Association for Death Education and Counseling®
The Thanatology Association®

ADEC 35th Annual Conference

Reframing Images of Grief:
Identity Transformation Through Loss

Final Program | **April 24–27, 2013**
Pre-Conference Institute: April 23–24

Loews Hollywood Hotel
Hollywood, CA USA

www.adec.org

Professional Development Courses

Tuesday, April 23 and Wednesday, April 24, 8:30 a.m. – 5:00 p.m.

Introduction to Thanatology: Dying, Death and Bereavement

8:30 a.m. – 5:00 p.m.   **Room: Hollywood A**

Faculty: William G. Hoy, DMin, FT

Intended Audience:
The Introduction to Thanatology Course is intended for those new to the field of thanatology and individuals who are working as volunteers and support staff with critically ill, dying or bereaved individuals. This course will also be helpful for professionals (nurses, physicians, psychologists, social workers, chaplains, funeral directors, police, EMTs, etc.) who may have little formal education in thanatology and are working with the critically ill, dying or bereaved.

Course Description:
This course gives an overview and summary of the field of thanatology based upon the Body of Knowledge published by ADEC. It explores the social, cultural, psychological, legal/ethical and spiritual issues raised by illness, dying, death and bereavement. All information is relevant to everyday life and most specifically to those practitioners providing support to the dying and bereaved. The course will explore the meaning of death and examine personal attitudes and fears, in order to understand the grieving process and basic grief support throughout the life span.

About Your Instructor:
William G. (Bill) Hoy, DMin, FT, is a counselor and educator with more than 25 years of experience in walking alongside the dying and bereaved and in equipping the professionals who care for them. In addition to an active schedule in clinical consultation and professional continuing education workshops, Dr. Hoy teaches in the graduate program in thanatology at Marian University and on the Medical Humanities faculty in the College of Arts and Sciences at Baylor University.

His scholarly interest is in the cross-cultural approaches to death-related ritual, and Routledge is publishing his latest work on that topic in the spring of 2013. Two of his earlier books are currently in print, and he has written more than 100 educational pamphlets, journal articles and other brief pieces. His newsletter, *GriefPerspectives*, is read by more than 4,500 caregiving professionals and volunteers every month. You can learn more about him at his website, www.GriefConnect.com.

Intermediate Course: Grief Counseling

8:30 a.m. – 5:00 p.m.   **Room: Hollywood B**

Faculty: J. William Worden, PhD, ABPP

Intended Audience:
This course is designed for all professionals who have at least two years of experience working with the bereaved.

Course Description:
This course examines key concepts related to the human response to loss and the facilitation of healthy bereavement. Topics include theoretical models of the grief experience, risk and resilience, developmental, cultural, family and other mediating factors in normal, uncomplicated bereavement using the most current research and theoretical perspectives in the field. The course will explore specific strategies and tools to effectively counsel individuals, couples, families or groups coping with loss.

About Your Instructor:
J. William Worden, PhD, ABPP, is a Fellow of the American Psychological Association and holds academic appointments at the Harvard Medical School and at the Rosemead Graduate School of Psychology in California. He is also Co-Principal Investigator of the Harvard Child Bereavement Study, based at the Massachusetts General Hospital. Recipient of five major NIH grants, his research and clinical work over 40 years has centered on issues of life-threatening illness and life-threatening behavior.

His professional interests led him to become a founding member of the Association of Death Education and Counseling (ADEC) and the International Work Group on Death, Dying, and Bereavement (IWG). Dr. Worden has lectured and written on topics related to terminal illness, cancer care, and bereavement. He is the author of *Personal Death Awareness; Children & Grief: When a Parent Dies,* and is coauthor of *Helping Cancer Patients Cope.* His book *Grief Counseling & Grief Therapy: A Handbook for the Mental Health Practitioner,* now in its fourth edition, has been translated into 14 languages and is widely used around the world as the standard reference on the subject. Dr. Worden's clinical practice is in Laguna Niguel, California.

Professional Development Courses
Tuesday, April 23 and Wednesday, April 24, 8:30 a.m. – 5:00 p.m.

Advanced Course:
Complicated Bereavement and Grief Therapy

8:30 a.m. – 5:00 p.m.   **Room: Hollywood C**

Faculty: Janice Winchester Nadeau, PhD, FT

Intended Audience:
Psychologists, social workers, marriage and family therapists, licensed professional counselors, nurses, physicians, pastoral counselors, or anyone with professional training seeking advanced skill development in bereavement intervention with challenging cases.

Course Description:
A significant percentage of individuals and families who experience the death of a loved one struggle with prolonged and debilitating grief that merits professional intervention. The goal of this course is to draw on contemporary models and research findings that help to identify individuals and families experiencing more complicated, traumatic, prolonged or delayed grief and to acquaint participants with interventions that will ameliorate the concomitant risks to the health, psychosocial adaptation and interpersonal relationships of the bereaved.

Interventions taught will be specific conceptual and practical tools for evaluating and intervening with individuals and families. Special attention will be given to the role of meaning in bereavement and ways of working that emphasize processes of meaning-making. Course content will draw upon a number of epistemologies including psychology, sociology, family theory, medicine and literature. The class format will be interactive, and the content will be seasoned with poetry and sprinkled with humor.

About Your Instructor:
Janice Winchester Nadeau, PhD, FT, is a psychologist, marriage and family therapist, master's-prepared nurse and a Fellow in Thanatology. She has been active in the death, dying and bereavement field for 30 years, in the roles of hospice nurse, college faculty, researcher, psychotherapist and author. Since 1994, she has been in full-time private practice in Minneapolis, Minnesota.

In 1987, Dr. Nadeau received a four-year National Institutes of Health grant to study the impact of loss on families. Her doctoral dissertation won the National Council on Family Relations and Sage Book Award that resulted in her publication of *Families Making Sense of Death* (Sage, 1998). In 1995, Dr. Nadeau was invited to become a member of the International Work Group on Death, Dying and Bereavement, an invitation-only group that seeks to promote research, theory and practice in care to the dying and bereaved.

In 2000, she received the Distinguished Service to Families Award from the Minnesota Association for Marriage and Family Therapy. In 2005, she received the Clinical Practice award from the Association for Death Education and Counseling.

Dr. Nadeau is a frequent presenter of lectures, workshops and seminars around the world. She has presented her work in Greece, Australia and New Zealand, Japan and Italy, as well as multiple sites in Canada and the United States.

Specialty Workshops

Tuesday, April 23 • 8:30 a.m. – Noon

Room: Mt. Olympus

Leaving Your Legacy: Ethical Wills, A Priceless Gift

Bechtel, Samantha, LISW

Category:	Dying
Indicator:	Family and Individual
Presentation Level:	Introductory

Everyone has a purpose and meaning in life. Everyone leaves a legacy; however, not everyone realizes it. Through producing an Ethical Will, people can come to an understanding of their own legacy and gift this forward to their loved ones. Learn what an Ethical Will is, why to produce one, when to produce one and how to do it. Learn how a hospice agency successfully implemented an Ethical Will service for its patients that has shown a decrease in pain and suffering at the end of life.

Objectives:
1. Explain what an Ethical Will is, when to produce one and why it is beneficial in end-of-life care.
2. Write your own Ethical Will.
3. Utilize resources in order to further research and implement an Ethical Will program.

References:
1. Baines, B. (2006). *Ethical wills, putting your values on paper*. (2nd ed.). Cambridge, MA: Da Capo Press.
2. Tabach, B. (2009). *Life story prompts, keep personal and family memories alive.* Henderson, NV: LifeCatching LLC.
3. Turnball, S. (2007). *The wealth of your life, a step by step guide for creating your ethical will*. Wenham, MA: Benedict Press.

Room: Los Feliz

Invisible Possibilities: Transforming Loss Creatively*

Renzenbrink, Irene, MSocAdmin

Category:	Loss, Grief, and Mourning
Indicator:	Professional Issues
Presentation Level:	Intermediate

Creativity and imagination are powerful tools for healing and transformation when working with dying and bereaved people and others coping with significant loss and change. This workshop will enable participants to discover some of the "invisible possibilities" for their clients and themselves based on creative and expressive arts theory and practice. A range of enjoyable and meaningful opportunities to develop confidence and skill using creative interventions will be offered in a supportive environment.

Objectives:
1. Explain the theoretical foundations and research findings that show how dying and bereaved people benefit from the introduction of creative and expressive arts interventions.
2. Demonstrate more skills and confidence in introducing the expressive and creative arts into everyday work practices.
3. Develop greater self-awareness and self compassion through more imaginative and mindful ways of working with loss.

References:
1. Knill, P., Levine, S. & Levine, E. (2005). *Principles and practice of expressive arts therapy.* London: Jessica Kingsley Publications.
2. Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*. London: Constable and Robin, Ltd.
3. Barone, T., & Eisner, E. (2012). *Arts based research*. Thousand Oaks, CA: SAGE Publications.
4. Levine, E. (2003). *Tending the fire: Studies in art, therapy and creativity*. Toronto: EGS Press.

* Generously Supported by the Edie Stark Memorial Fund

Specialty Workshops

Tuesday, April 23
Half-Day Workshops, 1:30 – 5:00 p.m.

Room: Mt. Olympus

Ayudando a los Hispanos en el proceso de duelo
Helping Hispanics in the Grieving Process

La presentación será en Español - Presented in Spanish

Houben, Ligia, MA, FT

Category:	Loss, Grief, and Mourning
Indicator:	Cultural/Socialization
Presentation Level:	Introductory

Esta es la primera vez que ADEC ofrece un taller en Español, sobre la cultura Hispana y el duelo. Esta iniciativa se origina con el propósito de ofrecer valiosas herramientas, desde las palabras que se utilizan para dar el pésame, hasta valores que influyen el proceso de duelo, tales como tradiciones familiares y religión. El lenguaje es un elemento fundamental al interactuar con nuestros semejantes. Este taller, siendo en Español y enseñado por una Hispana (Ligia es nicaragüense), amplía el conocimiento de conceptos y dichos relacionados al luto y duelo. Siendo la población Hispana en los Estados Unidos de casi 50 millones, y con miras de constituir el 29% de la población en USA en el año 2050, el conocimiento sobre como los Hispanos experimentan perdidas y procesan duelo, es de mayor importancia para el profesional que desea brindar la mayor ayuda y comprensión en tiempos de dolor.

This is the first time that ADEC will offer a workshop in Spanish on the Hispanic culture and bereavement. This initiative originated with the purpose of providing valuable tools, from the words that are used to offer condolences to values that influence the grieving process, such as family traditions and religion. Language is a key element to interactions with others. This workshop will be taught in Spanish and by a Hispanic (Ligia is Nicaraguan), bringing awareness to sayings and concepts related to grief and bereavement. The Hispanic population in the United States is almost 50 million people, and in 2050 is expected to constitute 29% of the U.S. population. Therefore, knowledge about how Hispanics experience loss and grief is of utmost importance for the professional who wants to provide the greatest help and understanding in times of grief.

Objectives:
1. Identify the unique cultural and generational needs of Hispanic immigrants.
2. Explain the physical, emotional, social, and spiritual manifestation of grief in the Hispanic population.
3. Describe the interventions helpful in addressing the multiple losses experienced by Hispanic.

References:
1. Balk, D. (2007). *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement.* New York: Routledge.
2. Houben, L. M. (2011). *Counseling Hispanics through loss, grief, and bereavement. A guide for mental health professionals.* New York: Springer Publishing.
3. Vazquez, C., & Dinelia, R. (2011). *Grief therapy with Latinos.* New York: Springer Publishing.

Room: Los Feliz

Yoga: A Somatic Tool for Transforming Grief

Prashant, Lyn, PhD, FT; Sausys, Antonio, MA, CMT, RYT

Category:	Loss, Grief, and Mourning
Indicator:	Contemporary Perspectives
Presentation Level:	Introductory

Yoga can be instrumental in addressing the symptoms of grief: mind, body and spirit. Compathy (caregiver burden) occurs when one person observes another person suffering a disease or injury and experiences in one's physical body a similar or related distress (Morse & Mitcham, 1997). Lyn Prashant and Antonio Sausys will alternate didactic with experiential work, presenting skillful tools for all levels of physical condition, for releasing and transforming the accumulated grief stored in our bodies. This workshop offers gentle and practical techniques that help move through the physical and emotional pain of loss.

