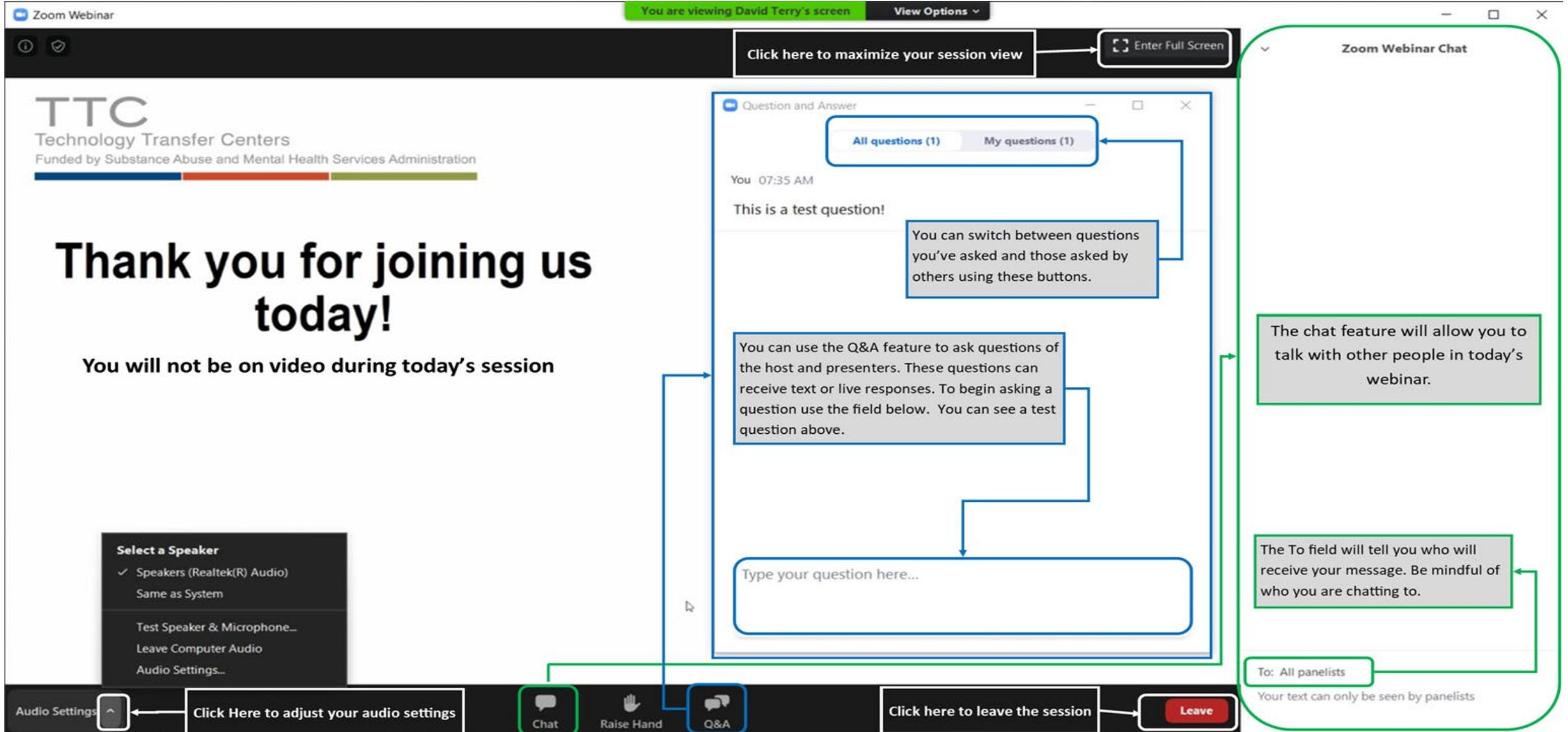


Please Note:

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

Get to know the Zoom Webinar interface



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

- Header:** "Zoom Webinar" window title, "You are viewing David Terry's screen", and "View Options" dropdown.
- Session Controls:** "Click here to maximize your session view" and "Enter Full Screen" button.
- Main Content:**
 - TTC Technology Transfer Centers logo and funding information.
 - Message: "Thank you for joining us today!"
 - Message: "You will not be on video during today's session"
- Q&A Window:**
 - Buttons: "All questions (1)" and "My questions (1)".
 - Message: "You can switch between questions you've asked and those asked by others using these buttons."
 - Message: "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above."
 - Text: "You 07:35 AM This is a test question!"
 - Input field: "Type your question here..."
- Chat Window:**
 - Message: "The chat feature will allow you to talk with other people in today's webinar."
 - Message: "The To field will tell you who will receive your message. Be mindful of who you are chatting to."
 - Field: "To: All panelists"
 - Text: "Your text can only be seen by panelists"
- Audio Settings:**
 - Dropdown menu: "Select a Speaker" with options: "Speakers (Realtek(R) Audio)", "Same as System", "Test Speaker & Microphone...", "Leave Computer Audio", "Audio Settings..."
 - Button: "Click Here to adjust your audio settings"
- Bottom Bar:**
 - Buttons: "Audio Settings", "Chat", "Raise Hand", "Q&A", "Click here to leave the session", "Leave".



 MHTTC
*Grief Sensitivity
Virtual Learning Institute*

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

 bit.ly/mhttc-grief-sensitivity-training

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

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



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Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Grief Sensitivity Virtual Learning Institute: Are you the therapist a grieving client wants to meet?

Friday, September 11, 2020

Jill A. Johnson-Young, LCSW

Central Counseling Services of Riverside & Murrieta, CA



Housekeeping Items

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

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

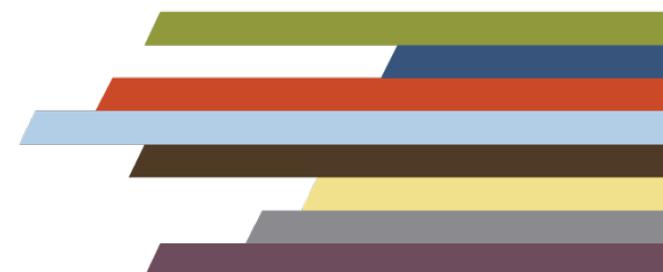
- This event is closed captioned!



- Follow us on social media



@MHTTCNetwork



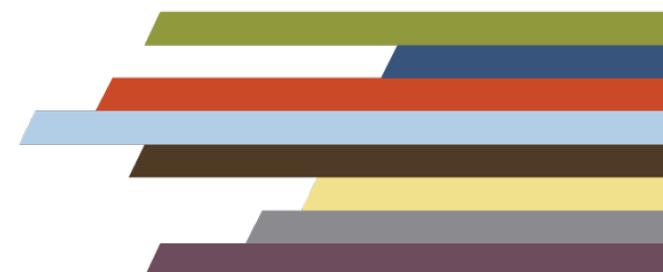
Additional Information on Grief

Fact Sheets

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

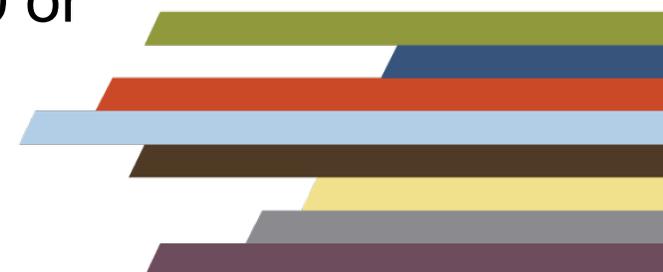
Webpage

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



Grief and Self-Care

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



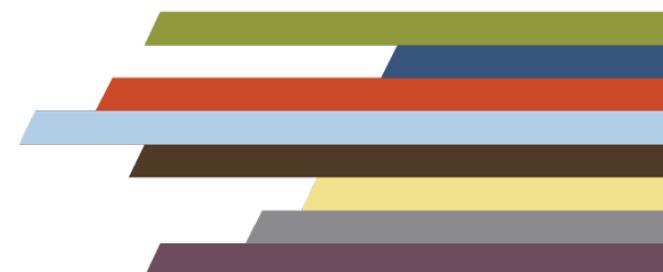


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- The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation
 - Develops and disseminates resources
 - Provides free local and regional training and technical assistance
 - Heightens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



