



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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- Please Note:
- We all attendees are muted for the presentation portion of today's session.
 - Today's presentation will be recorded.

SAMHSA

Substance Abuse and Mental Health
Services Administration

Workshop Wednesday – Caring Connections: A Hope and Comfort in Grief Program

Kathie Supiano, PhD, LCSW, FT

June 12, 2024



Housekeeping Items

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Remember to ask questions using the chat feature.

Slides and resources for today's session can be accessed on our program website.

Certificates of attendance are available for today's session.

To receive a certificate of attendance, you must view at least 50% of today's presentation.

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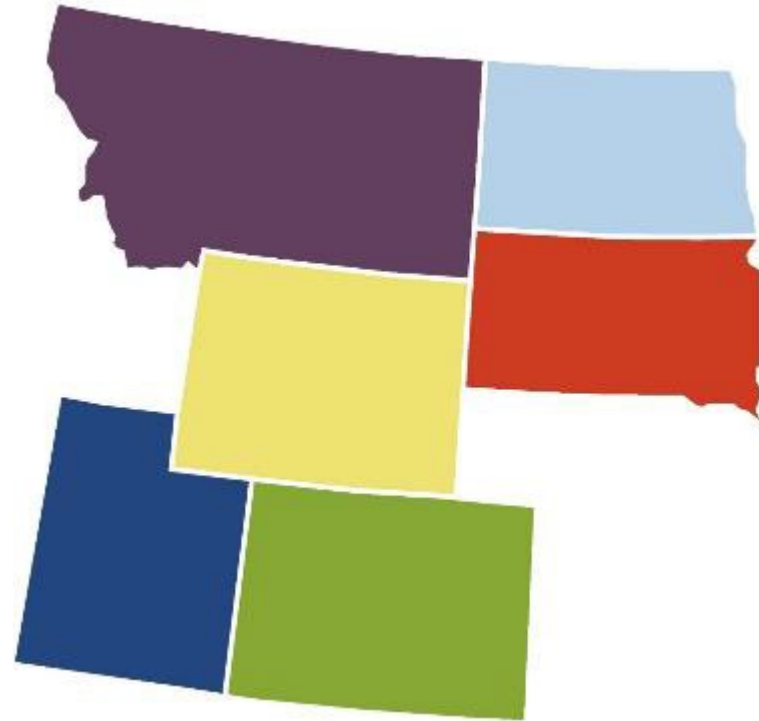
At the time of this presentation, Miriam E. Delphin-Rittmon, Ph.D. served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Kathie Supiano, PhD. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming).

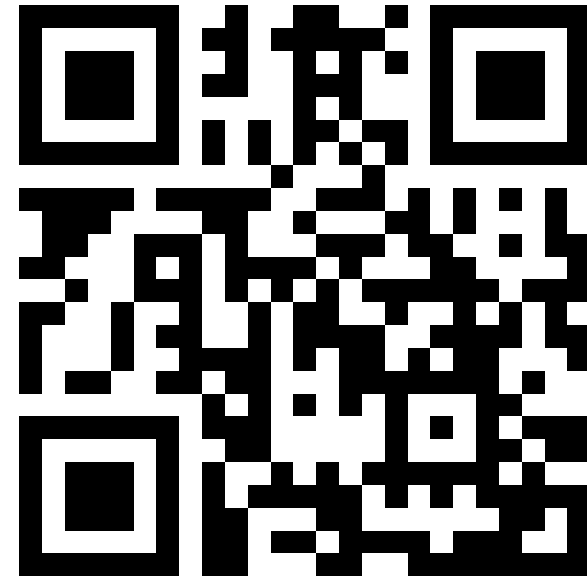
We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use, and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



