



Transcript:

Are You the Therapist a Grieving Client Wants to Meet? Part 2

Presenter: Jill Johnson-Young
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LOU KURTZ: All right. Thank you. Good morning and afternoon to everybody, whatever time zone you're in. My name is Lou Kurtz. I'm the director of the Great Lakes MHTTC. And today, we are presenting part 2 of our national Grief Sensitivity Virtual Learning Institute.

Today's session is called, Are You the Therapist a Grieving Client Wants to Meet? Part 2. Let's Do This! With Jill Johnson-Young. A few housekeeping items before we get started. We have made every attempt to make today's presentation secure.

If you need to end the presentation unexpectedly, we'll follow up using your registration information. All attendees are muted. If you have a question for the presenters, please use the Q&A section. If you have a comment or a link for all attendees, please use the Chat function.

At the end of today's training, we will be asking you to complete a brief-- about three-minute survey about today's training. You will receive an email on how to get your certificate of attendance. We expect that you'll attend at least half of the session or, hopefully, all of it. This event will be closed captioned. And you can reach us on social media. The session recording and slide deck will be posted on our website within a week.

Now, if you want further information on grief, a number of fact sheets have been developed by people who work within the MHTTC Network. And you can see here the five fact sheets that are available. If you would like to access those, you can go to our web page. And a special web page has been set up about grief, loss, and bereavement.

We also want to be sensitive to your own grief and reactions throughout the Learning Institute in today's session. If you need to take breaks, stretch, drink lots of water, that might be helpful. And we've listed some of the help lines and support lines that are available to you on this slide.

The MHTTC Network-- the purpose of it really is to accelerate the adoption and implementation of evidence-based practices. We do that by developing and disseminating resources. All of our training is free. And we provide that



locally and in a regional basis. And we want to heighten the awareness, knowledge, and skills of basically being a real health workforce.

There are 10 regional centers across the country, including a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office at Stanford University. And here's a map of the network of the 10 centers. Our center, the Great Lakes MHTTC, is up there in the burnt orange states. We are the six states surrounding the Great Lakes.

This presentation was prepared by the MHTTC Network. The opinions expressed in this learning session are the views of our moderator and panelist and do not reflect the official position of the Department of Health and Human Services, or SAMHSA. So again, today's session-- Are You the Therapist a Grieving Client Wants to Meet?

Jill Johnson-Young is an engaging local, national, and international presenter who loves teaching both professionally and with community groups about dying and grief and loss. She co-owns Central Counseling Services where she's also a clinical therapist and practices as a certified grief recovery facilitator.

Jill is the author of three children's grief books and an adult grief workbook with more in process. She's also created this website-- Your Path Through Grief, a year-long, comprehensive grief support program. She also has a website with resources for therapists, which includes resources for a therapist. What a surprise. And without further ado, I bring you Jill Johnson-Young. Thank you for returning. We're really excited about your presentation today.

JILL JOHNSON-YOUNG: I am so glad to be here. Let me see if I can get Fred down far enough. Because when I present, Fred presents, just think you should know that. Let's go to slide show. Are we good? We got it up on the screen?

SPEAKER: We don't see that. Try sharing again.

JILL JOHNSON-YOUNG: Oops. OK, sorry. Where are we? Share screen. Come on. Now?

SPEAKER: Yep. Yeah, looks good.

JILL JOHNSON-YOUNG: OK, perfect. Sorry. Usually good with this stuff, not always. First of all, welcome. And thank you for coming back. Fred and I both appreciate it. If you don't remember him, he helped present last time. And he's decided he's going to be here the whole time this time. So don't mind him. He'll just stretch around and wish he could see all of you.



So we did this in September. And we talked about all the stuff before that, the background for why we're here, research about mass losses. Who did better when they were recovering? Who made the best growth in post-traumatic-- from a post-traumatic growth perspective? We talked about unnamed losses, including pets. Don't tell Fred. We talked about stages and how much I adore them or how much they don't belong in post-loss grief.

We also talked about setting up your office environment a little bit. And we talked about what grieving clients might want from us in terms of groups or not. And we talked about hospice support and what the research said about all that. So I want to make sure you're cuing back into that, and that you've got that in your head from where we started.

First off, did you do your homework? Did you find out what is available right now for groups in your area or online? Did you find out which ones are based in faith-based groups and which ones aren't? Which ones have a good reputation and which ones don't? And have you given more thought to who you might use a group for as an adjunct to therapy and which folks just need you or the resources that your agency has?

I saw that we've got Gino's school district here. And we've got folks from Nashville and across the country. You're in all different agencies. You've got lots of resources. Let's check out what we've got before we send our folks. Because right now, we're in the middle of increasing losses again. I was really hoping when we got here today, we'd be on a downhill slide. And instead, we're going the other direction.

So if you found groups, did you find out if they're online and if they're going to stay that way? Because if you're going to refer to an online group and they happen to be in a different state, that might not work if you're in an area where, hopefully, the downhill curve is coming.

And are they like mine that are eight weeks long, time limited, you do the work, and you're done? Or are they ongoing? And what ages are in the groups? And did you find some suicide-specific support groups and some spousal loss specific and some child loss specific?

There are lots of different things available. You still need some of those resources. Some of the resources that are available from HTCC are great. They've got those things. And I've got them on my website as well. I want you to have all the sources to use.

One of the things that I find is most important and I think you will, too, in working with clients who are grieving is knowing the dying process and being able to re-educate about it. And why is that? I hope you've got your hand-out. If you don't, let me know or let MHTTC know. There is a hand-out that's got the dying process in it.



We don't have time to go through all of it, but I'll touch on all of it today, just a little bit. Because I can't help myself. If you're sitting here today with me, think back about the death of a loved one, or a patient, or a client, or someone else.

Have you been through the death of someone in person? Have you watched it? Have you been present for it? What do you remember most? What sounds? What smells? What were other people doing? Was it organized? Was it chaos? Is there anything that still, when you bring up that image or that moment in your head, that still is sitting right there with you and you just can't get that out of your head?

Because if you have those things, you've got to assume that it's not those same things. But there are things that clients have absorbed that they haven't verbalized, because it makes them uncomfortable. They don't know who to bring them up to. They don't even recognize that's what's there for them.

That's a big part of what we do in initial grief work is work through that trauma. Were there decisions that someone in your family or you had to make during that process? Things that maybe other people didn't understand or decisions other people made that you weren't good with, maybe because you didn't understand them, or maybe because you just plain didn't like what they were deciding on. Did you understand what was happening and someone educated you?

Those are really big issues for someone who comes to you for grief, especially if they're holding on to them. I do these presentations usually across the country, but now from here. And when I do them, and I go through the whole dying process with folks in the room, what happens afterward, every time, is a few people will come up to me afterward and need to talk. And they will share that thing that just doesn't get out of their head, what happened.