Connect with Your MHTTC at www.mhttcnetwork.org

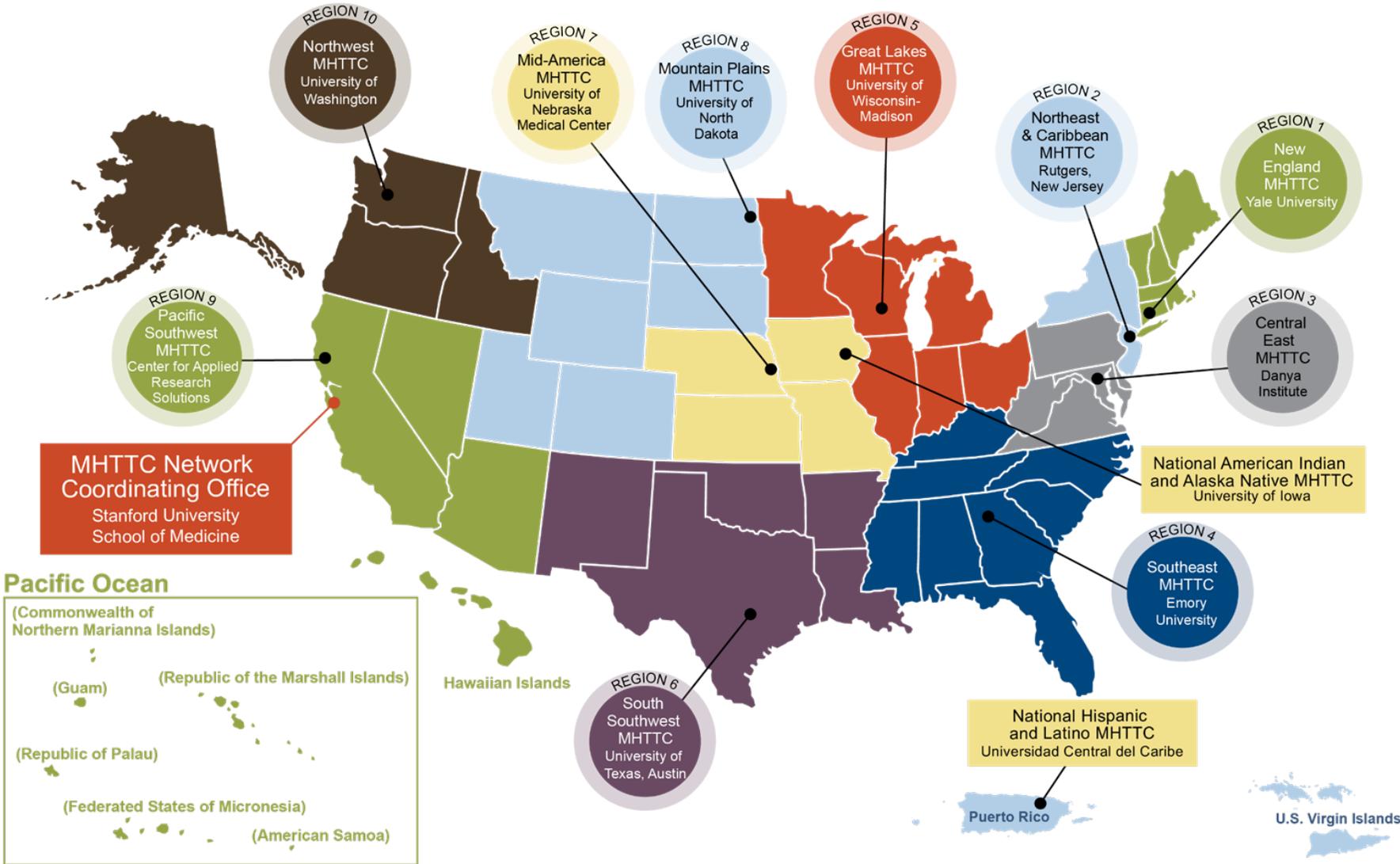


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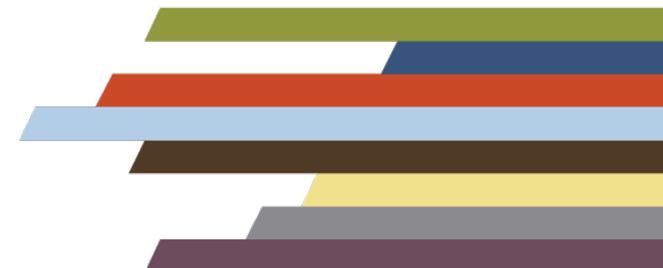
MHTTC Network



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





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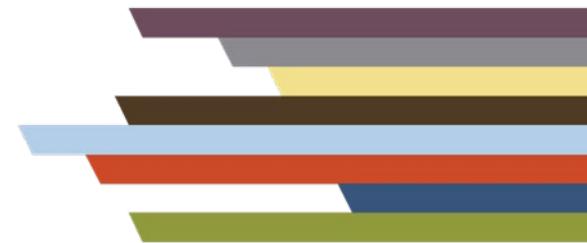
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Grief Sensitivity Virtual Learning Institute: Are you the therapist a grieving client wants to meet?

Friday, September 11, 2020

Jill A. Johnson-Young, LCSW

Central Counseling Services of Riverside & Murrieta, CA



Presenter



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



Jill A. Johnson-Young, LCSW

Central Counseling Services of Riverside & Murrieta, CA

www.jilljohnsonyoung.com

Are you the therapist
a grieving client
wants to meet?

➤ Why am I here to talk to you today? *(Other than I love an audience?)*

- Medical Social Worker with hospice for over a decade

- Hospice Psychosocial Director, daily census 400

- In Private Practice for over a decade

- Specializing in death and dying, chronic to terminal illness, and grief and loss

- Author: adult workbook, children's grief books, 8 week and weekend grief program with certification for providers

- Additional specialty in dementia

- MSW University of South Florida

- LCSW

- Local, state, national, and international speaker on grief and loss for community groups and professionals

- Online grief program creator:
www.yourpaththroughgrief.com

- Twice widowed (with kiddos)

- Active in the funeral industry

- Officiant for memorials

Doing grief with
anyone can be a
challenge-
during a
pandemic it is
so much more



We can look at deaths in categories to get a feeling for where their survivors *might* be in accepting grief support

- **Expected deaths with hospice support**
- **Long term illness without preparation or hospice support**
- **Sudden deaths**
- **COVID deaths**
- **Hospital deaths during COVID**





Prior to COVID 19 the categories were fewer and simpler:

- Long term deaths, which generally included hospice support and friends and family providing help
- Unexpected deaths: accidents, stroke/MI/aneurisms, death due to suicide



SOMETIMES WE JUST
NEED A BLANKET FORT
AND A SOFT PILLOW.
AND THAT'S OKAY.

JILLJOHNSONYOUNG.COM

GRIEFTALKER

Grievers were expected to want one of the following after their loss:

- No outside support-
“I’ve got this”
- Just a support group
- Therapy
- Therapy and a support group
- ***All of the support was in person***

Let's look at
the
approaches-
how do your
assumptions
create
barriers?

- Does everyone need group support? (I'll bet you already know my answer)
- What common knowledge creates barriers?
- Do you know enough about dying to be an effective grief therapist?
- Is your first session going to draw them in and give them hope- or push them away from grief support, possible permanently?

When you are going to do grief work with a client, referrals to traditional open support groups are frequently almost automatic

- The research about Hospice families:
 - Survivors, particularly the primary survivor, aren't open to hospice grief support if their attempts to voice emotional needs were met with medical solutions during the dying process.
 - Those who felt they were not well prepared for a death are even less open to hospice based grief services.



And those who, like the majority of grievors, are now questioning their faith?

