for those supporting individuals
experiencing grief and loss during COVID-19 and beyond

 bit.ly/mhttc-grief-sensitivity-training

Recordings for each session will be made available on our website:

<https://bit.ly/mhttc-grief-sensitivity-training>



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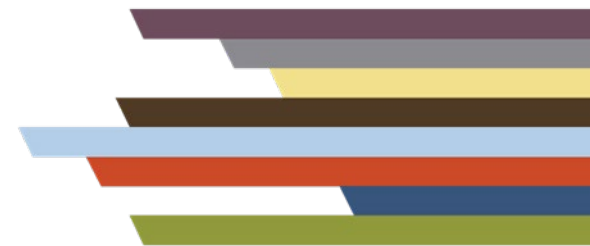
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Grief Sensitivity Virtual Learning Institute: Are You the Therapist a Grieving Client Wants to Meet ? Part Two; Let's Do This!

Thursday, November 12, 2020

Jill A. Johnson-Young, LCSW

Central Counseling Services of Riverside & Murrieta, CA



Housekeeping Items

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted and cannot share video.
- Have a question for the presenters? Use the Q&A
- Have a comment or link for all attendees? Use the Chat
- At the end of today's training please complete a **brief** survey about today's training.
- You will receive an email on how to access a certificate of attendance; must attend at least half of the session.

Please Note:
Session recording and slide deck will be posted on our website within a week.

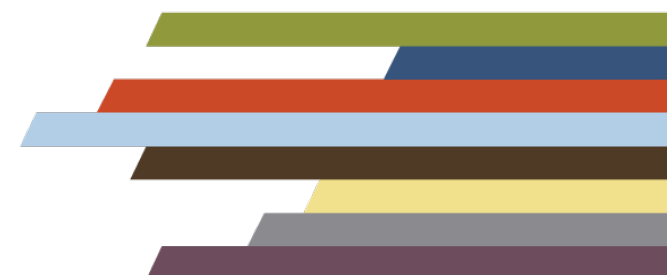
- This event is closed captioned!



- Follow us on social media



@MHTTCNetwork



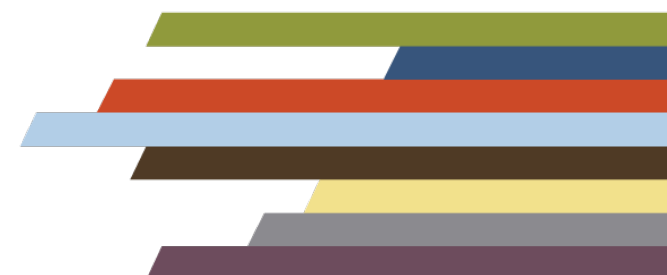
Additional Information on Grief

Fact Sheets

- We have a series of fact sheets focused on addressing various grief-related topics
 - [Defining Grief](#)
 - [Responses to Grief Across the Lifespan](#)
 - [Preventive Strategies and Protective Factors](#)
 - [Cultural Responsiveness](#)
 - [Evidence-Based Treatments for Grief](#)

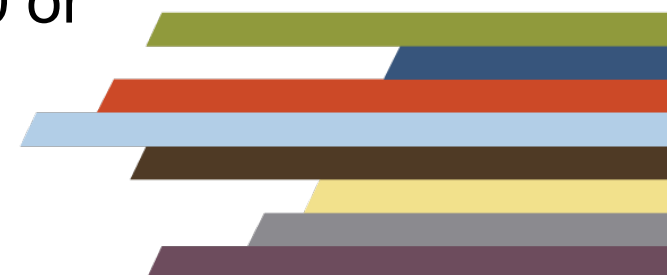
Webpage

- *Responding to COVID-19: Grief, Loss, and Bereavement* - visit our webpage for events and resources
- <https://mhttcnetwork.org/centers/global-mhttc/responding-covid-19-grief-loss-and-bereavement>



Grief and Self-Care

- Be sensitive to your own grief and reactions throughout the Learning Institute. Take breaks, stretch, drink lots of water...
- **Helplines and Support**
 - **National Suicide Hotline** - 1-800-273-8255
 - **NAMI** - 1-800-950-NAMI (6264) or info@nami.org
 - **Mental Health America**- 1-800-273-TALK (8255), text MHA to 741741
 - **SAMHSA's National Helpline** - referral and information - 1-800-662-HELP (4357)
 - **SAMHSA's Disaster Distress Helpline** - 1-800-985-5990 or text TalkWithUs to 66746