I had one person who had worked with a hospice agency. And she'd done it for a lot of years. She ultimately left her position. Because when someone she loved was dying, she could not cope with the sound that occurs when someone is laying prone on their back, flat on their back or in the bed. And they're not swallowing anymore. And when they're not swallowing, the fluid builds up on your vocal cords.

And instead of sounding like this, it sounds like a huge-- it can be absolutely deafening sound-- gurgling. And what people misinterpret that is-- as that someone's drowning, or that someone is uncomfortable. And what's happening is that that person's brain is not even recognizing that that process is happening. We're the ones recognizing it. We're the ones hearing it. It makes us uncomfortable, right?

There's some very key moments that happen in the dying process that cause people to hold on to them. The other major one at the very end of life is when



someone is doing what we call Cheyne-Stokes breathing. It's quite an elegant name, isn't it? Very French. What it means is that the brain and the lungs are no longer communicating.

And at the very end of life, our brain, our lungs, and our heart are like, everyone out for themselves. I'm grabbing what I can. And so when the lungs don't remember how to breathe and the brain's not giving the cues, someone can breathe, and then stop breathing, and then gasp, and then relax. They are not gasping for air, but it looks like this.

[GASPING]

There can be a rapid change in breathing pattern. Now, I have asthma-- guaranteed I have to talk myself down during these moments, because it triggers my, ooh, gosh, that reminds me of asthma attacks moment. The person doing it, the dying person doesn't feel it. We know this because we have EEGs that were done on folks who were dying many years ago, before we had all the right committees to make sure we weren't doing experimentation without permission and all the ethics behind it.

But the good news is because of those research moments, we know that when someone is in the dying process, they are not recognizing that they're not breathing normally. They're not recognizing that sound. The only thing they're really recognizing is the voices of people that they know.

If you're a nurse, there's going to be no response. If you're the daughter, or the wife, the son, the mom, they're going to recognize you. Those are important to know. And those are things most people don't know. Because we don't talk about this stuff.

And that's where a good grief therapist comes in. That's where you doing grief work from where they are really comes to matter. If you were present during a dying process, were there things you wished you'd known ahead of time? If there are-- if you want to put those in the messages, Chat-- if you want to let everyone know, then they'll get the words to me. And I'll share that a little bit, OK?

But I want you to think about, what do you wish you'd known? Because your client, if they weren't prepared, wishes they'd known, too. If your client is coming from a COVID perspective, they don't know what's happening. They're not part of it.

And the doctors and nurses may not have time to make those phone calls. And you may be the repository of information to help them understand what happened and help them understand that their loved one was not uncomfortable. They were receiving all the right meds. They had medical people taking good care of them. They need to hear that.



I have done that probably six times this week already with even some long-term clients I've had who have had unexpected COVID deaths in their family. They didn't come to me for grief. But now, that's what we're doing. They don't know the dying process. They didn't know that when that nurse put that phone up to their loved ones face that their loved one was actually hearing them, even though they weren't responding.

My telling them that they could hear them brought things down to a level where we could really work and helped small kids this week, knowing that their loved one could hear them saying goodbye. Because saying goodbye is a really important part of the dying process for those of us who are being left behind. If your client feels like they didn't get to do that, there's a big loss there for them.

SPEAKER: And--

JILL JOHNSON-YOUNG: Yeah?

SPEAKER: So we had someone that was in a chat. One thing they didn't know or they wish they had known before was how long it actually takes, which I'm assuming means the dying process.

JILL JOHNSON-YOUNG: The dying process can take forever, can't it? It can be super short. But I have sat through hospice death that have taken a week of someone being completely unresponsive and Cheyne-Stoking for a week, sometimes not breathing for a minute at a time. And everyone sits and waits. And then they breathe again. And you sit back.

By the end of that week, your back hurts so much. So if knowing that perspective, a client comes in and you say, can you tell me what that was like? How long did it take? They've got a cue that you might understand where they've been. Now, you haven't had their experience. I haven't had their experience. I've been through hundreds of deaths, because I worked for hospice. And I think I shared this before. I've walked two wives to the end of their lives.

So I've been there and done that. Everyone is different. If a therapist knows what the experience is, and doesn't get scared from hearing about it, and can be comfortable, and relaxed, and receive it, and then reframe it, make sense of it for the client, that client is going to make leaps in their work. Because they're going to feel like they can share with you. And they're going to move faster through this process.

It can take a very long time. My first wife was sitting up. Linda was talking to us at 6:00 in the morning. She died at noon. But that last two hours-- it felt like forever. It really did. My second wife died of Lewy body dementia. She was bed bound for well over two months, as much as you can be bed bound with



Lewy body dementia, because it's a wild ride. But she didn't eat or drink for 37 days, part of that through Thanksgiving.

So those things-- if you can reference that when someone says, oh, I feel like we starve them to death. Because when someone is dying, they don't eat, and they don't drink, because they can't. And as they're approaching the end of life, their appetite decreases. Their thirst decreases. Their interaction with people decreases.

It can feel like, to your client, who doesn't know this, that their loved one is withdrawing from them, doesn't want to talk to them. It feels personal, right? These are my last days on Earth with you and you won't talk to me? What is that about? It's not personal. It's that their body is shutting down.

We are taught when someone is sick, we feed them chicken soup, right? Doesn't matter what kind of chicken soup, but some kind of chicken soup is always in the formula. Vegetarians-- you get vegetarian chicken soup. We can't feed someone who's dying, because their body can't process it. It looks to those who don't know that like someone's being starved. And they're not.

But if you feed them at the end of life and their system is shut down, it can cause all kinds of drama that I won't go into here. But it is in the hand-out for you. You can be that therapist who can meet someone where they are and understand what happened.

I have been on the receiving end of therapists who didn't know this stuff. And it was not a good fit. It took me one session to recognize that this person didn't know how to do grief, because they didn't know dying. And when I meet someone who does know dying to do grief with me, we meet, we go, we can talk. They understand the process.

This is the most evidence-based practice you can ever have is knowing this process. And in all of that, what happens if you had a therapist who told you grief didn't have to be forever? You're not going to feel like this. You're not going to feel the words I hear frequently-- crazy, like crap. There were a few that were a little more descriptive. I won't use those.

They come in. And they feel just rotten, and lost, and alone. And you are the one who meets them and can say, all right, tell me what happened. Tell me your story. We'll get into that in a bit. But if you can, in hearing their story, assure them this is not going to be forever.

I don't care what Pinterest says. I don't care what all the Hallmark cards say and American Greeting cards. Let's be fair. It doesn't have to last forever. We can get you through grief and use it for growth. When someone is talking about the dying process, this is what I want you to be listening for and the kind of questions to use and not to use.



And this is important. Because this is your part, beginning of the re-education and the reducing the trauma. When they're talking about the end of life and they're talking about pain meds, food, fluids, be sure that your questions are not couched in a way that sounds like you are questioning why they made the decisions.