Objectives:
1. Explain valuable professional skills needed to work directly with and transform the somatic aspects of grief.
2. Recognize ways to identify accumulated grief stored in the body as fuel for our transformation to prevent professional and personal bereavement overload and empathy fatigue.
3. Utilize the Degriefers Toolbox model for assessing and selecting appropriate transformative integrative therapies to meet a client's specific needs.

References:
1. Stebnicki, M.A. (2008). *Empathy fatigue: Healing the mind, body and spirit of professional counselors.* New York: Springer.
2. Kaufman, J. (2010). *The shame of death, grief, and trauma.* New York: Routledge/Taylor Francis Group.
3. Zucker, R. (2009). *The journey through grief and loss: Helping yourself and your child when grief is shared.* New York: St. Martin's Press.
4. Neimeyer, R. (2012). *New techniques in grief therapy: Creative ways for counseling the bereaved.* New York: Routledge
5. Juith, A. (2009). *Wheels of life: A user's guide to the chakra system.* Woodbury, MN: Llewellyn.

Specialty Workshops

Tuesday, April 23
Half-Day Workshops, 1:30 – 5:00 p.m.

8:30 a.m. – 5:00 p.m.   **Room: Echo Park**

How to Say It When No One Can: Death Notification and Children's Grief

Post, Michelle, MA, LMFT

Category:	**Loss, Grief and Mourning**
Indicator:	**Family and Individual**
Presentation Level:	**Introduction/Intermediate**

When a sudden/traumatic death occurs, a family has little time to comprehend what has happened and, as a result, may not remember to include children and teens in the process. At OneLegacy, Southern California's Donate Life organization, I have seen families forced to adjust to deaths that are not only sudden and traumatic, but often involve brain death, more than one family member, the legal and/or the foster care systems. The process of a family adjusting in these situations can seem like a daunting task as they receive death notification and adapt to all the changes ahead of them. With the aid of the research of J. William Worden, Ph.D., this interactive and experiential workshop will use case studies of families who have experienced a death to teach participants how to educate families about children's grief, provide death notification, grief support, and counseling to children, teens, and families. I will teach techniques to foster connections among the family, educate parents/guardians about how best to support a child and teen in this situation, prepare a child/teen to visit the hospital bedside or go to a viewing/funeral, say good-bye, and debrief.

Objectives:
1. Utilize age-appropriate language to give death notification or support parents through the process of informing their children and teens.
2. Apply research-based tips and tools to engage all members of the family in the death talk, support and education.
3. Employ age-appropriate activities to help children and teens begin the process of accepting the reality of the death, process the emotions, prepare to see the deceased or dying in the hospital, and debrief.

References:
1. Lord, J. H., & Stewart, A.E. (2008). *I'll never forget those words: A practical guide to death notification*. Burnsville, NC: Companion Press.
2. Ruzek, J.I., Brymer, M.J., Jacobs, A.K., Layne, C. M., Vernberg, E.M., & Watson, P.J. (2007). Psychological first aid. *Journal of Mental Health Counseling*, *29*(1): 17-49.
3. Worden, J.W. (2008). *Grief counseling and grief therapy: A handbook for the mental health practicioner, 4th edition*. New York: Springer Publishing Company, LL.
4. Worden, J.W. (1996). *Children and grief: When a parent dies*. New York: Guilford Press.
5. Wolfelt, A.D. (1996). *Healing the bereaved child: Grief gardening, growth through grief, and other touchstones for caregivers*. Fort Collins, CO: Companion Press.

Specialty Workshops

Wednesday, April 24
Full-Day Workshop, 8:30 a.m. – 5:00 p.m.

Room: Los Feliz

Traumatic Loss: New Understandings, New Directions

Jordan, John R., PhD, FT

Category:	Traumatic Death
Indicator:	Professional Issues
Presentation Level:	Intermediate

Bereavement after the sudden, unexpected and violent death of a loved one may create one of the most difficult loss trajectories. This workshop will provide an overview and update of the effects on individuals and families of traumatic deaths such as suicides, homicides and accidental deaths. After a brief review of new bereavement models and research findings, we will use the twin lenses of thanatology and traumatology to understand the impact of this type of bereavement. We will also explore the implications of this perspective for assessment and intervention, focusing on new techniques that are developing for helping traumatized survivors. While drawing primarily on the presenter's extensive experience working with survivors of suicide loss, the information presented will have wide applicability to work with people who have lost a loved one to any type of sudden or violent death. The session will be informed by research and clinical experience, and will include the use of didactic lecture, case discussion and audiovisual presentation.

Objectives:
1. Identify several emerging theoretical developments in the way the mourning process is being understood.
2. Describe differences and similarities in trauma and complicated grief responses.
3. Identify prominent psychological themes that are common for individual and family survivors of traumatic loss.
4. Recognize risk and protective factors for the development of traumatic grief responses.
5. Describe a foundational model for the roles of the grief counselor in working with traumatic grief.
6. Describe several promising new treatment techniques for complicated and traumatic grief.
7. Reflect on the impact of work with traumatic loss survivors on self-care for the clinician.

References:
1. Jordan, J. R., & McIntosh, J. L. (2011). *Grief after suicide: Understanding the consequences and caring for the survivors*: New York: Routledge/Taylor & Francis Group.
2. Feigelman, W., Jordan, J. R., McIntosh, J. L., & Feigelman, B. (2012). *Devastating losses: How parents cope with the death of a child to suicide or drugs*. New York: Springer.
3. Stroebe, M., Schut, H., & Van den Bout, J. (Eds.). (2013). *Complicated grief: Scientific foundations for health care professionals*. New York: Routledge.

Wednesday, April 24
Half-Day Workshops, 8:30 a.m. – Noon

Room: Mt. Olympus

Walking a Mile in Their Shoes: Identity Transformation Through Borrowed Loss Narratives

Smith, Harold Ivan, DMin, FT

Category:	Death Education
Indicator:	Historical Perspectives
Presentation Level:	Introductory

Historically, grief therapy and education have relied heavily on theoretical constructs that offer a structure to caring for the bereaving. What has gone under examined is the use of historical and biographical loss narratives to "put a face" on the theories so that theory is wrapped in history. What happens when clinicians offer grievers a chance to "walk a mile" in the grief experiences of well-known individuals: presidents, first ladies, humanitarians, business leaders, athletes, media personalities? The goal for this seminar is to find ways to extract the narratives from history and biography, to hone learning points sometimes buried in the narratives, and to share the narratives to support grief therapy and grief education.

Objectives:
1. Define techniques for borrowing narratives from historical/biographical grievers.
2. Identify particular elements of grief experience that are most responsive to borrowed narratives.
3. Examine methods to apply grief extracts from historical narratives.

References:
1. Smith, H.I. (2012). *Borrowed narratives: Using historical and biographical narratives with the bereaving.* New York: Routledge.
2. Buckley, C. (2009). *Losing Mum and Pup: A memoir.* New York: Twelve Press.
3. Huang, W. (2012). *The little Red Guard: A family memoir.* New York: Riverhead Books.
4. Shriver, M. K. (2012). *A good man: Rediscovering my father, Sargent Shriver.* New York: Henry Holt.
5. Taraborrelli, J. Randy. (2012). *After Camelot: A personal history of the Kennedy family, 1968 to the present.* New York: Grand Central.

Specialty Workshops

Wednesday, April 24
Half-Day Workshops, 8:30 a.m. – Noon

Room: Silver Lake

Secrets at the End of Life: The Journey From Shame to Pride

Larson, Dale, PhD

Category:	Loss, Grief and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

Working with people facing grief, loss and life-threatening illness ushers us into a world of secrets in which our responses to the emotional cut-offs, hidden grief, self-blame, unfinished business, infidelities, trauma, and serious illnesses of our clients can be turning points in counseling. In this seminar, we will look at secrets in clinical practice and identify counseling strategies that can bring the dialectic of concealment and disclosure, and the transformation of shame, into the center of therapeutic action. We will draw from work on self-concealment and health, trauma healing, disclosure in therapy, family secrets, expressive writing, attachment, helper secrets, and end-of-life conversations.

Objectives:
1. Demonstrate the psychology of secrets and the effects of self-concealment on health and well-being.
2. Identify the most commonly reported secrets of clients.
3. Identify strategies for facilitating safe discussions of secrets and the transformation of shame.

References:
1. Dearing, R.L., & Tangney, J.P. (Eds.). (2011). *Shame in the therapy hour.* Washington, D.C.: American Psychological Association.
2. Kauffman, J. (2010). *The shame of death, grief, and trauma*. New York: Routledge/Taylor & Francis Group.
3. Pachankis J.E., & Goldfriend, M.R. (2010). Expressive writing for gay-related stress: Psychosocial benefits and mechanisms underlying improvement. *Journal of Consulting and Clinical Psychology, 78*(1), 98-110. Doi: 10.1037/a0017580
4. Wisemeijer, A.A.J. (2008). *Self-concealment and secrecy: Assessment and associations with subjective well-being*. Ridderkerk, Netherlands: Ridderprint
5. Wismeijer, Andreas A. J. (2011). Self-Concealers: Do they conceal what we always assumed they do? *Personality and Individual Differences, 51*(8), 1039-1043. Doi: 10,1016/j.paid2011.08.019

Room: Echo Park

Accommodation to Violent Dying: Restorative Retelling Group

Correa, Fanny, MSW; Rynearson, Edward, MD

Category:	Traumatic Death
Indicator:	Family and Individual
Presentation Level:	Intermediate

Restorative Retelling is a time-limited intervention for adults unable to adapt to the violent dying of a loved one because of prolonged symptoms of trauma and separation distress. The support group reinforces trust, safety, coherence, hope and control for change. The model addresses reenactment images; remorse, retaliation and need to protect with strategies to restore resilience; commemorate the memory of the deceased; then "exposure" retelling of the dying story. The screening assessment; session topics such as commemorative, death imagery, resilience drawings, rituals, relaxation exercises and post group reunion will be discussed. Research data analysis for this intervention will be discussed.

Objectives:
1. Cite principles of intervention for working with individuals unable to adapt to the sudden violent death of a loved one.
2. Explain the principles of group formation including recruiting, screening, selection, and orientation of group members.
3. Apply the major strategies, techniques, and procedures used in the Restorative Retelling Intervention.

References:
1. Rynearson, E.K. (2010). The clergy, the clinician, and the narrative of violent death. *Pastoral Psychology, 59*(2): 171-190.
2. Rynearson, E.K., Correa, F., Favell, J., Saindon, C., & Prigerson, H. (2006). Restorative Retelling after violent dying. In *Violent dying: Resilience and intervention beyond the crisis*, E.K. Rynearson (Ed.), pp.195-216. New York: Taylor and Francis.
3. Salloum, A., & Rynearson, E.K. (2006). Family resilience after violent death. In *Violent dying: Resilience and intervention beyond the crisis*, E.K. Rynearson (Ed.), pp.47-63. New York: Taylor and Francis.
4. Rynearson, E.K., (Ed.). (2006). *Violent death: Resilience and intervention beyond the crisis*. New York: Routledge.
5. Rynearson, E.K. (2001). *Retelling violent death*. New York: Brunner-Routledge.

Specialty Workshops

Wednesday, April 24
Half-Day Workshops, 1:30 – 5:00 p.m.

Room: Mt. Olympus

The Experts Speak: A Compilation of Best Practices in Grief Therapy

Neimeyer, Robert, PhD

Category:	Assessment and Intervention
Indicator:	Contemporary Perspectives
Presentation Level:	Advanced

In this workshop we draw on the efforts of a cadre of creative clinicians—including Hedtke, Rando, Ecker, Gendlin, Shear, Rynearson, Greenberg and others—to examine a panoply of practical methods for assessing and transforming grief. After a narrative exercise for introducing the deceased, we use systematic instruction, demonstration and clinical videos to learn tools for illuminating resistance to change, attending artfully to the language of the body, engaging in restorative retelling of the death and orchestrating imaginal dialogues to promote reconstruction of the continuing bond. Participants should leave with refined and deepened skills for the practice of grief therapy.

Objectives:
1. Identify three tools for examining pro-symptom positions that lead clients to resist change, despite the genuine pain these symptoms entail.
   Use analogical listening to explore preverbal, embodied metaphors of grief in the wake of loss and foster their artful expression.
2. Facilitate restorative retelling of the event story of the death to promote emotion regulation and integration .
3. Choreograph chair work to reanimate and reorganize the post-mortem relationship with the deceased.