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



<https://ttc-gpra.org/P?s=790002>

Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

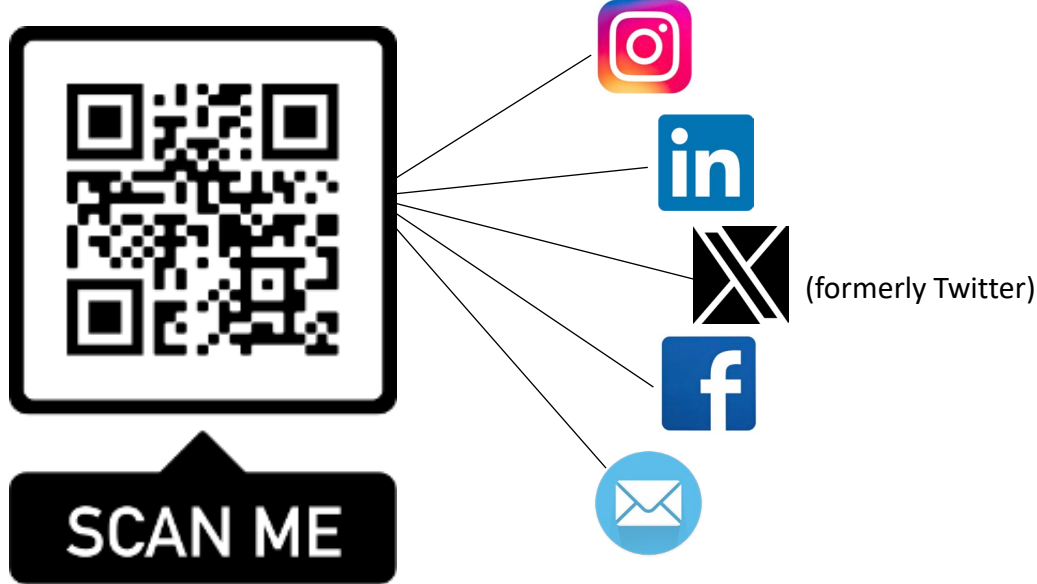
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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Kathie Supiano, PhD, LCSW, FT

June 12, 2024



MANAGING GRIEF AND LOSS

Katherine P. Supiano



@KathieSupiano @uofunursing #utahnursingresearch katherine.supiano@hsc.utah.edu

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WHY DO PEOPLE WORK IN THE FIELD OF RECOVERY?



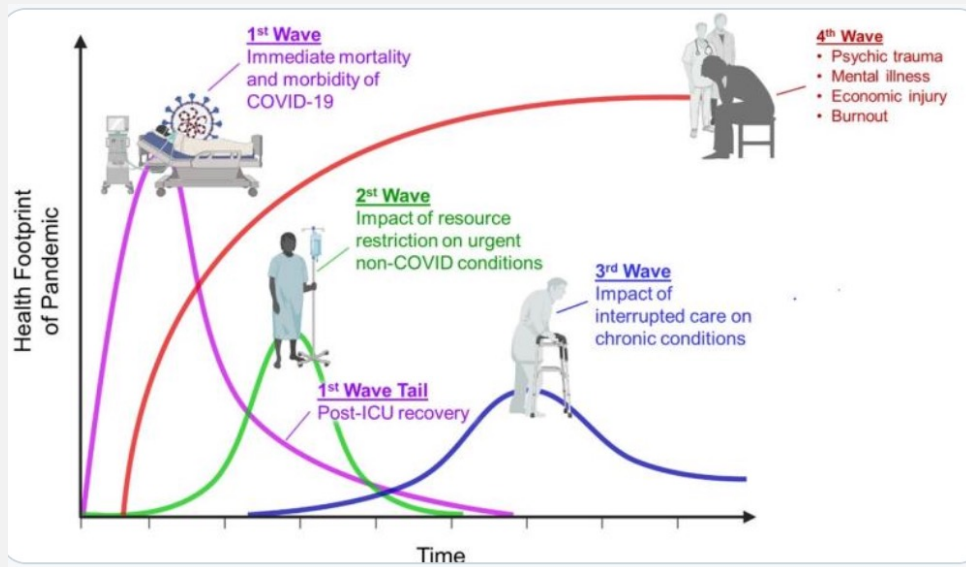
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"sympathetic consciousness of others' distress together with a desire to alleviate it."

Co-Suffering



3



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WHAT WE AND THE PEOPLE WE CARE FOR ARE EXPERIENCING....