People who have had to choose to use pain meds, which is 100% most of the time, can feel really guilty. Because we now have a big push on for not getting addicted to drugs, which is good, but not when you're dying. When you're dying, you want all the drugs. And they hear from other people, oh, if you use pain meds, you're going to hasten someone's death. Or, you use them? Really? You did that?

I had a minister who told me that they had helped their mother die. And I said, what? Oh, yeah. I allowed them to use morphine. No, no. You helped your mom be comfortable in the dying. Let's reframe that. Mom was going to die anyway. You just made her more comfortable. Because when we use morphine, we relax our muscles.

And that actually makes it easier to breathe that end of life. When we don't give someone food and fluids, we're preventing them from developing aspiration pneumonia. So be sure in whatever questions you ask, there isn't a hint of, should you have more? Tell me about how it was to make those decisions and how people received your decisions. Then you're going to hear where they got the flak from, or where they didn't get support, and where they did.

When you're talking about someone's illness, you want to make sure that if you're asking about what treatments they had and what interventions there were, that they aren't feeling like you're questioning why they supported their loved one and not having chemo, or supported their loved one and doing chemo until the very end, or why they allowed their loved one in the hospital with COVID to be intubated, or why they chose not to, that you want them to tell you the story, not to feel like you're judging their story.

And I know as therapists, we all know that. But when you're talking about the dying process, folks are especially sensitive. And there's a lot of Monday morning quarterbacking that goes on for especially those people who weren't there. So if you can start off with them in those first sessions helping them see that you support them in whatever they did and you get that they made the decisions the best way they could with the best information they had in that moment in time, you free them up to do the work.

Your client wants to know that you're going to listen to them. You're not going to fix their grief. You're not going to tell them how to grieve. They do need to know what happened. They need to reduce their trauma. They need to correct the misunderstandings. And they need to know that even though you're not going to fix them in the work they're going to do with the boundaries you're



going to teach them how to set, that they're going to be able to get to the other side.

It's a totally different approach. Then you have to get to acceptance. Because acceptance is just like this long-- OK, they're dead. Now what? This is we're going to get you to the other side. We're going to finish the grief. We're going to get you out of here. You are going to feel better, just probably not right in this moment, right?

Now that you know about dying to some extent, let's look at what you don't want to say to someone. Because we do want to make people feel better, don't we? Come in. Sit in my beautiful office. That's not how my office looks, by the way. And this is how my office looks now.

But we do want to show them that we know how to hold space. It can be difficult right now. Because if you're online, you have to try to gauge when someone stopped talking, right? And you, especially in grief work, don't want to cut someone off prematurely.

I have to really watch myself for that. And I do this all day long. I really wait for that long breath which says, OK, now, Jill. Now, you can talk. If you're doing this in person, you've got your whole office set up. You can do this probably in a way that you've got the ability to judge all of the expressions and the body movements.

But if you've got a mask on and they do, you can't see their facial expression. So you have to be good at reading eyes now and foreheads. I'm going to have the worst lines on my face when we get done with COVID, because I am using my eyes to do talking whenever I'm out. And I am just telling these things to develop like crazy. I could never have Botox, let me tell you.

Online-- you can see them. But sometimes they don't want to make total eye contact. Give them that grace. Your presence-- and this is my presence-- Jill and Fred. This is how you set your stage, right? You can also hear online. Or even on the phone, if they've got email, you can send them out assignments. You can send them homework. You can send them web pages. You can do some kind of example, share the screen with them.

There's a lot we can do now that we're all high tech if you use it right. Do make sure, however, you're HIPAA compliant. Don't hear me say break HIPAA. But you can do those things. And we have some HIPAA leeway right now. If you are in the position of having to do phone work, make sure you're in a quiet space. Make sure you've got headphones on. Make sure the background noise is as minimized as possible.

Right now, sitting in this room, I actually have two comforters over my door, and a lock on the door, and some other stuff. So I can batten down sound so that there shouldn't be sound bleeding in here. I do that when I'm with clients,



too, so they don't hear Fred going after the gardener and all the other things. OK?

When you're doing phone, you have to do a little more check back in with grief work. Because they're not going to remember everything you did quite as much as someone who's coming to see you for depression or anxiety. Review the homework with them while you're looking at what you gave them. Look for the crises that have occurred.

In early grief, there are lots of crises, most of them manufactured by other people. But there are crises. Listen for them. And when you're talking to them, that first thing you say is not, how are you doing? That will shut down every griever. Tell me about your week. Tell me what last night was like. That gives them the opportunity to tell you that life is feeling like crap, or they actually were able to smile and laugh last night. OK?

If you're working from home, make sure you've got your postage stamps and your home office ready to go to send stuff out. I am-- all the stuff right now here at the house. The other big piece of grief before you even get started working with a client is being able to be transparent. Now, I know it's your choice how much you want to be transparent.

But there is not a person on the planet who has not had some kind of loss. We talked about the unacknowledged losses last time. If you've lost a pet, if you're military and you moved a lot as a kid, if you're military and you move a lot as an adult, if you've broken up with a boyfriend or a girlfriend, if a grandparent died, even if you didn't know them very well, if you didn't like the results of something going on nationally, for instance, all of that is loss.

So think about that when you are talking with clients. I had one young therapist from our office working with me and doing grief group. She said ahead of time, Jill, I haven't had any losses. I don't feel like I can do this. And I said, you broke up with your boyfriend last week. You were in my office three times crying your eyes out. She said, oh. Yes, you have had a loss. You just got to name it is a loss.

Your client is going to seek you out for grief work, because they think you can do the work with them. And they think you can identify with them. So look at your state's ethics, look at what your malpractice says, look at all that stuff. And then work that into how you can be more transparent.

Now, my stuff is all over the internet. My story is not a secret, by any means. My new book, *The Rebellious Widow* is coming out next year. I'm all out. My clients seek me out. And they will call me and say, I chose you, because I knew you'd had people die. Because grievers are not shy.

If you are working with someone who doesn't know your stuff, you don't need to share everything. They don't need to know who died. They need to know



that you've experienced loss, that you're not some blank slate who's not going to share. And it's incredible the ways we can actually share losses.

Here's transparency 101. Meet Fuzzy. Fuzzy died last year. She was 17 and 1/2 years old. She worked in our office the last 10 years or so of her life. And, yes, she dressed every day. And we still have three drawers of her clothes for the next little oodle who's her size, even though they're not replaceable.

Fuzzy, when she was dying, was in the office. Because she was dying for about a year. And toward the end, she sat mostly on a heating pad in a corner of my couch in my office. But my office was positioned in such a way that literally 3/4 of the clients who came for services passed my door.

Now, we have 30 therapists. We have a lot of clients. We have a lot of client visits. Those were a lot of people who knew Fuzzy. And if my door was open, they would walk in, and pet Fuzzy's head, and check in on her. When Fuzzy died, we left her bed on my couch for about a week. And it was empty like Tiny Tim in our favorite Christmas story and the crutch on the wall.

