Transcript:

Interventions for Times of Uncertainty

Presenter: Janice Nadeau
Recorded on November 12th, 2020

LOU KURTZ: All right. Well, good afternoon, everybody. My name is Lou Kurtz and I'm the Co-Director of the Great Lakes Mental Health Technology Transfer Center. And welcome to our second part of our Grief Sensitivity Virtual Learning Institute. I hope many of you were on the last session with our presenter today. Recordings for each session will be made available on our website.

Today's presentation is a continuation of-- and this one is going to be called Interventions for Times of Uncertainty with Janice Nadeau. We have a few housekeeping items that I want to go over. We have made every attempt to make today's presentation secure.

If we need to end the presentation unexpectedly, we'll follow up using registration information. All attendees are muted and cannot share video. If you have a question for the presenter, please use the Q&A box.

Or if you have a comment or a link that-- for all attendees, please use the chat section. At the end of today's training, we will ask you to complete a brief survey. It should take about three minutes.

And you'll receive an email on how to access a Certificate of Attendance. We fully expect that you'll find this presentation riveting, and you'll want to attend all of it. But we do require that you attend at least half of the session in order to get your certificate.

This event will be closed captioned. And you can follow us on social media, if you like. The session recording and the slide deck will be posted on our website within a week.

There is additional information on grief on the MHTTC website. We have about-- we have five fact sheets that you may want to download and take a look at. And it's in a section of our web page called, Responding to COVID-19-- Grief, Loss, and Bereavement.

We want you to be sensitive to your own grief and reactions today throughout this session and the entire Learning Institute. So please feel free if you need to take a break, stretch, drink lots of water. We've also listed some help lines and support lines here if you need them.

The MHTTC network covers the whole country, of course, with 10 regional centers. It also includes a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office at Stanford University. The purpose of the network is to accelerate the adoption and implementation of behavioral health-related evidence-based practices.

Our training is free. We provide it on a local or regional basis. And we hope that it heightens the awareness, knowledge, and skills of the behavioral health workforce.

Here is a picture of a map of the 10 Regional Centers. Our jurisdiction is the six states that surround the Great Lakes, so we are Region 5. The Great Lakes MHTTC based at the University of Wisconsin, Madison. You can see our average area up there in sort of the burnt orange states.

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 once again, our presentation today is titled Interventions for Times of Uncertainty, and our presenter, Dr. Janice Winchester Nadeau is a licensed psychologist, marriage and family therapist, and masters prepared nurse. She's been active in the grief and loss field for many decades. And her doctoral research at the University led to the publication of a book called, Making Sense of Death, published in 1998.

Dr. Nadeau has served as faculty for the Association for Death Education and Counseling, teaching Advanced Grief Therapy for six years. She's also presented internationally and has been in private practice with Minnesota Human Development Consultants in Minneapolis since 1994. So at that point, I'm going to turn it over to Dr. Nadeau for her presentation.

JANICE NADEAU: Thank you. Thank you, Lou Kurtz. I want to make a comment and to say thank you to this wonderful MHTTC network of people who've done a wonderful job putting this program together. And I've experienced them as very competent, very kind, and very dedicated to the goals and mission of this Grief Sensitivity Virtual Learning Institute.

PRESENTER: You might need to hide your toolbar at the bottom there so you can use the arrows in the bottom left corner.

JANICE NADEAU: All right. And I'm not certain how to do-- here we go. All right. I'll use that arrow now. Here we go. That's looking good from your side?

PRESENTER: Yep.

JANICE NADEAU: And the name of my talk today is Interventions for Times of Uncertainty. I want to say just a little bit about this picture. First of all, my alphabet soup after my name being a psychologist and nurse, but the FT part, I want to just mention is called Fellow in Thanatology. And that's a credential that's given by the Association for Death Education and Counseling.

And it has to do with advanced experience in the field of death, dying, and bereavement. And I've put my email there in case someone would want to reach me with a question, or something to do with the program today. This gentleman here beside me is Luther Von Maxwell, my therapy dog. And he looks pretty happy there. But right now at our house, he's not on the happy list.

A couple of nights ago, because he's bored not going to the office, he's been getting into mischief. And what he managed to do was climb up on the stove and eat a pound and a half of marinated chicken. So needless to say, he didn't get any supper and we didn't speak to him for at least a half an hour after he was so naughty. COVID is affected each of us in some different ways. But bored dogs get into mischief, I've learned.

I want to say just a little bit about myself, how I happen to be doing what I'm doing today, and what my work has been in the field. I did mention that in our first presentation, but perhaps not all of you were there. My background is as an intensive care nurse in Vermont, and then again here in Minnesota, where I became a nurse educator, getting a Master's Degree in Nursing at the University of Minnesota.

Early on, I learned about the entire idea of hospice and fell in love with it. And that's done two things for me. One is, it's helped me to understand the care of the dying much better than I did as a Med Surg Nurse. But also, it became the focus of my research.

I think it's extremely important, and you'll hear me say that over again today in this talk, really important for us to focus on the family level of loss and grief, and to study what goes on in families as they try to make sense of what's happened to them, whether it's a loss, a different kind of a loss, or whether it's a loss to death. My PhD work I did after I'd been in the field for a good decade, or a decade.

And what I noticed was that while we've done a great deal of studying about the emotions that follow on a major loss, even a minor loss, we haven't done very much with the meanings that we attach to a particular loss. And that's what I was fascinated with. And so my doctoral work was studying at the family level.

How do families make sense of death? If you were to watch a family, a group of family members, talking about the death of a family member, what would you see? What would be that process? And that was what fascinated me.

So I was able to bring together grief theory, family theory, some family therapy theory, and that was something that hadn't been done before. And my dissertation won a National Dissertation Contest, and that led to the publication of my book, Families Making Sense of Death. I've been in private practice since '83, actually, but as a PhD psychologist since 1994 where I've specialized in death, dying, and bereavement, but also had a general practice. I wouldn't recommend to anybody that they do death, dying, and bereavement full time.

In this session today, the time that we have together, I'm going to review a little bit what was covered in the session two months ago now. Doesn't seem possible, but the time flew by. I want to examine a few basic considerations that are foundational to helping people grieve well.

I want to examine some approaches to therapy that address losses and support what I would call healthy grieving. And then I want to say just a couple of things to all of you. I'm going to be talking to you on two levels, and probably moving back and forth between those two levels.

I'm assuming that many of you are as worn out, tired, stressed as I am trying to be there for my 60 or so clients that I'm seeing strictly virtually. And at the same time, experiencing many, if not all, of the same things that my clients are experiencing. And so I want to-- some of the things that I'll say, I really am saying to you directly as people who are trying to help others, all the while handling your own losses and trying to grieve well, to stay healthy, to keep your balance.

So you can listen on two levels. Listen with one ear, two ears, and I will probably move back and forth between those two levels. This is one of my favorite slides. And those folks who've known me and heard my lectures over the years know that this is one of my favorite themes.