- Anxiety and fear (unaddressed, this can quickly become ANGER)
- Financial uncertainty
- Grief—the loss of what you were planning/life you could have
- Physical fatigue and poor sleep
- Recognition that you were already exhausted before this
- Compassion fatigue/trauma/vicarious trauma

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HOW “BAD LOSSES” IMPACT THOSE WHO BEAR WITNESS

- To *witness* is to participate
- To *witness* is to absorb the experience
- To *witness* it to be responsible for the story
- To *witness* is to bear the story into the future

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COMPASSION

- Compassion means “to suffer together.” Among emotion researchers, it is defined as **the feeling that arises when you are confronted with another's suffering and feel motivated to relieve that suffering**. Compassion is not the same as empathy or altruism, though the concepts are related.
- A willingness to feel YOUR pain in MY heart



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SUFFERING

- the state of undergoing pain, distress, or hardship.
- suffering implies conscious endurance of pain or distress.
- What does this mean for you and those you support?

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YOUR MOTIVATIONSHOW YOU GOT HERE

empathic compassion: focusing on feeling the emotions experienced by the person who is suffering.

action compassion: focusing on actions that attempt to relieve physical and emotional pain.

concerned compassion: concern for the person who is suffering, emphasizing the compassionate person's motivation (a desire, urge, or feeling) to alleviate suffering.

aspirational compassion: Buddhists describe something somewhat different, a compassion that is more cognitive than emotional, an aspiration or intention.

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VULNERABILITY AND THE COST OF CARING

- <https://www.youtube.com/watch?v=ZkDaKKkFi6Y>
- “Vulnerability is about sharing our feelings and our experiences with people who have earned the right to hear them.
- Being vulnerable takes courage. But it's worth it. It's worth it to be ourselves, to connect to others.” *Brene Brown*
- Uncertainty
- Risk
- Emotional exposure

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UNCERTAINTY



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RISK

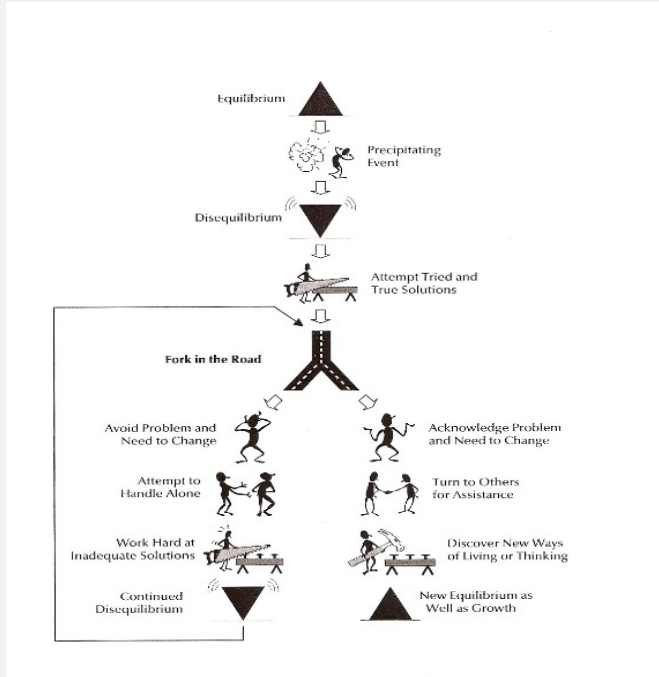


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EMOTIONAL EXPOSURE



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BOUNDARIES

Personal/professional boundaries are about the line between you as a person and the child/sufferer.

How to connect without getting entangled?

How to allow another to open their heart, and allow yourself to open your heart---but still attend to the space between our hearts?

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NORMAL EXPERIENCES OF GRIEVERS AND THOSE EXPERIENCING LOSS



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Give sorrow words; the grief that does
not speak
Whispers the o'er-fraught heart, and
bids it break.

William Shakespeare: *Macbeth*

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GRIEF

- Grief is a normal and natural, though often deeply painful response to loss. The death of a family member is the most common way we think of loss, but many other significant changes in one's life can involve loss and therefore grief.
- The more significant the loss, the more intense the grief is likely to be.
- **Whether spoken or unspoken....grief needs to be addressed.**

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GRIEF MAY BE...