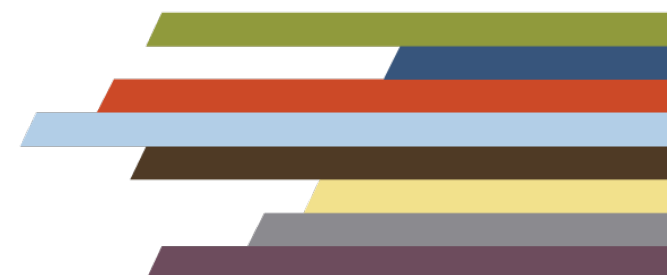


MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

- The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation
 - Develops and disseminates resources
 - Provides free local and regional training and technical assistance
 - Heightens the awareness, knowledge, and skills of the mental health workforce
- 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office
- www.mhttcnetwork.org



Connect with Your MHTTC at www.mhttcnetwork.org

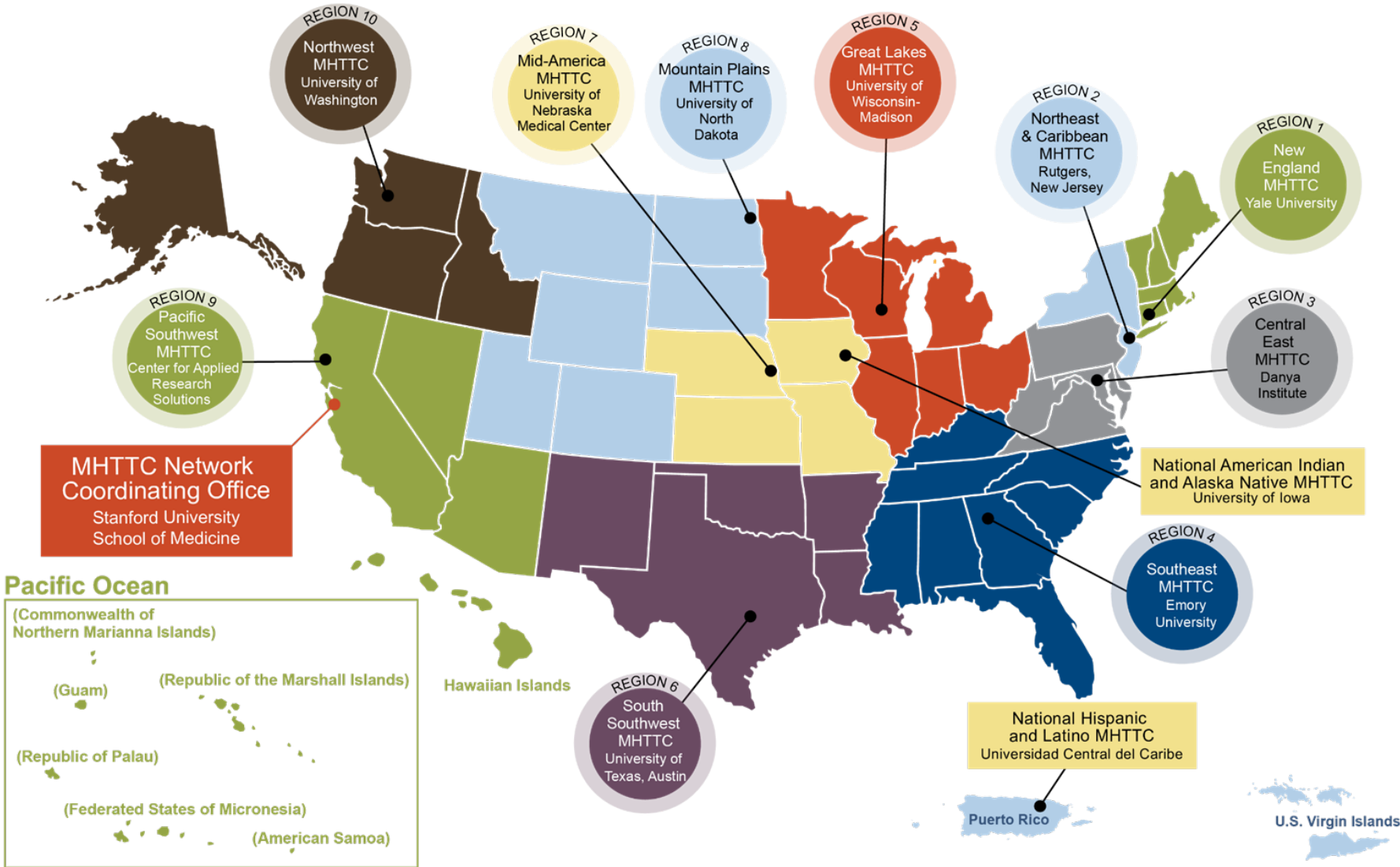


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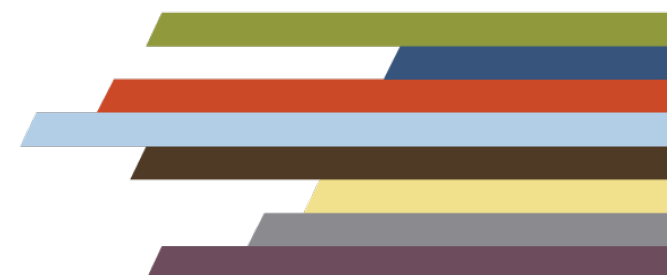


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At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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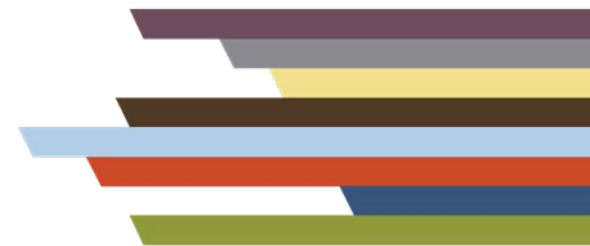
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Grief Sensitivity Virtual Learning Institute: Are You the Therapist a Grieving Client Wants to Meet? Part Two: Let's Do This !