And that is, how we think about loss and grief is critical. Let me say that again. How we think about it is critical. And in my mind, if we can think of it this way, much of how we react to loss and grief will be more congruent and more-- it'll hold together better conceptually.

If we think of the loss that we experience all the way from something simple like losing a purse, or wallet, all the way to losing a loved one, if we think about that is the way in which we're wounded, and then the grief that we do, the grieving that we do is the way we heal from the experience, or the wound of loss. And when we do that, we're less likely to-- we're less likely to think of grief as a disease.

Grief is not a disease. It's not something to be gotten over like pneumonia, and now as we would say, COVID-19. Let's get over COVID-19 and welcome grief. Loss is defined by Peretz this way. Loss is being without someone or something that we once had, or thought we had.

One of the best examples of the second part of that definition is a couple that wants to have a child, and they find out for whatever reason, they can't. Whatever reason, they will never be able to have their own biological child. They'd never had the child. The child was not possible, but they didn't know that.

So they have a grief. They have the loss of a dream or an expectation. And that's an important part, especially right now as we lose many of our dreams and expectations as the pandemic advances and ravages our population.

The types of loss, we could talk about them. The loss of possessions, that's very straightforward. Loss of self can include the loss of our pride, of our sense of identity, of our faculties. Loss of others includes loss by divorce, loss by the death of a relationship. A particular kind of difficult loss is the kind of loss that someone has if their partner has dementia, or other conditions where they're there physically but not there psychologically, and not there as a real partner.

So there are many ways to lose loved others besides to death. And then there's developmental loss. And we've become acutely aware of that as we've watched our kids in school, especially our graduates, without their ceremonies, without their-- without their rites of passage that would help them pass from one developmental stage to another.

I want to hold my hand up, and I hope everybody can see it. Some of my clients have benefited from this little image, not necessarily my hand, anyone's hand. But I'd like to say, we have a handful of major stressors right now in the way our world is.

The thumb represents our personal and family loss apart from COVID. Each of us has things going on in our lives before COVID ever began. And so the thumb represents that.

We have losses that are related to the pandemic. There are many. We have losses related to the political turmoil. That's a stressor.

We have losses related to the racial strife, the demonstration and all that's going on in our country and elsewhere about racial injustice. And then we have losses related to climate change, to global warming. So it's a little wonder that we're stressed. It's little wonder that we have a need for grief sensitivity learning experience.

Our role and our challenge as helpers, and I'll speak to you directly as helpers in Australia and some of the European countries, they call us carers. So we each are carers. If we're in our country, we call ourselves helpers. We're not at our best right now, and some of us do better than others, depending on our skills, depending on our life situation.

That was the same after 9/11. People who were clinicians of various kinds after 9/11 felt challenged, just as everyone in our population did. And here we were in roles where we were needing to be there for others as we experienced the very same fears and trepidations that our clients were experiencing.

When we have fear, as many people do right now, feeling as if things are falling apart in our country, that takes its toll on us. It makes us have less margin, less to give. In August 72% of all Americans viewed the present day as the worst time in our history.

And if that poll turns out to be so, I can only imagine the fact that the many more cases we just realized today, just heard the news that we have 7,000 new cases yesterday in Minnesota, and several days ago, 56 deaths. So things are getting worse day by day. Why are people feeling-- what are people feeling most acutely?

Jon Stewart quoted in October-- he was quoted by saying this. "I am terrified. I am anxious. I am lonely. And I am wishing it was 2010 again." I think that captures what many of us feel, and I've certainly heard it in different words from various people in my circles.

For some of us, the political situation is causing more stress than the pandemic. And that was even more so when I first put this slide presentation together. We're experiencing pandemic fatigue, and stress burnout. And I want to pause here and share a little saying with you, a little mini poem.

My first grief conference was back in 1980, and I heard a man named Michael Simpson in Montreal at a Hospice Convention, which was focused on burnout. What was the burnout that people who care for the dying might experience? And this gentleman, Michael Simpson, he's a physician, would make up a poem about every presentation that he would recite before the next lecture started.

And this is the one he said after burnout. "In order to burn out, you have to at least at one time have been a light. Then on the other hand, there is no need to make an ash of oneself." I hope you find that as funny as I did. And I don't know about you, but I'm looking for humor wherever I can find it in these stressful times. And I'll always think of burnout in relation to Dr. Simpson.

We're beginning to feel more lethargy, more malaise, more apathy, and an increased risk taking. Because in my view, we've become very desensitized, many of us, to the threat of the virus. We may be weakened, and we may not be as on guard as we might be. But what's not weakened is the virus itself. And the virus is still, as we like to say, the virus is still driving the bus.

I'm not going to read each of these in total to you, but I want to review from last time. When I went to make this slide, the slide just filled itself up with all

the losses that this pandemic and other stressors that I pointed out are causing us at this time. One of the key thoughts, and I think it's useful to use it, is the idea that we have a loss of the assumptive world.

Janoff-Bulman did this work and this thinking. Many of us have used it in our studies in 1989. And her point was that we have-- we can lose the world the way we thought it was. Now, that-- she came up with that in relation to someone having someone die that they care about.

And I want to apply it now to the situation that we were in. Before we came into the program, we were having a discussion, some of us who are putting on this program, about how could we have imagined at this time last year what we would be going through at this time. The losses, the loss of dreams and expectations, the loss of control, the feeling of powerlessness, first identified by Campbell in the book, The Play.

Loss of schedule and structure in our lives, loss of predictability, loss of financial security, of recreation and entertainment, social connections, social activities, safety, identity, and then developmental markers, things that people need to do as they go into a new developmental stage, whether it's a new grade level in school or graduation, marriage, a promotion at work. Each of those things we have difficulty celebrating as a community.

A man named David Grand has been doing some fantastic work in the area of brain spotting. It's a technique that sprung up from EMDR, Eye Movement De-- Reprogramming. And he says that trauma is caused by three different situations. One is that trauma is likely to occur when our survival is threatened.

I think we could easily say that's the case with the pandemic. We feel isolated and alone. Many of us are still living very sheltered and sequestered lives. We are isolated. We're isolated from friends, from our workplace, and in many other situations.

And we experience a loss of control. These three things are trauma makers. And so there will be trauma. All of us in the helping professions are going to be very, very busy in the years to come cleaning up after the damage that's been done in this very difficult period of time.

And so without going into great detail about trauma treatment, I just want to say, any trauma treatments that you know of that you can learn or already know are going to be very much needed in this upcoming time period. This is an important point. I was listening to our public radio station here the other day, and there was a great discussion about how much loss there is and how much grieving.

But I want to make a point. When fear is the predominant emotion, and many of us are quite afraid of what's happening now, and what will happen, and

what could happen, we fear for our lives, or we're living at a survival level, grieving is often delayed sometimes indefinitely. You think about people on the battlefield. And I know I'm sounding old-fashioned, as I say this back to the earlier wars, when a buddy dies beside us on the battlefield, we're not going to stop there in grief. We're going to get out of the way so that we live and survive that battle.

And life is not unlike that right now. We're worried. We're fearful. We're anxious. And that does not put us in a position to grieve very effectively.