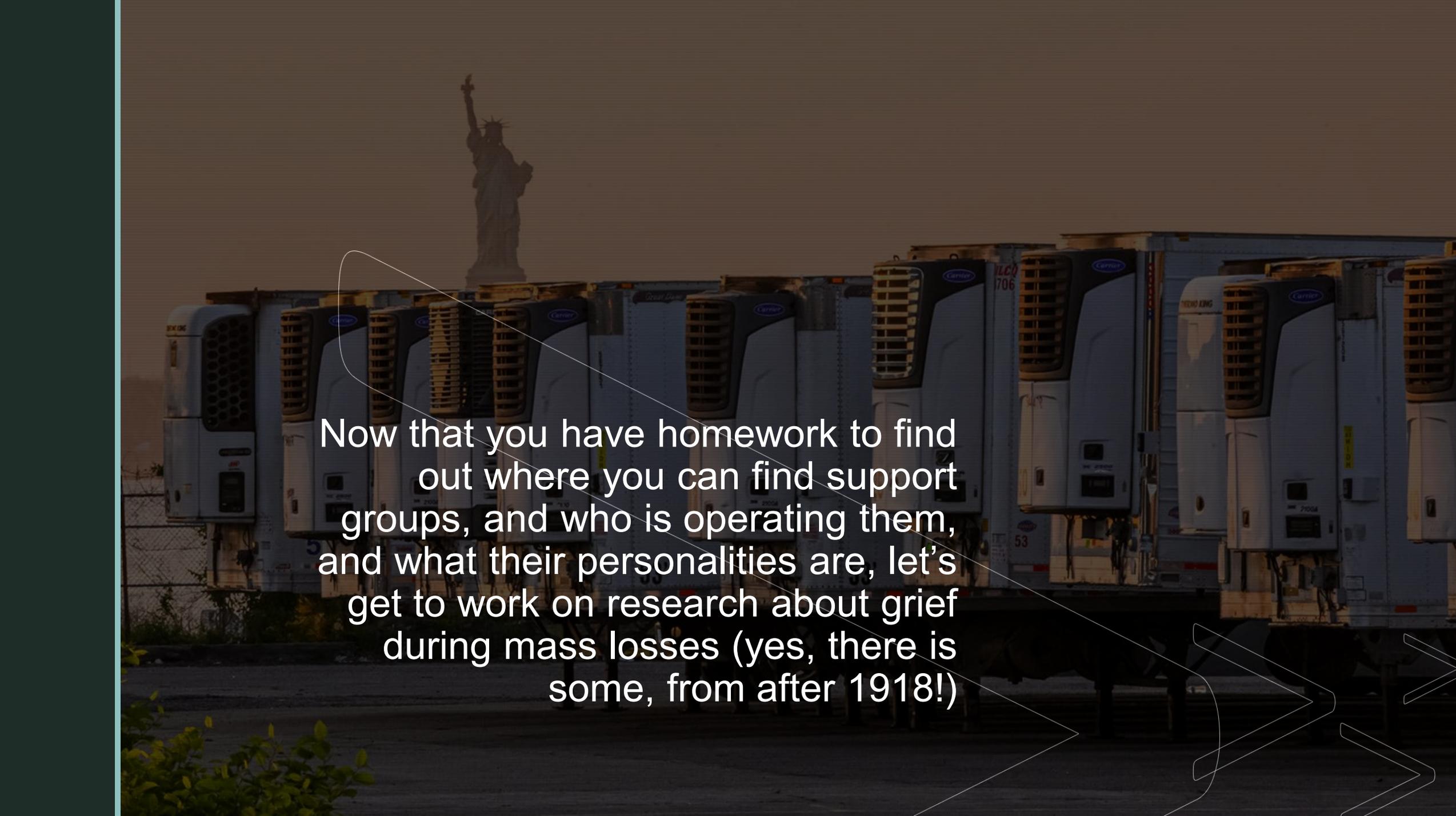
- Survivors who are questioning their faith following the death of a loved one are not best served by a faith-based group or provider- it's just not a good fit in that moment.
- There are specific concerns about who runs those groups, and their content and expectations



Do you know what groups are meeting right now, and where, and **how**?

Sending clients to groups that are nonexistent or negative will reduce their confidence in you as a therapist.



A row of blue mobile homes with white air conditioning units is parked in a lot. In the background, the Statue of Liberty is visible against a hazy sky. The image is overlaid with a dark semi-transparent layer containing white text and decorative white lines.

Now that you have homework to find out where you can find support groups, and who is operating them, and what their personalities are, let's get to work on research about grief during mass losses (yes, there is some, from after 1918!)



Prior mass loss experiences: then and now



Today: How do mass losses differ from “regular” deaths?

- What are the consequences?
 - Loss of loved ones
 - Impact of images and fear
 - Multiple losses occurring around them & in their families
 - Other losses: naming and addressing as important
 - What support is needed?

Initial AIDS responses to grief

Multiple deaths happening

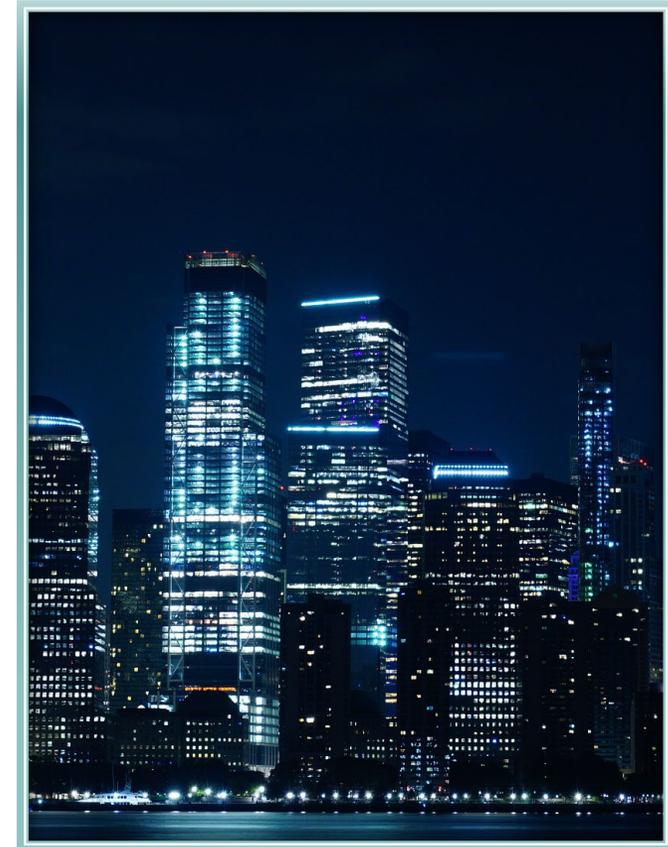
- One study (1989) found that *the number of individual losses and the intensity of the grief were not related.*
- The things that did make an impact: social and demographic variables.
- The authors proposed that the griever were habituating to the ongoing losses, and those with good support systems and security for themselves did better.
- Those who did not habituate or have the resources they needed moved into withdrawal, not reorganization.
- Grief among gay men associated with multiple losses from AIDS. Paulette M. Cherney & Marilyn P. Verhey. Pages 115-132 | Published online: 14 Aug 2007

No hope for a cure at the time

- Another (2008) found it was *not the number of losses that determined coping successes.*
- Support from others, especially friends and partners,
- Personal ways of dealing with loss, including spirituality and accepting the loss, were the most helpful factors in dealing with multiple simultaneous losses
- Coping with Multiple AIDS-Related Loss Among Gay Men, Doug Oram MA, Kim Bartholomew PhD & Monica A. Landolt PhD
Death Studies. Pages 59-72 | Published online: 04 Oct 2008

The surviving sisters club: Examining social support and posttraumatic growth among FDNY 9/11 widows Katherine M. Richard

- **73% gathered informally with other 9/11 widows in the years following the attacks**
- **55% participated in one-on-one therapy.**
- **Post Traumatic Growth was related to attending an FDNY-sponsored support group, one-on-one therapy, and socializing with other FDNY widows.**
- **The descriptive and qualitative analysis suggest that the primary benefits of informal peer support were:**
 - **a shared understanding of grief,**
 - **close companionship, and**
 - **emotional strength.**



Can you help your clients replicate close companionship somehow right now?