Thursday, November 12, 2020

Jill A. Johnson-Young, LCSW

Central Counseling Services of Riverside & Murrieta, CA



Presenters



Jill Johnson-Young is a dynamic and engaging local, national, and international speaker who loves teaching both professional and community groups about dementia, death and dying, and grief and loss. She co-owns Central Counseling Services in Riverside, California where she is also a clinical therapist and practices as a certified Grief Recovery Facilitator. Jill has authored three children's grief books and an adult grief workbook with more in process, and created www.yourpaththroughgrief.com, a year-long comprehensive grief support program. She also has a website with resources for therapists, www.jilljohnson-young.com which includes resources for therapists.



Jill A. Johnson-Young, LCSW

Central Counseling Services of Riverside & Murrieta, CA

www.jilljohnsonyoung.com

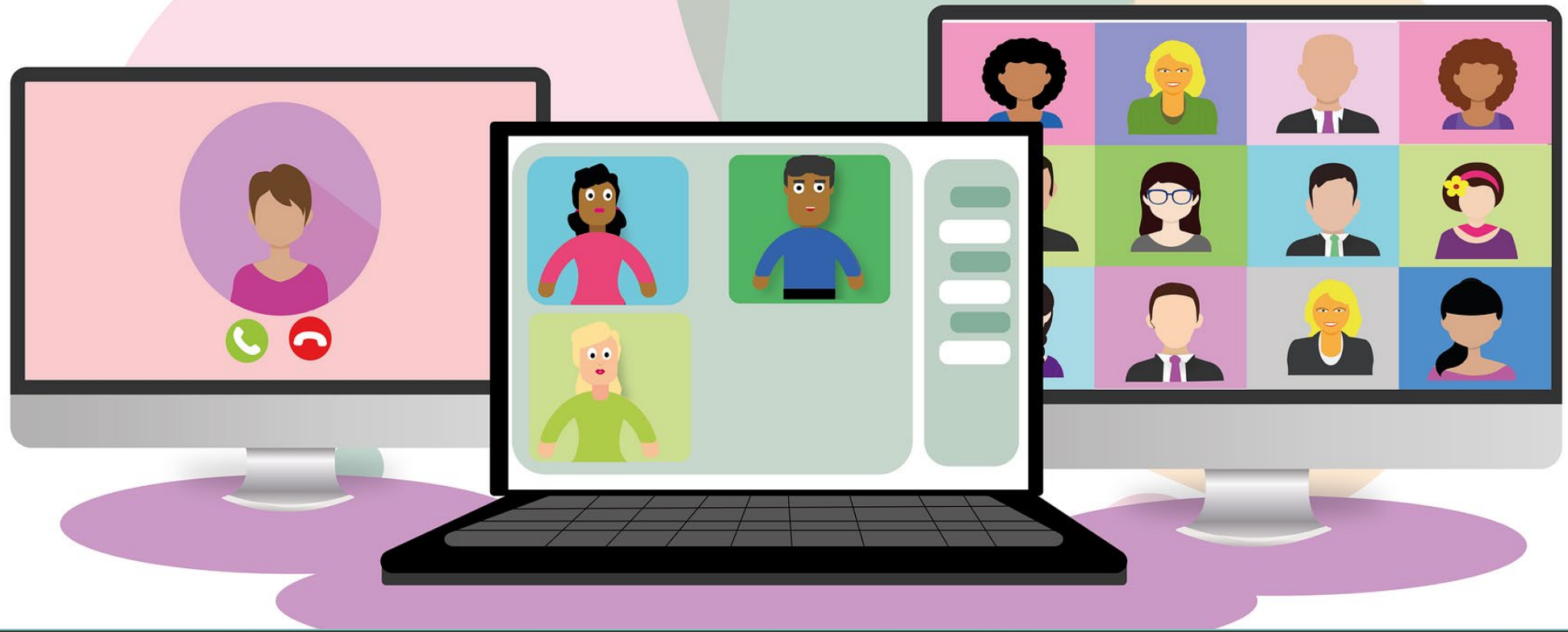
Are you the therapist
a grieving client
wants to meet?