- Present; relating to a loss that has happened within the immediate year.
- Past; relating to an event years earlier.
 - Current losses can trigger memories and struggles with earlier losses.
- Preparatory; associated with an upcoming loss.
- Exponential; impact of multiple losses is greater than cumulative/additive.
- Historic trauma is both foundation and fuel of grief difficulties.

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GRIEF IS HIGHLY INDIVIDUALIZED

Each person responds to grief differently according to;

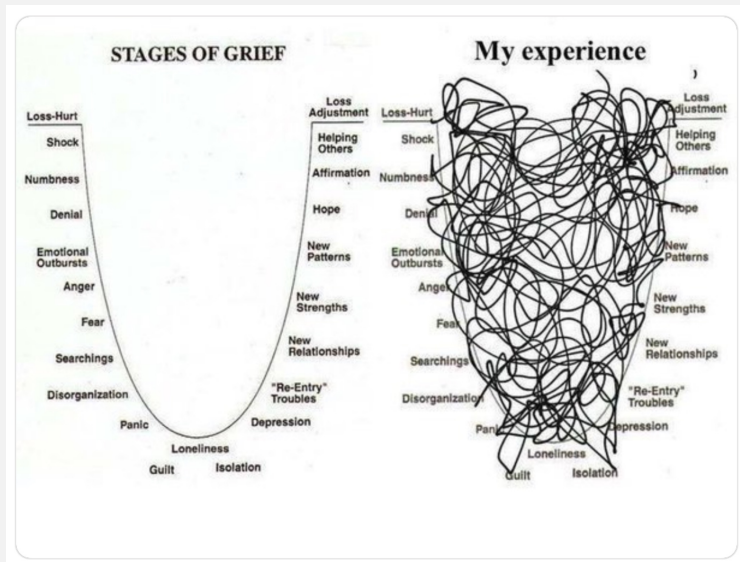
- The nature of the loss *to the person*.
- The individual's personality.
- **The norms within the person's culture and family.**
- The other stressors in the person's life.
- The person's history of coping with other losses.

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BUT...GRIEF AND LOSS ARE NOT SIMPLE AND LINEAR.....



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MOST GRIEVING PEOPLE:

- **Benefit from interpersonal support**
 - Family (also grieving- “the strong one”)
 - Friends
 - Empathetic “other grievers” –think of the FP “network”
 - Spiritual support
- **Need to avoid unhelpful others**

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SOME GRIEVING PEOPLE:

- Benefit from clinician-facilitated support groups.
- Benefit from individual counseling.
- ? How will you acknowledge and support the grief of your clients?



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INDIVIDUALS AT HIGH RISK FOR PROBLEMATIC GRIEF

- Interdependent relationship to the one who is/was lost.
- Kinship relationship (parents/spouse).
- Low distress (disruption) tolerance.
- Lack of preparation for loss-loss perceived as *traumatic*.
- Multiple losses (simultaneous or in close succession).
- Poor quality or unavailable relationships.
- Inadequate resources-financial, non-proximal or unavailable others.

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GUILT

Could have, or should have,
done something more....



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ANXIETY-FEAR

- Fear for the child/family
- Fear for one's "own" family
- Fear of the future after long-standing dread (inability to relinquish the vigilance of dread)
 - Trauma



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IN THE PRESENCE OF UNCERTAINTY, RISK
AND EMOTIONAL EXPOSURE....
AMBIGUOUS LOSS?

- A loss that remains unclear and thus has no closure.
 - A loss that has no official verification; can't be clarified, cured, or fixed.
 - The loss can be physical or psychological but with incongruence between absence/presence.
 - The pathology lies in the external context of ambiguity, not in the individual or family.

Pauline Boss, University of Minnesota

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TWO TYPES OF AMBIGUOUS LOSS

- Type I: Physical absence with psychological presence
 - (e.g., kidnapped, missing, disappeared, lost without a trace, family member living elsewhere-- college, institutional care, military, immigration, incarceration, expats, adoption, foster care, divorce, desertion.)
- Type II: Psychological absence with physical presence
 - (e.g., dementia, depression, addiction, preoccupation with lost person, chronic mental illness, autism, homesickness, obsessions with games, Internet, addictions, etc.)