So there's going to be this lag time, this delay, in facing the things that we've lost. That's not to say that no one's grieving, or that there isn't grief going on, or that we can't grieve. But it's hindered. The free flow of grief is hindered.

Some of these early ideas came from Lenore Terr who wrote a book back in the-- back in '90 called, Too Scared to Cry. And the whole idea is that some kids who are traumatized stop crying. They're so afraid and hyper vigilant that they get-- they stop-- they stop crying. They're too on guard.

This is Janice's concoction here. I can't give you research to support each one of these, although, there are models of psychotherapy that are strength-based. Pinsof's problem-solving model in the family therapy world did this. Maslow's theories say that we need schedule, we need routine, regularity.

So I want to say a couple things. I've had the best luck through this time all the way through March-- from March helping people look back on their lives and say, what was the worst time they ever had? What was the most difficult up till now that they've experienced?

And to look inside and to think what did they draw upon? What did they find within themselves? What did they use in their environment that got them through that time? And can they possibly access that now to get through this difficult time? It keeps us focused on our strength and our possibility, rather than on our weakness in what we can't do.

Schedule is critically important. And what I'd say about that is, I would say if you don't have to have a schedule, make one. And come as close as you can to going to bed at the same time, waking up at the same time, trying to eat meals regularly, that there is a certain security and stabilizing factor in schedule.

Structure, another S is, the idea that we have a goal. One of the things we're thinking about at our house through the winter, we're going to see what we can do about clearing out the paperwork, sorting drawers, trying to see if we can put certain things in order that we just leave alone when life is moving on at its normal pace. But if we can structure our lives, know who is supposed to do what, that's going to be-- that's going to be helpful.

Some people are learning a language, some people are trying to get in shape, some people are taking classes. Many things that we could interject into this time where we have little control to have at least the illusion of some control. Sharing is important. I've been telling my clients if it's possible, call one person, contact one person a day.

That will help you to share what's uncomfortable for you. And then salvage may sound like a strange word, but I found it useful. And by salvage what I mean by that is to be in the moment. Mindfulness will help us do that. And I'll mention that later.

But not to miss what's lovely and what's beautiful going on around us right now. A blossom on a flower, something cute that a young child does, something that a pet does, something that we can see in nature. Music, anything that's going on so that while we're miserable, while we're sad, while we're stressed, we don't miss the small things right in front of us in our everyday life.

This is one of the things that helps me. This is Luther Von Maxwell when he was about, I'd say, 20 weeks old. My oldest granddaughter spent an hour and a half with him in the backyard taking multiple pictures, and this is one of my favorites. His little left ear flopped down for about two weeks in his whole puppydom. And then next week, it was up and that was it. His ears have been up ever since.

I want to review this from last time. I did mention this. I do think that there was more anxiety, perhaps, and who knows how much, it's not being measured exactly like that. But just so that you all know about this scale. The Coronavirus Anxiety Scale developed by Sherman Lee.

He did a study with 775 adults with anxiety that seemed to be related to the pandemic. And he found out that there was levels of anxiety that were beyond what people generally have, and that he called that dysfunctional anxiety. I don't know how functional anxiety is. I guess some anxiety is healthy.

The elevated scores were associated with functional impairment, alcohol and drug coping, negative religious coping, extreme hopelessness, suicidal ideation, and attitudes toward Trump and Chinese products. That's how he reported it out. So what I want to say is, anything that you know already that is helpful to you, to your clients, to manage anxiety will fit here now in this time. And let me extend that to say that the less anxious we are, the more free flowing will be our actual grief, our grieving process.

Considering addiction and the pandemic, another important consideration. There is an increased need for self-medicating with one substance of choice from the increased levels of fear, anxiety, isolation, and unmet needs. People turn to whatever substance they-- is their substance of choice-- chemicals,

overworking, trying to do things to excess, whatever it is that our vices we might call them.

Loss of jobs may increase the criminal behavior to obtain drug money. People are much more desperate. I know that here in Minneapolis we're seeing a much higher crime rate than we saw prior to the pandemic.

There are limits on coping resources from early developmental delay. We believe that when people start using-- abusing chemicals, their developmental process is frozen at that stage. I think that's why we see so many people who are in treatment for chemical dependency and such that are really quite mature-- immature, stuck perhaps in an adolescent stage. And oftentimes, some of the interventions we use are very much like what would be used at an adolescent level.

Many of the bars are closed, depending on where you live in our time periods. So there are no social restraints from bartenders and friends that might be watching someone who tends to overuse. Many are without technology so some of the social resources are limited, including access to AA.

And then there is that risk of overdose or withdrawal as people are isolated from each other. So the conclusion here about this is that grief is inhibited by anesthetizing the brain, however we do it. Therefore, any kind of addiction treatment may be indicated for our clients at this time.

Some special considerations in lost treatment-- John Brantner at the University of Minnesota made this point very strongly. And my sentence here is worded very awkwardly I noticed this morning. And what John would say is that no matter what method you choose, what intervention method you choose, there is one message that you have to give to the people you would be helping.

And if that message is not delivered, the likelihood of you being successful is very, very low. And that message is simply this. What happens to you matters to me. What happens to you matters to me.

Many of you have creative ways, I'm sure, to convey that to your clients. I'm finding that if I can burn a candle for a client who is in a difficult place, they're going to surgery, they're going to a divorce session, or they're going to a hearing, they feel somehow like someone's thinking about them. And it conveys to them that even though I'm a therapist and they pay me to work with them, I still care about what's happening. And that seems to be helpful.

Context is critical. We need to think more broadly about what's going on in our clients' lives. And I'm very fond-- I've become very fond of this phrase ever since the pandemic began. We are all in the same storm, but we are not in the same boat.

I am not here in this little town that I live in in a warm, safe home able to see people on virtual sessions relatively safe, enough to eat, warm enough. That is not the same as someone on the street, someone who's lost their job, someone who's trying to feed their kids. You can carry that as far as your imagination takes you.

So we can't say we're all in it. We might be in it together, but we're not in it in the same way. General health has to be considered. People who are unhealthy, in pain, who don't have enough to eat, who are not secure in terms of their food, of their housing, of having enough money for necessities are not going to be able to grieve freely and in a healthy way.

Special considerations that we have to make when we're working with people who have experienced loss. One very important one is we learn in our counseling courses to pace and to lead. To pace is to follow the client, to follow the person that we're working with.

Leading is when we get out ahead of them and we make suggestions, or we interpret. In loss therapy, we do a lot more pacing and a lot less leading. And we have to be careful and remember that there is no substantial research to support that there are stages of grief.

The stages of grief that Kubler-Ross came up with had to do with the process of dying, not the process of grieving. And they in fact have not held up to research over the years. Therapy models may vary depending upon the focus of the research that they're based on, the theory that is formed by them, and the practice implications that are attached to them.

Most of our models are individual and have been about the loss of spouses or the lost children. Special-- other special, I think-- I didn't mean to do that. I think I went the wrong way here. There's some techniques for treating loss.