**Part
Two:
Let's
do
this!**

Quick Review from September (Or five years ago in 2020 language and experience)

We covered:

- Research about mass losses and who did best in recovering and post traumatic growth
- Unnamed losses
- Stages
- Setting your office environment
- What grieving clients want from us (hint- groups info)
- Research about hospice support



Did you do your group homework?
What did you find available right now?

If you found groups did you determine

- If they will convert to in person soon, or if they are already, or will stay online?
- Time limited or ongoing?
- Faith based, if so, what faith and how heavily?
- Ages that are predominant?
- Any specialty groups?



Another major part of doing grief

- ▼ Understanding and re-educating about the dying process

Has anyone in the group today been through a death of a loved one, or patient/client, in person?

- **What do you remember most?**
- **What, if anything, still bothers you?**
- **Were there decisions to be made?**
- **Did you understand what was happening?**



Were there
things afterward
that you wished
you'd known
ahead of time?



So let's try this from the experiences that just we heard from our group. Let's discuss!

How much different would your grief process have been if you had a therapist who could explain what happened as you described it, and could make sense of it with you?



Listen for what happened in the dying process and educate carefully- words count


While you are reeducating and reducing
trauma:



- Don't question the use of pain meds, food, fluids- even if you are meaning well to support them in their decisions, initially it may come across as criticism or blame for the death.
- Don't ask about treatments in such a way that it might come across as questioning the decisions made.
- The client wants to hear that you are there to listen, not to fix them or tell them how to grieve.- but they also need to know what really happened, and for trauma to be reduced when it is from a misunderstanding

Let's look at not saying the
wrong things

Now that you have
an idea about fixing
the wrong ideas
about dying...

A dimly lit room, likely a therapist's office. In the foreground, a white desk holds a black desk lamp, a printer, a box of papers, and a small black device. Behind the desk is a white cabinet with two doors. To the right, a window with white trim is visible. The background wall is white and has a shelf with books and a blue container. The overall atmosphere is calm and professional.

***We are therapists. Perhaps friends or coworkers.
We want to make it “feel better.” What is really
needed is for you to hold space like never before.***

▶ That means in person, online, or on the phone. Hear what they say, and respond without saying things that hurt.

- In Person: You have all the stuff, and yet a mask, at least for now. Your environment needs to be thorough.
- Online: You can see them but they may need things to do to not be in total eye contact, and they need to feel your presence in how you set your stage. You can email assignments, resources, webpages. You can do an example and screen share with the right programs.
- On the phone: Quiet! Headphones. No background noise on your part. Review last week, their current week, look for crises, and then ask how they are doing, and modify if needed. I have been known to mail resources and assignments. (That means having a well stocked home office and postage)

Transparency in grief therapy

- It is your choice- *but it impacts your therapeutic relationship*
- You must meet your state or country's laws/ethics
- You need to meet your client realistically.
- Your client may not want to know your specific losses
- **They do want to know you are not going to present yourself as a blank slate that has never had a loss.**





Example #1 of
transparency &
normalizing

- **Meet Fuzzy**
- **Empress of the Office**
- **Died June 6, 2019, age 17 (or 100 plus years)**



What are the things that you *still* remember?

