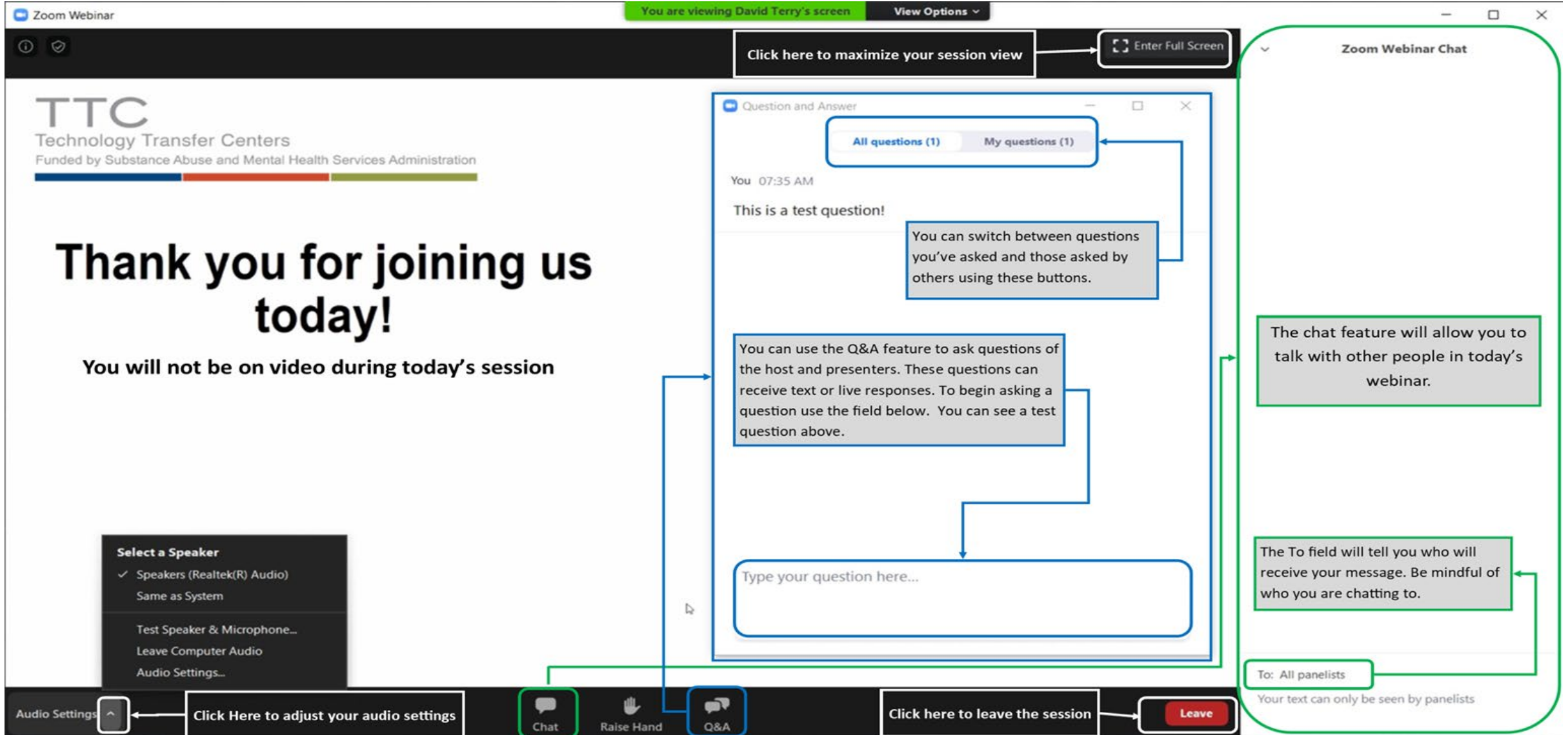


# Please Note:

- 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 several key components 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 "Thank you for joining us today!" message. A note states: "You will not be on video during today's session".
- Q&A Panel:** A "Question and Answer" window is open, showing a test question: "This is a test question!". It includes tabs for "All questions (1)" and "My questions (1)". A text box explains: "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." Below the text is a "Type your question here..." input field.
- Chat Panel:** A "Zoom Webinar Chat" window is open on the right. It contains a message: "The chat feature will allow you to talk with other people in today's webinar." Below this is another message: "The To field will tell you who will receive your message. Be mindful of who you are chatting to." At the bottom, it shows "To: All panelists" and "Your text can only be seen by panelists".
- Audio Settings:** A "Select a Speaker" menu is open, showing "Speakers (Realtek(R) Audio)" selected. A button below it says "Click Here to adjust your audio settings".
- Bottom Bar:** Contains "Audio Settings" (muted), "Chat", "Raise Hand", "Q&A", and "Leave" buttons. A button next to "Leave" says "Click here to leave the session".