References:
1. Ecker, B., Ticic, R. & Hulley, L. (2012). *Unlocking the emotional brain.* New York: Routledge.
2. Neimeyer, R. A. (Ed.) (2012). *Techniques of grief therapy: Creative practices for counseling the bereaved.* New York: Routledge.
3. Neimeyer, R. A., Harris, D., Winokeur, H. & Thornton, G. (Eds.) (2011). *Grief and bereavement in contemporary society: Bridging research and practice.* New York: Routledge.

Room: Silver Lake

Uncomplicating Children's Grief: Lessons from the Trenches

Schuurman, Donna, EdD, FT

Category:	Loss, Grief and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

A semi-reverent romp through research and practice-based evidence, with a touch of Charlie Brown, to synthesize and distill the basic elements of any effective intervention with children grieving a death. In this workshop we will explore the following: What challenges are grieving children and teens more at risk for than their non-bereaved counterparts? What protective factors contribute to children's resilience following the death of a parent, sibling or friend? How do we shape our responses to them in light of these challenges and protective factors? In exploring these questions, we'll include contributions from psychology, neurobiology, brain research, and the emerging influence of trauma-focused practitioners, the movement toward medicalizing and/or pathologizing grief, and other contemporary thinking.

Objectives:
1. Cite ways in which grieving children and teens are more at-risk than their non-bereaved counterparts.
2. Summarize protective factors which support children and teens in healthy bereavement.
3. Outline what elements successful services to effectively support grieving children and teens should include.

References:
1. Haine, R., Ayers, T., Sandler, I., & Wolchik, S. (2008, April). Evidence-based practices for parentally bereaved children and their families. *Professional Psychology Research Practice, 39(2),* 113-121.
2. O'Connor, M., Wellisch, D., Stanlon, A., Eisenberger, N., Irwin, M., & Lieberman, M. (2008, August). Craving love? Enduring grief activates brain's reward center. *NeuroImage, 42(2)*, 969-972.
3. Schuurman, D., & DeCristofaro, J. (2010). Children and traumatic deaths. In D. Balk & C. Corr (Eds.), *Children's Encounters with Death, Bereavement, and Coping,* (pp.257-269). New York: Springer.
4. Wolchik, S., Coxe, S., Tein, J., Sandler, I., & Ayers, T. (2008). Six-year longitudinal predictors of posttraumatic growth in parentally bereaved adolescents and young adults. *Omega, 58(2),* 107-128.

Specialty Workshops

Wednesday, April 24
Half-Day Workshops, 1:30 – 5:00 p.m.

Room: Echo Park

Clarity About Death and Loss in Diverse Populations

Markell, Marc, PhD, CT; Attrell, Ronald L., MSW, LCSW, CT; Alsop, Peter, PhD; Markell, Kathryn A., PhD

Category:	**Death Education**
Indicator:	**Cultural/Socialization**
Presentation Level:	**Introductory**

We see people's lives transformed and enriched from exposure to the diverse range of human behaviors. By creating an experiential understanding of how privilege can limit our own repertoire of helping behaviors, we build an understanding about how our own cultural training colors our ability to help diverse groups of people cope with their losses, especially when dealing with death and dying. With this understanding, we are better able to help others and ourselves make informed choices about ways to improve our lives. We become a safer place for all of our clients.

Objectives:
1. Utilize in experiential exercises and the processing of those experiences.
2. Cite theoretical perspectives.
3. Acknowledge difficulties we unwittingly create for our clients because of our own cultural biases.

References:
1. Pedersen, M.J., & Vining, C.B. (2009, October). Early Intervention services with American Indian tribes in New Mexico. *Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations*, *16*(3): 86-94.
2. Brown, A., & Brown, N.J. (2007). The Northern Territory intervention: Voices from the centre of the fringe. *Medical Journal of Australia, 187*(11), 621-623.
3. Owens, D., Bodenhorn, N., & Bryant, R. (2010). Self-efficacy and multicultural competence of school counselors. *Journal of School Counseling*, 8(17): 2-20.
4. Sears, C. (2011). Integrating multiple identities: Narrative in the formation and maintenance of the self in international school students. *Journal of Research in International Education*, *10*(1), 71-86.

Keynote Presentations

Thursday, April 25, 2013 • 8:30 – 9:30 a.m.

Room: Ray Dolby Ballroom 1-3

Dignity in the Terminally Ill: New Insights and Opportunities in Palliative End-of-Life Care

Category: Assessment and Intervention
Indicator: Resources and Research
Presentation Level: Intermediate

Chochinov, Harvey, MD, PhD
Ira Nerken International Speaker*

Professor of Psychiatry, Community Health Sciences, and Family Medicine (Division of Palliative Care), University of Manitoba, and Director of the Manitoba Palliative Care Research Unit, CancerCare Manitoba

How do we ensure that dying patients maintain their sense of dignity until the very end? To begin, one must appreciate how the terminally ill understand the notion of dignity, and what factors undermine or maintain dignity for those nearing death. This talk will address these issues, using clinical illustrations and research data, highlighting therapeutic considerations for patients nearing end of life. An empirical model of dignity will be presented, along with the rational for Dignity Therapy – a novel, brief intervention specifically designed to maintain the dignity of dying patients and their families. There is mounting evidence demonstrating the efficacy and role of this approach in the context of palliative care. Both quantitative data and case examples will be used, illustrating how Dignity Therapy can influence sense of dignity, purpose, and meaning; along with preparedness for death.

Objectives:
1. Acknowledge the clinical importance of Dignity in Care.
2. Demonstrate how the Model of Dignity can guide end-of-life care.
3. Explain the role and potential impact of Dignity Therapy.

References:
1. Chochinov, H.M., Hack, T., Hassard, T., Kristjanson, L., McClement, S., & Harlos, M. (2002). Dignity in the terminally ill; A cross-sectional cohort study. *Lancet, 360*(9350): 2026-2030.
2. Chochinov, H.M. (2002). Dignity conserving care: A new model for palliative care. *JAMA, 287*(17): 2253-2260.
3. Chochinov, H.M., Hack, T., McClement, S., Harlos, M., & Kristjanson, L. (2002). Dignity in the terminally ill: An empirical model. *Social Science and Medicine, 54*(3):433-443.
4. Chochinov, H.M. (2006). Dying, dignity and new horizons in palliative end-of-life care. *CA: A Cancer Journal for Clinicians, 56*(2): 84-103.
5. Chochinov, H.M., Hack, T., Hassard, T., Kristjanson, L., McClement, S., & Harlos, M. (2005). Dignity therapy: A novel psychotherapeutic intervention for patients near the end of life. *Journal of Clinical Oncology, 23*(24): 5520-5525.
6. Chochinov, H.M., Kristjanson, L.J., Breitbart, W., McClement, S., Hack, T.F., Hassard, T., & Harlos, M. (2011). Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: A randomised controlled trial. *Lancet Oncol, 12*(8): 753-62.

Following his keynote presentation, Dr. Chochinov will sign copies of his books (available for sale during the conference) or bookplates for those who have his books at home.

* Generously supported by a bequest from the estate of Ira Nerken, JD

Concurrent Session I

Thursday, April 25, 10:00 – 11:00 a.m.

Practice Report **Room: Mt. Olympus**

C **Hidden Losses: Teen Identity Formation and Secondary Losses**

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Introductory

Ortega, Stacia, LCSW, CT; Kramer-Howe, Kathy, MA, MSW, LCSW
Hospice of the Valley, Phoenix, AZ, USA

When teens experience a parental death, their journey towards identity formation and young adulthood can be impeded or derailed. A cascade of secondary losses may further complicate their development, such as new family roles and responsibilities. An already difficult bereavement can become complicated by subsequent losses that are often hidden from others. This presentation will explore the plight of these youth, as well as offer an array of interventions that can help. We will use video clips and teen testimonials to illustrate that mourning teens still have the capacity to realize the person they are becoming.

Objectives:
1. Describe three challenges of adolescent identity formation.
2. Cite three ways parental death and secondary losses may affect adolescent identity formation.
3. Describe four interventions which facilitate effective grieving for this population.

References:
1. Biank, N.M., & Werner-Lin, A. (2011). Growing up with grief: Revisiting the death of a parent over the life course. *Omega, 63*(3): 271-290.
2. Hagan, M.J., Roubinov, D.S., Gress-Smith, J., Luecken, L.J., Sandler, I.N., & Wolchik, S. (2010). Positive parenting during childhood moderates the impact of recent negative events on cortisol activity in parentally bereaved youth. *Psychopharmacology, 214*:231-238
3. Schultz, L.E. (2007). The influence of maternal loss on young women's experience of identity development in emerging adulthood. *Death Studies, 3*(1), 17-43.
4. Spuij, M., Reitz, E., Prinzie, P., Stikkenlbroek, Y., de Roos, C., & Boelen, P.A. (2012). Distinctiveness of symptoms of prolonged grief, depression, and post-traumatic stress in bereaved children and adolescents. *Eur Child Adolesc Psychiatry* DOI 10.1007/s00787-012-0307-4.

Concurrent Session I

Thursday, April 25, 10:00 – 11:00 a.m.

Research Report – 60 minutes **Room: Hollywood D**

Inventory of Complicated Spiritual Grief: Measure Validation

Category: Loss, Grief, and Mourning
Indicator: Religious/Spiritual
Presentation Level: Intermediate

Neimeyer, Robert, PhD[1]; Burke, Laurie, MS[1]; Holland, Jason, PhD[2]; Shear, M. Katherine, MD[3]
[1]University of Memphis, Memphis, TN, USA; [2]Department of Psychology, University of Nevada Las Vegas, Las Vegas, NV, USA; [3]Columbia University School of Social Work, New York, NY, USA

Grief following loss is common, however, some grievers suffer from complicated grief (CG)—a prolonged, incapacitating response to loss. Likewise, some grievers experience a spiritual crisis known as complicated spiritual grief (CSG)—a sense of discord, conflict, and distance from God, or members of the survivor's spiritual community. CG and CSG have been linked using non-specific measures of spiritual distress. A grief-specific scale is needed to measure spiritual struggle unique to bereavement. This study's aim was to test a newly developed measure called the Inventory of Complicated Spiritual Grief (ICSG). Reliability, validity, and clinical implications will be discussed.

Objectives:
1. Recognize the ways in which complicated grief and complicated spiritual grief are associated.
2. Describe the clinical importance of a bereavement-specific measure of complicated spiritual grief.
3. Differentiate between the proposed measure's Spiritual Incomprehensibility and Religious Disruption subscales.

References:
1. Burke, L.A., Neimeyer, R.A., McDevitt-Murphy, M.E., Ippolito, M. R., & Roberts, J.M. (2011). In the wake of homicide: Spiritual crisis and bereavement distress in an African American sample. *International Journal for Psychology of Religion, 21*, 1–19, doi: 10.1080/10508619.2011.60741.
2. Neimeyer, R.A., & Burke, L.A. (2011). Complicated grief in the aftermath of homicide: Spiritual crisis and distress in an African American sample. *Spirituality and Health Special Issue in Religions, 2*, 145-164. doi: 10.3390/rel2020145.
3. Shear, M.K., Dennard, S., Crawford, M., Cruz, M., Gorscak, B., & Oliver, L. (2006). *Developing a two-session intervention for church-based bereavement support: A pilot project.* Paper presented at the International Society for Traumatic Stress Studies conference, Hollywood, CA.

Research Report – 60 minutes **Room: Hollywood E**

Parenting Again After Loss: Bereaved Fathers' Perspectives

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Intermediate

Olson, Amber, PhD[1]; Gamino, Louis, PhD[1]; Davies, Betty, PhD[2]; Gudmundsdottir, Maria, PhD[3]
[1]Scott & White Hospital, Temple, TX, USA; [2]University of California San Francisco, San Francisco, CA, USA; [3]Hospice By the Bay, Larkspur, CA, USA

The authors qualitatively analyzed the experiences of 11 bereaved fathers who have had or adopted a subsequent child after experiencing loss of a child. Three predominant themes emerged from the data: hesitating and deciding to have another child; emerging from grief; finding a new sense of hope and purpose. Fathers described how having a subsequent child allowed them an opportunity to parent again and continue a legacy, while also maintaining a close bond to their deceased child. These findings shed light on how and why subsequent parenting may increase adaptive and healthy bereavement coping, and aid in fathers' grief recovery.