What have you heard
after someone died
that was not helpful-
or hurt?

Don't compare other losses to theirs.

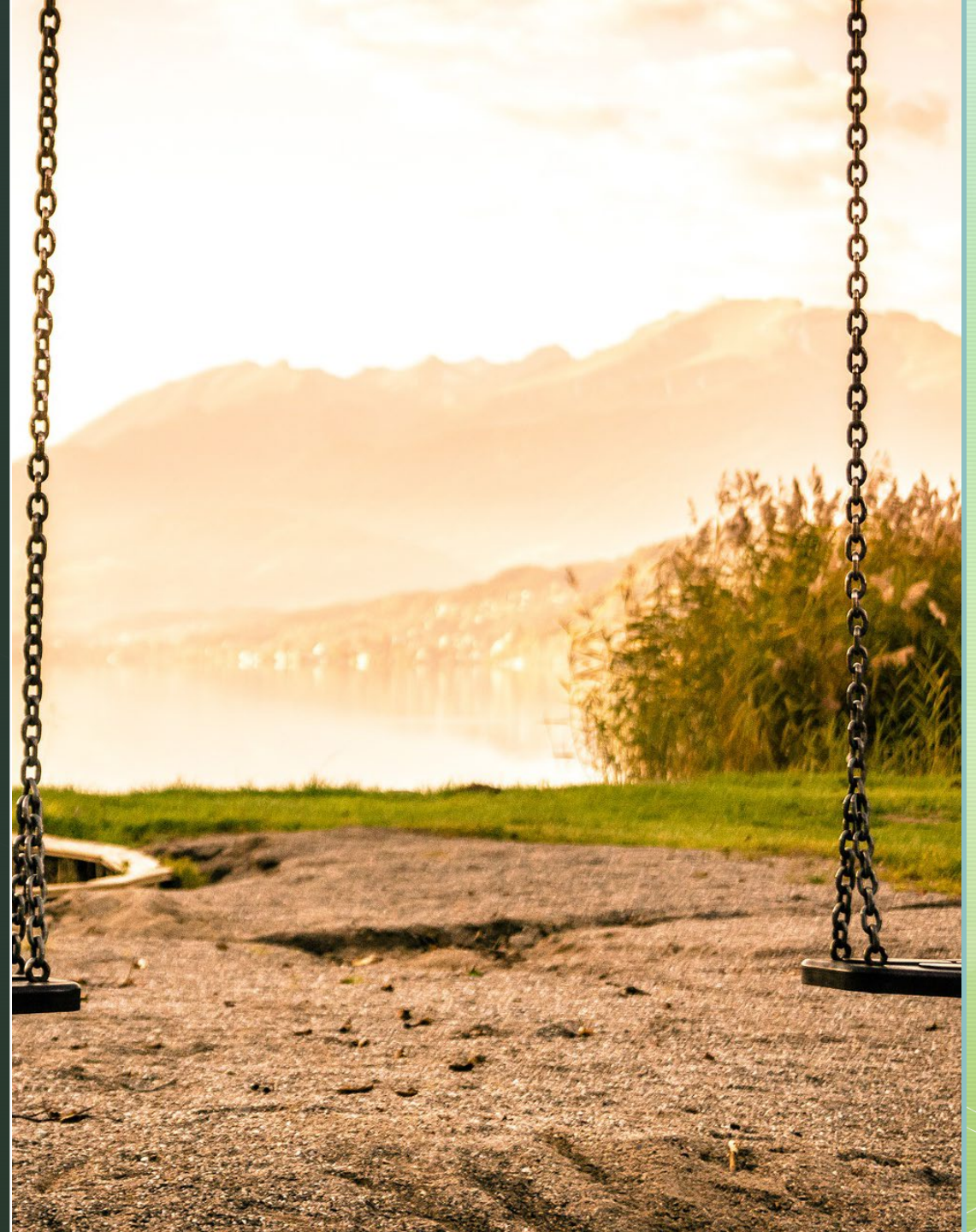
Transparency does not mean allowing them to minimize theirs if they know about yours

Be especially careful with Covid losses and comparisons/ minimizing

- Statements such as “God never gives us more than we can handle” “Only the good die young,” or “he/she is in a better place” are not comforting and can cause even more pain. **Don't use them.**
- The grieving person's internal response will be something like "A better place would be here with me" or "if only the good die young what does that make me?"
- The response might include "why are you telling me what to feel?"