Fuzzy's bed was on the couch. And people came by. And they touched her bed. And they said she's gone. I said yes, she is. She died peacefully. And she was in my arms. She went out, where she wanted to be. I can't tell you how many clients went in to see their therapist those days, even little people--six-year-olds who knew Fuzzy.

And they'd say Fuzzy died. Yeah. Did I tell you about when so-and-so died? Or did I tell you when my best friend moved away? When we are transparent, we encourage grief work. And we encourage people to share even losses they didn't know they needed to talk about.

If you're working from home, and you've got a pet on your lap, and the pet dies, if your client asks, tell and process it with them. It's a bit of a controversial approach. I know that. I've seen that in lots of therapist groups where people are debating. I've seen people who have had pets at the office. And when they knew they weren't doing well, they took them home and told everyone the dog was just home.

Clients are coming to see us to gain strength in skills. When they gain strength in skills and coping with loss, they're going to do better for the rest of their lives with grief and loss. It's a gift. So what are some of the things you remember about what people said when someone you love died? Take a moment. What were some of those things?

I have seen probably 22 grief clients this week. And they're in all different places in their recovery. And still, they're coming in with, I heard such and such from so and so this week. I can't believe they said that. They're still hearing it. People say things, because they want to be helpful.



What happens is it causes hurt. It causes separation. It causes anger. And it gives you work to do. Because we need to prep our clients for how not to accept these kinds of comments. When you are talking, your transparency-- and if you share about a loss, you're going to be careful to let them know you're not minimizing their loss.

And when they're talking about a COVID loss, make sure they're not hearing that their COVID loss is being compared to someone else's cancer loss or someone else's worse COVID loss. Every loss is completely equal. If I moved as a six-year-old and lost my neighborhood, that's equivalent to you losing your spouse as an adult. Because everything changed, right?

So make sure we're not comparing and you're stopping them when they compare themselves. If they've had a loss six months ago, and a friend just had a loss, and neither one of them has had a funeral, make sure that they're not saying, well, they should-- theirs is more recent. We can just do something. No, your loss matters just as much as that one, right?

They're going to have heard things like, God never gives us any more than we can handle. Only the good die young. OK, so what does that mean? To me, I'm not young anymore. He or she is in a better place. I heard that one four times yesterday. Four times, four clients in one day.

Each and every one of them wanted to say, seriously, better place would be right here. No, I don't want them to be in pain anymore. No, I wouldn't want them to be here after the accident. No, I would not want it. We have wanted him to survive that accident and be here in a hospital bed unable to move. A better place would be here and healthy, thank you very much. Right?

We don't want to use those things when we're listening to a story that's causing us a response. It's hard to listen to a death story if you're not ready for it and you don't have your boundaries up. But when you're receiving someone's death story, you're not there to rescue them by using some of these.

And if they've heard some of these, reframe them so that your grieving client can say something a little more appropriate like, why are you telling me what to feel? Why would you say that to me? Because they want to say it. They've just been taught, you don't have something nice to say, don't say anything at all.

And those are great words, most of the time. But there are some tricks to helping folks talk back to some of these statements and building those boundaries. So for kids, what do we not want to say? What do we want them to hear? Do you know people are still saying, you're the man of the family now? I thought that went out with Leave It to Beaver.



They're still saying it. Someone's watching over you. Someone's going to be taking care of you from above. They just needed to go to heaven, but they're here with you. All of that sounds like choice and they're being stalked. What they need to hear are their own thoughts, which are, I wish they hadn't died. They didn't want to die. And they're always going to be in my heart.

This says I've got an unstable internet connection, and I shouldn't. OK, good. We want to make sure that they know someone didn't choose to die, even if it was a suicide loss. And we want to inquire about their beliefs about where their loved one went. Because even if parents have a belief system, little one may be a rebel. And they may have a different system.

Now, you know the dying process. You know how to re-educate. We talked about writing goals and doing treatment planning. Let's talk through how we do this. Let's really do solution-focused grief work. I love this slide. It's all about the forest bathing, and the grief and loss, and the remembering, all in one package. It's my favorite picture. I'm so glad I found it. Use your time to prepare your client for what's coming through the whole process. Give them a sense of control.

What's the one thing you don't have when someone is dying? We don't have control over their death. You don't have control of your life changing completely. You don't have control over that car accident. You don't have control over someone sounding cheerful and bright and then dying by suicide two hours later. You don't have control over that. They didn't have control. You can teach them and show them how to feel like they've got some control over their life now and that you remember their loss.

So the first time you see a client, write down the name of the person who died. Put it some place where you can find it. I use a sticky note. If I'm seeing a grief client, I'm going to go back in, make sure I've got the name right, put that sticky note on the side of my computer so that when I'm talking to them, I can reference the name. Because I am horrible with names.

Remember the important dates. When they are telling you their story, they're going to tell you their first date. And they got married on the same day. And it was Christmas. And holy cow if it was Christmas. Because now, you've got everything all at once, right? Remember the dates, prepare them for the dates.

We've got the holidays coming. If you're doing grief talk right now, one of your primary tasks, in my humble opinion, is getting people ready, giving them permission to change how they do things. If they always did the big Thanksgiving, COVID has given us an out. Because we can't do big Thanksgivings this year, at least not safely in most places. So you can do a different kind of Thanksgiving.



I've got one family that's going out for In-N-Out. I'm sorry those of you not near In-N-Outs. We happen to like them here in California. But we have different things we can do. If your client is doing a family meal together, help them start the tablecloth where everyone puts their hand-print on it, and puts their name on it, and then makes a cloud and puts the name of the person who died that year in the cloud.

And then that tablecloth comes out every year. And that becomes the memory tablecloth where you can talk about the fun stuff that you talked about those years and talk about the people who are no longer here. And remember the good things and the funny things about them.

Prepare your clients for the holidays. Don't let them get caught off guard. Don't let them get boxed in to something they don't want to do. I've had several this week say, no, the family has told us. We just had this death. We have to go to their house.

And I'll literally say stop. Is that what you want to do? Or is that when they want you to do? What do you want to do? What do you have the energy to do? I'm not telling them what to do. I'm giving them space to reconsider it. And that's where In-N-Out came up. That family is going to go get In-N-Out and go to a beach, because they don't want to do it, right?

And they know those are the relatives they never really wanted to spend time with now. And now, they've got the perfect out. So sorry. Thanksgiving is too sensitive. We're going to do it differently from now on. Works. Christmas and Hanukkah are coming, right?

Oh, and Ramadan is not too far around the corner. How are we going to do those things in a way that we can do the things we like to do, not overwhelm ourselves, not feel like we have to make it perfect and/or make it a memorial, but include the person who died? Because little people are listening. And they want to know that it's OK to talk about missing someone.

I saw a little person earlier this week. They just had a loss. It was a COVID loss. And I said in front of the big people in the family, do you have any questions about what happened? Yeah. Did you ask anyone? No. Literally didn't even say it. Shook the head. Said, can I guess why? Were you afraid you were going to hurt their feelings or make them sad?