 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](https://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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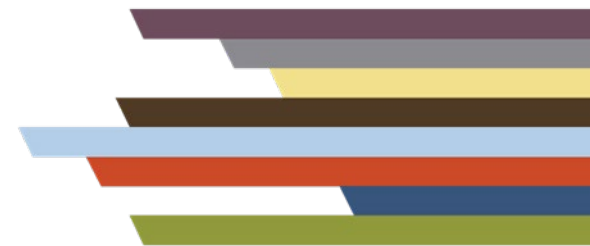
# **Grief Sensitivity Virtual Learning Institute: Interventions for Times of Uncertainty**

Thursday, November 12, 2020

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**Janice Nadeau, PhD, LP, LMFT, RN, FT**

**Minnesota Human Development Consultants**



# Housekeeping Items

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

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

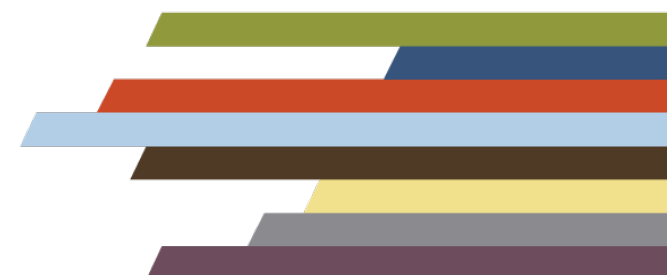
- This event is closed captioned!



- Follow us on social media



@MHTTCNetwork



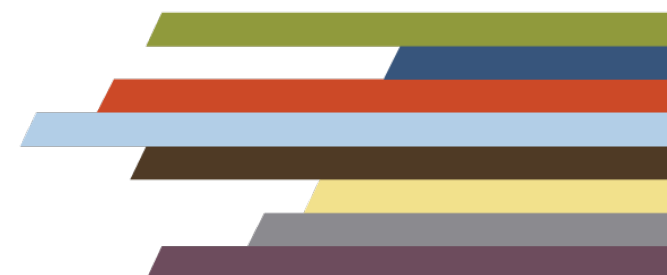
# Additional Information on Grief

## Fact Sheets

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

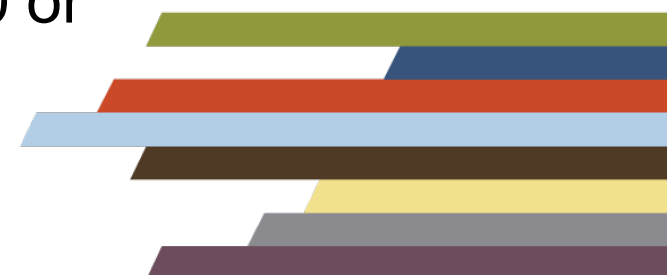
## Webpage

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



# Grief and Self-Care

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





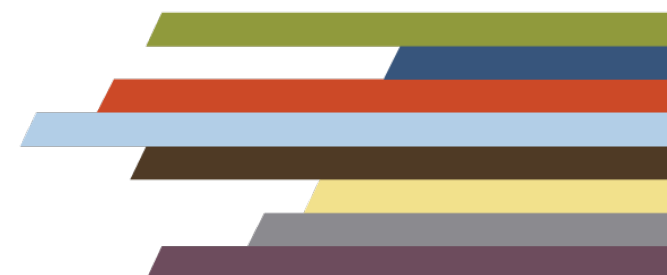


MHTTC

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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](http://www.mhttcnetwork.org)