Objectives:
1. Identify the unique experiences of fathers who have lost a child and who have gone on to parent a subsequent child.
2. Explain the potential benefits of parenting a subsequent child after the loss of another.
3. Discuss strategies and clinical interventions for mental health providers working with bereaved parents who are considering having another child.

References:
1. Hamama-Raz, Y., Rosenfeld, S., & Buchbinder, E. (2009). Giving birth to life – again!: Bereaved parents' experiences with children born following the death of an adult son. *Death Studies, 34*, 381-403.
2. Murphy, S.A. (2008). The loss of a child: Sudden death and extended illness perspectives. In *Handbook of bereavement research and practice: Advances in theory and intervention*, pp. 375-395. M. Stroebe, R. Hansson, H. Schut, W. Stroebe (Eds.). Washington, DC: American Psychological Association.
3. Rogers, C.H., Floyd, F.J., Seltzer, M.M., Greenberg, J., & Hong, J. (2008). Long-term effects of death of a child on parent's adjustment in midlife. *Journal of Family Psychology, 22*(2), 203-211.
4. Giorgi, A. (1985). *Phenomenology and psychological research*. Pittsburgh: Duquesne University Press.

Concurrent Session I

Thursday, April 25, 10:00 – 11:00 a.m.

Scholarly Paper   **Room: Silver Lake**

Disciplinary Wounds: Has Grief Become the Identified Patient?

Category: Loss, Grief, and Mourning
Indicator: Resources and Research
Presentation Level: Intermediate

Granek, Leeat, PhD
Ben Gurion University of the Negev, Beer Sheva, Israel

In the last few decades, grief and loss research in the psychological domain has focused almost exclusively on its dysfunctional nature. I examine what is underneath thesequestions about pathology and suggest that our discipline is suffering from an attachment wound where we have dissociated from our historical roots when it comes to the study ofgrief and loss. I argue that we need to ask new questions about grief and loss and present two examples of my collaborative work to illustrate innovative ways of thinking about and researching grief.

Objectives:
1. Review why the grief and loss field within psychology is so focused on pathology and dysfunction.
2. Propose new ways and a rationale for why thinking about grief and loss is important to the development of our field.
3. Present two innovative projects on grief and loss that involve the use of online platforms as well as international, interdisciplinary gatherings of scholars, researchers and clinicians in the grief field.

References:
1. Granek, L. (2010). Grief as pathology: The evolution of grief theory in psychology from Freud to the present. *History of Psychology, 13,* 46-73.
2. Granek, L. (2012). The complications of grief: The battle to define modern mourning. In E. Miller. *Complicated grief: A critical anthology*. NASW Press: InPress; Forthcoming.
3. Granek, L., & O'Rourke M. (2011, April 28). What is grief actually like: results of the Slate Survey on grief. *Slate Magazine*. Retrieved from http://www.slate.com/id/2292126/
4. Granek, L., & O'Rourke, M. (2012, March 12). Is mourning madness? *Slate Magazine*. Retrieved from http://www.slate.com/articles/life/grieving/2012/03/complicated_grief_and_the_dsm_the_wrongheaded_movement_to_list_mourning_as_a_mental_disorder_.html#comments
5. O'Rourke, M., & Granek, L. (2011, August 4). How to help friends in mourning: Condolence notes? Casseroles? What our grief survey revealed. *Slate Magazine*. Retrieved from http://www.slate.com/id/2300735/.

Scholarly Paper   **Room: Hollywood B**

(H) Physician-Assisted Death: Suicide or Deliverance?

Category: End-of-Life Decision-Making
Indicator: Professional Issues
Presentation Level: Introductory

McCord, Janet, PhD, FT
Marian University, Fond du Lac, WI, USA

Although not widely discussed, suicide attempts by hospice patients and the desire by many diagnosed with terminal illnesses to die either by their own hand or with physician assistance is a fact. There is debate about physician-assisted death (PAD), death with dignity and hastened death, with arguments both for and against. Is it suicide, or is it deliverance? This presentation will offer a general overview of the different perspectives regarding the causes of suicide (particularly with respect to the context of hospice), the notion of physician assisted suicide/death with dignity, and strategies for assessment and discussion with individuals and families.

Objectives:
1. Explain the notions of physician-assisted death (PAD), hastened death and death with dignity.
2. Describe two primary theories of suicide and its causes, the medical model and the Shneidman model of psychological pain.
3. Identify strategies for assessment and discussion with individuals and families.

References:
1. Behuniak, S.M. (2011). Death with 'dignity': The wedge that divides the disability rights movement from the right to die movement. *Politics & the Life Sciences, 30*(1), 17-32. doi:10.2990/30?1?17
2. Warren, S.C., & Zinn, C.L. (2010). Review of completed suicides in a community hospice. *Journal of Palliative Medicine, 13*(8), 937-938. doi:10.1089/jpm.2010.0107
3. Lachman, V. (2010). Physician-assisted suicide: Compassionate liberation or murder? *MEDSURG Nursing, 19*(2), 121-125.
4. Quill, T.E. (2012). Physicians should 'assist in suicide' when it is appropriate. *Journal of Law, Medicine & Ethics, 40*(1), 57-65. doi:10.1111/j.1748-720X.2012.00646.x
5. Campbell, C.S., & Cox, J.C. (2012). Hospice-assisted death? A study of Oregon hospices on death with dignity. *American Journal of Hospice & Palliative Medicine, 29*(3), 227-235. doi:10.1177/1049909111418637

Concurrent Session I

Thursday, April 25, 10:00 – 11:00 a.m.

Professional Case Presentation   **Room: Hollywood C**

Organ Donation Helps Families Find Meaning in Death

Category:	Loss, Grief, and Mourning
Indicator:	Contemporary Perspectives
Presentation Level:	Intermediate

Coomans-Dziedzic, Stefanie, B.A
Gift of Hope Organ & Tissue Donor Network, Chicago, IL, USA

Despite bitter inter-personal relationships and potentially negative reactions to the cause of death, a family chooses organ donation for their son. Donation helped changed the outcome and ease their grief. There is growing evidence that donation can help families find meaning in death.

Objectives:
1. Describe the organ and tissue donation process.
2. Explain how donation can aid families in processing their grief.
3. Recognize that organ donation can help transform the loss of a loved one and help survivors find meaning in death.

References:
1. Bellali, T., & Papadatou, D. (2006). Parental grief following the brain death of a child: Does consent or refusal to organ donation affect their grief? *Death Studies, 30*(10):883-917.
2. Hodgson, H. (2007). *The grief and comfort of organ donation*. Retrieved July 1, 2012, from http://ezinearticles.com/?The-Grief-and-Comfort-of-Organ-Donation&id=833049
3. Stouder, D.B., Schmid, A., Ross, S.S., Ross, L.G., & Stocks, L. (2009). Families, friends, and faith: how organ donor families heal. *Progress in Transplantation, 19*(4): 358-361.
4. Batten, H.L., & Prottas, J.M. (1987). Kind strangers: The families of organ donors. *Health Affairs, 6*(2): 35-47.

Personal Story   **Room: Echo Park**

"Be Quiet and Wear Beige" — The Grief of a Former Spouse

Category:	Loss, Grief, and Mourning
Indicator:	Cultural/Socialization
Presentation Level:	Intermediate

McBride, Jennifer, MA, CT
Horan & McConaty Funeral Service/Cremation, Aurora, CO, USA

Following the sudden death of my former husband of 25 years and father of our daughters, I was totally unprepared for the unusual grief process that began. Where did I belong? How to support our daughters and granddaughters? Where were the handouts for me? Weaving personal story with research, I will share examples from my own 16+ years in funeral service. Practical issues: Who sits in what place during funeral services? How to honor the need for viewing by all parties affected in a discrete and respectful manner? How can funeral service professionals navigate the emotional issues of families of divorce?

Objectives:
1. Recognize, support and honor the grief process of former spouses/partners.
2. Illustrate options for personal as well as family ritual to give voice to all relationships.

3. Cite examples of unique expressions that may inspire others in our practices, support groups, faith communities and funeral homes.

References:
1. Romanoff, B.D. (1998). Rituals and the grieving process. *Death Studies, 22*(8), 697-711.
2. Walter, T. (2007). Mediator deathwork. *Death Studies, 29*(5), 383-412.
3. Doka, K.J. (2007). Silent sorrow: Grief and the loss of significant others. *Death Studies, 11*(6), 455-469.
4. Attig, T.A. (2004). Disenfranchised grief revisited: Discounting hope and love. *Omega, 49*(3), 197-215.
5. Doka, K.J. (1986). Loss upon loss: The impact of death after divorce. *Death Studies, 10*(5), 441-449.

Personal Story   **Room: Los Feliz**

Laughing in the Face of Death: Comedies for Funeral Planning

Category:	Death Education
Indicator:	Cultural/Socialization
Presentation Level:	Introductory

Rubin, Gail, BA
A Good Goodbye, Albuquerque, NM, USA

It's no secret a majority of people avoid talking about death. The Terror Management Theory, based on Dr. Ernest Becker's Pulitzer Prize-winning book *The Denial of Death*, gives us a reason: it takes high self-esteem to consider one's own mortality. Comedy films provide an avenue for the two-thirds of the population with low self-esteem to circumvent their anxiety about death and funerals. We will screen and discuss scenes from six to nine films that help educate, entertain, and open the door to discussing death and funeral planning.

Objectives:
1. Discuss the Terror Management Theory, death anxiety, and how humor helps start conversations.
2. Identify at least a dozen comedy films that help start conversations about death and funerals.
3. Prepare one's own individualized funny film clip presentations.

References:
1. Rubin, G. (2012, March/April). Using humor and movies to help talk about death and preplanning. *ICCFA Magazine*, 92-95.
2. Niemiec, R.M., & Schulenberg, S. E. (2011). Understanding death attitudes: The integration of movies, positive psychology, and meaning management. *Death Studies, 35*(5), 387-407.
3. Greenberg, J., & Arndt, J. (2012). Terror management theory. In A.W. Kruglanski, E.T. Higgins, and P.A. Van Lange (Eds.), *Handbook of Theories of Social Psychology: Volume One* (pp. 398-415). Thousand Oaks, CA: Sage Publications.

Concurrent Session II • Thursday, April 25, 11:15 a.m. – 12:15 p.m.

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Concurrent Session II

Thursday, April 25, 11:15 a.m. – 12:15 p.m.

Bridging Research and Practice   **Room: Hollywood A**

(C) Utilizing Research to Meet the Needs of Grieving Siblings

Category: Assessment and Intervention
Indicator: Professional Issues
Presentation Level: Intermediate

Krause, Darcy, LSW, JD[1]; Miluski, Carlyn, MSEd, CT[1]; Wheaton, Jennifer, BA, CCLS II[2]
[1]Center for Grieving Children, Philadelphia, PA, USA; [2]The Children's Hospital of Philadelphia, Philadelphia, PA, USA

Addressing childhood sibling bereavement is a challenge for most organizations working with grieving children and families. Not only does this population face different issues than other grieving populations, organizations struggle to create effective interventions that meet the needs of these families. This presentation presents the findings of a research collaboration between the Children's Hospital of Philadelphia and Peter's Place, which set out to identify the unique needs of and the barriers to service faced by this population. This presentation will detail these findings as well as introduce the pilot program the partnership is planning to implement based on this research.

Objectives:
1. Name the obstacles to running successful groups for grieving child siblings and their parents.
2. Apply these findings to their own practice development.
3. Develop strategies to overcoming these obstacles and meeting the needs of this population.

References:
1. Currier, J.M., Holland, J.M., & Neimeyer, R.A. (2007). The effectiveness of bereavement interventions with children: A meta-analytic review of controlled outcome research. *Journal of Clinical Child and Adolescent Psychology, 36*(2), 253-259.
2. deCinque, N., Monterosso, L., Dadd, G., Sidhu, R., Macpherson, R., & Aoun, S. (2006). Bereavement support for families following the death of a child from cancer: Experience of bereaved parents. *Journal of Psychosocial Oncology, 24*(2), 65-83.
3. McClatchy, I.S., Vonk, M.E., & Parlardy, G. (2009, Jan.). Efficacy of a camp-based intervention for childhood traumatic grief. *Research on Social Work Practice, 19*(1), 19-30.
4. Packman, W., Horsley, H., Davies, B., & Kramer, R. (2006). Sibling bereavement and continuing bonds. *Death Studies, 30*, 817-841.
5. Worden, J.W. (1996). *Children and grief*. New York: Guilford Press.