Boundary broken. We had the discussion. And that led into, how are we going to get ready for Thanksgiving and Christmas? They needed permission. They needed someone to say the words. And they needed someone to plan ahead, which jarred the big people into doing the planning and thinking through how they're going to bring the person who died into those moments.

You can make Christmas ornaments and put the person on it. My Christmas tree now has every pet we've lost, everybody who's died. I tend to make them



funny ornaments. I put in pictures that they would not have appreciated, right? And behind me, I've got the paw prints for the two oodles we lost this year.

And those will go on the tree this year and then go into the ornament box for next year, because that's how we roll when I'm the grief therapist. And I'm married to the funeral director. We find the Christmas tree. It makes sense to us. Funeral homes do it all the time.

So let's think about a new language in doing the work we're going to do. Let's describe grief to our clients as the time we use to finish our relationship, to reorganize and define a place for that loved one who's died in a new way. In grief work, let's finish the leftovers. Let's remember who really died. Let's reorganize our life. And let's look for post-loss growth, right?

That little person who was not wanting to ask questions-- when I said, tell me something you used to do to that loved one that would really make them mad, she smiled, she laughed, she told stories. She keyed right into who really died, where everyone else was already trying to do the sainthood thing. Kids are super honest. That's the best part about doing grief work with them present.

And then recovery. You've done the grief work. Life is restarting. But you still have moments where there's going to be some sadness and some missing. If we can call that moments of sadness or a grief wave that's going to come and go, instead of saying grief is going to last forever and those moments are going to keep rolling, the frame for your client is going to make the difference for the rest of their life.

My clients will say things like, that's why I chose you. I don't want to feel like this anymore. I want to feel like I can make my life go again. I just miss him so much. You're right. We're going to do the grief work. You're going to take him with you. There are moments where you're still sad.

It was Veterans Day this week. Many of you have lost a veteran. I share that with you. My first wife was a United States Navy vet. We're a proud Navy and Air Force family. Army, too, actually. And so I spent some time at the cemetery. And there was a moment of, yeah, I really miss you.

It really sucks that we're doing Veterans Day at a cemetery. And yet, that was my time. And I could remember the good things, and then I went on with the rest of my day. Because she goes with me anyway, not in a creepy way. The moments are sad. Missing those are grief attacks.

That's not mourning. We are not Queen Victoria. There are normal responses to triggers from memories. Not like PTSD, but in terms of triggerhood, yes, like PTSD. You see something. You remember. We teach them how to manage those moments so that they don't have to feel like they're going to fall apart for the rest of their life when those moments happen. Right?



Give them some control. Give them the opportunity to heal. So the tasks that we got to do-- and they really are tasks to recover and reorganize. We help the client create an accurate memory of the loved one. My first wife-- funny, knew every bit of movie trivia and TV trivia, had a temper. And sometimes it came out and so did her mom.

Loved my mother-in-law. She had a temper. She could do silent treatment for a full week. That's an accurate memory. Finishing-- grievors take that memory of who really died, not the angelic person. And we put their presence in their reorganized life as a memory.

The way I couch it with clients is, you are now the person who's going to introduce your loved one who died to the people who never met them. You're still going to share who they are. You're just the one who's doing the introduction. This is who was in my life. It's especially important if someone's had a child loss, because widows and widowers have titles. And parent loss is something that most people identify with.

People don't usually look at families and think, there might be a child missing. So I teach those folks, especially, how to say, we had four children. We have three who are still living. We lost Kristen X number of years ago. That makes sure that Kristen's memory is still alive. It's the movie Coco in action.

And then you help the client determine the boundaries. Who's going to be included in this newly reorganized life? And where they're going to go with it and what their time frame is going to be. These are the grief rules, and they are my challenge in life. Don't be sad, be strong, especially during the illness and dying process or during hospitalization.

You don't know what's going on with your loved one with COVID, but be strong. People need you to be strong. You can't have emotions when you're strong. Support others who are grieving. To your detriment, don't talk about grief, how it's impacting you. Don't want to make people too sad, do you?

Don't smile too soon or too often, because then you're not being sad enough. Don't look sad either, because then you're going to make people around you sad. Be done sooner. Wait, too quickly. Wait, you're doing it too well. Wait, you're not doing it enough. Do it better. You can't win.

And if you're a widow, especially, no dating and no changing anything for a full year or you will pay. And I think I need to put on boots and stomp all over these every time they come up for my clients. And they come up every time. So I talk about them at the very beginning of treatment after they've told me their story.

Then we take that accurate memory and finish what's left. We do the rest of the process to recovery, to reentry and finishing grief. What that means is we



are stomping all over complicated grief. Because complicated grief is grief that's not been dealt with.

If we deal with it head on, if we name these things, and talk these things through, and deal with them in your very safe environment where no one else can hear them, or criticize them, or give an opinion, then they can get through this stuff. And they can come out on the other side.

These are really important tasks. This is a nexus of getting people through grief. What didn't get said by both the person you're dealing with and that person who died? What thanks? What were they grateful for that they didn't say? What should the person who died have told them thank you for?

If you've got a dead person who was not into saying thank you or acknowledging things, you've got some work to do. What apologies should have been made? Well, obviously, if someone's not a thanker, they need to apologize for that, right? But they're dead. So now, your client needs to work on those apologies that weren't made to them and what apologies they didn't get to make themselves, but they knew they needed to.

What plans were left undone? Were they supposed to, this week, retire together, go off and move out somewhere together, have kids together, watch the new grandbaby grow up together, build something together, change their business together?

Whatever the plans. Everyone has got plans for the rest of their life. You do, too. What happens if someone came in and yanked someone out from underneath you? You'd have to be able to cope with that. Are they feeling guilty? The answer is yes. There is not a griever on the planet who doesn't have grief-- doesn't have guilt, excuse me.

They feel guilty. It doesn't matter what about. They're going to feel guilty. You're going to help them really parse out what the guilt is about. It may be decisions they made. It may be things they didn't do together in life. It may be the way that they handled the pregnancy. It could be anything. Get the guilt out. Put it on the table. Let them look at it and support them in reframing it and letting go of it.

And what other deaths and losses have rolled into this one? Right? We lost Fuzzy last year. We lost Adele the very same day this year. I had grieved Fuzzy. But you got to know there was a little bit of fuzz in saying goodbye to Adele on the exact same-- in the exact same room at the vet's office. It was a little much.

I had to deal with it head on. And, yes, pet loss matters just as much as people loss, folks. These are the things to work on with your client. Please make sure that you name these for your client. And if your client says, no,



there was nothing left unsaid, you just say, you know what? I'm going to leave that with you this week. I don't do all of this at one time.

If that's the topic for that session of therapy, I'm going to leave that with you. And I want you to just write this down and look back at it a couple times this week. And then we'll look at it again next week. And darned if every single time, there aren't some things on that paper by the next week, things that were long ago, but are really holding that person back in not being able to say goodbye, because they didn't say it. They didn't apologize.