In family grief therapy, there is no need to perturb or stir up the family. The family system is already perturbed. It's already stirred up. The death of a family member, acute loss in a family, the family is already in turmoil.

We need to be alert to unacknowledged losses. Kenneth Hardy, who is the CEO for the Eikenberg Academy of Social Justice in New York says, many, many losses are not acknowledged. Many of them are hidden, such as the death of an only child when the parents no longer are young enough to have another child.

The term complicated grief itself has been less than ideal. There's been a big debate in the grief and loss field about what do we call the most serious situations where loss has been experienced and grief is inhibited. It's important for us to think of things like the fact that when grief is delayed, it's often delayed for very good reasons because people are still in a survival

spot. It doesn't mean that their grief is dysfunctional. It just gets picked up later.

Some influential conceptualizations that are related to grief phenomenon, I mentioned these, I think, in the first session. Reminder theory, which was first established by Paul Rosenblatt, he wrote a book called, Bitter, Bitter Tears, way back in '83. And what he says is, we grieve when we are triggered by some reminder of the person, of the loss that we had.

We were talking before we came on to the program about the incredible power of smells. And I know that I am very careful about opening up a drawer where my husband's things are that have his aftershave on shave smell on them. Because I suddenly feel filled with-- filled with grief, even 10 years now after his death.

Ken Doka, whom you're going to hear tomorrow in this program, came up with the idea of disenfranchised grief. And that's the grief that is not societally recognized and societally condoned, such as someone who has a lover who is then forbidden to come to the funeral, or has to live a secret life around the death of a person that's meant a lot to them for many years.

Continuing bonds is a new concept, an important concept. And what it does is it helps us move away from the idea that bonds have to be broken from whatever, or whomever, we've experienced a loss. But rather, we look for ways that we can carry that person throughout the rest of our lives. How can we weave them in to what we do in our life as we go forward?

And then Tedeschi and Calhoun have done a very good job of pointing out that people can grow through the experience of trauma. And I'd like to think that we all will find through this difficult time of the pandemic, we will find ways to be more than we were when it started-- to grow up, to grow out, to become perhaps more compassionate and more willing to be empathic to those who have less than we.

These are the intervention models, the main ones that I'm going to be talking about today. You heard about complicated grief therapy from Katherine Shear this morning, and again earlier in September. The dual process model for coping with bereavement I will say some things about in a moment.

Meaning making in bereavement, Bob Neimeyer-- Robert Neimeyer, my own work in '94, and previous. And now Wendy Lichtenthal and Dr. Breitbart at Sloan Kettering are working from that perspective on a model for bereaved parents. And then there's family focused grief therapy, which was begun by Bowen, Murray Bowen, a psychiatrist in '90. My own work in '94. Kissane and Bloch, who are from Melbourne, Australia. And then Dr. Kissane is working with Wendy Lilianthal-- Lichtenthal is how you say her name, Lichtenthal. And she's at Sloan Kettering in New York.

The dual process model we'll talk a little bit now. And I have found this to be the most useful model for losses, and particularly, for bereavement. And I-- even though the research is not around common, ordinary loss, I do believe that the model itself lends itself well to use for other kinds of losses in other circumstances.

Maggie Stroebe and Henk Schut are from the University of Utrecht in the Netherlands, and they have a Bereavement Research Center there, and they have authored three very wonderful bereavement handbooks that bring together loss and grief research from around the world and over time. They've continued their work now, even though they began in '99. And that might look a bit outdated, but they've continued to do their work where they've used their model to consider such things as attachment style, how that affects grief, a person-- a grieving person's willingness to disclose. And more recently, they've started to try to make their model apply to the family level of loss and grief.

And here's the model. I want to say what I do is I make copies of this, and I give it to my clients on the first visit, people that have had a death loss. And here's what's good about it, what makes it useful.

The idea here is that we have two kinds of ways to cope with a death in the family. One is to-- it is related and focused on the loss experience itself, which as you see is on the left side of this egg-shaped model. And then the other side of it is restoration oriented. And I like to think of that as more going forward or future oriented.

I often stand up in my room when I present this model, and I say, we vacillate, we oscillate is the word that they use for this model. We oscillate. We move back and forth between dipping into the lost experience, feeling the pain, feeling the hurt, and then we-- next thing you know we're moving forward with something, tending to life changes.

The idea is that we might move back and forth within a minute, within several minutes, within hours, within days. But there is this back and forth that is normal. And I'll tell you one of the things that makes it useful, if you want to use it with the people that you help, is that folks will come in and they'll be doing fairly well. And then they'll come in and they'll say, oh, I'm back at the beginning again. It's all lost. I had a terrible day. I thought I was making progress and I'm not.

And what this model does is it normalizes. We have to be careful with the word normal. I like to say the only thing we know about normal is it's a setting on the dryer. Maybe on the washer, but it's not good to talk about normal grief because we don't have any such thing. We have grief that's more healthy than others, but not normal.

So the idea is that we're feeling pain. You open the drawer and you smell the smell of-- as I did-- my husband's aftershave, and I'm in my grief right in the moment. I was at the Dollar Store and they played a song that was our favorite dance song, May I Have This Dance for the Rest of My Life. I was unprepared, my guard was down, and I just burst out crying with my little cart there trying to buy some odds and ends in the Dollar Store.

The intrusion of grief. Here's the continuing bonds idea, letting go of the person but continuing to bring them forward, weaving them into our life and relocating them in the way that we do things. Denial avoidance of restoration changes, in other words, I don't have to make any changes.

That happens oftentimes when one parent dies, and the other parent will try to keep everything the way that it was. And it's not possible. But we do try to do it. Notice that there is denial on that side.

Then on the moving forward side, the restoration side moving forward in time, we have to attend to life changes. I remember when I was an intensive care nurse, I'd have to go in and ask the family for permission to do an autopsy before they've hardly even taken in the information that their family member was dead, had died.

We have to find a funeral home. We have to do this. Each of us, someone who's lost a job now during COVID, is immediately got to do something to cope with it. Anything that happens, we have to immediately act. And at the same time feel terrible about it and move back and forth.

We have to do new things. I've worked with a lot of widows and widowers over the years where the widower has no idea how to wash clothes, or to make a meal. And the widow has no idea how to write checks, or how to do things. All of us are having to do new things in this time now of pandemic.

I had no idea about doing therapy online. It was not something I wanted to do. It's not something I set out to do. I love being in my office with my dog and in person with all the paraphernalia we like to have around us when we do therapy.

Notice distraction from grief. People can feel guilty when they're having fun, when they're doing something lighthearted if they've lost somebody, or if someone around them is having a hard time. So that's important.

Denial and avoidance of grief. Freud said, we can neither stare at death nor the sun for long. We have to look away. I found it helpful to suggest to people that they have some time when they stop thinking, if they can, and do something fun, and that that will help them. So we can't stare at the sun or death or loss 24/7.

And then finally, we engage in new roles. We try out new identities. We try doing different things. And we build new relationships, not to replace the person who died.