For kids
What do we say?
What do we not?

- *Ask what they have heard that felt wrong or bad. Counteract it. Role play stopping it if possible or asking an adult for help.*
- "You are the man/woman of the family now."
"You are so lucky your(XX) is watching you from heaven now."
- A.) That's creepy to kids sometimes (how do you go potty with an angel watching?). B.) They would really rather have them here, and they are kids, not adults. That "man of the family" thing is good in old westerns, not real life. It makes kids totally stressed.
- Don't imply that a person wanted to die to watch over them.
- Ask their beliefs- even littles can have a strong idea of what afterlife, or not, means for them.



▶ You know the dying process, how to reeducate, what groups to utilize, how to do intake, how to write goals and do treatment planning for grief, how to set up your space. What to say, not to say, and have thought through transparency.





Remember- these are all in
the handouts

Let's do
solution
focused grief
work

Use your time to prepare your client for what is coming- give them a *sense of control*. It will move them beyond “I feel crazy”



- **For all:**
- **Say the name**
- **Remember important dates**
- **Prepare for those dates**
- **Simply saying “I’m so sorry” goes a long way**
- **Holidays are coming- now what?**

New Language



- **Grief:** the time to finish the relationship, reorganize, find a place for the loved one in a new way
- **Grief work:** finishing the leftovers, remembering who really died, reorganizing, post loss growth
- **Recovery:** the work is done, life restarted, still have moments of sadness and missing
- **Moments of sad and missing are grief attacks, not continued mourning. They are *normal responses to triggers from memories.***

The tasks of recovery and reorganization

Boundaries
begin here

Rule breaking
begins here



#1. HELP THE CLIENT CREATE AN ACCURATE MEMORY OF THEIR LOVED ONE.



#2. FINISHING: GRIEVERS TAKE THAT ACCURATE MEMORY AND PRESENCE INTO THEIR REORGANIZED NEW LIFE.



YOU HELP THE CLIENT DETERMINE THE BOUNDARIES ABOUT WHO IS INCLUDED, WHERE THEY ARE GOING, AND THEIR TIME FRAME.

▶ **The grief rules= my challenge**

- **Don't be sad- be strong, especially during the illness and dying process (or hospitalization with COVID)**
- **Support others who are grieving- to your detriment**
- **Don't talk about how grief may be impacting you**
- **Don't smile too soon, or too often. Don't look sad, either.**
- **Be done: sooner, not so quickly, not so well, do it better**
- **If you are a widow no dating or changing anything for one year**



Take the accurate memory, and then finish what's left:
The rest of the process to recovery, re-entry and finishing grief (note: leaving this undone means complicated grief later)

What was left unsaid?

What apologies needed to be made?

What thanks?

Plans left undone?

Guilt?

What other deaths are rolling into this one?

How do you list all of that? Client's choice. This is their grief. You are demonstrating boundaries.

Descriptions of who they were

Timeline or list of events

Things not done

Or a series of circles, or pie charts, or simply a list, or events that link to apologies or things not able to be completed.

Whatever helps your client get through that entire list of things that must be addressed and completed. Letting your client decide gives them some control or say-so in this process.

Pulling that together

- Drawing from Grief Recovery, Positive Psychology, Grief Dialogue, Stanford research, and others:
- Your client constructs a letter to say goodbye, using all of the material they have put together.
- You receive it verbally.





After the goodbye-hello reorganized new life

- They have figured out how to run life without their loved one
- They have set boundaries
- They have decided what they want in relationships
- They choose where they go from here.

Other things we need to do to empower our clients to be the director of their new life

- Role play: What do they say when people say offensive or hurtful things to them? (Grief Card time!)
- What about when the things said are intended to make their grief process different that the client wants?
- How do they stop following the travel agents of guilt trips?