# Connect with Your MHTTC at [www.mhttcnetwork.org](http://www.mhttcnetwork.org)

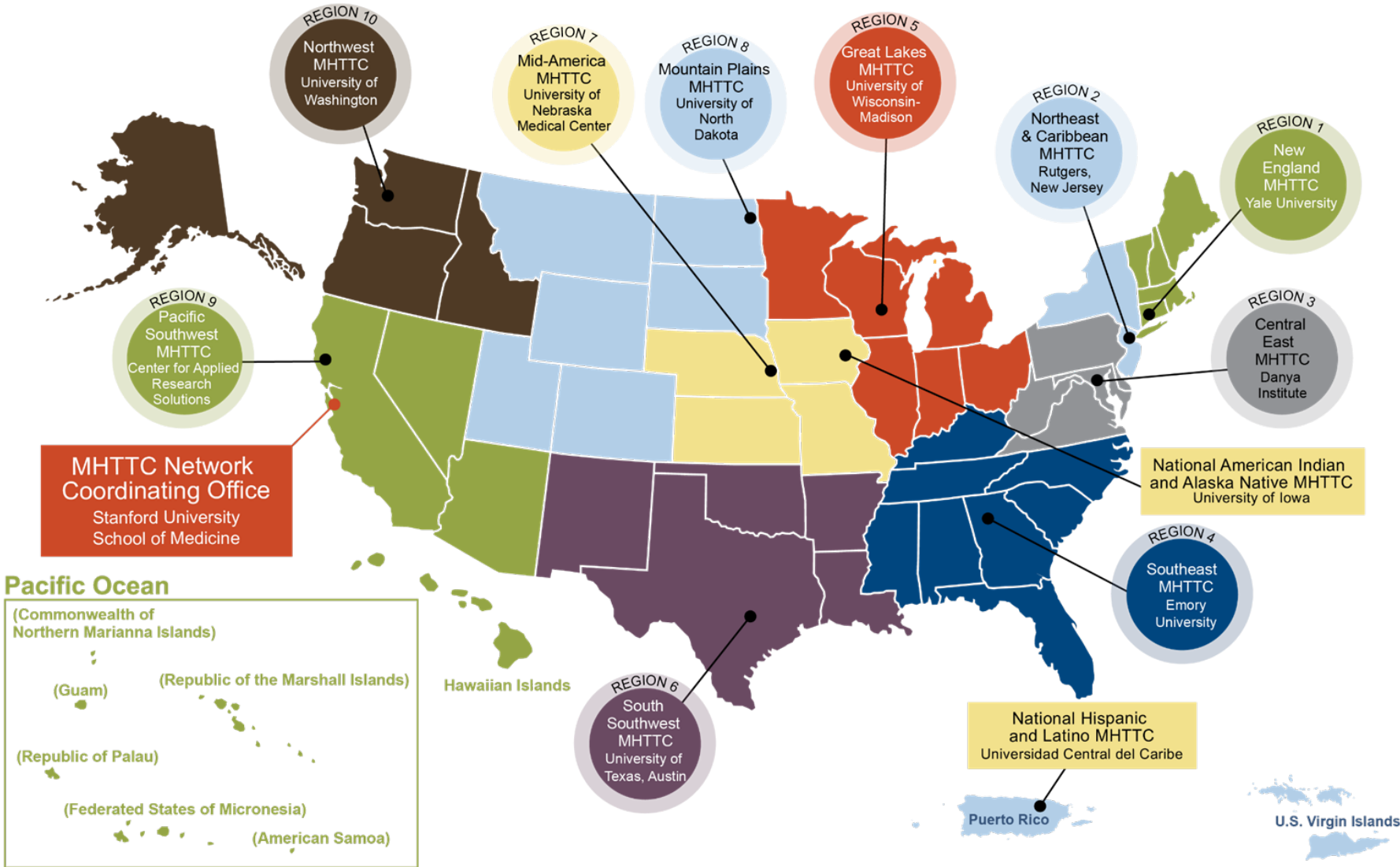


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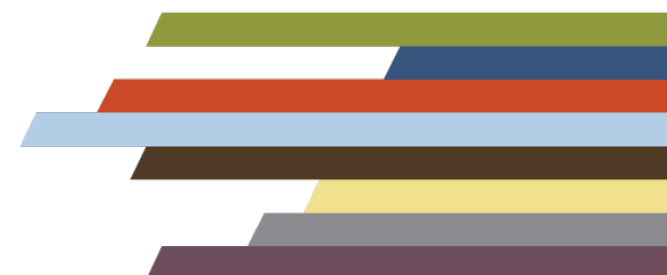


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At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS),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

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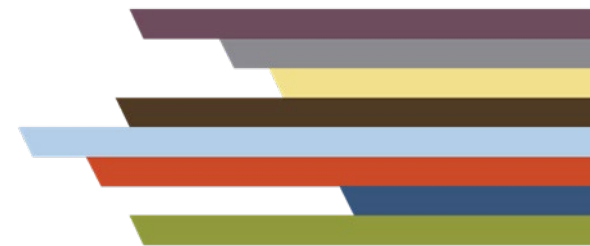
# **Grief Sensitivity Virtual Learning Institute: Interventions for Times of Uncertainty**

Thursday, November 12, 2020

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**Janice Nadeau, Phd, LP, LMFT, RN, FT**

**Minnesota Human Development Consultants**



# Presenters



Dr. Janice Winchester Nadeau is a Licensed Psychologist, Marriage and Family Therapist (MFT) and Master's Prepared Nurse. She has been active in the grief and loss field for over three decades. Her Doctoral research at the University of Minnesota led to the publication of *Families Making Sense of Death* by Sage in 1998. Dr. Nadeau has served as faculty for the Association for Death Education and Counseling teaching Advanced Grief Therapy for six years. Dr. Nadeau has presented her work internationally and has been in private practice at Minnesota Human Development Consultants in Minneapolis since 1994.