Peace Corps, missionaries, AID workers

- Ebola
- SARS
- COVID
- Wartime

- Losses that are not deaths are not included in understanding what is impacting the griever
- Things change so quickly there is not time to integrate one loss before another comes
- There is too much ongoing community loss to escape it
- Normal support systems did not exist because of the situation
- What helped was adapting quickly and yet grieving each loss individually- and rapidly
- ***My own speculation:*** individuals with higher degrees of resilience chose those careers, and thus were able to adapt better
- Credit: Sarita Hartz

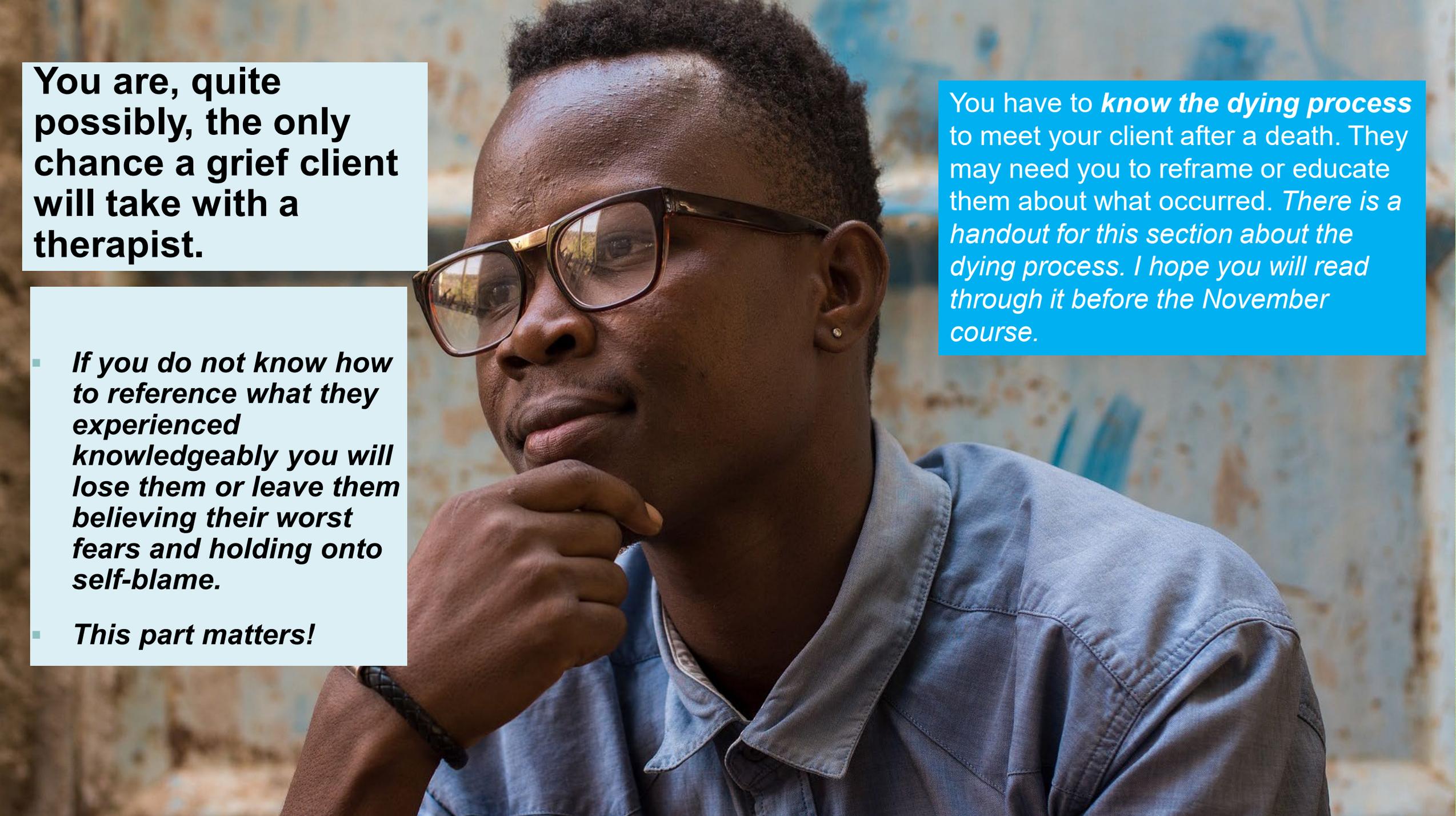
► Suicide losses: increasing as a byproduct of COVID, and always a special population

- **Suicide survivors often feel a greater sense of shame and stigma surrounding the death, feelings of rejection and abandonment, feelings of guilt and self-blame, and self-destructive thoughts (Jordan & McIntosh, 2011).**
- **There are benefits, including personal growth and well-being, from receiving support from others in similar situations—suicide survivors. That was of primary importance to recipients (Kramer et al., 2015).**
- **Some studies found that for suicide survivors, *support from the normal social networks of family and friends was often not helpful and could even be negative* (Feigelman et al., 2008; Feigelman, Jordan, & Gorman, 2011).**
- **Perhaps due to stigma and shame around suicide, friends and family may tend to avoid the subject and sometimes place blame on the survivor.**

Support for losses from deaths by suicide



- Survivors of loss from suicide benefitted more from specific groups for suicide survivors
- ***They did not benefit from groups led by non-peers***
- They benefitted from individual counseling
- But the combination is far superior



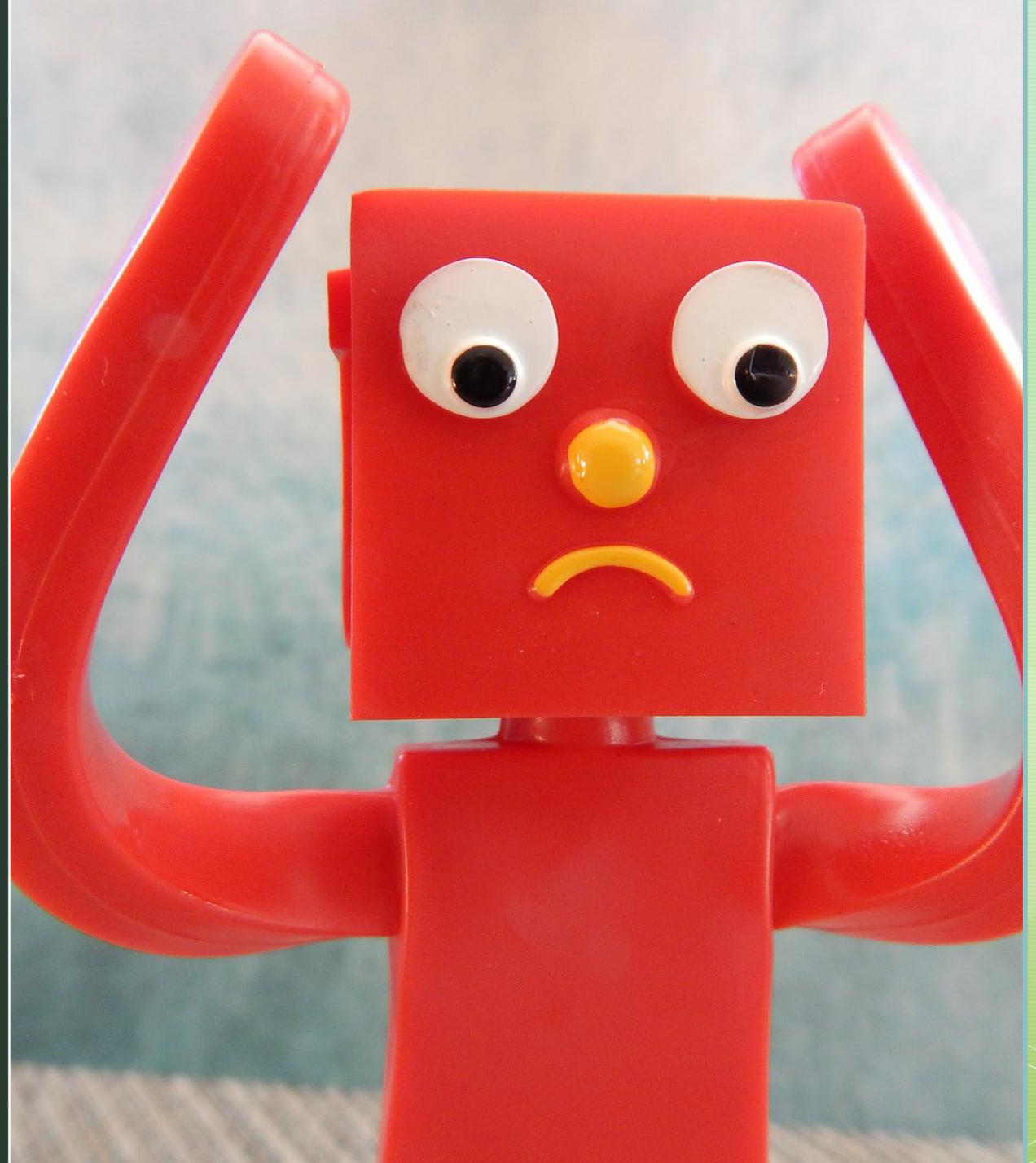
You are, quite possibly, the only chance a grief client will take with a therapist.