Practice Report   **Room: Hollywood C**

Identity Transformation Through Loss: Who Am I Now?

Category: Assessment and Intervention
Indicator: Family and Individual
Presentation Level: Intermediate

Leaver, Wayne, PhD
Hope Hospice/Walden University, Ft. Myers, FL, USA

This presentation is an exploration of cases and methods in which clients faced major challenges in affirming or choosing their identity after the death of a child or spouse. Identity is defined through self concept and image, family and social roles, religious and world views, sexuality and racial and ethnic groups. The primary approach used in working with transformation of identity following loss is multimodal therapy. Multimodal therapy allows identity to be explored on many levels, including behavior, affect, somatic, image, cognition and interpersonal. Multimodal interventions are shared and supplemented.

Objectives:
1. Describe various concepts of identity.
2. Demonstrate multimodal techniques for addressing issues of identity.
3. Demonstrate how to address identity on multiple levels of the individual.

References:
1. Howarth, R. A. (2011). Concepts and controversies in grief and loss. *Journal of Mental Health Counseling, 33*(1), 4.
2. Finlay, C. J., & Krueger, G. (2011). A space for mothers: Grief as identity. *Omega, 63*(1), 21-44.
3. Cole, A. H. (2009). Male melancholia, identity and loss and religion. *Pastoral Psychology, 58*(5-6), 531-549.
4. Pedersen, J. (2009). Grief's long journey. *Death Studies, 33*(2), 185-189.

Practice Report   **Room: Hollywood E**

(H) Perinatal Palliative Care and Hospice: Supporting Families

Category: Loss, Grief, and Mourning
Indicator: Life Span
Presentation Level: Introductory

Carst, Nancy, MSW, CT
Akron Children's Hospital, Akron, OH, USA

With advancements in prenatal testing, some parents will unexpectedly learn that their baby has a life-limiting or complex health condition. What resources can we provide? Our pediatric palliative care center collaborates with high-risk obstetricians, genetics professionals, neonatologists and pediatric hospice teams to provide these families support and information, as they navigate pregnancy, birth, lifetime and bereavement. This presentation will describe our program and use case examples to demonstrate how palliative care can companion a family through this experience and provide seamless coordination of care, assist in making informed decisions, and advocate for their baby and family.

Concurrent Session II

Thursday, April 25, 11:15 a.m. – 12:15 p.m.

Objectives:
1. Define one model of collaboration between a high-risk obstetric practice, our hospital genetics center, pediatric palliative care program and a pediatric hospice.
2. Identify seven roles that the pediatric palliative care team can fulfill for families.
3. Describe the unique aspects of perinatal bereavement.

References:
1. Levetown, M., & Friebert, S. E. (2011). Palliative care in the neonatal-perinatal period. In B.S. Carter, and M. Levetown, (Eds.). *Palliative care for infants, children, and adolescents: A practical handbook, 2nd Edition*, pp. 345-386. Baltimore, MD: The Johns Hopkins University Press.
2. Kuebelbeck, A., & Davis, D. L. (2011). *In a gift of time: Continuing your pregnancy when your baby's life is expected to be brief* (1st ed.). Baltimore, MD: The Johns Hopkins University Press.
3. Friedman, M.D., T. C., & Bloom, A. M. (2012). When death precedes birth: Experience of a palliative care team on a labor and delivery unit. *Journal of Palliative Medicine, 15*(3), 274-276. doi:10.1089/jpm.2011.0269.
4. Lang, A., Fleiszer, A.R., Duhamel, F., Sword, W., Gilbert, K.R., & Corsini-Munt, S. (2011). Perinatal loss and parental grief: The challenge of ambiguity and disenfranchised grief. *Omega, 63*(2), 183-196. doi:10.2190/OM.63.2.e.

Research Report – 60 minutes   **Room: Mt. Olympus**

Parental Experiences and Decisions Regarding Fetal Anomalies

Category: End-of-Life Decision-Making
Indicator: Resources and Research
Presentation Level: Intermediate

Fernandez, Ramona, MEd, PhD(c)
University of Western Ontario, London, ON, Canada

Upon a diagnosis of fetal anomalies, parents' default reality of a "perfect child" is altered by risk factors and the possibility of an "unhealthy child." This study begins with the realization of this first loss in a series of losses as parents grapple with diagnostic information and end-of-life decision-making that occurs within the prenatal context. An interdisciplinary grounded theory study to explore the lived experience and the processes of personal/emotional decision making also examines the multiple death and non-death losses, and the reframed identity of parents and their view of their unborn babies following a diagnosis of fetal anomalies.

Objectives:
1. Recognize the unique factors of reproductive loss unique to fetal anomalies.
2. Differentiate decision-making processes as logic based or emotional/relational-based.
3. Categorize both death and non-death losses in a clinical assessment for this population.

References:
1. Fernandez, R., Harris, D. & Leschied, A. (2011). Understanding grief following pregnancy loss: A retrospective analysis regarding women's coping responses. *Illness, Crisis and Loss, 19*(2) pp. 143-163.

2. Lalor, J.G., Devane, D., & Begley, C.M. (2007). Unexpected diagnosis of fetal abnormality: Women's encounters with caregivers. *Birth: Issues in Perinatal Care, 34*(1), 80-80.
3. Mccoyd, J.L.M. (2008). "I'm not a saint": Burden assessment as an unrecognized factor in prenatal decision making. *Qualitative Health Research, 18*(11), 1489-1500.
4. Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine.
5. *Congenital Anomalies in Canada: A perinatal health report.* (2002). Public Health Agency of Canada. Retrieved from http://www.phac-aspc.gc.ca/publicat/cac-acc02/index-eng.php

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Scholarly Paper   **Room: Hollywood D**

Ronald Reagan's "Hollywood" Griefs and Identity Transformation

Category: Loss, Grief, and Mourning
Indicator: Historical Perspectives
Presentation Level: Intermediate

Smith, Harold Ivan, DMin, FT
St. Luke's Hospital, Kansas City, Kansas City, MO, USA

Long before entering politics, Ronald Wilson Reagan was a movie star and matinee idol and was president of the Screen Actors Guild. His identity, marketability and star power were challenged during the "dark days" of 1948 as he navigated a triathalon of loss: the death of a baby, the death of his marriage, and reduced demands for his acting talents. Yet, out of intense grief a "transformed" Ronald Reagan emerged. What might the grief narrative of Ronald Reagan, actor and politician, have to teach grievers and grief educators today about identity transformation following grief?

Objectives:
1. Identify the role of resiliency on Reagan's personal and political narrative.
2. Examine the influence of Daniel Gilbert's "nexting" theory in prompting transformation in Reagan's personal and political narrative.
3. Explain the ways a movie star's or public personality's grief experience is interpreted by fans.

References:
1. Eliot, M. (2008). *Reagan: The Hollywood years*. New York: Harmony.
2. Bunch, W. (2009). *Tear down this myth: How the Reagan legacy has distorted our politics and haunts our future*. New York: Free Press.
3. Reagan, R. (2011). *My father at 100*. New York: Viking.
4. Wilber, D.Q. (2011). *Rawhide down: The near assassination of Ronald Reagan*. New York: Henry Holt.
5. Schaller, M. (2011). *Ronald Reagan.* New York: Oxford University Press.

Concurrent Session II

Thursday, April 25, 11:15 a.m. – 12:15 p.m.

Professional Case Presentation **Room: Echo Park**

Media Relations and Military Loss: Lessons Learned

Category:	Death Education
Indicator:	Professional Issues
Presentation Level:	Introductory

Carroll, Bonnie, BA; Neiberger-Miller, Ami, MA
TAPS (Tragedy Assistance Program for Survivors), Washington, DC, USA

The news media can play a powerful role in educating the public about the experience of grief and loss, raising funds to support bereavement programs, and reaching out to help grieving survivors. But how do you educate journalists about grief and loss while safeguarding the sensitivities of grieving families? This presentation will examine best practices and proven strategies in a case study format, using the Tragedy Assistance Program for Survivors (TAPS) and its policies supporting survivors of military loss (including deaths by suicide) in media engagement as a model for discussion.

Objectives:
1. Explain to journalists the experiences of grief and loss, using news releases, seasonal outreach, and relationship-building strategies.
2. Apply a survivor-centric approach to media engagement that empowers, not patronizes, survivors.
3. Define messaging about bereavement and loss that educates and informs, even when faced with a challenging topic that is controversial or difficult to understand.

References:
1. Recommendations for Reporting on Suicide. (2012). Retrieved from http://reportingonsuicide.org/Recommendations2012.pdf.
2. Brubaker, J.R., Kivran-Swaine, F., Taber, L., & Hayes, G.R. (2012, June). *Grief-stricken in a crowd: The language of bereavement and distress in social media*. Paper presented at the meeting of the Association for the Advancement of Artificial Intelligence, Dublin, Ireland. Retrieved from http://sm.rutgers.edu/pubs/brubaker-grief-icwsm2012.pdf.
3. Skehan, J. (2012). Suicide Bereavement and the Media. Hunter Institute of Mental Health. Retrieved from http://suicideprevention.salvos.org.au/wp-content/uploads/2012/09/Jaelea-Skahan-MINDFRAME-Suicide-Bereavement-and-the-Media.pdf.
4. Gibson, M. (2007). Death and mourning in technologically mediated culture. *Health Sociology Review*, 16(5), 415-424. Retrieved from http://hsr.e-contentmanagement.com/archives/vol/16/issue/5/article/1936/death-and-mourning-in-technologically-mediated.

Personal Story **Room: Hollywood B**

A Psychotherapist's Lessons From a Journey Out of Darkness

Category:	Loss, Grief, and Mourning
Indicator:	Professional Issues
Presentation Level:	Introductory

Dodson, Olin, MA
Self employed, Santa Fe, NM, USA

The world of psychotherapist and author of *Melissa's Gift*, Olin Dodson was shattered when his 18-year-old daughter died in a hospital in Costa Rica. His period of grief lasted six years and was characterized by a loss of meaning and the lack of an immediate support system. Years later, Dodson immersed himself in the literature of grief and began to understand the steps that he took instinctively to develop a "continuing bond" with his daughter and re-engage with life. The story of the presenter's emergence from darkness, thoughtfully intertwined with current grief theory, is compelling and insightful.

Objectives:
1. Apply Thomas Attig's concept of engaging with grief reactions to examples from presenter's life.
2. Identify Doka and Martin's definitions of intuitive, instrumental and blended grieving styles.
3. Describe how continuing bonds can be fostered using a number of activities, including writing and story-telling.

References:
1. Doka, K.J., & Martin, T.L. (2010). *Grieving beyond gender*. New York: Routledge.
2. Attig, T. (2011). *How we grieve* (2011 ed.). New York: Oxford.
3. Bonanno, G.A. (2009). *The other side of sadness* (2010 ed.). New York: Basic Books.
4. Klass, D., Silverman, P., & Nickman, S. (1996). *Continuing bonds: New understandings of grief* (1996 ed.). Washington, DC: Taylor & Francis.
5. Dodson, Olin. (2012) *Melissa's gift.* Pt. Richmond, CA: Bay Tree Publishing.

Concurrent Session II

Thursday, April 25, 11:15 a.m. – 12:15 p.m.

Personal Story   **Room: Franklin Hills**

The Disenfranchised Grief of an Iraqi Refugee

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Intermediate

Alobaidi, Abdulla
Rowan University, Woodstown, NJ, USA

Many Iraqi refugees experience a great deal of disfranchised grief. From a personal experience, refugees are generally pleased with the fact that they are out of the danger zone (their country), but it's not just about being safe and alive! Many of the Americans that I meet on daily basis are happy for me to be here and they think that I'm "saved" from the war zone they call Iraq. They don't recognize that we lost our house, my parents' jobs, our schools, our friends, and most importantly, our homeland.

Objectives:
1. Know more about the life of Iraqi refugees after 2003.
2. Think critically about the effects of the Iraq war in 2003.
3. Increase knowledge when it comes to post-traumatic consequences.