It's amazing how much of this stuff is there. If you think about your own life and someone that you love very much, maybe they're still alive. I'll bet there are some of these things. It's always important to check ourselves on these things in real life in real time.

Now, how do you do all of that? That's the client's choice. If they are not good at organizing, you can give them some ideas, but this is their grief. Help them set boundaries by deciding how they want to do it. Do they want to do a timeline? Do they want to do descriptions of things that happened in their life? Do they want to focus more on things that weren't done and how that reflected back on their earlier life? Do they want to make circles, or pie charts, or just a list for each of the categories?

This is their loss. This is their grief. They get to decide. They really do. Whatever helps your client get through that list, this list, that's what needs to happen for them. Give them some control. Give them a say so. They need to be able to have the ability to decide what they're doing with this, but they still got to get through the list.

And if they tell me, I'm not sure, I leave it alone. And we go back to it, and it's sitting there. If the only apology that needed to be made was, thank you for making coffee for me every morning and I didn't say it, let it be that. Let this stuff get finished.

So now, we'll pull it together. That, by the way, looks like Fred's favorite teddy bear. We're going to look-- drawing from grief recovery, which is a great program, positive psych, grief dialogue, some of the research that Stanford has done and the NIMH on grief, all the others.

All of that pulls together to support, saying that when you have a client, write a letter to say goodbye, using all of that in a list, or a pie chart, or a circle, or even a genogram. A letter that says all this stuff that they've put together. And they read it to you, but they address it to the person who died. And they end it with however they say goodbye.

Some of my clients use a religious goodbye. One of mine currently is actually using a scripture passage. Someone else uses some other kind of Southern slang goodbyes. Whatever is their goodbye statement, but it needs to be



goodbye. An honest, I love you, or I miss you, or I'm so sorry we didn't have more time and a goodbye.

It takes weeks and weeks to get through all of those. And it gets interrupted by current stuff and other things that need to get taken care of and crises. But you get through all of these. And you get them through that. And you get them through the letter. And you have them read it to you.

And like Fred, you don't say a word while they're reading it. You prepare them for that. I'm just going to listen. I'm going to receive it for the person who died for you. And then you just let them sit in the silence. It is the most powerful holding space you will ever do.

And it will mean everything to your client if you've walked them through all the pre-stuff and prepare them for it. Because they finally do get to say goodbye to all of the stuff that they were holding on to. Right? It's important. And I will tell you. My first wife-- when she died, we had three and a half years to get ready. She was cognizant and lucid, working registered nurse.

We said all the goodbyes. We talked through all the stuff. I still did my letter, and it still worked. This is research based. It's practice based, and it's me based. We've got it all covered. And then after that goodbye, you're still not done. Because now, they get to reorganize. And I do mean get to reorganize their new life.

They have already begun and have figured out how to run life without their loved one present. Because you've been helping them all along with reorganizing. They've come on. And we've talked about this other stuff. They said, I had to figure out how to pay the mortgage. Or I had to fix how the business ran. Or I had to negotiate with my boss to get different days off to make it work.

They are figuring out how to run their new life. Or they're retired, and it's COVID. And they're widowed. And they're figuring out how to connect with people in different ways, how to go outside on the front porch and have social distancing with other people in the neighborhood. They are figuring out their new life. And you are recognizing it for them. And you are cheering them on.

If you're not a cheerleader person, work on it. When my clients do that stuff, I really do clap out loud. And Fred usually barks. They have learned how to set boundaries to tell people, you don't get to infringe on the decisions I'm making. This is my grief. This is my new life.

They've decided what they want in the relationships that are going to be around them. And they get to choose where they go from here. They will say these are the people that I was close to before. Some of them have been a little bit unkind, judgy, not supportive. They've moved out to an outer circle, right?



It's the circle theory that Deb Hart uses and that we use on our Friday broadcast. And other people have come in. They decide what they want. Now, they're choosing where they're going to go. Other things we need to do to empower our clients, to direct their new life-- role play. Role play a lot.

When they're talking about what people are saying that's offensive or hurtful, teach them grief card. Here's my grief card. I'm going to throw it down. You don't get to say those things to me. You don't get to be judgmental. You don't get to ask questions that I'm not comfortable talking about.

The folks on the outside don't know they're doing these things to your client. They think your client just wants to help them with their grief, too. Your client needs to learn how to say stop. They're already in a sensitive and vulnerable place. They need to know that they can say stop. And they need to know how to throw down that grief card.

And if you're online with them, show them. If you're in person, toss the card on the table. If you're on the phone, describe throwing down the Ace of Spades in some kind of card game. You're throwing it down. And people don't get to talk to them like that.

And then talk about who's saying them. And what kind of role do they play in their life? Is it somebody who is the church lady or the elder in the family? You've got to couch your terms a little bit, right? Even if you don't like them very much, you got to couch your terms.

If it's just somebody who knows you from somebody and they're being just judgmental, offensive, then you can say, did you really just say that? When did you lose your so and so? This is my grief, right? Put on your grief shirt. Role play it. Teach them how to practice in the car before they go in somewhere. You sit in the car.

And if you got to go in-- we're not going in very much these days, but we still got to go in sometimes to some place. You'll learn how to look someone in the eye, because now we've got masks on. We don't have to smile. We're going to get to a point where we don't have masks on. Then they are going to have to learn how to put that look on their face.

Practice in the mirror. Practice the responses, so it's automatic. So it's their words, not yours. Their words to shut things down or to set a boundary. And practice how to spot who's coming, so they can pretend they didn't see them, turn around, and go the other way. That's always helpful, too? Right?

Do you wear glasses? They've got the ultimate out. They can say my vision has changed. I haven't checked my glasses recently. Sorry. Right? What about the things that are said that are intended to make their grief process different? How are you going to help them respond to those things? The



things that are like, but you can focus on your other kids. It doesn't mean that I miss a little Mariah less.

Help them with those. Role play it. And help them identify when someone's trying to put them on a guilt trip and be their travel director. This is their process. They're the one who had the loss. They're the one who has figured out what was left over. They're the ones who've said goodbye. They're the ones in a new life. They get to decide where their life is going. They didn't want this loss.

But now that it's theirs and they've owned it, their new life is theirs. And they get to own that, too. And they get to decide who the players are and where they're going. Give them that ability, cheerlead for them, smile for them, have some fun with them, help them see the possibilities. It's amazing to do this kind of work. And then help them with their new life board. It's way more than a vision board, folks. Everyone knows what a vision board is.

This is, where is my new life going? Who's in it? What things did I want to do, way back when? What things did I think about in high school? What things did I think about in college or my first working years? What things did I think were going to happen in my retirement? What things did my loved one not want to participate in? What do I want to do differently now?

If my loved one was the one who wanted to go only on vacation in the five stars and I want to buy a pop tent and go camping, that's what you get to do. This is your new life. And, yes, people are going to question you. And then we go back to, no, you don't get to question me. This is my new life. I'm the one who's choosing where it's going.