Now, I want to talk a bit about meaning-making in relation to loss. Meaning-making is a term that has come into use in the last 15 to 20 years that was not there. The term meaning-making was originally used by Bruner at Harvard. He was a very famous psychologist researcher there and a very influential person. And he used that term to talk about the process of making sense of something.

I'll give you an example. My mom died at 98 a few years ago. She fell asleep. She slept into her death with her granddaughter right beside her-- painlessly, calmly, beautifully, pretty much the way she'd lived. Now, by comparison, what is-- how can you say that a death where someone was murdered or someone died suddenly, or they died as a result of an experience and someone's mistake.

I had someone in my study, my original study, where the whole family believed the mother, their grand-- their mother had not called 911. And they were angry at her. In fact, she had called 911 for her husband, for their father. But the firemen were all busy-- the EMTs were all busy at a fire and couldn't get there.

So the whole family had a meaning that wasn't even so about the way in which their mother had died. Meaning-making can be called a lot of other things. It could be called the reconstruction of reality. It could be called finding meaning. It could be called the reconstruction of meaning.

And so the language gets a little bit tricky. But here's the main point. When people-- when we construe something to be true, it is true in its consequences. Many of you know about self-fulfilling prophecy, and that's that situation where if we treat kids or believe that a child is not very bright, and we treat them that way, that's the way in which they will act.

So however-- what meaning we attach to things, including any loss that we have, whatever it is, if we can say, I'm learning a lot of new things because I'm now having to do therapy virtually. Things I would not have ever known. And I'm finding out new things. I'm learning that some people tell me secrets that they haven't told me in years in this particular setting. I have no idea why. Maybe some of you have theories about that.

And then negative meanings complicate grieving and they may need-- they may need to be made the focus of therapy. When someone in the family blames someone else for a death that occurred, or we blame China, or we blame neighbors, or we blame-- whoever it is we blame for death, for our losses, those are the-- that can become then the focus of our interventions.

How do we make sense of loss? How do we help people make sense of the losses we have? Now, this applies whether we're talking about death, whether we're talking about the loss of a job, the loss of our security, the loss of a home, whatever loss we happen to be discussing.

People need to tell the story of what's happened to them. We need to be heard. I think we can devise all these very sophisticated interventions, but what's most particularly important is that people feel heard.

Paul Rosenblatt, again, the University of Minnesota, is well-known for saying this. The critical data is in the particulars, not the generality. People's stories are unique. Their experience is unique. Families are each one different, and folks need to be treated not by some standard that is the norm, but rather in the details of their particular lives. Since meanings are critical to grieving well, people need to tell this story and their-- need their loss to be heard.

One of the ways to get at those meanings is by asking about all the rituals that anyone has used attached to the loss, the details. How did you find out that you were not going to-- that you were not going to be able to keep your home? Where were you? Who told you? What did you do?

And listening, listening very carefully in an empathic way, and knowing how to make referrals to people that-- where those kinds of referrals are needed. Helping people make sense of loss I learned in my own study is that you ask people about dreams, if they have dreams. And what I've found is that if we can say to them, you may not remember your dreams as a rule, but people often do when they come into counseling, into therapy.

And that's so an embedded suggestion that they'll start to remember their dreams. And I've been able to learn a great deal about where people are at with the process of their grieving by what kind of dream that they have. If they're on one side of a great chasm, and the person who's died is up high and away from them, you know that they're feeling the distance. That they're connecting with that person, but they have the sense they never can really reach them or get to them in a beautiful expression of the feeling of the loss.

And then something that surprised me in my own study is to ask about coincidences. I would ask, is there any coincidence that happened around the time of the death? Were any-- did you notice anything? And people would say, we need a cemetery plot right beside where our father was and nothing opened up. But then the very next day, someone sold a plot and we were able to buy it.

And it tells you a little bit about the way the family thinks, about how they construe what goes on about them. And I would say, why do you think that happened? Well, it seems to me that God arranged that, that God was aware of the pain that we were having, and that's why he gifted us with that plot.

Now, I don't have to agree with that. I don't-- but what I have to do is hear it and know that that's the way this person, this family, thinks about life. They make something coincidences.

In my study, I call it "coinci-dancing." And I've gotten quite a lot of fun playing with that idea that when we make something of coincidences, we're coinci-dancing. And it's kind of like a Rorschach. It reveals a great deal.

It's important to compare this loss to other losses. Again, whatever loss we're discussing, whatever loss we're trying to help someone with, how does this compare to other things, other times when you've had losses? How does this stack up with those? Is it worse? Is it better? Is it the same in some ways?

I'm a big believer in metaphors. I've done some writing about metaphors and the use of metaphors. They reveal hidden meanings. And we can talk more in the question and answer time, if that would be helpful.

Metaphors reveal a great deal. And the metaphors by which we live are critically important. If we're overburdened with war metaphors, we have kind of a war mentality.

I like to use subjects different from what is the target of therapy? Well, a target is a target. And it's a war metaphor. What about-- what is the goal of therapy? What is the need? What is therapy needed for? What do we need to accomplish is a softer way than to talk about target.

Meanings will reveal people's belief systems. You listen for meanings and you'll know what people's faith systems are. What they believe, what they question, what it is-- what's their underpinning. If they're superstitious, you'll pick it up in the meanings that they make. If they are kind of fatalistic, you'll hear that in the meanings that they make.

Family focused grief therapy is probably a newer-- not that family therapy hasn't been around for a long time. But bringing together family theory and family models, family therapy models in grief, is relatively new. We owe Murray Bowen a great debt of gratitude for helping us to think in the beginning about family systems, about multigenerational effects, about many, many things, coalitions and alliances, what is the family dynamic.

My own work combined grief therapy with family therapy, with family theory. David Kissane and his partner, Bloch, I want to say it's Sam Bloch. I'm not positive of his first name at the moment. But they wrote a book on a family focused grief therapy. And then Dr. Kissane is now working with Wendy Lichtenthal, as I mentioned earlier.

Most of what we know about loss and grief is about individuals. It does not deal with the family focus. Last night, I worked with a family and I saw just

exactly what we're talking about here. And it captures for me what's going on with many folks.

A family where the father has dementia. And he was a very strong head of the family person. And the wife is stretched to the max. We call them care partners now instead of caregivers.

They're isolated because of COVID. The daughter and the grandson is at home, and there's a clash between the grandson and the grandfather. And we've got all the family dynamics going on there about loss. Dad has lost control, people are not listening to him anymore. He can't run the household.

He's lost a great deal of his mental function, and so there's fighting, and he's saying cruel things to the grandson and such. And there's all kinds of family variables that have to do with the grieving that's going on in that family that doesn't get identified, necessarily, when you look at each individual member. It's like a jello salad with fruit cocktail in it. Some of you used to make those things.

It's like the pieces of fruit are the people, and then the jello is what goes on in between them. And that's where the focus of family therapy and family grief therapy really is, the indirect interactions and interrelatedness of the family members. And that takes into consideration the multigenerational level of loss and grieving processes.