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- Ambiguous loss creates risk for complicated grief, but complication is due to type of loss, not individual pathology.
- Grief is ongoing; greater threat to grief resolution.
- Need to address uncertainty

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HOW DOES THIS COMPARE TO DISENFRANCHISED GRIEF?

- In disenfranchised grief, the loss is not socially endorsed, and the grief is (perceived as or may be) not supported.
- How society regards this loss shapes what we believe we SHOULD feel

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TO ADDRESS AMBIGUOUS LOSS

Finding Meaning
Tempering Mastery
Reconstructing Identity
Normalizing Ambivalence
Revising Attachment
Discovering Hope

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WHAT HELPS IN THE JOURNEY
FOR CLIENTS AND PERSONS WORKING IN
RECOVERY

- Talking about it with supportive others
- Healthy coping strategies
- Time
- Accepting mystery and uncertainty
- Realizing that the circumstances of change do not define the relationship that was created.
- Eventually...choosing gratitude over bitterness

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When we honestly ask ourselves which person in our lives means the most us, we often find that it is those who, instead of giving much advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a gentle and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares. *Henri Nouwen*

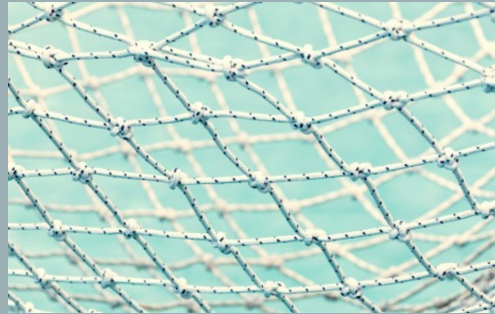
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LOSS IN THE CONTEXT OF MULTIPLE LOSSES AND PRIOR LOSSES

- Careful assessment of loss history (inventory).
- Good understanding of the individual's coping skills and coping history.
- The meaning of the previous losses: Does the individual feel *better equipped* by previous losses, or *undermined and diminished* in facing this loss?
- Assess personal sense of *failure* or *mastery*.

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BRINGING COMPASSIONATE CARE



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“The more people are anchored in communities where they feel connected, protected and respected, the more people are ready to reach out and experiment. The less they feel connected, protected and respected, the more they’ll want to build walls to protect themselves from change.”

Thomas Friedman, “Thank You for Being Late: An Optimist’s Guide to Thriving in the Age of Accelerations.”

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IN A HEALTHY COMMUNITY—COMMUNITY MEMBERS, THAT IS, THE CITIZENS OF THAT COMMUNITY ARE:

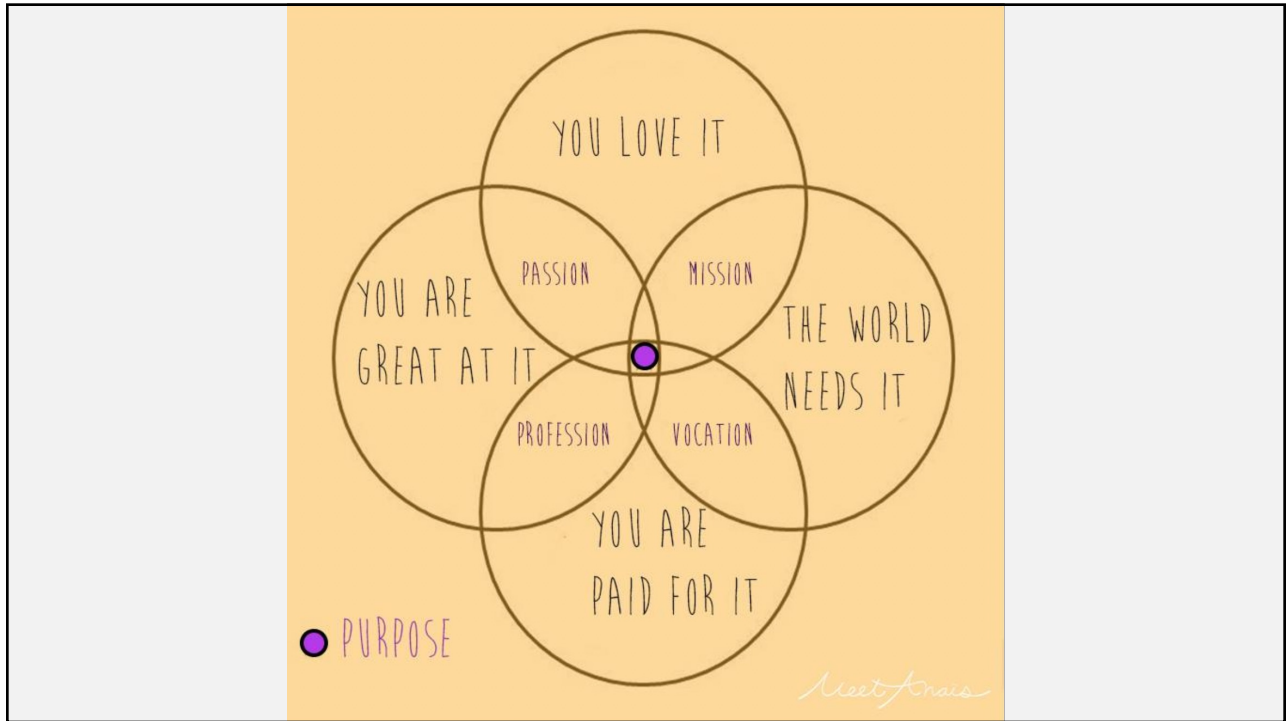
- **Connected**-they live lives within a safety net of care that supports healthy inter-relationships and is characterized by trust, and equips citizens to navigate the wider world.
- **Respected**-they are they are listened to, cared for, cared about, and encouraged to share their own gifts and talents with each other and with the larger world.They are honored for being who they are—just that is enough—not for what they do or have.
- **Protected**-the young, the old, the suffering are shielded from harm, are nurtured, and resourced when harm happens.

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“SISTERING”



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COMPASSION FATIGUE:

When the demands of the situation exceed the capacity of the individual

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WHAT ARE THE LESSONS OF CARING FOR OTHERS?

- The world is a dangerous (unpredictable) place.
- The world is a wonderful place.
- Life is short.
- Energy is finite.
- Priorities matter.
- How we support *clients/citizens and families* matters—
- What we offer is of value and places us at risk for compassion fatigue—
- What we do also protects us from compassion fatigue.
- How do we “walk the walk?”

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“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Naomi Remen



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RESILIENCE

Able to recover quickly from misfortune; able to return to original form after being bent, compressed, or stretched out of shape. A human ability to recover quickly from disruptive change, or misfortune without being overwhelmed or acting in dysfunctional or harmful ways.

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CRISIS

An unstable or crucial time or state of affairs in which a decisive change is impending; *especially* : one with the distinct possibility of a highly undesirable outcome.

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MORAL DISTRESS AND COMPASSION FATIGUE

Compassion Fatigue

When the demands of the situation exceed the capacity of the individual

Burnout

A reaction to prolonged or chronic job stress and is characterized by three main dimensions: exhaustion, cynicism (less identification with the job), and feelings of reduced professional ability.



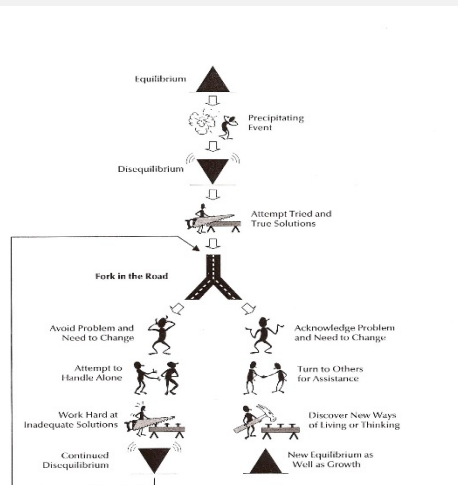
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...WHAT DID YOU DO TO 'MOBILIZE' IN YOUR LAST CRISIS?

What worked?

What didn't?

How do you understand traumatic exposure?



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WHAT HELPS?