References:
1. Al Obaidi, A. K. S., & Atallah, S.F. (2009). Iraqi refugees in Egypt: An exploration of their mental health and psychosocial status. *Intervention*, *7*(2): 145-151.
2. UNICEF (2007). Immediate needs for Iraqi children in Iraq and neighbouring countries. Geneva: UNICEF. Available from http://www.unicef.org/infobycountry/files/Final_immediate_needs_Iraq_17May07.pdf.
3. Al Obaidi, A.K. & Piachaud, J. (2007). While adults battle, children suffer: Future problems for Iraq. *Journal of the Royal Society of Medicine,100*, 394-395.

Personal Story   **Room: Silver Lake**

Theater, Opera, Pets — and the Thanatology Therein

Category: Loss, Grief, and Mourning
Indicator: Professional Issues
Presentation Level: Introductory

Brown, Amy, BSN
Johns Hopkins Hospital, Baltimore, MD, USA

Nurses have a unique and pecuilar front-row seat to the intimate lives of others. A nurse can be a fellow traveler on a patient or family member's journey of grief, a witness to the mourning rituals of others, and a validator of feelings and growth. This presentation will prove that a little bit of thanatology knowledge can go a long way in the professional and the personal life of a nurse. Special attention will be given to real-life examples involving a teacher turned playwright, an opera aficionado, and a river guide dedicated to animal welfare.

Objectives:
1. Acknowledge the worth of a nurse with a thanatology background bearing witness to the grief and mourning of her patients, families, and the people in her personal life.
2. Evaluate the examples of disenfranchised grief, successful completion of grief tasks, and instrumental and intuitive grievers in the personal stories provided.
3. Recognize established theories by today's premier thanatologists playing out in the lives of everyday people having the experience of grief and mourning.

References:
1. Doka, K.J. & Martin, T.L. (2010) *Grieving beyond gender: Understanding the ways mean and women mourn.* New York: Routledge/Taylor & Francis Group.
2. Packman, W., Carmack, B.J., & Ronen, R. (2011-2012). Therapeutic implications of continuing bonds expressions following the death of a pet. *Omega. 64*(4). 335-356.
3. Worden, J.W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. New York: Springer.

Concurrent Session III

Thursday, April 25, 1:45 – 2:45 p.m.

Practice Report   **Room: Echo Park**

Managing Grief in Primary Care: A Problem-Solving Approach

Category:	Assessment and Intervention
Indicator:	Larger Systems
Presentation Level:	Intermediate

Lord, Benjamin, MS; Gramling, Sandra, PhD; Collison, Elizabeth, BA
Virginia Commonwealth University, Richmond, VA, USA

Working in a primary care teaching clinic, housed in a major medical center, where bereavement is common, the authors have developed a strategy for treating bereaved patients based on problem-solving therapy and the Dual-Process Model (DPM) of coping with grief. Three case vignettes are provided to illustrate this therapeutic strategy and demonstrate how it fits into integrated health care. This work has important implications as the bereaved are at increased risk for mental and physical health problems. Yet, the role that clinical health psychologists have in managing grief has received little attention in the clinical or research literature.

Objectives:
1. Explain the use of the Dual Process Model of Coping within a problem-solving therapy framework as a tool for brief interventions with the bereaved in a primary care setting.
2. Demonstrate the importance of attending to grief issues in integrated healthcare settings.
3. Explain the implications of using this treatment model as an adjunct to evidence based treatments for clients presenting with other mental health problems.

References:
1. Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *Omega, 61*, 273-289.
2. Lang, A. J., Norman, G. J., & Casmar, P. V. (2006). A randomized trial of a brief mental health intervention for primary care patients. *Journal of Consulting and Clinical Psychology, 74*, 1173-1179.
3. Currier, J., Neimeyer, R., & Berman, J. (2008) The effectiveness of psychotherapeutic interventions for bereaved persons: A comprehensive quantitative review. *Psychological Bulletin, 134*(5), 648-661.
4. Boelen, A., & Prigerson, H. (2007). The influence of symptoms of prolonged grief disorder, depression, and anxiety on quality of life among bereaved adults: A prospective study. *European Archives of Psychiatry and Clinical Neuroscience, 257*(8), 444-452.
5. Maddison, D., & Viola, A. (1968). The health of widows in the year following bereavement. *Journal of Psychosomatic Research, 12*, 297-306.

Practice Report   **Room: Hollywood C**

(H) Vigil With a View: Identity Revelation Through Loss

Category:	Dying
Indicator:	Religious/Spiritual
Presentation Level:	Intermediate

Barile, Laurel, MSW, LCSW
Sharp Memorial Hospital, San Diego, CA, USA

Dying reveals a person, stripping away prior inaccurate answers to "Who am I?" If EOL counselors select opening questions and recognize the lived beliefs and values of their patients, their work supports existential self-recognition. As every major world religion emphasizes one distinct facet of the Godhead, so does each individual tend to relate to one of those facets and live life accordingly. Here, seven mystical emphases are elaborated and questions suggested to help counselors witness and affirm evidence of their patients' relationship with the Divine, thereby facilitating their discovery of essence.

Objectives:
1. Cite a number of therapeutic EOL questions which answering will contribute to a client's self-recognition.
2. Recognize the distinction between a client's affiliated beliefs and his practiced beliefs.
3. Classify a client profile among seven spiritual/mystical emphases.

References:
1. Despelder, L., & Strickland, A. (2010). *The last dance: Encountering death and dying*. New York: McGraw-Hill.
2. Howarth, G. (2007). *Death and dying: A sociological introduction*. Cambridge, UK: Polity Press.
3. Meagher, D., & Balk, D. (2007). *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement.* New York: Routledge Press.
4. Groves, R., & Klauser, H. (2005). *The American book of dying*. Berkeley, CA: Celestial Arts.
5. Rogers, C. (1970). To be that which one truly is. On *Carl Rogers on Tape*. Bell and Howell.

Research Report – 60 minutes   **Room: Hollywood E**

History and Significance of Black Cultural Mistrust

Category:	End-of-Life Decision-Making
Indicator:	Cultural/Socialization
Presentation Level:	Intermediate

Barrett, Ronald, PhD
Loyola Marymount University, Los Angeles, CA, USA

The presenter shares a visual presentation on the history of his empirical research using Rotter's Trust Scale which lead to the research on cultural mistrust which is an important construct in cross-cultural thanatology. Cultural mistrust has been cited as a factor influencing health disparities, patterns of help seeking, under utilization, attrition, and strong cultural preferences for end-of-life care. The history of this research and important historical events will be examined in exploring the utility of cultural mistrust in working with African Americans and Blacks.

Concurrent Session III

Thursday, April 25, 1:45 – 2:45 p.m.

Objectives:
1. Describe the theoretical and empirical research on individual differences using Rotter's (1969) Trust Scale.
2. Examine the relationship between the early Terrell & Barrett (1979) study the history of Black White race relations to the evolution of research and theory on cultural mistrust.
3. Explore how cultural mistrust might explain some interesting cultural patterns among African Americans in thanatology.

References:
1. Barrett, R. (2006) Dialogues in diversity: An invited series of papers, advance directives, DNRs, and end-of-life care for African Americans. *Omega, 52*(3): 249 -261.
2. Barrett, R. (2009) Sociocultural considerations: African American, Grief, and Loss. In K. Johnson, & K. Doka (Eds.), *Living with grief: Diversity and end-of-life care* (pp. 83–96). Washington, DC: Taylor and Francis Publishing, Inc.
3. Terrell, F., Taylor, J., Menzie, J. & Barrett, R. (2009) Cultural mistrust: A core component of African American consciousness; In H. Neville, B. Tynes, & S. Utsey (Eds.), *Handbook of African American psychology* (299 – 309). Los Angeles: Sage Publication, Inc.

Research Report – 60 minutes　　　　**Room: Los Feliz**

Narrating the Grief Experience of Families of Missing People

Category:	**Loss, Grief, and Mourning**
Indicator:	**Resources and Research**
Presentation Level:	**Intermediate**

Glassock, Geoffrey, PhD
Life Change Management, Five Dock, NSW, Australia

This paper provides initial empirical data which examines the experience of families who have a long-term missing family member. Interview data were analyzed using a narrative method, and three major themes emerged. The findings from the study highlight the need for a biopsychosocial framework to understand the ways in which families experience the psychological presence of a person who is physically absent. The findings recognize the uniqueness of the loss experience of these families and a grief model of missingness is proposed.

Objectives:
1. Acknowledge the lived experience of families of missing persons.
2. Cite the common elements, the cost factor and the coping of these families.
3. Recognize the uniqueness of the loss experience and discover a grief model of missingness.

References:
1. Boss, P. (2006). *Loss, trauma and resilience, Therapeutic work with ambiguous loss*. London: W.W. Norton.
2. Worden, J.W. (2009). *Grief counseling and grief therapy, 4th edition*. New York: Springer Publishing Company.
3. Schneider, J. M. (2012). *Finding my way from trauma to transformation: The journey through loss and grief.* Traverse City, MI: Seasons Press.
4. Doka, K. J., & Martin, T. L. (2010). *Grieving beyond gender: Understanding the ways men and women mourn. series in death, dying and bereavement.* New York: Routledge.

Research Report – 60 minutes　　　　**Room: Mt. Olympus**

Perinatal Loss Among Adolescents: Identities Transformed

Category:	**Loss, Grief, and Mourning**
Indicator:	**Cultural/Socialization**
Presentation Level:	**Introductory**

Torres, Carlos, MS; Neimeyer, Robert, PhD
University of Memphis, Memphis, TN, USA

A narrative inquiry-based qualitative study collected data from six African American and Caucasian females, ages 14-18, who had experienced a stillbirth or miscarriage in order to explore how notions of self changed before, through, and during their loss, how meaning was made from the pregnancy and loss, and how bereavement was experienced and expressed from differing identity positions. Informed by Dialogical Self Theory, the study examined various notions of self through use of collage work, role-play, and life maps. The teens then created Facebook pages for their pre-pregnancy, pregnant, and post-pregnant selves and chatted with other participants via differing selves.

Objectives:
1. Recognize meaning-making resources important to teens.
2. Identify how broader culture and localized context are involved in the formation of various identities.
3. Analyze how notions of self changed between time periods, how teens made meaning of their pregnancy and loss, and how they experienced and expressed bereavement from differing identity positions.

References:
1. Soto, M. (2011). Anticipatory guidance: A hospital-based intervention for adolescents with perinatal loss. *Child and Adolescent Social Work Journal*, *28*(1), 49-62.
2. Neimeyer, R.A., Herrero, O., & Botella, L. (2006). Chaos to coherence: Psychotherapeutic integration of traumatic loss. *Constructivist Psychology, 19*, 127-145.
3. McLean, K. (2008). The emergence of narrative identity. *Social and Personality Psychology Compass*, *2*, 1685-1702.
4. Wheeler, S.R., & Austin, J.K. (2001). The impact of early pregnancy loss on adolescents. *American Journal of Maternal/ Child Nursing, 26*, 154-159.
5. Hermans, H.J.M., & Kempen, H.J.G. (1993). *The dialogical self: Meaning as movement*. San Diego, CA: Academic Press.

Concurrent Session III

Thursday, April 25, 1:45 – 2:45 p.m.

Scholarly Paper　　　　　　　**Room: Hollywood D**

Healing the Wounded Self: A Feminine Psychology of Mourning

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

Martin, Diane, PhD(c)
California Institute of Integral Studies, San Francisco, CA, USA

In the trauma of losing a child, the mother experiences a deep wounding of self that precipitates a crisis of identity. This presentation focuses on mother's loss and restoration of self as a transformational process of renewal and healing, and will share how feminine psychology offers a new perspective for understanding challenges of the mother in reconstruction of identity. A core task is gathering "before self and the after self" that is wounded, lost or hidden in identity-role of motherhood. Paradoxically, the wounded self can be the creative ground for change that initiates healing processes of transformation in the self to wholeness.

Objectives:
1. Explain the research and theoretical basis of how a feminine psychological approach to maternal mourning can offer a new perspective of healing, integration and renewal of self.
2. Identify the mourning processes and tasks of the mother in restoring a sense of self in the pathway to healing.
3. Explore integrative approaches that facilitate a creative dialogue of healing of the wounded psyche toward integration and positive wholeness of the self.