Family grief techniques, I believe it's important to gather as many family members together as possible. And I believe that when you bring the larger group in to start with, you can then work with subgroups. But if you start with one person, it's a mistake, I believe, to add others. And I think there's quite a lot in family therapy that would-- theory that would support that opinion of mine.

I probably should say, some of the things that I'm saying they're clearly Janice's opinion. My son is fond of saying, well, that's just my opinion. But as we know, everybody's entitled to my opinion. And so that's kind of what I'm saying to you today.

It's important to ask about the losses in the current and previous generation, because losses tumble down when they're not dealt with in a previous generation. They get revisited on subsequent generations. I think about one side of my family, my grandparents lost their business in New York City and had to come back to the farm in Vermont. And on the other side, the grandfather lost his whole herd of Holstein cattle.

And they were all so busy throughout the rest of their lives to survive that all of that still came down onto this next generation. And some people would say that might be why Janice became a grief therapist. Some people would say that. Maybe it's true.

We need to use techniques from ordinary family therapy, such as the Milan circular questioning. That's a marvelous method where you ask family members what other family members would say if they were there. I use that in my research. And you also ask them to mind read one another when they're all together. And it raises up the patterns within the family in ways so that you can work with them.

And the Milan family therapy method is very collaborative. It asks the family to look with the therapist under the microscope at the family dynamic as opposed to being so hierarchical. Family sculpture is a wonderful method. Ask the family to arrange themselves in the room in ways that capture their experience now, or if there's only one person in front of you, which is the next point, ask them how they would arrange their family if they had the family in the room. And you will broaden the system, you'll broaden the context, and you'll learn all kinds of things about what's going on in the family about the loss that's been experienced, about the dynamics of the family, and also about whatever grieving patterns you're trying to work with.

Family grief therapy techniques, very, very important to help each family member share what the loss means to them. We like it when our family members agree with us and see it our way. It very seldom happens, even though there is a family process of trying to make sense of what's occurred. And sometimes there's a conclusion, but not usually.

We need to normalize asynchronous grieving. I see teenagers where the parents are terribly worried. They don't think the kids are grieving. Perhaps they're not. But one thing that happens with teenagers is they're going to talk to their friends more than they're going to talk to mom and dad, grandparents, aunts, uncles. They're going to do it the way they do it. Sometimes with music, with their buddies, but we grieve differently and at different rates.

Mom may cry. Dad gets busy. One partner in same sex couples gets very busy. The other one tends to be a little more emotional. It's just-- it isn't nice and tidy. It's messy. And that's what we have to be prepared for.

We have to identify changes in family roles, rules, and boundaries. The family I'm talking about from last night is a good example. Grandpa was the head of the family. He no longer can hold that position. And the young teenage son is trying to kind of assert himself and be independent and do some obnoxious things that teenagers do to get his power. And there you go. We have that back and forth.

In Vermont, we call that the old buck, young buck syndrome. And you see that ways in which things play out when-- as rules shift related to losses. And it's important to notice coalitions and alliances between members in the family.

I have two brothers and one sister. My sister and I are super close. I love my brothers, but I experience my sister weekly, almost weekly we're in touch--

every other week. And it would be a different loss for me, very different loss for me, to lose my sister with whom we've been very tight than it would be for me to lose either one of my brothers. We have a different level of relating. I love them, but it's different.

Family therapy techniques, identify a time when the family demonstrated strength. What have they gotten through before? Where have they gotten to? Correct generational boundary blurring, make sure the parents are the parents and the kids are not acting as if they're adults. And listen to all the meanings, both positive and negative, and help the family members-- help the family members work on some kind of ritual that will help them capture their experience of loss.

Interventions that fit everything, I'm going to just go through these quickly because I want to be sure that we have some time. We're going to stop it right-- very close to 3:45 so that you have an opportunity to ask some questions. And I will welcome those.

These are some interventions that fit all kinds of models. Mindfulness meditation we should put in capital letters. It probably has become the most important, most recognized, and most used method of doing therapy helping people with whatever kind of loss they have. Slowing us down, there's wonderful programs online that you can use to learn to meditate.

There is Mindspace. Calm is another one that you have to buy a subscription to, but it's excellent. Headspace is free. But there are many, many ways to get guided imagery and mindfulness training online in ways that will help us widen our margin.

When we become anxious, we do not breathe well. We don't think well. We don't problem-solve well. We don't love well. And the more we can center ourselves-- the grown-up person is a grown-up person who can modulate their own anxiety so that when they get anxious, hurt, frightened, they don't play that out on other people.

And mindfulness meditation can help us to do that, as can some real good helpful psychotherapy. That helps us to hold onto our own reality and not by someone else's or catch other people's emotions. That's what being grown-up is.

Art, of course, music. Music is one of the best soothing things, one of the best ways to express what we feel, both happiness and sadness. Movement, any kind of movement. We need to be moving our bodies. This is a time of great stillness, being-- sitting too much, being too still, too much sitting on the couch watching TV, too much of not using our bodies.

Learning yoga, using yoga to keep our bodies healthy and our minds healthy. Prayer, people who have a active prayer life center themselves, very closely

related to mindfulness and guided imagery. And then of course, nature. We've just filled up the bird feeders and the squirrel feeder so that we have entertainment out back here in the midst of Minnesota winter. And they entertain us greatly. And it's a great diversion.

Rituals link the past and the future, and they help us to make sense of our experience. Now, writings are important, writings of all kinds. Journaling either online, with pictures, with drawings. I saw wonderful pictures of my friend who's having surgery at Mayo today of the Arkansas landscape where she was trying to capture how she feels on the edge of a cliff just by standing on the edge of a cliff and sending that picture to her friends. She's on the edge of her life.

Logs that we can keep of what goes on. Some people are making logs of every day of the COVID time. Poetry is important. And there are letters to the deceased can be written. I cannot believe how much unfinished business can get done by writing a letter to the person who's passed, reading that letter out loud to me, to someone else, taking that letter to the cemetery, to the columbarium, to where the ashes were spread. A great deal can be done by those letters.

The person of the grief therapist, now, this is about us. And what I'd like to do is I'd like to read a poem. It's a sad poem. It's one I wrote a few months after my husband died. I lost both my husband and my daughter in 2010, and I had a very difficult, as you can imagine, time for quite some time with those two major losses. And I want to read this, and then I want to share the rest of this about how we could take care of ourselves in times of loss.

My poem is called, and I'm not a poet, this was unusual. My husband was the poet, not me. It's called, Accosted by Grief.

I am so tired of being accosted by grief. As I turn a corner, as I open a drawer and smell his cologne, as I smell of food he used to cook, as I feel something smooth and soft like his hands, or like the fabric of our massage table. I am so tired of grief.

Grief does not let go. Sometimes I think it has, but then I'm accosted again. Around the corner, in the drawer, from the kitchen, I am so tired of grief. This morning it was the smell of spring. Now, it is his handkerchief I used to dry my tears.

Last night I danced in front of my mirror. I danced with Kitty. I danced with his cane. Then I remembered, I will never dance with him again. I am so tired of being accosted by grief.