- ***If you do not know how to reference what they experienced knowledgeably you will lose them or leave them believing their worst fears and holding onto self-blame.***
- ***This part matters!***

You have to *know the dying process* to meet your client after a death. They may need you to reframe or educate them about what occurred. *There is a handout for this section about the dying process. I hope you will read through it before the November course.*

Your client's
trauma comes
from not
knowing what
happened

OR FROM
MISINTERPRETING
WHAT THEY SAW OR
HEARD- IN PERSON OR
ON SOCIAL MEDIA



Your ability to address dying makes all the difference

You need the knowledge to hear their concerns, fears, regrets about that time- and to teach them what was really happening.

You need to mitigate their imagined images for the deaths they could not be present for.

That allows you to help those who were present understand what was really occurring

This is always part of grief work, and will be again after COVID.





COVID has made all of us hospice for clients who don't have that support or education.



Resurrecting the Concept of 'Dying Well': The Archives of Cicely Saunders (1918-2005)



When I asked griever
what they want in a
grief therapist they said:

- **Don't assume you know what I need**
- **Don't tell me what to do**
- **Help me understand what happened so I know where to go**
- **Just *LISTEN***
- ***Help me forgive myself.***

Grievers gave me these examples of what they want you to understand

- I wish people understood that grief physically hurts. The tears, the painful thoughts around the loss, it's exhausting. Most days I feel like I am trying to hold a beach ball under water. Some days, I just can't.
- My experience is NORMAL and grief is not simple,
- That you become changed in one way or another. And that it is an extremely lonely experience.
- And that it is not moving onplease obliterate that phrase from your vocabulary it is "moving forward "but with our loved ones
- Don't pathologize and assume I am clinically depressed and need meds because I am extremely sad and not following your assumed progression of grieving.
- Just listen.. let us lead the discussion. Sometimes we just need a safe place to cry
- That it's not your job to "fix" me
- You can't just follow a cookie cutter example of the "stages of grief"
- Everyone grieves differently and putting expectations and time tables on therapy is not helpful.

How do you meet your grief client in the room, speak their language, not say the wrong thing, & create an environment with words & space to promote healing?

- We know which survivors do best; who is most at risk; and how previous survivors of mass losses found resilience and recovery.

We have the research.

Why do we keep going back to five stages?

- Do we really have to focus on traditional intake activities when someone has had a loved one die?
- ***Can we all do better- and be the provider you client needs?***



Now what?

- I want to challenge your perception of what your grief client needs from you.
- What they want to hear
- What the unrecognized needs might be.
- *To do grief we have to be holistic, or we lose the basic needs of the client*
- *(In other words, Maslow is still involved, even in grief)*



Denial

Anger

Bargaining

Sadness

Acceptance

some basics
regarding
beginning
work with a
grieving client

Environment- think high sensitivity

Physical comfort

Safety- to share what is really going on
inside

Well informed: death and grief

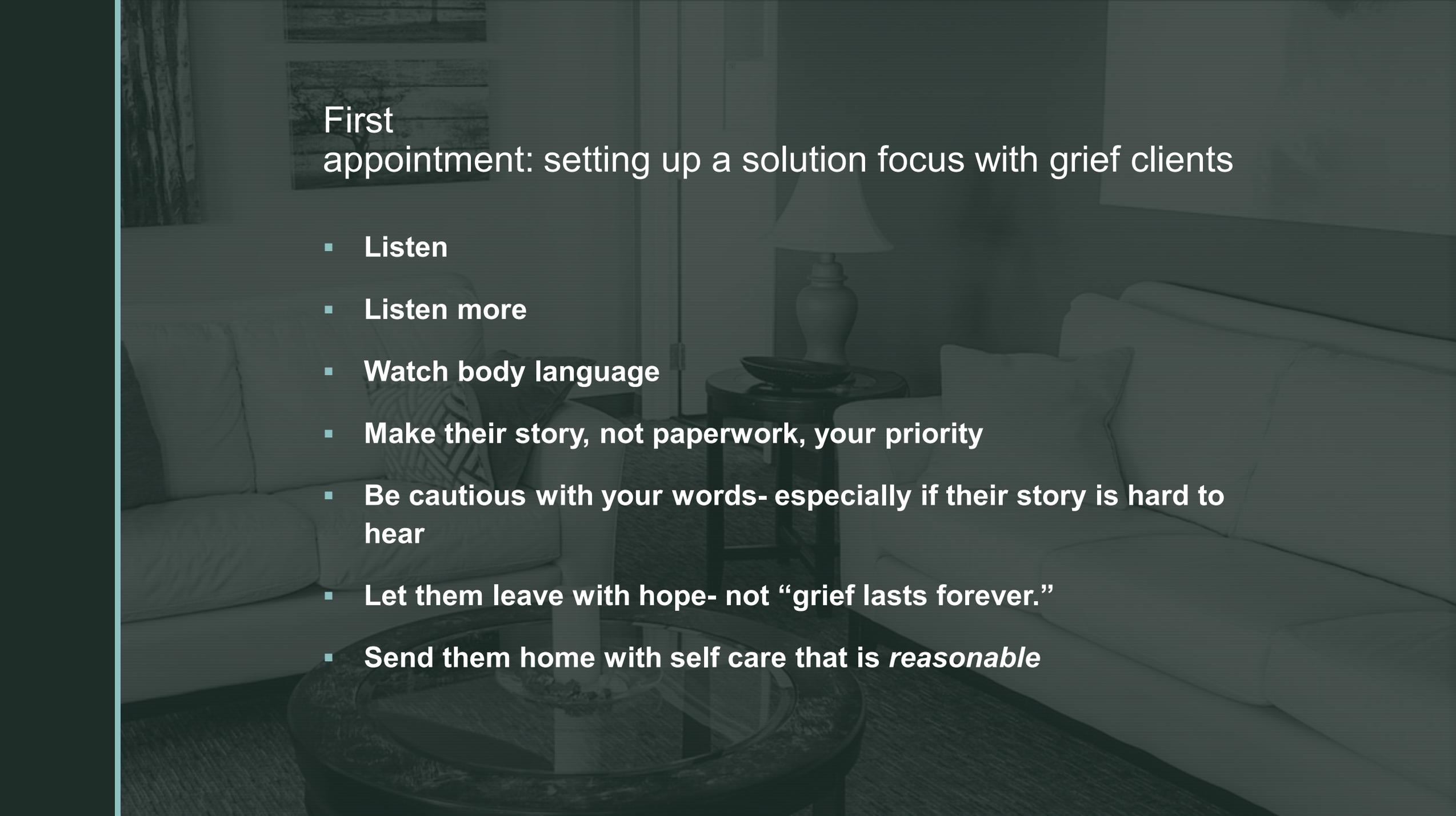
Ready to normalize their experience- both
through the death and currently

Sending them home with *hope*

That means:



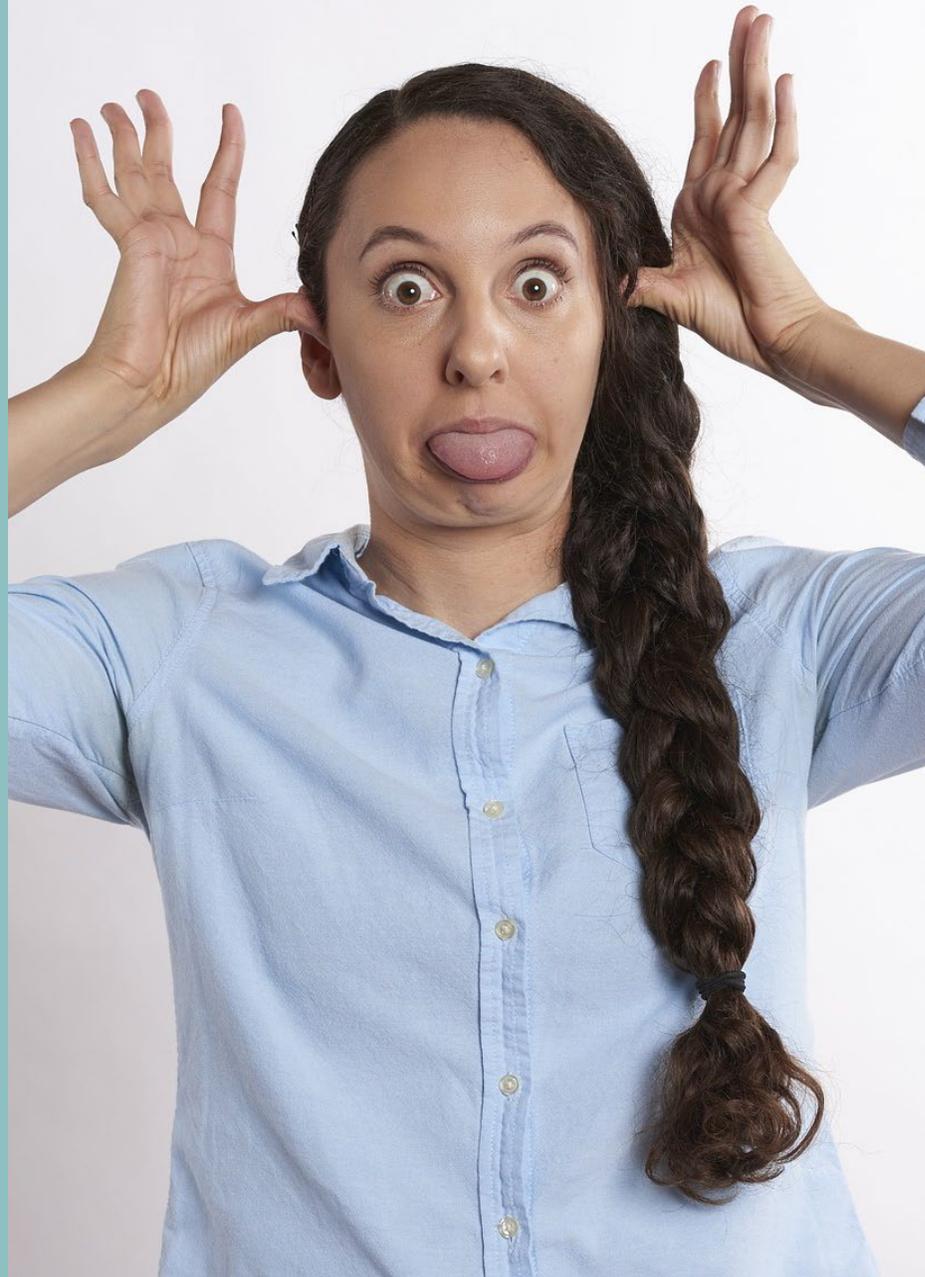
- **Calm**
- **Tea/water/coffee**
- **Comfy seating**
- **Blankets**
- **Oodles(?)**
- **Flexibility in scheduling**
- **Your full attention- it can tire you out...**



First

appointment: setting up a solution focus with grief clients

- Listen
- Listen more
- Watch body language
- Make their story, not paperwork, your priority
- Be cautious with your words- especially if their story is hard to hear
- Let them leave with hope- not “grief lasts forever.”
- Send them home with self care that is *reasonable*



Your actions in session are their permission

- Humor is not only allowed- it can be a relief
- Smile- they do not see many
- Don't pathologize- grief is a normal reaction to an abnormal situation, not a diagnosis.
- Frame the goals as working toward finishing and recovering. *The intake should have clued you in to what the leftovers are.*

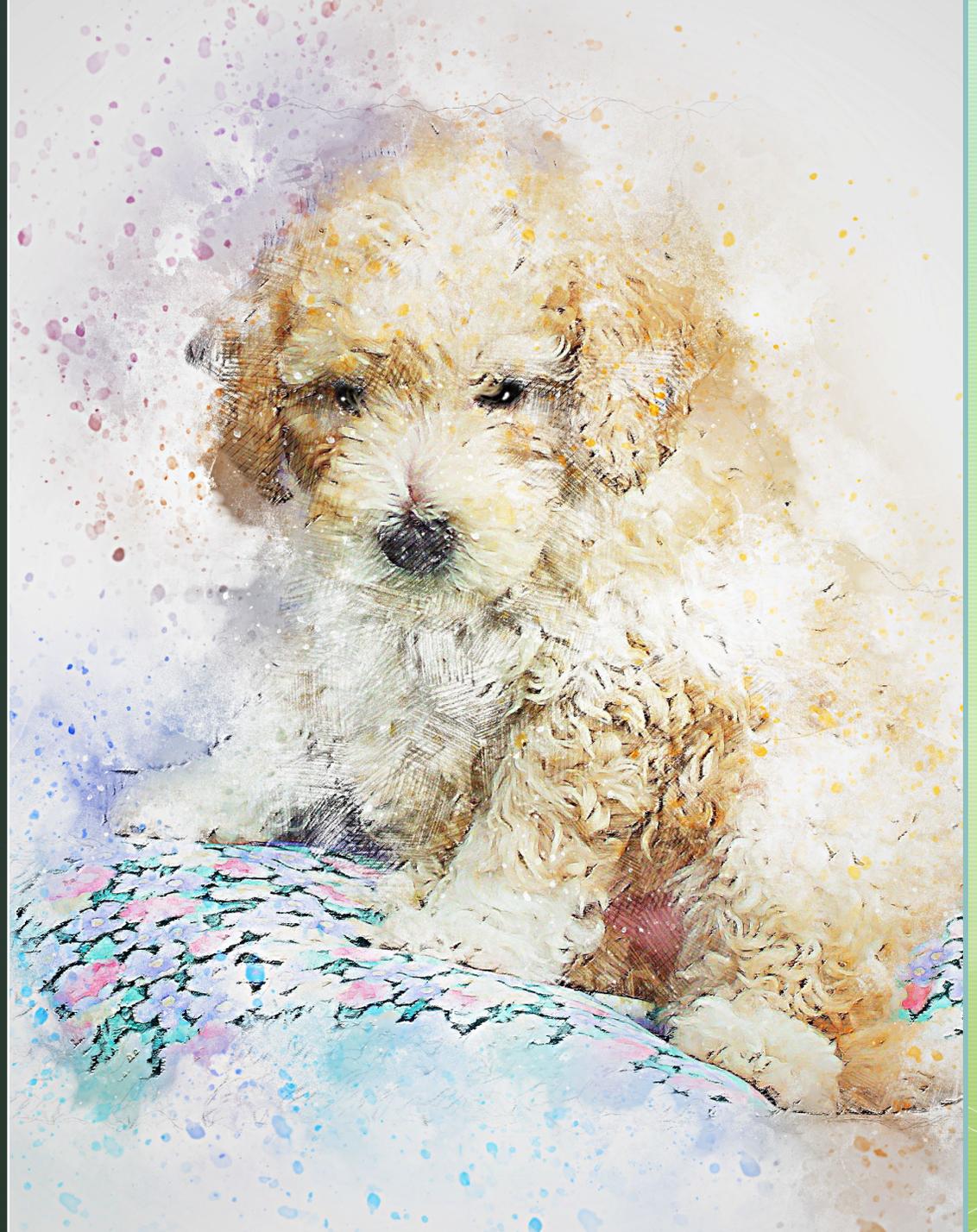
What are you hearing?