I didn't like what I was doing for a living. I have reorganized. I know I've got the finances. I'm flipping, going back to school. I'm going to do something different. It's COVID. I get to stay home anyway. Let me do something with that time. Use this space for them to think about all the things that they've ever thought about doing, the things they've ever enjoyed doing. Let them find some online classes to do in those things and let them explore it. Support them in that.

Be part of that process so that if they try something and it doesn't work out, then they've got something-- someone they can come back and talk to about it who's not going to be outside and saying, I told you, you shouldn't have done that. Let them come back and then explore what wasn't right about it. Right?

And if it's someone who's been widowed and they're exploring a new relationship, give them the grace to talk about it. If this is a new widow or widower, bring up intimacy. Let them talk about that, too. Intimacy loss is a separate loss from all the other kinds of loss. When other people die, you don't lose intimacy. When you become a widow or a widower, you lose that



waking up next to somebody. You lose that, this is the rest of my life with you time.

That's a separate loss. You lose that someone snuggling up to you. That's a separate loss. People who are grieving and have lost an intimate partner will not bring it up to you, unless you bring it up first. There's research on that. And I've also done the research on that. It's 100% true. That's 100% true that therapists won't bring it up, because we're uncomfortable. Because we think it's a little weird. Because we have our own issues with bringing up intimacy with folks.

We're therapists. We should be able to do this. Bring it up. If the client wants to shut it down, great. If the client wants to talk about it, they will. They need you to bring up the hard stuff. They need you to bring up the what's leftovers, the what happened during the dying process, the what do I want to do with the rest of my life? The, I just miss being with someone, right?

I did a presentation for a group called Camp Widow. Write that down if you work with widows and widowers. They do conferences every year around the world. And they do little focused ones, too. And I happened to be part of the very last one before COVID. It was March

I went home and got COVID right after it, by the way. And I had put a presentation in that was talking about intimacy. When I submitted it, the people who organized the conference called me immediately. And they said, oh, my god. We've been trying to get people to talk about this for years. Nobody will do a presentation on it. I said, well, let me come. I'm a little outrageous. Let me bring my blue-haired self. We'll talk about it.

And I walked into the room. There were probably 10 concurrent sessions going on. We were in a building where you could hear a little bit coming out of each of the sessions. The others-- there were tears. There was crying. Of course, it was sad. There was stuff going on. I walked into mine. And I got a standing ovation before I even started talking. Because these people were hungry to talk about what it was like to lose intimacy. They needed that.

If you can roll all of those pieces together and give your client the ability to remember who really died, to prepare for the big moments, to prepare for the anniversaries, to finish up all the guilt, all the trauma of whatever they didn't "says," all of those things and give them the permission to set the boundaries around where they want their life to go, you've given your client the ability to get through grief and come out on the other side. Because the reality is that grievers don't leave their loved ones behind.

They take them with them. They just need to do it in a healthy way. And they need to claim where they're going. So when you're talking to grievers, you also want to continue to reference, did you talk to your loved one today? Did



they visit you this week? Sometimes they're mad that they didn't. Everyone needs to hear it's normal.

I used an example with them, just actually not a true example. And I say every time I go car shopping, think about what my dad would say. My dad hated car shopping. He would never have gone shopping willingly. But it triggers people into thinking who they reference in their life for specific tasks, right?

I would never ask my mom for cooking advice after she died either. That would be horrible. I might ask her for other advice after she's dead. Fortunately, she's alive right now. Let them hear it's normal to think about their loved one, to confirm their thoughts, and to go to them for support.

This is a quote that I use with all of my clients and all my presentations. And I can't say it enough times. It's from Leo Buscaglia, who was an LCSW. Pit or pat goes my art. He wrote *The Fall of Freddy the Leaf*, which is a great children's grief book.

I know for certain we never lose those we love, even to death. We 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 our lives have been enriched by having shared their love. That says we finished the leftovers. We're grateful for the time we had. They're still part of our life. We have an accurate memory. And we get to go on and live our life.

That is solution-focused grief from another solution-focused social worker. These are some additional resources for you. I know that the conference has some others for you. This is the Center for Complicated Grief at Columbia, Survivors of Suicide Loss. They're the ones who are part of the American Foundation for Suicide Prevention. They do the suicide walks.

And now, there are some new COVID-19 family support groups. There's one for families who have lost loved ones. And there's some for folks who are the long haulers who are grieving the loss of their abilities. Because they've developed some disabilities as a result of COVID. All of these are active groups. I am dropping in on them occasionally.

So far, they're all super healthy groups. And they'd be a good place to send someone who's had a COVID loss, especially those who are at home alone and don't have other people who've lost people to COVID or being impacted by all of the foolishness about masks.

They need a place to go where they feel supported and where their loved one's death counts and is respected. This is where they go. Because when they hear that only 2% died, it causes a stab in the heart. These are the folks who are going to help them with that. This is me and how to reach me. Do we have questions?



LOU KURTZ: Thank you, Jill. It's fabulous as always. We really appreciate your time with us today. We do have about 10 minutes left for questions. And I believe Ann is going to walk us through some of those.

ANN: I am.

JILL JOHNSON-YOUNG: Is Ann there?

ANN: Yes, I'm here. If you could do me a favor and stop sharing. And then Lou can put up a slide while we--

JILL JOHNSON-YOUNG: Absolutely.

ANN: --talk through some of the questions. I appreciate it. The first question we have is, I have a client who has lost all of their family members. How do you support someone in this position? They are having fears about when they will die.

JILL JOHNSON-YOUNG: All of that accurate and fearful. I always look at each of those deaths and finish those deaths with them. And in that process, look at who is now the extended family. And who do you bring in to be family of choice? And I always send grievors to the doctor, first thing, to make sure they're healthy and to handle stuff if they're not so that we can look at it accurately, instead of focusing on the fear.

I would make sure they are connected to some other people who have had those kinds of losses. If they've been widowed, get them in a widows or widower group. There are groups for people who've lost parents. Hook them in there too. There are people who will swoop them up and make them part of their community. And acknowledge it really sucks that you've lost your whole family. It really does. Acknowledge it.

ANN: Thank you. The next question we have is, how do you work with clients who are in denial, complaining about grief symptoms, but not connecting those symptoms to the death?

JILL JOHNSON-YOUNG: I pull out that hand-out. And I actually go through it with them. And I say, you are describing grief. You just didn't know it, because no one told you ahead of time. And that's not fair to you. And I turn it around. You should have known that this was grief doing this to you. Someone should have told you.

And now, let's look at some of these things. Just humor me. Humor me. Let's go through some of these things. I heard about this at a conference. And this person could be crazy what she brought up. But let's just try some of this stuff and see if there's any of this here. And I try to get them to do, with those folks, a timeline more than anything else. Because that will bring up all the events in their life with that person. And it will bring up the stuff that's left over.