It came out-- just came up out of my mind somehow one morning at the computer, and it's helped me to read it. Here are some things about us as therapists. To deal with our own grief, to do our own grief work, and to tend to

our own unprocessed loss. And that includes the family we're in, the family we came from.

When we're cut off from our own emotions, we're cut off from the emotions of others, as well. And that does not make us good helpers. Before we have an encounter with someone that we would help, here are the three questions we need to ask ourselves.

What are my emotional needs right now? How might I try to get my needs met at the expense of my client? Especially important in this time when we're experiencing many of the losses that our clients themselves are experiencing. What will I do to get my own emotional needs when I'm no longer trying to be there for someone else?

The person of the grief therapist, when we over help, we give an unattended message. We need to not over help but have confidence that our clients can bring forth the very best of themselves. It's possible in a therapy role to get addicted to these very habit-forming needs to be needed.

Emergency room nurses, intensive care room nurses, people that are always dealing get used to a very high level of adrenaline, and they can feel almost not quite alive when things get quieted down. And we can crave that level of excitement and stimulation. We get habituated to that level. So we have to be watching for it.

And we have to remember that we're not at our best when all the stressors that we're facing. Rabbi Hillel had these words to say, and I've found them extremely helpful. If I am only for myself, who am I? If I am not for myself, who will be for me? If not now, then when?

Here's some risk factors that affect how we cope, whether we're therapists, or whether we're clients, whether helpers or being helped. Just as high viral load leads to more severe COVID, psychological load leads to a less healthy response to loss. And I've listed a few. You can see what they are-- mental illness, unaddressed losses, previous and current trauma, dysfunctional family systems, racial injustice, deprivation, and you could go on and add many more, I'm sure.

How will it be as we go forward? There will be a residual. There will be residual to those who have COVID. There'll be residual psychologically. Some people will feel guilty if they survive. Others will feel guilty if they think they exposed someone.

There will be long-term blaming someone who we believed exposed us or exposed a loved one. There will be ungrieved losses. There will be PTSD, or PTSD like reactions. There will be problematic meanings attached to the pandemic.

Why didn't somebody do different? Why didn't this happen? Why didn't that happen? What could we have done that we didn't do? And this will go on, I believe, for quite some time.

Grieving the loss of so many, Camus wrote this. "Millions of deaths are like a mist floating through history." He wrote that in the book called, The Plague.

We are at risk of becoming inured, that is, becoming accustomed to something negative as if it is not what it really is. Here's some adages, some things that I think have helped people, have given them to me. Some of them come out of the AA world.

My son would say, do the next right thing. When you don't know what else to do, just do the next right thing the next moment, the next minute. One day at a time, a great AA saying.

Soren Kierkegaard who, of course, is very popular here in the Midwest, says "Faith sees best in the dark." A Holocaust survivor commented, "You keep on living until you feel alive." My son, again, who gives me lots of quotes. When he was in a tough place, his sweetheart works at Mayo with the elderly and so they're at risk every day. And he just got discouraged.

And I said, what are you going to do, Michael? And he said, I'm going to bed and I'm going to curl up in the defeatable position. And so I've told my clients that, and they come online and they say, Janice, I had the defeatable position last week for two days. And so it gives us a way to talk about that discouraged time that will come for all of us.

Some have quoted a Buddhist belief that all of life is suffering. And when we've accepted that, living can become easier. Grief is a lifelong process, but it does not have to be a lifelong struggle, says Hope Edelman in her book, Finding Your Way Along The Long Arc of Loss.

And this is my last slide. This is a client's kitty, an adolescent kitty, and she could be giving you two message. One of them is, we've been climbing the walls to get out and be free again. She's looking over her shoulder. She knows she's not supposed to be there.

We also could take it as a message that I want to give you simple-- simple message. And that is, let's just all hang in there and get through this difficult time. Thank you so much for your attention. And I would welcome your questions.

PRESENTER: Thank you so much, Janice. We have one question. Someone writes, how would you suggest that someone who was separated from and lost all contact with a close relationship in college deal with the loss and memories now? Both people are still alive, reside in different states, but have not communicated in 40 years. I'm afraid catching up might be too traumatic.

JANICE NADEAU: Wow, that's a tough one. There's a lot of pain around all of that, I'm guessing. Sometimes if you each know where the other is, would a third person be helpful? Is there a feeling-- yeah, I guess what I would ask, is there a feeling that you might do more damage by contacting each other now than you've done by staying separated? Is that a question that this person could answer?

PRESENTER: Well, I will have them put that-- if you have the answer to that, you can put that in the Q&A.

JANICE NADEAU: That would be good. I get the feeling that maybe that they split up under not good circumstances and that there's some desire to connect again, but tentative, a tentative desire. I think sometimes something in writing helps because then the other person has a choice of whether they act or not, as opposed to a phone call, or an intrusion, an email, or something like that.

I guess I'd have to really know more about the situation, the particulars of the situation, to really give an answer. But a letter is--

PRESENTER: Very good advice.

JANICE NADEAU: Yes.

PRESENTER: Can you talk a little bit about family therapy related to COVID loss, and maybe share a couple of case examples?

JANICE NADEAU: Well, I think it's not too different than if we're talking about a death loss, because each person in the family, I don't-- however many family members there are-- each person is experiencing this so differently. Introverts, I've been struck by how different introverts and extroverts are dealing with this. People who need a lot of stimulation, and you probably can guess I would be one of those. I like people. I like to be with people. I wish my computer would talk to me.

I had a hard time writing my dissertation for that reason. The kids are having-- the young people are having the hardest time, because their peers are all-- but they need to be heard and not be told that they need to get over it, that-- the kinds of losses that each family member is experiencing in the family now with COVID the way it is, even if there was a method where each could write that down and circulate them, let's guess that you would have-- fortunate enough that you would have a family therapy session. That would be quite a wonderful thing to bring about right now. And perhaps you're in a position where you can do that.

But I think to engineer as a therapist, as the helper, the counselor, that each person gets to say these-- this is what I miss the most, putting it into some everyday language. What do you miss the most? So that again, if each

person is heard, and their need, their losses, whatever it is, is not going to seem such a big deal to other family members.

But each loss individual has to be valued and recognized and normal-- not normalized, but validated within the family system. And the therapist can really model that so that you don't have what I like to call, the suffering Olympics. Who's suffering the most here? Who's suffering the most?

Let's not try to make this the Olympics. Let's let everybody have their own loss. That's the best I can say at the moment.

PRESENTER: OK. Thank you. We're-- there's another question that you've addressed a little bit, but is there any work being done in the area of community grief during COVID?

JANICE NADEAU: Well, it's hard for me to answer that one being from Minneapolis, because we've had such community grief with George Floyd's death, and it's going on. I mean, we've had some an unbelievably beautiful rituals. I mean, it's just been happening and going on and on day after day.

The community grief is being handled as far as I can see right here now mostly by churches.

PRESENTER: OK.

JANICE NADEAU: The Midwest where the church is have a lot to do with everything. But I do know that more and more-- I have a group that I started, a community grief support group, and they're just now beginning to meet in person. And that's helpful.