- **Trauma from the dying process or notification process**
- **Misinterpretations of what occurred**
- **Things they are holding onto that did not go as they needed- decisions, services (lack of), people, obit, etc.**
- **People who have disappointed or disappeared- and why**



Special losses= disenfranchised grief

- **PETS**
- **OUT OF ORDER DEATHS**
- **SIBLINGS**
- **FRIENDS**
- **MISCARRIAGES**
- **SUICIDE**
- **DIVORCED OR NEVER MARRIED**



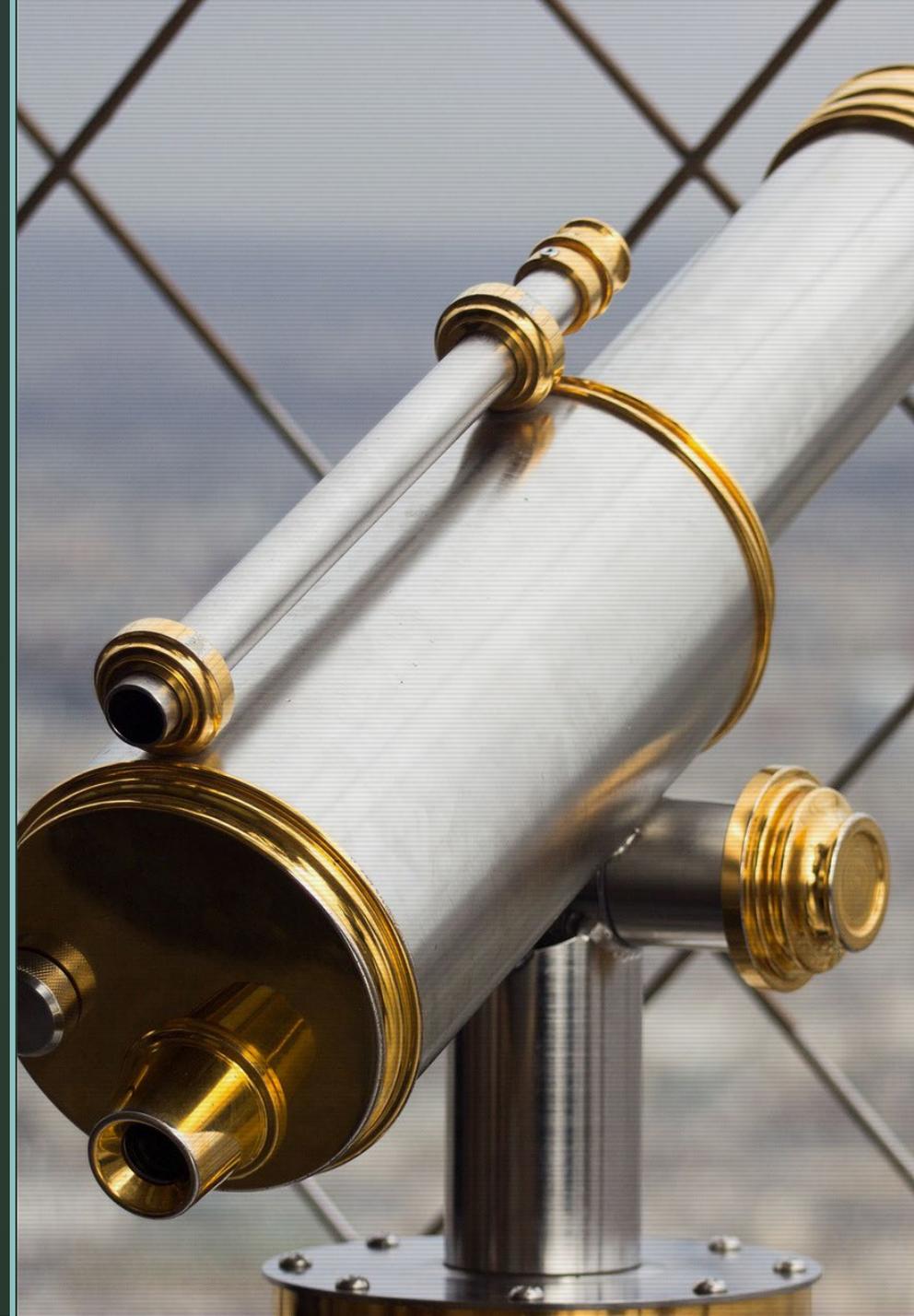
Is there more?

- **Family conflict, especially unexpected**
- **Sleep- and nightmares**
- **Fears**
- **Finances: enough? Paying bills on time?**
- **The words they have heard (even kiddos have a list!)**
- **Basic self-care: food, missed medical concerns, exercise, physical touch**
- **Memory: reduce fears**



The initial treatment focus

- **Normalize grief impact**
- **Educate: death process, firsts, how others might respond, losing relationships, re-do's possible**
- **Address those stages!**
- **Reorganizing- did they start?**
- **Client identifying their path and goals**
- **Permissions: to not stage, to smile, to laugh, to cry, to recover, to make changes**



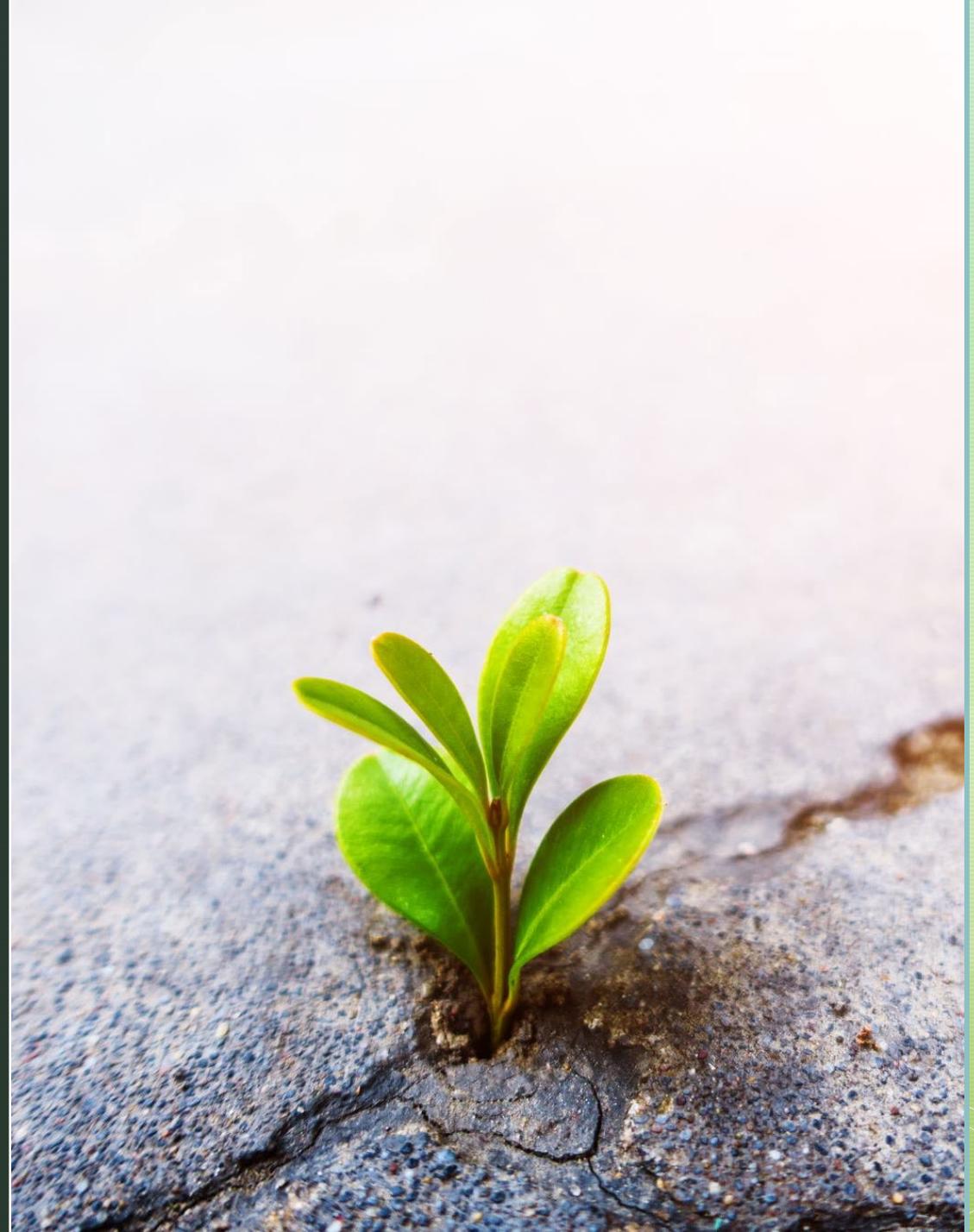
Treatment planning:

- Realistic- not “sleep 8 hours”
- Doable- small bits
- Their path
- The changes they need
- Bring up what you hear but they don't (remember cotton batting)
- Self-care that makes sense
- Practicing – skills, people, permissions
- Process those leftovers
- ✓ Journal
- ✓ Sunshine
- ✓ Not necessarily groups
- ✓ Online support
- ✓ Giving back
- ✓ Support using the grief excuse to make changes
- ✓ Celebrate the changes!
- ✓ Plan ahead for firsts and anniversaries