“My New Life Board”

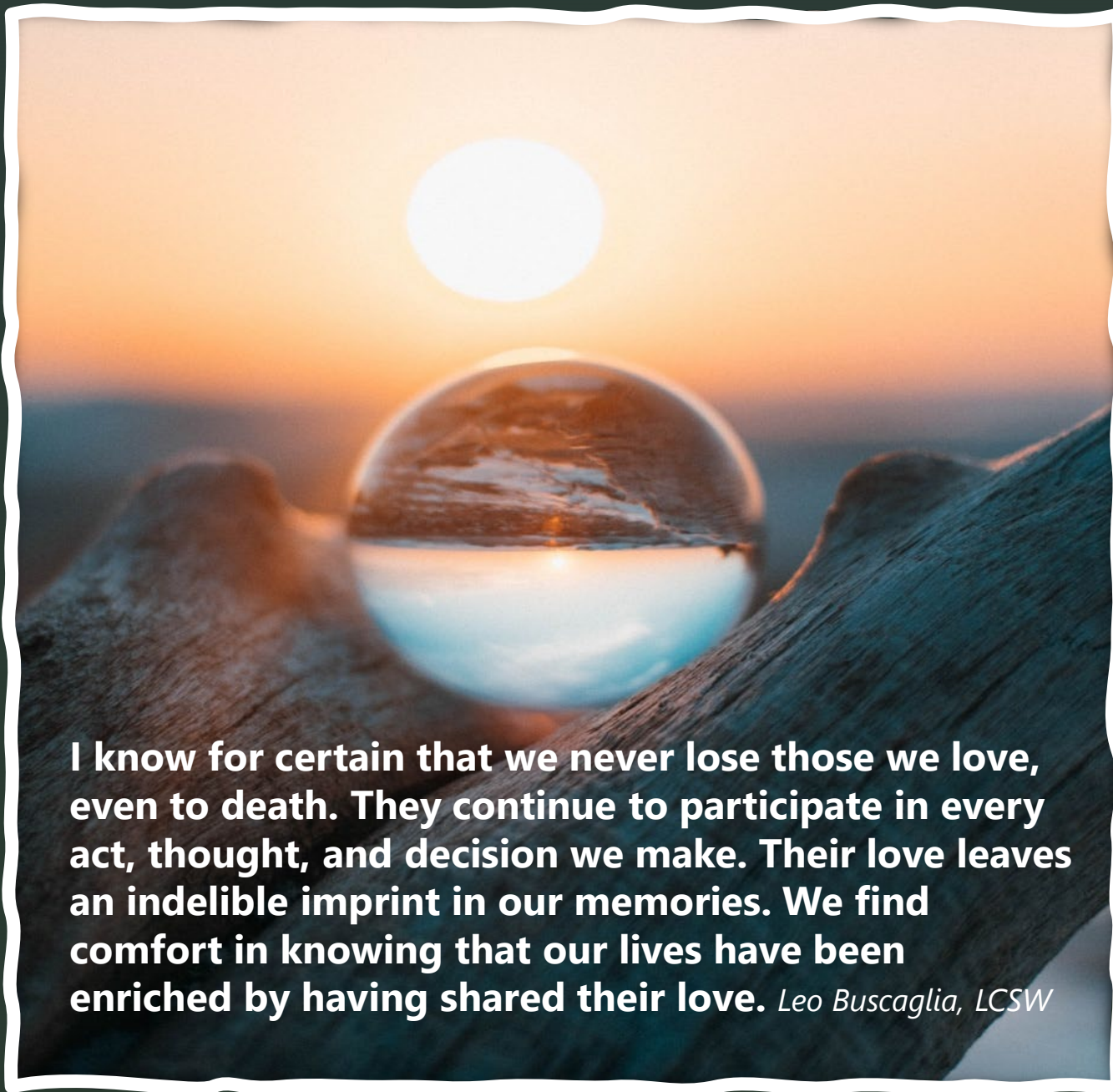
No –they did not want it, but here it is

- ***Hint- think about new life board with old wishes and dreams and things left behind***
- What **do** they want their new life to include?
 - Who?
 - Who goes to the outside circle?
 - Who is new and joins in?
- ***Is intimacy part of it if a new widow or widower? Have you brought it up?***





The reality is that after a loss all grievors of all ages continue to refer to their loved ones for ideas, advice, support, confirmation.