# **GRIEF SENSITIVITY VIRTUAL LEARNING INSTITUTE PART TWO**

NOVEMBER 12-13, 2020

CONDUCTED BY THE MENTAL HEALTH TECHNOLOGY TRANSFER CENTER NETWORK

FUNDED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

# INTERVENTIONS FOR TIMES OF UNCERTAINTY

Janice

Winchester

Nadeau, PhD,

LP, LMFT, RN, FT

[nadea007@umn.edu](mailto:nadea007@umn.edu)





# MAJOR RESEARCH AND PRACTICE ORIENTATION

- Intensive care nurse and nurse educator in Vermont and Minnesota
- Hospice interest led to the family as the unit of care and focus of research
- PhD work after a decade in the field led to meanings as critical
- Doctoral work: Book and international involvement
- Private practice as a psychologist and marriage and family therapist with specialties in death, dying, bereavement from a family perspective.



## IN THIS SESSION WE WILL

- Review session one that occurred two months ago
- Examine basic considerations foundational to helping people grieve well
- Examine some approaches to therapy that address losses and support healthy grief

## THE RELATIONSHIP BETWEEN LOSS AND GRIEF

- Loss is the wound while grief is the healing.
- Grief is not a disease, something to be gotten over.
- Loss is defined by Peretz as “Being without someone or something we once had or thought we had.”
- Types of loss: possessions, self, others, and developmental loss.

## WE HAVE A HANDFUL OF MAJOR STRESSORS

1. Our own personal and family losses apart from Covid-19
2. Losses related to the pandemic
3. Losses related to the political turmoil
4. Losses related to racial strife
5. Losses related to global warming



# OUR ROLE AND CHALLENGE

- We are not our best, as we were not following 9-11.
- Same national issues as our clients... not to vent to clients.
- Fear in the therapist: “The whole country is falling apart.”
- In August 72% of all Americans viewed the present day as the worst time in our history.
  - Andrea Yang DNC convention

# WHAT ARE PEOPLE FEELING MOST ACUTELY NOW?

- Jon Stewart quoted in October as saying, “I’m terrified, I’m anxious, I’m lonely and I am wishing it was 2010 again.”
- For some our political situation is causing more stress than the pandemic
- We are experiencing pandemic fatigue and stress burn-out.
- We are beginning to feel more lethargy, malaise, apathy and increased risk taking because we have become desensitized to the threat of the virus.
- However, while our level of caution is lessening the virus is still “driving the bus.”

# LOSSES RELATED TO THE PANDEMIC ARE LEGION

Loss of the assumptive world according to Janoff-Bulman (1989)

Loss of dreams and expectations

Loss of control, powerlessness of the individual (*Camus, The Plague*)

Loss of schedule and structure

Loss of predictability

Loss of financial security

Loss of recreation and entertainment

Loss of social connections and social activities

Loss of safety

Loss of identity

Loss of developmental markers / growing-up rituals



# THE CREATION OF TRAUMA – 3 Conditions

David Grand developer of Brain-Spotting, a technique for trauma treatment

1. Our survival is threatened
2. We feel isolated and alone
3. We experience a loss of control

Therefore methods of trauma treatment are indicated

## WHEN THERE IS NO TIME TO GRIEVE

- *When fear is the predominant emotion, we fear for our lives or we are living at a survival level, grieving is often delayed, sometimes indefinitely.*
- *Too Scared to Cry: Psychic Trauma in Childhood, L. Terr (1990)*

# THE FIVE S'S FOR SURVIVAL DURING THE PANDEMIC

1. Strengths
2. Schedule
3. Structure
4. Sharing
5. Salvage







# CORONAVIRUS ANXIETY SCALE (CAS): A BRIEF MENTAL HEALTH SCREENER FOR COVID-19 RELATED ANXIETY

- A five-item scale developed by Sherman A. Lee, Ph.D.
- N of 775 adults with anxiety over the coronavirus early in the pandemic
- Designed to identify dysfunctional anxiety and symptom severity
- Elevated scores were associated with functional impairment, alcohol/drug coping, negative religious coping, extreme hopelessness, suicidal ideation and attitudes toward Trump and Chinese products.
- Therefore any known treatments for anxiety are indicated.