ANN: Thank you. The next question we have is, how do you help someone who is actually relieved or glad that someone close to them has died, because of abuse, or addiction, or other unhealthy elements in a relationship?

JILL JOHNSON-YOUNG: I completely acknowledge it. That's one of the biggest guilts when someone has died. They're glad. Sometimes people are just glad, because the process is over. But if you are glad because that negativity and toxicity is out of your life and you no longer have to worry about someone's in substance abuse, getting that call from the coroner's office, or if they have been abusive, no longer having to think about them finding you or hurting you again, or hurting someone else in your life, we talk that through.

What things are you glad they can no longer do to you? What things make you relieved? What were they doing that made your life scary, or upset, or disconnected, because of their presence? Let's celebrate that that part's over for you. If there's some part of them that you loved, we'll remember that part of them.

But we're going to remember that there was toxicity. And that you can be absolutely 100% clear in being relieved that you can now not be afraid, not be scared, not be angry, because they're gone. And they can't do it to you anymore.

ANN: Thank you. Another question is, as a therapist, what are your thoughts about crying with your client?

JILL JOHNSON-YOUNG: I am never going to say don't. I am going to say don't do it all the time. There are times. Now, I have been through literally hundreds of deaths and lots of grief stories. There are a few times now and again where it's going to hit me hard. And it's not so much I'm identifying. It's I'm watching their pain.

And if it hits that hard, I will have the tears fall. I will wipe them away. I will let them keep talking and encourage them to keep talking. And at the end, I will acknowledge, you know what? That story was so powerful. It was really a lot to see you going through that. And I'm so proud of you for sharing it. And I'm so glad that you honored me, by sharing it with me and trusting me to help you with it. It becomes about them, not about me.

ANN: OK. The next question is very similar to the last one. And you covered some of it. But what if we get emotional during their letter reading? How do we handle that?

JILL JOHNSON-YOUNG: I bite the inside of my lip every time someone is reading one of those letters to keep myself, focused on them. You can't sit through a letter reading and not feel it. Because those are the deepest feelings your client has about this person who is no longer here.



I try extremely hard not to let anything show. If something shows, I don't say a word. And I don't make a sound. No sobbing. If a tear falls, it falls. I might do this and then sit somewhere. I'm not going to make my emotions part of theirs. They should be so focused on reading that letter, that they're not seeing me. At the end of the letter, you sit quietly and let them absorb their own emotions.

And at the end of the session, as you're wrapping up, you can say, that was such a powerful letter. I got to say, I really could feel what it was doing and what you were feeling to some extent. And I'm so proud of you for reading it. I'm so glad that you read it. I'm so glad that you wrote it and shared it. Put it back to them.

ANN: Thank you. Just a quick one is, what was the title of the children's book that you mentioned? I think it might be the Falling Leaf.

JILL JOHNSON-YOUNG: The Fall of Freddy the Leaf by Leo Buscaglia. It's on my list of children's resources on my dot-com page. You will find it there.

ANN: Fabulous. Thank you. We just have a couple more. One is, would you address the situation of someone who is from overseas and their family can't help them through the loss? They happen to have a disability and are not sure how to find the right support group or therapist. And they ask if you would offer a consult, but that's outside the question.

JILL JOHNSON-YOUNG: OK, so somebody is overseas.

ANN: Who is from overseas.

JILL JOHNSON-YOUNG: Someone is from overseas. They're here. The loss is here. They've got disabilities.

ANN: And they're not sure how to find the right support or therapist.

JILL JOHNSON-YOUNG: I would start with doing a massive search for grief therapists and then narrow it down to if they need the cultural identification, putting that cultural identification in there. And/or I would reach out to culturally appropriate agency, see if they have some recommendations for someone who knows how to do grief.

I also sometimes resort to going to the Grief Recovery Institute. They have a list of therapists online who've gone through the training. And they're more solution focused to see if they have someone. Because they are a worldwide organization. And they will have someone in other countries. So they might have a connection for you. It's a trick.

There's also the ability to say, I am not from your culture. I do grief. I can sit with you. I can cope with the disability. And we will work on this together. And



I'm going to go do some research so that I feel like I've got a little better armor in terms of being able to support you from where you're coming from.

I would throw it all out there. Because you want to make sure you don't step on toes culturally, language wise. And if someone's got a disability where it's hard to communicate, especially, you want to make sure you can find some way to communicate with them. You can even do text while you're still online, but using text online.

ANN: Thank you. Our last question is, is writing the letter something that you discuss with clients during the initial phases of treatment in preparing them?

JILL JOHNSON-YOUNG: It is. When they first come in, the first session is just them telling me their story and then me finishing that session with, we're going to get you through this. We're going to get you to the other side. And we're going to get you to recovery.

After we've finished their story, however many sessions down that is, because it can be a lot of sessions, then as I'm describing what I'm hearing, the things that they need to work on-- and they get to correct me if I'm wrong-- I also say, here's the process I generally use.

We're going to work through these things. We're going to eventually get to writing this letter. And then we're going to work on getting where you want to go, once you've finished your grief. Because you got to finish it so that it doesn't go with you. So they are forewarned.

If they have searched me out, and read any of my articles, or seen any of my stuff, they will know that something like this is coming. And if they're doing my eight-week grief support group, they're going to know it's embedded into it, along with all the other stuff.

ANN: Excellent. Thank you. And just to be respectful of everyone's time, we have come to the end of the session. I also just wanted-- someone noted that the Grief Recovery Institute has over 200 certified specialists who can work online, so definitely give them--

JILL JOHNSON-YOUNG: They're not always therapists, but they all have been trained in that particular kind of approach.

ANN: And if someone wanted to join your support group, they should go to your web page, correct?

JILL JOHNSON-YOUNG: I run the support group on a cycle. There should be one coming up in January. If you go to my web page, there's a fill in the thing. And it'll tell me that you're interested. And then we'll get the information out to you. I have--



ANN: Excellent

JILL JOHNSON-YOUNG: I have some people behind me who do that stuff. They make the magic. I don't make the magic.

ANN: Well, you make a lot of magic. Thank you. I really, really appreciate your unbelievable experience and helping us learn more. And want to just remind everyone that all of the materials will be available. The recorded webinar will be available. And I just wanted to turn it briefly over to Lou Kurtz for some closing statements. Thank you, everyone, for your time.

LOU KURTZ: Thank you, Ann, and thank you, Jill, very much. It was fabulous as usual. Please, please-- we've had the QR code up here on our screen for a while. We provide all of this training for free. So please fill out our evaluation form. It's quick-- three minutes. Easy.

There's also a survey link if you can't use your phone to get to the QR code. And there's also a link on what we call our cheat sheet, which is all your Zoom links for all the sessions. And then finally, there is another session coming up, which is breakout sessions if you're interested in that. Go to your Zoom link sheet and pick one of your choice. Thank you very much and have a good rest of your day. Bye-bye.

JILL JOHNSON-YOUNG: Have a good day.