I know for certain that we never lose those we love, even to death. They continue to participate in every act, thought, and decision we make. Their love leaves an indelible imprint in our memories. We find comfort in knowing that our lives have been enriched by having shared their love. *Leo Buscaglia, LCSW*

Additional Resources



- If there is truly complicated grief in your client experience, the Center for Complicated Grief : www.complicatedgrief.Columbia.edu

Resources for suicide losses



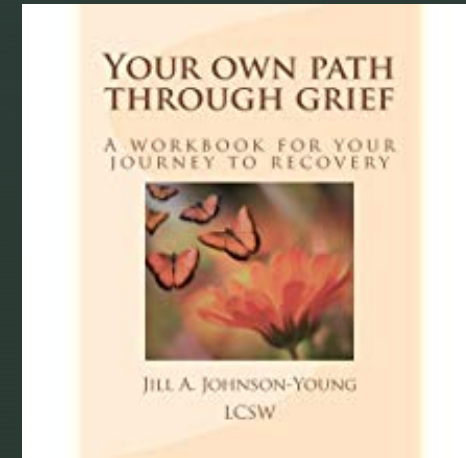
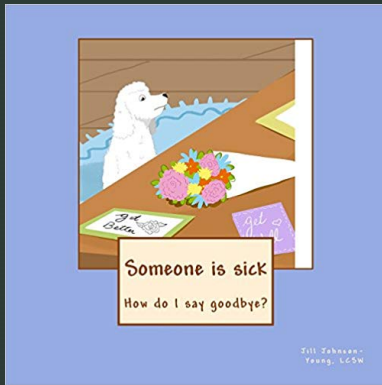
- <https://www.soslsd.org/>

www.lossteam.org

<https://afsp.org/> American
Foundation for Suicide Prevention

COVID 19 Family Support

- <https://www.facebook.com/groups/CV19supportgroup> Support for those who survived the virus and have disability issues
- https://www.facebook.com/groups/177295420205691/?_tn=%2Cd Covid19 Support Group for Survivors and their families
- <https://www.corecovered.org/> International group for those who have recovered



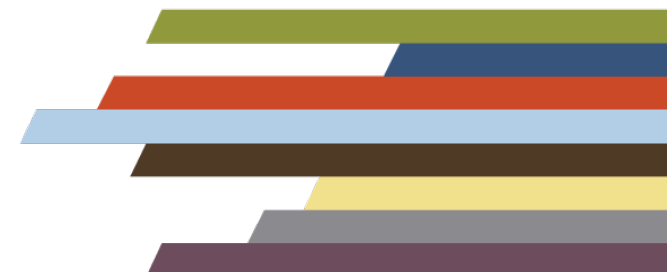
New Course schedules and grief support groups will be posted on my website



JILLJOHNSONYOUNG.COM
GRIEFTALKER

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www.centralcounselingservices.net

Q&A with Presenters

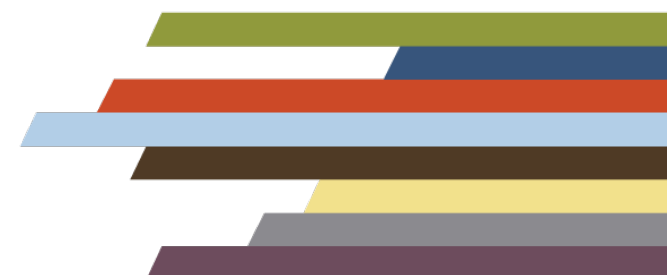


Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.

Survey Link: <http://bit.ly/GSVLIJohnsonEval>





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Next Session

Grief Sensitivity Virtual Learning Institute

11:45am-12:30pm PT 12:45pm-1:30pm MT 1:45-2:30pm CT 2:45-3:30pm ET	Day 1 lunch + break out discussion groups (Optional)			N o n e
	Grief Sensitivity Break Out Discussions	MHTTC	http://bit.ly/GSVLIgs1 No Passcode Needed	
	School Mental Health Break Out Discussions	MHTTC	http://bit.ly/GSVLIsmh1 Passcode: GriefC1*	
	Evidence Based Practices Break Out Discussions	MHTTC	http://bit.ly/GSVLlebp1 No Passcode Needed	
12:35-2pm PT 1:35-3pm MT 2:35-4pm CT 3:35-5pm ET	Session 2			