PRESENTER: OK. Thank you. We have another one-- we have about three more.

JANICE NADEAU: OK.

PRESENTER: No, we have more than that. Let me try it.

JANICE NADEAU: I'll try not to say too much about each one.

PRESENTER: OK. When speaking of grief for students losing the school experience, how do you help students with their grief while they still have the pressure from teachers and school to keep attending as if it's the same for them, specifically, for elementary school students?

JANICE NADEAU: Yeah. What we've been-- yeah. I guess that's really tough. It's very, very difficult on the kids to not be together, for sure. We're seeing a lot of teachers driving to their homes for those kids that are fenced in, those

kids that are homebound. And we're about, I think now, to switch back to virtual here where we are.

The only thing that I know about is to-- kids are on their-- they're on their devices anyway. And any way that a parent can help kids connect outside of the school system, or that there can be social groups that the teachers run so that they expand the time that they can be together. It's very, very-- there really aren't any good answers to that, I'm afraid.

PRESENTER: Unfortunately, not right now. Here's-- this question is, can you talk a little bit about anticipatory grief? For example, a wife is going to lose a terminally ill husband.

JANICE NADEAU: Yes, I can, and I would have paid somebody to answer that question-- ask that question. This is the really important point. I believe that we need to be careful when we're working with anybody where there is an impending death.

What needs to be recognized is not so much about when that person dies, is that every single increment of loss gets acknowledged. This is the last time-- when was the-- he no longer can stand up in the chair. For dementia, when was the first time when he didn't recognize the kids or the grandkids?

So that instead of-- you're grieving even in the moment of those incremental losses. And when that gets acknowledged, and that grief work gets done, it gets the attention it needs, the actual dying at the end, you're not so far behind. There's a certain kind of grief that can only happen with the finality of the death, yes.

But in the-- before that, the attention needs to be not on what are you going to do or how will it be when they die, so much as what was the last thing the person just became incontinent. The person just couldn't feed himself. He can't eat anymore. What's that like?

Instead of going and being all about the end point, which for many people is more of a relief, they really lost the person some time before.

PRESENTER: That's very good advice, thank you.

JANICE NADEAU: And that's a wonderful question, and a very important consideration for us in this field, and for ourselves, for that matter. I'd like to rollerblade and I can't. I grieve it every day.

PRESENTER: I have a couple more-- we have a couple more. That-- you mentioned when someone is in fear, grief does not get processed. How would you recommend a client who describes a constant sense of numbing to do some severe complex-- due to severe complex trauma, also lost a parent and wants to do grief work with both group and outpatient?

JANICE NADEAU: Well, I think that would be a time-- that would be a time where if I could, and I had the skills and the knowledge and the wherewithal to do it, I would turn to something like artwork. I would turn to something not verbal. Because I think someone who's blocked like that for their own defense.

I mean, obviously, they've got more than they can handle, they wouldn't be blocked. They wouldn't be-- they wouldn't be flat, right? They wouldn't be numbed. But they're overloaded.

But something might come out in movement, in body work. I would go for some body work that would kind of help to release some of that pent up stuff. But I would think it would be a wonderful time for a metaphor, for music, for some other medium that will get around the defense that's there, because the person probably is fearful that they will be overwhelmed if they start.

If I ever started crying, I know [INAUDIBLE]. But when someone's blocked, they're blocked for a reason. They're blocked to protect themselves. That fear and that hyper vigilance will do it. I'd start there.

PRESENTER: Thank you. I just wanted to be very respectful of people's time. We are at the end of our session. We have a couple more questions if people want to hang out. Otherwise, please, if you are possible to do the evaluation, because this is how we let the funders know what people thought of our presentations. And this film was amazing.

So I would like everyone to know that. I will ask the next couple questions. Otherwise, if you have to get off, we could provide the written answers to these questions if you're not able to be on. One is, any suggestions on how to help an adolescent who is grieving the loss of a parent and experiencing significant guilt for being the person who passed the COVID onto them?

JANICE NADEAU: Boy, that's the rough one. That's one of-- that's the one we dread, isn't it? I mean, this-- I'm sorry that you're dealing with that, because that's really, really tough. When someone feels guilty, in some ways, it almost has to burn itself out. That may sound kind of funny.

But once again, for someone to say, it's a terrible burden for you to carry this feeling that you have. And you could say that with some time, that may not be as intense it is now. But tell me about where you feel it. Can you feel it in your throat? Do you feel it in your chest?

Be with that kid in where they feel it. And what during the day, anything that they do, where it's a little bit less, is there any way you can make it 10% less? Is there any time-- are you sleeping? Can you-- is there anything you can do?

Can you run to burn off some of the-- I think trying to talk him out of it will probably not work. I mean, I was talking to an adolescent in or out of things is

not a terribly easy thing to do, anyway. But I would go with more how does that child manage carrying that feeling of guilt?

How can they lessen it by things that they actually do? That's what I would-- that's what I would recommend.

PRESENTER: Thank you. And our last question is, do you have a suggestion for helping health care workers manage their grief while also in the midst of being too busy to grieve?

JANICE NADEAU: Yeah.

PRESENTER: They're a chaplain and so they're--

JANICE NADEAU: On the run.

PRESENTER: --trying to help.

JANICE NADEAU: Yeah. Yeah. Yeah. Being a chaplain-- now, with that's going to imply some religious faith and some religious belief system, right? When we were kids, we used to have to bring in wood for the wood stove in the farmhouse. And my brother would hold his arms out, and I would put one piece of wood at a time on his arms until he got all he could carry. Then he'd put them in the house.

The only thing I know that works, and particularly within a faith system like that, is to take each one of those concerns that you have, I'm guessing, both for yourself and for others, in one block at a time, put those onto God's arms. And I'm speaking right within that assumption that that belief system is yours. And somehow, some acting out, physical way that you can put those losses that you're dealing with somewhere so that when things do get a little quieter, that you can come back to them.

I really hear you about being too busy. So many of us are too busy. And grief waits. Grief waits. But you need a break. You'll need a break somehow. A day, a weekend, something where you can go take care of you.

You don't want to make an ash of yourself. Go back to Michael Simpson's poem. It's very difficult, and I'm sorry it's so heavy burden for you.

PRESENTER: Thank you very much. I truly appreciate it, all of your answers and all of your phenomenal information. I'm going to briefly turn it back over to Lou Kurtz. And I want to thank everyone for their time this afternoon. Thank you.

LOU KURTZ: Yeah. Thank you all very much. Thank you, Dr. Nadeau, a fabulous presentation. Once again, if you have a moment to take the survey

which is up on the screen right now, you can use your phone, and use the QR code that's on the screen, or go to the survey link.

I also think for those of you as you click off, you will likely be redirected to the survey. It should pop right up. So as I said, three minutes and you're out. It would really give us-- really help us. So thank you.

Thank you again, Dr. Nadeau. We hope to bring you back sometime very soon if your busy schedule allows. Thank you so much.

JANICE NADEAU: You're very welcome. It's my pleasure.