# ADDICTION AND THE PANDEMIC

- An increased need for self medicating with one's substance of choice from increased fear, anxiety, isolation, and unmet needs
- Loss of jobs may increase criminal behavior to obtain drug money
- Limits on coping resources from early developmental delay from use
- Bars closed so no social restraints from bar tenders and friends
- Many without technology so social resources are limited including access to AA
- Risk of overdose or withdrawal as people are isolated from each other

Grief is inhibited by anesthetizing the brain. Therefore, addiction treatment may be indicated.



# SPECIAL CONSIDERATIONS IN LOSS TREATMENT (1)

- Dr. John Brantner, U of MN Medical School, insisted that any therapy method is likely to fail to convey one simple message, “What happens to you matters to me.”
- Context is critical. We are all in the same storm but not the same boat.
- General health must be considered in promoting healthy grieving.
- Ask whether the client is sleeping and exercising. Are they secure in terms of food, housing and money for necessities?

## SPECIAL CONSIDERATIONS IN LOSS TREATMENT (2)

- Far more pacing than leading.
- Remember there is no substantial research to support stages of grief.
- Therapy models vary depending upon the focus of research, theory and practice. Most are individual and have been about loss of spouses or children.

## TECHNIQUES FOR TREATING LOSS

- In family grief therapy there is no need to perturb the system, the system is already perturbed.
- Be alert to unacknowledged losses (Kenneth Hardy).
- The term “complicated” grief is less than ideal.
- Remember that to delay grief may not be dysfunctional



# SOME INFLUENTIAL CONCEPTUALIZATIONS OF GRIEF-RELATED PHENOMENA RELATED TO THERAPY

- Reminder Theory (Rosenblatt, P. in *Bitter Bitter Tears*, 1983)
- Disenfranchised Grief (Doka, K., Research Press, 1989)
- Continuing Bonds (Silverman, P., Klass, D., Nickman, S., 1996)
- Post Traumatic Growth (Tedeschi, R. and Calhoun, L., 1996)

# INTERVENTION MODELS

- Complicated Grief Therapy (Shear, K., Columbia University), key-note.
- Dual Process Model for coping with Bereavement (Stroebe, M. & Schut, H., 1999 and ongoing)
- Meaning-making in Bereavement, (Neimeyer, R., 1991), (Nadeau, J. 1994), (Lichtenthal, W., 2007).
- Family Focused Grief Therapy (Bowen, M., 1990), (Nadeau, J. ,1994), (Kissane, D. & Bloch, S.,1994), (Kissane, D. & Lichtenthal,W., 2007).