References:
1. Mathes, C. (2006). *And a sword shall pierce your heart: Moving from despair to meaning after the death of a child.* Willamette, IL: Chiron Publications.
2. Stroebe, M., Hansson, R., Schut, H., & Streobe, W. (Eds.). (2008). *Handbook of bereavement, research and practice: Advances in theory and intervention.* Washington, DC: American Psychological Association.
3. Worden, J.W. (2008). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (4th ed.). New York: Springer Publishing
4. Sullivan, B. S. (1990). *Psychotherapy grounded in the feminine principle*. Wilmette, IL: Chiron.
5. Talbot, K. (2002). *What forever means after the death of a child: Transcending the trauma, living with the loss.* New York: Routledge.

Scholarly Paper　　　　　　　**Room: Hollywood B**

(C) Student to Counselor: Learning Activities for Self-Awareness

Category:	Death Education
Indicator:	Professional Issues
Presentation Level:	Intermediate

de St. Aubin, Mark David, LCSW, FT
College of Social Work, University of Utah, Salt Lake City, UT, USA

Graduate students in grief counseling courses learn that development of a "therapeutic presence" is essential in the budding counselor's ability to create a safe holding environment with the client to enable him/her to begin their healing journey. Elements of this competence include: knowledge of one's own loss history; the ability to "bear witness" to (rather than attempt to "fix") the suffering of another; and the ability to be attentive in the moment to what occurs both within the therapist and client. Five learning activities will be demonstrated which have been found to assist graduate students in the development of these competencies.

Objectives:
1. Recognize the salient elements of what creates a "therapeutic presence" on the part of the clinician in a grief counseling relationship with the client.
2. Identify learning activities suitable for graduate counseling program courses which can promote the development of these competencies in students.
3. Utilize these activities in a small group exercise in a classroom setting.

References:
1. Neimeyer, R. (2012). Presence, process, and procedure: A relational frame for technical proficiency in grief therapy. In R. Niemeyer, (Ed.), *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* (pp.3-10). New York: Routledge Press.
2. Kaughman, J. (2012). The empathic spirit in grief therapy. In R. Niemeyer, (Ed.), *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* (pp.12-15). New York: Routledge Press.
3. Harris, D. (2012). The practice of presence. In H. Winokuer, & D. Harris (Eds.), *Principles and practice of grief counseling* (pp.45-58). New York: Springer Publishing Company.
4. Cacciatore, J., & Flint, M. (2012). ATTEND: Toward a mindfulness-based bereavement care model. *Death Studies, 36*: 61-82.

Concurrent Session III

Thursday, April 25, 1:45 – 2:45 p.m.

Professional Case Presentation   **Room: Silver Lake**

Providing Grief Support in the Chaos of the Unthinkable

Category: Traumatic Death
Indicator: Family and Individual
Presentation Level: Introductory

Rutherford, Logan, MDiv
TX Trauma Institute - Memorial Hermann Hospital, Houston, TX, USA

A 24-year-old mother of four children ages 2-6 witnesses her children critically wounded by gunshot wounds from her husband. Her husband then shoots her and subsequently kills himself in front of her. This all occurs in the family's front yard. All four kids arrive via Life Flight in rapid succession at a Level-1 trauma center emergency department for treatment. This case study will show the complexities of providing emotional, spiritual and grief support for the patient (mother), her family, and the staff who are also deeply wounded by the experience.

Objectives:
1. Recognize the impact of multi-family member traumatic deaths.
2. Examine the religious, cultural, and logistical challenges of high-profile deaths.
3. Express the importance of providing staff and organizational support for an institution following a traumatic death experience

References:
1. Wicks, R. J. (2006). *Overcoming secondary stress in medical and nursing practice – A guide to professional resilience and professional well-being.* New York: Oxford University Press, Inc.
2. Swain, S. (2011). *Trauma and transformation at Ground Zero – A pastoral theology*. Minneapolis: Fortress Press.
3. Ashley, W.C., & Roberts, S. (2008). *Disaster spiritual care – Practical clergy responses to community, regional and national tragedy.* Woodstock, VT: Skylight Paths Publishing, Inc.
4. The Schwartz Center for Compassionate Healthcare. Retrieved from http://www.theschwartzcenter.org/.

Professional Case Presentation   **Room: Hollywood A**

The Ethics of Suicide: A Case Study

Category: Assessment and Intervention
Indicator: Ethical/Legal
Presentation Level: Intermediate

Jordan, John, PhD[1]; Gamino, Louis, PhD[2]
[1]Private Practice, Pawtucket, RI, USA; [2]Scott & White Healthcare, Temple, TX, USA

While suicide prevention is a widely esteemed social and clinical goal, the ethics of suicide prevention are rarely discussed. Dr. Jordan will discuss a clinical case involving a couple where one partner was chronically suicidal, though not medically ill. The case raised difficult ethical issues for the therapist. Dr. Jordan will briefly discuss his choice of theraputic stance and brief interventions with the couple. Dr. Gamino will then discuss the case from the perspective of a specialist in ethics in grief counseling. Time will also be allowed for comments and discussion with the audience.

Objectives:
1. Identify ethical issues that are presented by clients who present with a wish to die.
2. Consider various therapeutic stances that follow professional ethical guidelines and that might be taken by a therapist who works with suicidal clients.
3. Recognizing ethical standards, explore the unique complexities that are found when working with a family system where members have different values and priority about extending life versus hastening death.

References:
1. Cutcliffe, J. R., & Links, P. S. (2008). Whose life is it anyway? An exploration of five contemporary ethical issues that pertain to the psychiatric nursing care of the person who is suicidal: Part two. *International Journal of Mental Health Nursing, 17*(4), 246-254.
2. Jordan, J. R. (2006). Whose life is it anyway? The matter of assisted suicide. *Death Studies, 30*(4), 377-381.
3. Westefeld, J., Doobay, A., Hill, J., Humphreys, C., Sandil, R., & Tallman, B. (2009). The Oregon Death with Dignity Act: The right to live or the right to die? *Journal of Loss and Trauma, 14*(3), 161-169. doi: 10.1080/15325020802173868
4. Jordan, J. R., & McIntosh, J. L. (2011). *Grief after suicide: Understanding the consequences and caring for the survivors*. New York: Routledge/Taylor & Francis Group.

Concurrent Session III

Thursday, April 25, 1:45 – 2:45 p.m.

Personal Story   **Room: Franklin Hills**

Coping with Traumatic Loss for This Mexican American Girl

Category: Traumatic Death
Indicator: Family and Individual
Presentation Level: Intermediate

Ramirez, Michelle, MS
University of Texas Health Science Center at San Antonio, San Antonio, TX, USA

This session is the personal account of a first-generation Mexican American girl and how coping with traumatic and sudden losses has changed through the years. This personal story presentation will yield valuable information to those working with diverse populations in the field of bereavement support and counseling by providing insight into why this girl makes the choice to develop a new individual method of coping and abandon that of her family's.

Objectives:
1. Recognize how avoiding grief in a family can lead to the absence of meaning in the life of the deceased.
2. Recognize how an individual's unhealthy and dysfunctional traumatic loss coping skills can transfer to individuals from families.
3. Recognize how adopting individual traumatic loss coping skills, while painful, can be very instrumental in adding meaning to the life of the deceased and contribute to the emotional well-being.

References:
1. Balk, D. E., Wogrin, C., Thornton, G., & Meagher, D.K. (2007). *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement.* Northbrook, IL: Association for Death Education and Counseling.
2. Baugher, B. (2012). *Coping with guilt during bereavement.* Compassionate Friends. Retrieved from https://www.compassionatefriends.org/News_Events/Special-Events/Webinar_library.aspx.
3. Doka, K. (n.d.). When a spouse dies: Coping with the loss of your partner. Dignity Memorial. Retrieved from http://www.dignitymemorial.com/en-us/library/article/name/guidance-series-when-a-spouse-dies.page
4. Kübler-Ross, E., & Kessler, D. (2005). *On grief and grieving: Finding the meaning of grief through the five stages of loss.* New York: Scribner.
5. Sanders, C. M. (1989). *Grief: The mourning after: Dealing with adult bereavement.* New York: John Wiley & Sons.

Poster Presentations 1

Thursday, April 25, 2:45 – 3:45 p.m.

Poster 1
A Woman's Unique Transformation During Her Grieving Process

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Intermediate

Dempsey, Linda, BSPA[1]; Benes, Marchell, MSW[2]
[1]Alegent Health, Omaha, NE, USA; [2]Alegent Health, Council Bluffs, IA, USA

Mary's identity transformation after the loss of her husband has unique aspects. She participates in Middle Eastern Dance, volunteers at a Nature Center, has begun writing poetry and has found love again through an online dating program. Mary's primary healing has been through her determination to develop and build her own relationship with her step-children and grandchildren. Their family band needed a bass guitar player. She borrowed a guitar, took lessons and is now an official member of the family band. Mary states, "I am very much me, and actually I am the best 'me' I have ever been."

Poster 2
Adverse Life Events Perceived To Be Most Stressful

Category: Loss, Grief, and Mourning
Indicator: Contemporary Perspectives
Presentation Level: Introductory

Deatherage, Scott, MS
Purdue University, West Lafayette, IN, USA

A death loss may not be the most stressful event experienced by college students. Bereaved college seniors (N=106) were asked to identify the perceived most stressful adverse life event within the most recent 24 months. In the present study only 31% (n = 33) of participants reported the death loss as the most stressful event. Some of the events perceived to be more stressful than the death loss were: academic setback (n = 18; 17%), financial difficulty (n = 17; 16%), romantic break-up (n = 9; 8%), and personal injury or illness (n = 8; 7%).

Poster 3
An Interdisciplinary Minor in Thanatology

Category: Death Education
Indicator: Professional Issues
Presentation Level: Introductory

Hames, Carolyn, MN
University of Rhode Island, Kingston, RI, USA

The University of Rhode Island has been offering an interdisciplinary Minor in Thanatology for many years. It provides students from a variety of academic majors with a basic understanding of loss, death, dying, and grief and serves as a touchstone for their personal and professional lives. This poster will explore the history and development of the curriculum, discuss the value and outcomes of such a program, share specific academic requirements and course descriptions, and explain how it is managed. Hopefully, it will inspire viewers to consider creating a thanatology minor at other colleges and universities.

Poster 4
Assisted Death and Suicide: Comparing Bereavement Experiences

Category: Loss, Grief, and Mourning
Indicator: Resources and Research
Presentation Level: Introductory

Srinivasan, Erica, PhD
Portland Community College, Portland, OR, USA

Physician-assisted death is part of a new movement in thanatology. It is important for death educators, professionals, and counselors to understand the unique issues that arise from this "new" type of death. Physician-assisted death and suicide share one main overlapping feature: both involve a decision to end one's life. Results from a study about bereavement experiences following a physician-assisted death are examined to explore the similarities and differences in grief following both types of death, the ways in which physician-assisted death is viewed differently than suicide, and the ways in which grief from a physician-assisted death is transformed.

Poster 5
Borrowed Prayers: A Technique for Exploration

Category: Loss, Grief, and Mourning
Indicator: Religious/Spiritual
Presentation Level: Introductory

Smith, Harold Ivan, DMin, FT
St. Luke's Hospital, Kansas City, Kansas City, MO, USA

Praying after a significant death or loss may be demanding for self-defining religious or spiritual individuals. Some communities of faith expect adherents to pray "in all situations." If a death, or deaths, has challenged one's assumptive world, how does the individual pray? To whom does one pray? If angry at God, how does one pray? Some grievers conclude: "Why pray?" Grief can be a laboratory to assess the value of one's beliefs particularly about the effectiveness of prayer. This poster offers the technique of borrowing brief prayers from the wider Christian tradition and from other traditions of spirituality.

Poster 6
Rose Kennedy: The Grieving Matriarch of the Kennedy Clan

Category: Loss, Grief, and Mourning
Indicator: Historical Perspectives
Presentation Level: Introductory

Smith, Harold Ivan, DMin, FT
St. Luke's Hospital, Kansas City, Kansas City, MO, USA

Rose Fitzgerald Kennedy, 1890-1995, has been mythologized as a sequential mourner by historians and biographers. Who experienced more grief in the public eye: the assassinations of sons John and Robert, her husband's stroke and paralysis, and the antecedent deaths of Joseph Jr. and Kathleen as young adults? Biographers identify her devout practice of Catholic spiritual disciplines as an element in her resilience and identity transformation. Rose Kennedy's 'little black book' in the Kennedy

Poster Presentations 1

Thursday, April 25, 2:45 – 3:45 p.m.