- Physical: exercise, nutrition, sleep & rest
- Emotional: acceptance, pace & processing, talk it out
- Cognitive: variety—not just work
- Social: engagement while physically distancing
- Spiritual: prayer, ritual, meditation
- Balance structure & routine with variety
- Gratitude
- Measured exposure to media and social media

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...GETTING THE HELP YOU NEED

- What you can bring....
- Resiliency
- Acceptance
- Relinquishing
- Perspective



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- What you need...
- Supportive others
- Time
- New + Old self-care strategies-a variety of approaches
- Honesty in your work setting



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- When struggling with competing priorities and feeling pulled in all directions..... build in margins.
- Margins are spaces between tasks & places; set aside for:
 - De-stressing.
 - Collecting thoughts.
 - Letting go of one task-preparing for the next.
 - Savoring life.

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TEAM CARE

The Sacred Pause

"Through the sacred art of pausing, we develop the capacity to stop hiding, to stop running away from our experience. We begin to trust in our natural intelligence, in our naturally wise heart, in our capacity to open to whatever arises. Like awakening from a dream, in the moment of pausing, our trance recedes and radical acceptance becomes possible."

• ~ Tara Brach



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SELF-COMPASSION AND COMPASSION



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RESILIENCE IS NOT ENOUGH....SYSTEMS MUST CHANGE



Reflect on how
to become part
of the transformation

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WHEN AND HOW TO REFER FOR HELP

- Be aware of your own scope of practice.
- Be aware of your own loss issues.
- Be aware of your time, stamina and insurance limitations.
- Know your resources.
- Practice self-care



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<https://www.youtube.com/watch?v=fZSjLczsNXg>

FORGIVENESS

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DO YOU WANT TO LEARN MORE ABOUT GRIEF LITERACY?

[Grief Literacy - University of Utah](#)