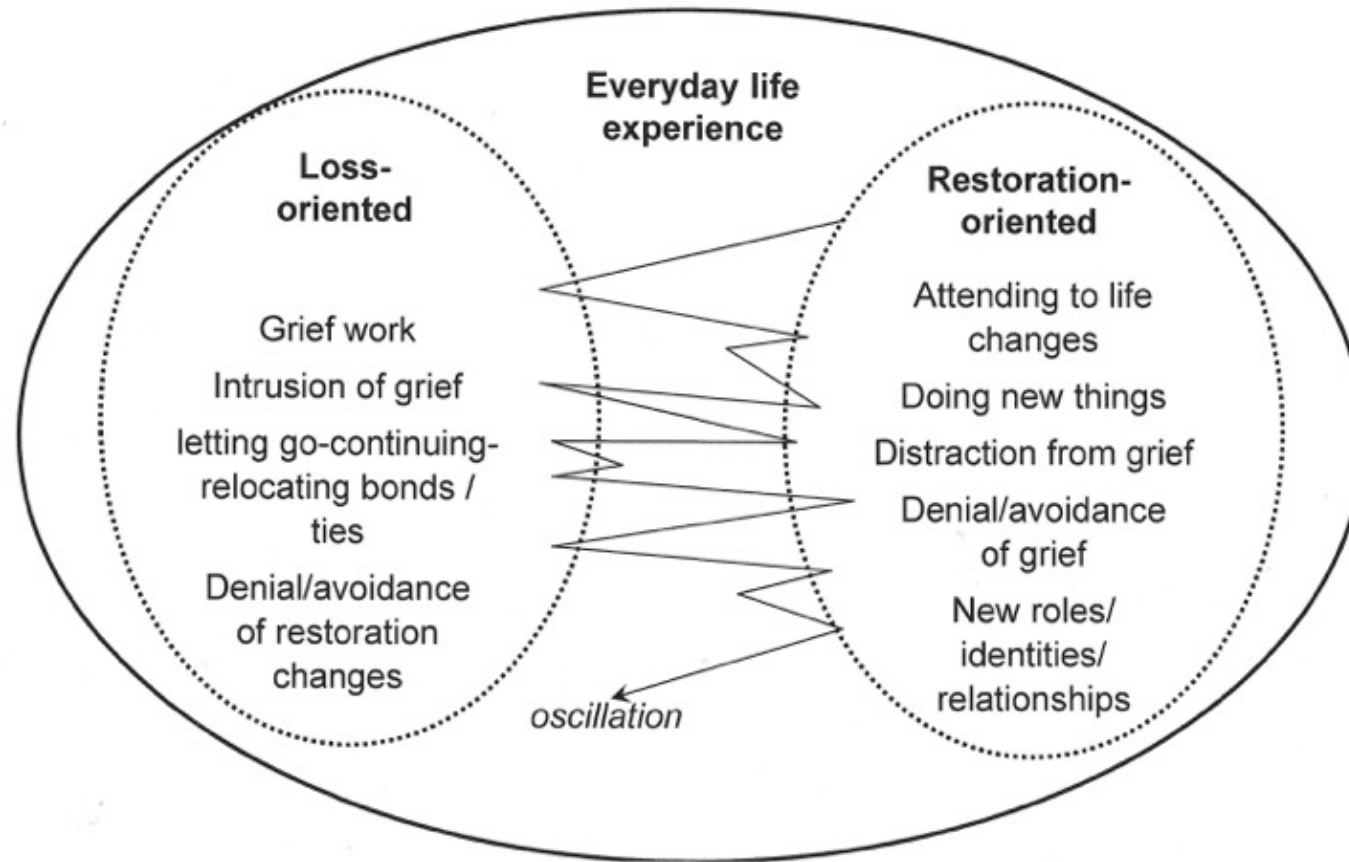
# THE DUAL PROCESS MODEL (DPM) OF COPING WITH BEREAVEMENT (STROEBE, M. & SCHUT, H.,1999).

- I have found the DPM very helpful for bereavement and other losses.
  - From the University of Utrecht, The Netherlands. Bereavement research and authorship of 3 Bereavement handbooks that bring together loss and grief research from around the world and over time.
  - Have continued their research looking at differences depending upon attachment style, willingness to disclose and most recently early family application.



# The Dual Process Model of Coping with Bereavement

Stroebe & Schut (1999)



# MEANING-MAKING IN RELATION TO LOSS

(NEIMEYER, R., 1991), (NADEAU, J.1994), (LICHTENTHAL, W., ET AL, 2007).

- What is a meaning?
- Meaning-making by other names in the grief field.
- When people construe some thing to be true it is true in its consequences (W.I. Thomas).
- Negative meanings complicate grieving and may need to be made the focus of therapy.

## HELPING PEOPLE MAKE SENSE OF THEIR LOSS (1)

- To tell the story. Use probes.
- The critical data is in the particulars, not the generalities (Paul Rosenblatt, U of MN Family Social Science)
- Since meanings are critical to grieving well, people need to tell the story of their loss and be heard.
- Ask about the rituals attached to the loss ==meanings.

## HELPING PEOPLE MAKE SENSE OF THEIR LOSS (2)

- Ask about dreams, embed suggestions...
- Ask about coincidences (like a Rorschach)
- Compare to other losses
- Use metaphors to reveal hidden meanings
- Meanings will reveal people's belief systems, religious and otherwise.



# FAMILY FOCUSED GRIEF THERAPY

- More focus on the family level of loss and grief in recent years. (Bowen, M., 1990), (Nadeau, J. ,1994), (Kissane, D. & Bloch, S.,1994), (Kissane, D. & Lichtenthal,W., 2007, ongoing).
- Most of what we know about loss and grief is about individuals.
- Family focus is a different set of variables that are relationship focused, highly contextual, and multigenerational.

## FAMILY GRIEF THERAPY TECHNIQUES (1)

- Gather as many family members as possible
- Use a family genogram to join with the family (Walsh, F.)
- Ask about losses in the current and previous generations.
- Use techniques from ordinary family therapy such as Milan circular questioning and family sculpture.
- You can use a family focus even if only one member is present.