The work of grief to recovery

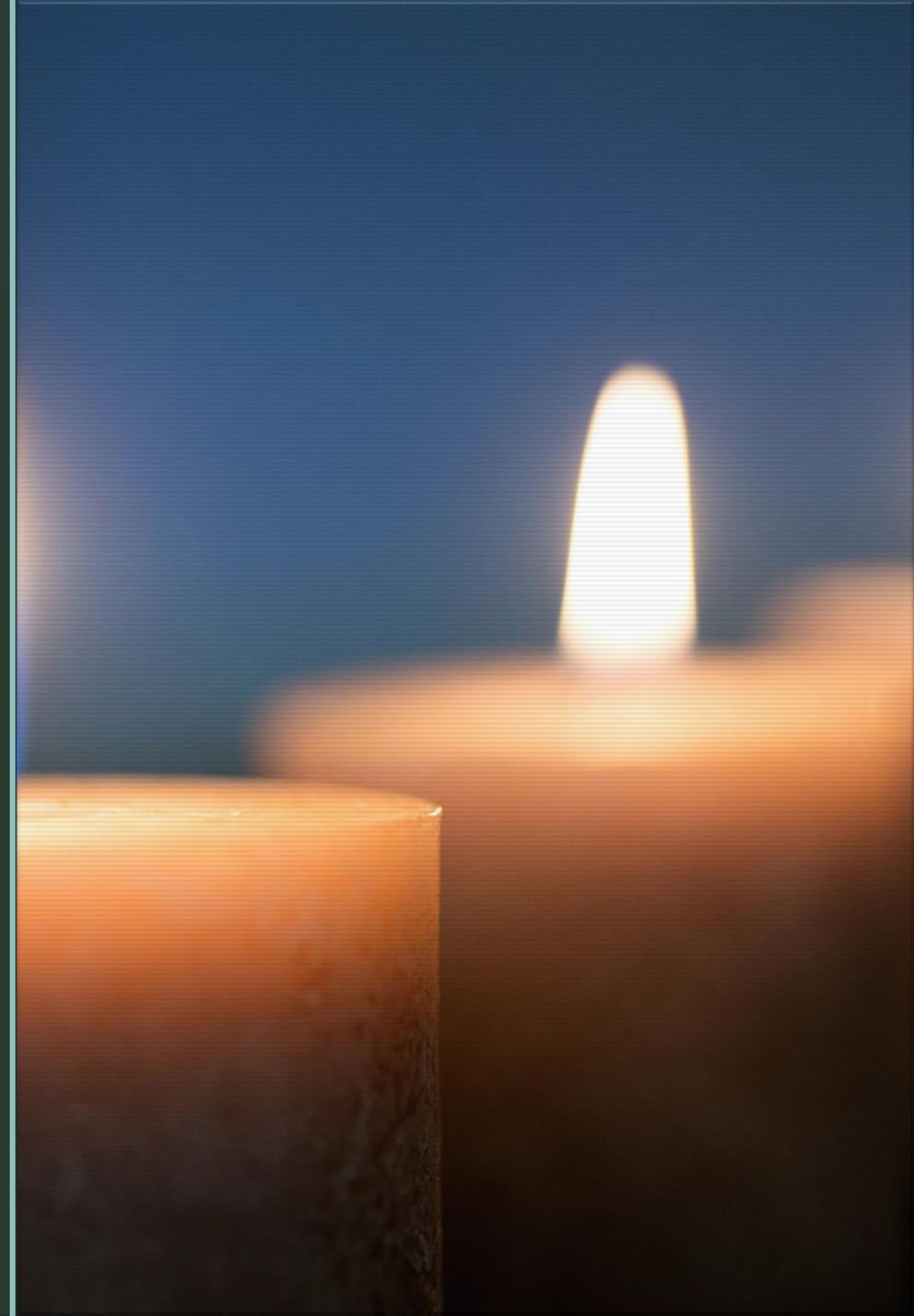
The art of grief work:

- holding space as a story is told;
- using language that connects to the client's experience;
- creating goals that consider:
 - the kind of loss,
 - relationship issues,
 - personalities,
 - concrete needs of the client,
 - prior losses, amongst others.



Then we acknowledge and plan a way to mark those losses

- Events, places, people, illness, disability,...
- And we help them plan the ceremonies that mark those moments as important - if they came into a client's story, they matter.
- Note: That can include planning a funeral, memorial, or other ceremony to mark the loss and the event.
- Research is clear: Not marking, in some way. The end of a life leaves the survivors in a more challenging recovery process.

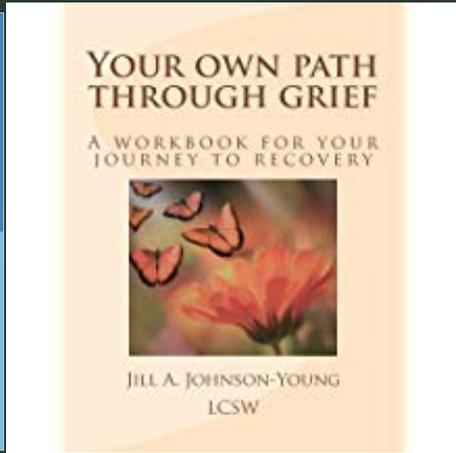
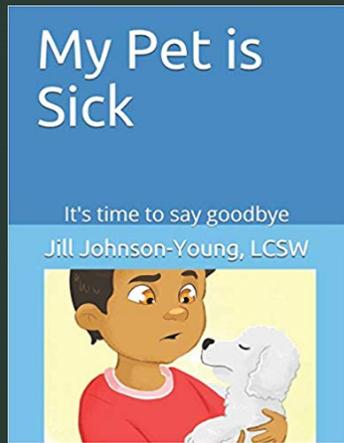
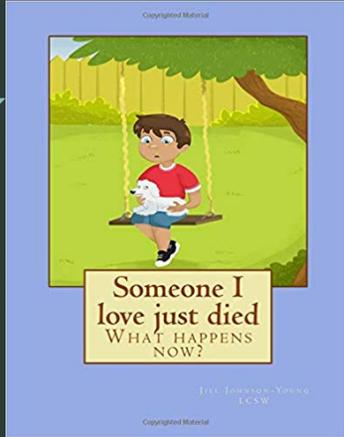
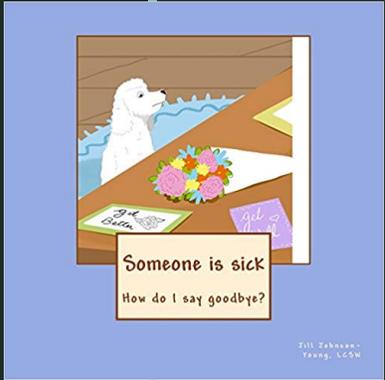


Watch for (throughout)

- PTSD prior (retriggered by the dying process)
- Depression prior
- Substance abuse history
- Suicide risk
- Issues in relationship with the deceased
- Prior losses- including pets



Coming in November: The application of these concepts that the research supports for doing grief- even in COVID.



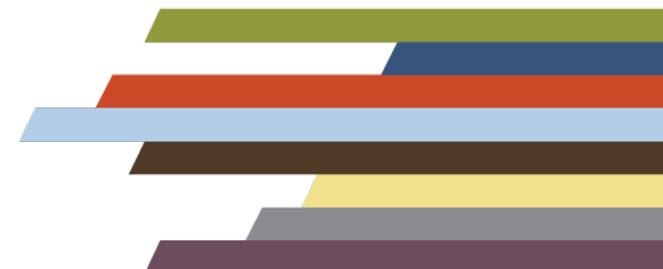
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admin@jilljohnsonyoung.com
www.centralcounselingservices.net



Q&A with Presenters

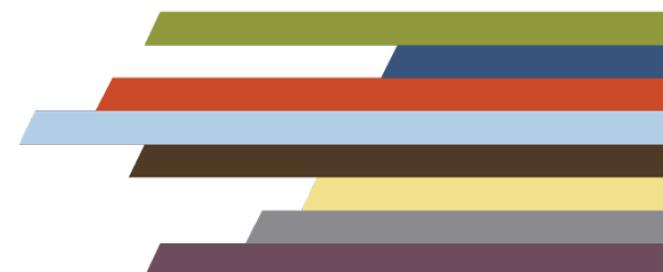


Evaluation Information

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

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

<http://bit.ly/GSVLI-Johnson-Eval>





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Mental Health Technology Transfer Center Network

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Next Session

Grief Sensitivity Virtual Learning Institute: Closing Session

Thursday, September 10, 2020

RYSE Youth

RYSE Youth Center