COMPASSIONATE COMMUNITIES
SUPPORTING GRIEF TOGETHER

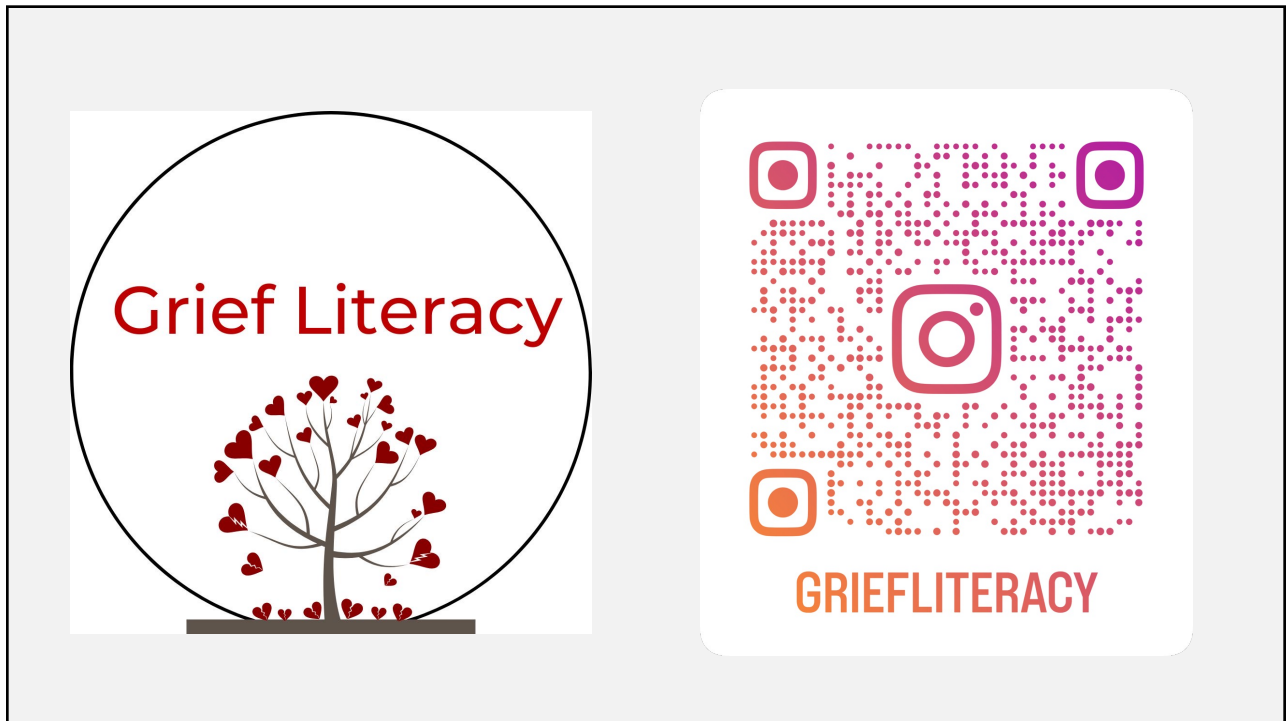




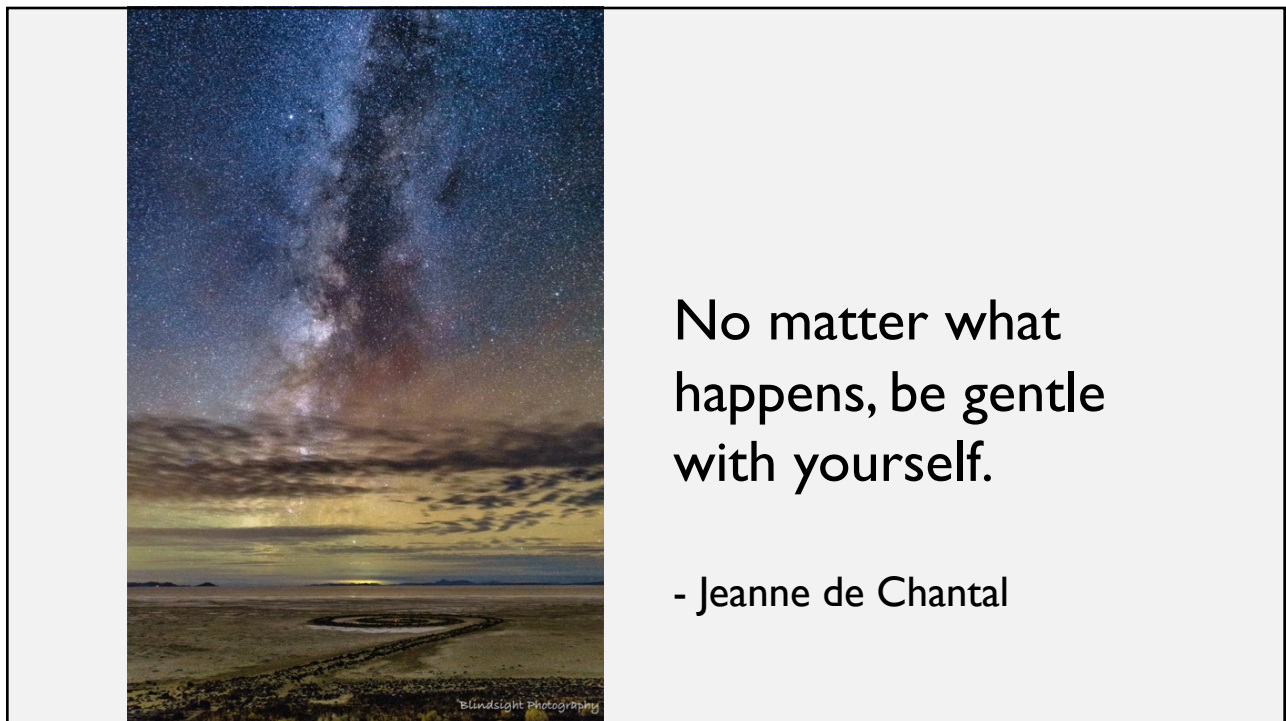
Risk Level	Percentage	Description	Intervention
High Risk	10%	At risk for complex grief issues. May need referral to mental health professionals.	Psychotherapy for Prolonged Grief
Moderate Risk	30%	In need of some additional support (e.g. peer support or volunteer-led groups).	Clinician-facilitated Support Groups, Peer Support Groups
Low Risk	60%	Majority of individuals deal with grief with support of family & friends.	A Grief Literate Community

Fig 2. The Public Health Model: Three Risk Groups

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QUESTIONS?

For information:

Caring Connections

<https://healthcare.utah.edu/caring-connections/>

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Thank You for Joining Us Today!

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