## FAMILY GRIEF THERAPY TECHNIQUES (2)

- Help each family member share what the loss means to them.
- Normalize asynchronous grieving.
- Identify changes in family roles, rules and boundaries.
- Notice coalitions and alliances between members.



## FAMILY GRIEF THERAPY TECHNIQUES (3)

- Identify a time when the family demonstrated strength.
- Correct generational boundary blurring.
- Listen for meanings both positive and negative.
- Help the family devise rituals to deal with the loss.



# INTERVENTION APPROACHES THAT FIT ALL MODELS

- Mindfulness meditation, guided imagery, art, music, movement, yoga, prayer and nature.
- Rituals link the past and the future and help make sense of our experience.
- Writing: journals, logs, poetry, letters to the deceased.

# THE PERSON OF THE GRIEF THERAPIST (1)

- Must be willing to do our own grief work and be aware of unprocessed loss.
  - Includes our current family, our family of origin and past generations
- When we are cut off from our own emotions, we are cut off from the emotions of others.
- Before an encounter as three questions
  1. What are my emotional needs right now?
  2. How might I try to get my needs met at the expense of the client?
  3. What will I do later to get my emotional needs met?

## PERSON OF THE GRIEF THERAPIST (2)

- When we “over-help” we give unintended messages.
- Crisis addiction/habituation risk is real.
- Recognize that we are not our best given all the stressors

- Rabbi Haniel

“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?”



# RISK FACTORS AFFECTING HOW WE COPE

Just as high “viral load” leads to more severe Covid-19 disease, psychological “load” leads to a less healthy response to loss.

- Mental illness, especially PTSD, anxiety and depression
- Unaddressed losses
- Previous and current trauma
- Dysfunctional family systems, e.g., alcoholic or other substances
- Racial injustice
- Deprivation

# POTENTIAL LONG-TERM CONSEQUENCES

Just as Covid-19 can have physical residual, living through the pandemic can have psychological residual.

Survivors guilt

Guilt if you believe that you exposed someone

Long-term blaming someone you believe exposed you or loved ones

Ungrieved losses

PTSD or PTSD-like reactions

Problematic meanings attached to the pandemic

# GRIEVING THE LOSS OF SO MANY

”Millions of deaths are like a mist  
floating through history.”

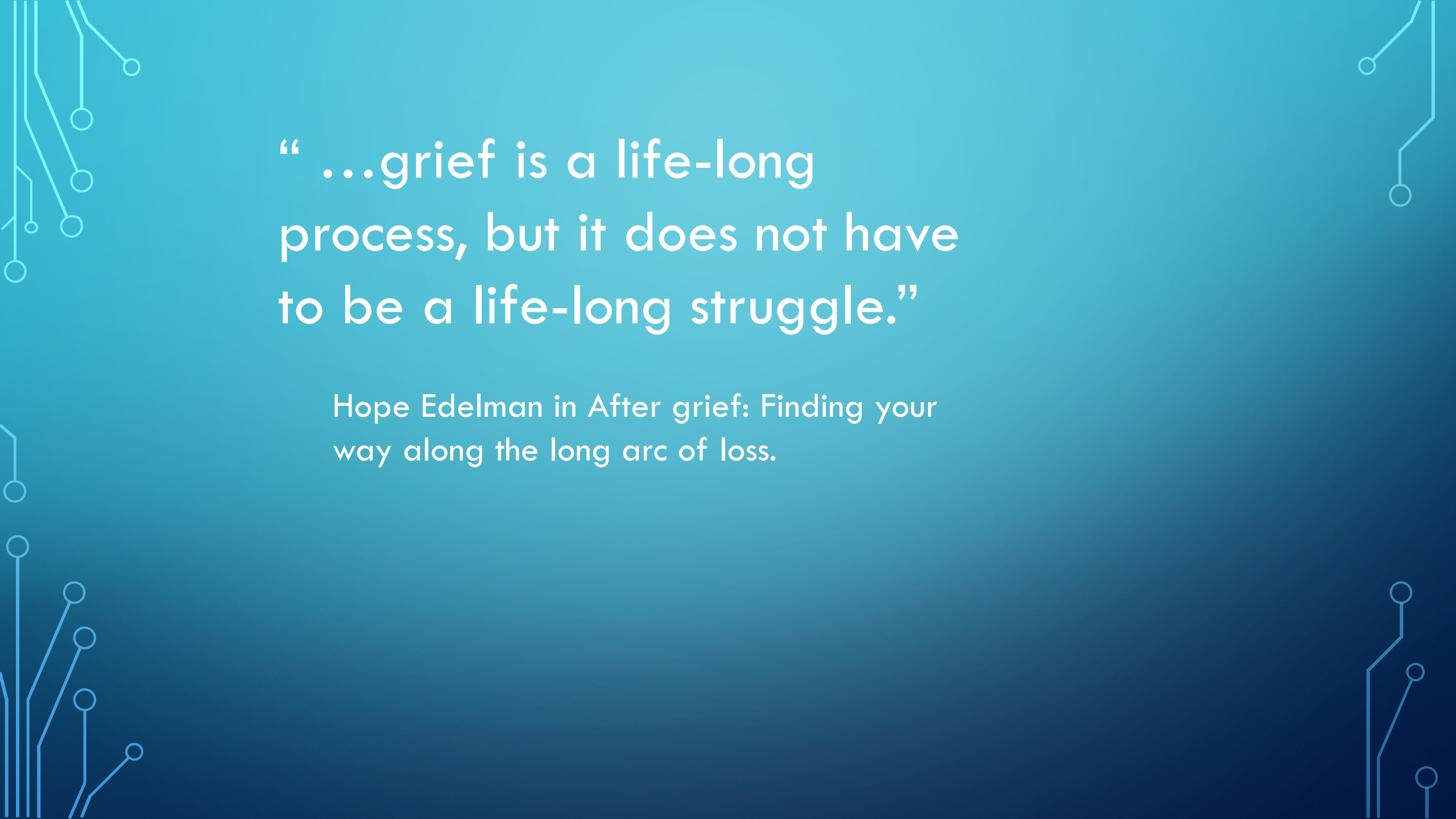
Camus in *The plague*

We are at risk of becoming inured, that is, becoming accustomed to  
something negative as if it is not what it is.



# SAYING, ADAGES, QUOTES, AND SUCH

- Do the next right thing!
- One day at a time.
- Soren Kierkegaard: “Faith sees best in the dark.”
- Holocaust survivor “ You keep on living until you feel alive.”
- To sometimes curl up in “The defeatable position.”
- Some have quoted a Buddhist belief that all of life is suffering and when we have accepted that living is easier.

The image features a teal-to-blue gradient background. In the four corners, there are decorative white line-art elements resembling circuit traces or neural network connections, with small circles at the end of the lines.

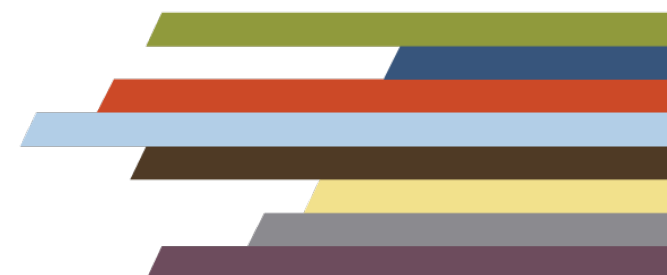
“ ...grief is a life-long process, but it does not have to be a life-long struggle.”

Hope Edelman in *After grief: Finding your way along the long arc of loss.*





# Q&A with Presenters

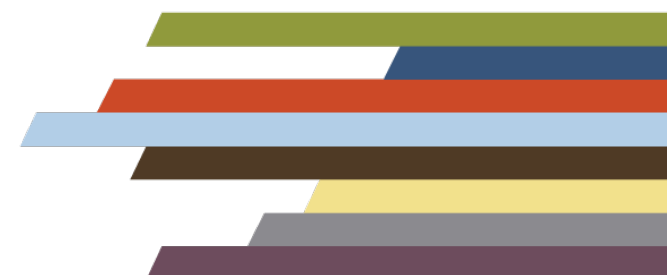


# Evaluation Information

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

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

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





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# Next Session Grief Sensitivity Virtual Learning Institute:

## Thursday, November 12, 2020

2:15-2:45pm PT 3:15-3:45pm MT 4:15-4:45pm CT 5:15-5:45pm ET	End of Day 1 Optional Break Out Discussions			N o n e
	Grief Sensitivity Break Out Discussions	MHTTC	<a href="http://bit.ly/GSVLlgs2">http://bit.ly/GSVLlgs2</a> No Passcode Needed	
	School Mental Health Break Out Discussions	MHTTC	<a href="http://bit.ly/GSVLlsmh2">http://bit.ly/GSVLlsmh2</a> Passcode: GriefC1*	
	Evidence Based Practices Break Out Discussions	MHTTC	<a href="http://bit.ly/GSVLlebp2">http://bit.ly/GSVLlebp2</a> No Passcode Needed	

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