Presidential Library offers an alternative perspective that could prove helpful for clinicians working with complicated and traumatic mourning.

Poster 7

Buddhist Practices for Coping With Depression: A Case Study

Category:	Assessment and Intervention
Indicator:	Religious/Spiritual
Presentation Level:	Introductory

Cheng, Fung Kei, MA
University of Hong Kong, Hong Kong, China

Significance: The significance of the current idiographic case study reveals that firstly, Buddhist practices might be developed as a set of psychotherapeutic interventions even for non-Buddhists; and secondly, these practices might be modified and adapted to use in other religious contexts. Contributions: This exploratory study may draw attention from professionals serving in the mental health field to adopt Buddhist practices even for non-Buddhist clients with emotional problems. It also addresses an investigation of curing effect by employing religious rituals or practices to people with different religious beliefs.

Poster 8

College Student Bereavement: Intervention and Support Model

Category:	Assessment and Intervention
Indicator:	Larger Systems
Presentation Level:	Introductory

Miller, Karen, MA
Purdue University, West Lafayette, IN, USA

At any given point, 22-30% of college students are within the first two years of grieving a significant loss (Balk, 2001). Grief can cause students to lose concentration, earn lower GPAs, have lessened self-confidence and suicidal ideations. Colleges and universities must make bereavement outreach an institutional objective to effectively support students to navigate the grief and mourning process. This poster identifies the developmental tasks of traditional age college students, describes the needs of grieving students, and offers suggestions for systemic interventions for institutions of higher education for facilitating success of grieving students.

Poster 9

Death and Grief in Context: Historical Website Project

Category:	Death Education
Indicator:	Historical Perspectives
Presentation Level:	Introductory

Tedrick Parikh, Sara, BA
Purdue University, West Lafayette, IN, USA

Ever wonder when and why we started embalming our dead and visiting their marked cemetery plots? This poster offers highlights from my website about changes in U.S. dying, burial, and mourning processes over the last three centuries. The primary purpose of my website is to educate individuals about the historical contexts of death and dying issues in order to raise awareness of contemporary influences on these issues. I also summarize early and modern theories related to grief and mourning. I include a QR code and email signup for my website, which contains links to articles, podcasts, photos, videos, and other websites.

Poster 10

Effects of Familial Illness on College Students: A Review

Category:	Assessment and Intervention
Indicator:	Family and Individual
Presentation Level:	Introductory

Suchak, Meghana, MA, Counseling Pscyhology
Purdue University, West Lafayette, IN, USA

In the proposed poster, literature relevant to the experience of having an ill family member while in college is reviewed. As there is sparse literature in this area, the review focuses on scholarship in the areas of general family functioning in times of illness, relationships among family members, role conflict, and illness uncertainty. Emphasis is given to the potential unique factors for domestic and international college students and recommendations are offered for researchers and practitioners who work with college students in times of familial illness.

Poster 11

Grief and Religion: A Latent Growth Curve Analysis

Category:	Loss, Grief, and Mourning
Indicator:	Religious/Spiritual
Presentation Level:	Intermediate

Romo, Daniel, MA, ABD
Oregon State University, Corvallis, OR, USA

Studies examining bereavement indicate that healthy, adaptive grief is fundamentally different from prolonged grief. Several studies suggest that religious participation is associated with positive health outcomes. This study posited that religious involvement among older adults would be negatively related to grief at 6, 18, and 48 months following the death of a spouse. The results may indicate the importance of activity, community, and social connectedness among the recently widowed. Moreover, they underscore the importance of future research to

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disentangle the role of religiosity in the treatment of prolonged grief disorder.

Poster 12
Grief Odyssey… The Life-Changing Experiences of Two Widowers

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Introductory

O'Neill, Douglas, PhD
South Dakota State University, Brookings, SD, USA

Grief Odyssey is the story of two men, each of whom lost his wife to cancer. Both had young children and both went to the depths of sorrow before they began to find a sure emotional footing for their life. They present their story and their deceased wives' stories by using their spouses' letters to her children, friends and relatives along with their personal journaling of their journey towards death. This is where experiences in writing and reflecting by those who have died and those who survived were fundamental to understanding and identifying transformation through loss began a new life.

Poster 13
Grief Street: Metaphor and Family Stories

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Introductory

Fry, Liane, LMFT, FT
San Diego Hospice and the Inst for Palliative Med, San Diego, CA, USA

The Center for Grief Care and Education at San Diego Hospice and the Institute for Palliative Medicine offers a multi-family bereavement support group entitled "Grief Street." Like Main Street or First Avenue, Grief Street is found in any town or city. Our program is designed to help families navigate along this road. Our poster summarizes and illustrates the use of metaphor and narrative interventions in providing developmentally and culturally sensitive therapeutic support to families. The intended audience is the novice or intermediate clinician. The poster maps in both visual form and narrative expression the grief journey of one family.

Poster 14
Griefpack Project: Family Grief Assessment in Palliative Care

Category: Assessment and Intervention
Indicator: Resources and Research
Presentation Level: Intermediate

Barbosa, António, PhD[1]; Coelho, Manuela, MA[2]; Frade, Pedro, MA[2]; Delalibera, Mayra, MA[2]; Correia, Ana, MA[2]; Barbosa, Miguel, MA[3]; Noné, Sílvia, MA[4]
[1]Academic Grief Unit/Lisbon School Medicine, Lisboa, Portugal; [2]Centro Hospitalar Lisboa Norte - Hospital de Santa Maria, Lisboa, Portugal; [3]Faculty of Medicine, University of Lisbon, Lisboa, Portugal; [4]Casa de Saúde da Idanha, Belas, Portugal

This project aims to prospectively evaluate the family grief in a study with 1,000 relatives of patients in palliative care, from pre-death into 18 months of bereavement. We created a grief assessment protocol for families in palliative care, which is a continuous evaluation process based on an integrative-relational model of grief. The assessment tool, designated GRIEFPACK, has four dimensions: grief process; grief mediators; consequences of grief in physical and mental health, and grief socioeconomic burden. This study will allow early detection of risk factors in this population to establish prophylactic measures that prevent the negative outcomes of grief.

Poster 15
Healing Process and Meaning-Making After a Loss

Category: Loss, Grief, and Mourning
Indicator: Contemporary Perspectives
Presentation Level: Introductory

Mano, Ana Luiza, BS
Pontifícia Universidade Católica de São Paulo, São Paulo, Brazil

This study was conducted through a proper inspection of literature regarding ambiguous loss and phenomenology, through the analysis of the movie *The Upside of Anger*. Working in the psychology field allows us a better understanding of how patients reflect, experience and behave towards everyday losses and also losses effectively caused by deaths. Learning how to trust and love throughout the life and death processes contributes to healing and meaning-making after a loss. These transformations shall occur to all of us, so the examination of this topic is of utter importance.

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Poster 16
How Philosophy Can Help Us Grieve: Redefining Ourselves in the Wake of Loss

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Introductory

Diaz-Waian, Marisa, MA
San Diego State University, Oceanside, CA, USA

How might approaching loss philosophically help us grieve? What does it mean to approach something philosophically? Why might such an approach be advantageous to studies of grief? In my presentation, I discuss the abovementioned queries (focusing primarily on methods advanced by the analytic tradition) and offer an example (in the form of a narrative) of how philosophy has helped me navigate the wake of loss faced with respect to the passing of my father. In the process, I aim to make clear the import of philosophy to the metaphorical identity and re-identity of "self" affected by a loved one's death.

Poster 17
Measuring the Anxiety for Loss of Loved Ones in Japan

Category:	Assessment and Intervention
Indicator:	Resources and Research
Presentation Level:	Introductory

Kubota, Sayaka, BA
Osaka University, Otsu, Japan

A loss of loved ones is one of central themes of death anxiety. The purpose of this study was to develop a Japanese version of the revised Collett-Lester Fear of Death Scale (CL-FODS) which includes a viewpoint of death of others. A factor analysis was conducted to adopt 24 items from 28 original items. The 24 items of Japanese CL-FODS has definite reliabilities and validities. Four removed items can be discussed in relation to translation problems with cultural differences and the contents of item themselves. This scale will promote cross cultural researches and discussions on death-related topics in Japan.

Poster 18
Memory Impairment and Depression in Bereaved Older Adults

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

Martinez, Tiffany, BA
Fuller Theological Seminary School of Psychology, Pasadena, CA, USA

Drawing on information from the Changing Lives of Older Couples (CLOC) study, this investigation explores the association between spousal bereavement and changes in cognitive functioning, specifically memory, in older bereaved adults, and whether such a relationship is affected by depressive symptomatology following the loss of a spouse. Such an inquiry is important to furthering our knowledge of the unique experience of spousal loss in older adults, especially as the population as a whole ages. We hypothesize that bereavement will be associated with greater memory impairment and that this relationship will be partially mediated by depression.

Poster 19
New Parental Grief Theory for Sudden or Violent Child Death

Category:	Loss, Grief, and Mourning
Indicator:	Contemporary Perspectives
Presentation Level:	Advanced

Hopwood, Rebecca, DHA
rjhHopeLLC, Friendsville, MD, USA

Through a qualitative, grounded theory study of 29 bereaved parents whose child has died due to sudden accident, homicide, or suicide, new theory was constructed. Capacity matrix parental grief theory involves the combination of three principles that are interrelated and can be experienced at various levels. Connectivity, cultural beliefs, and resilience comprise an individual's capacity for the grieving process. The study underscores leader and healthcare practitioner responsibility to support bereaved parents and their coworkers with knowledge, direct services, and policies in support of the bereaved.

Poster 20
Newly Graduated and Head Nurses' Needs Regarding End of Life

Category:	Death Education
Indicator:	Professional Issues
Presentation Level:	Introductory

Yoko Itojima
University of Shiga Prefecture, Hikone, Japan

The study was conducted to identify the needs of newly graduated nurses and head nurses for end-of-life care education. With the approval of the ethics committee of the university, a questionnaire survey by mail was performed. Results showed that newly recruited nurses needed to respond to dying patients, have knowledge on drugs/nursing care and provide themselves with mental care. Head nurses hoped to develop of responsibility and ethics as professionals. Newly recruited nurses hoped to learn practical methods for supporting terminally-ill patients. On the other hand, head nurses wished to develop responsibility and ethics as professionals.

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Poster 21
No One Talks about Death: Transforming the Last Taboo

Category:	Dying
Indicator:	Contemporary Perspectives
Presentation Level:	Introductory

Sherman, Suzette
SevenPonds, San Francisco, CA, USA

Death in America is changing. The somber views of yesteryear are being replaced with a contemporary, progressive death experience. People are empowered to talk about and plan for death. Particularly as the Baby Boomer generation faces its own mortality, we're seeing a major paradigm shift. Suzette Sherman, founder of end-of-life resource website SevenPonds, and herself a Baby Boomer, will focus on four of the major changes taking place in death and dying: getting empowered to make decisions; breaking the conversation taboo; personalizing death, commemoration, and healing; and increasing awareness of how our choices will impact the environment.

Poster 22
Online Survey as Empathic Bridging for Pet Loss

Category:	Loss, Grief, and Mourning
Indicator:	Contemporary Perspectives
Presentation Level:	Intermediate

Packman, Wendy, PhD; Rappoport, Maxwell, BS
Palo Alto University, Palo Alto, CA, USA

The current study draws from our international cross-cultural research examining the continuing bonds (CB) expressions experienced by bereaved pet owners following the death of their pet. We used qualitative methodology to analyze and report the responses of 200 U.S. participants and 35 French Canadian participants to the last open-ended question on our pet loss survey. Qualitative analysis indicated four major overall categories of response within the broader conceptual framework of disenfranchised grief: therapeutic benefits of the survey; intensity of the loss experience; the nature of the human pet relationship; and continuing bonds/coping with loss.

Poster 23
Patterns of Religious Coping Among Bereaved Undergraduates

Category:	Loss, Grief, and Mourning
Indicator:	Religious/Spiritual
Presentation Level:	Introductory

Lord, Benjamin, MS; Collison, Elizabeth, BA; Gramling, Sandra, PhD
Virginia Commonwealth University, Richmond, VA, USA

Religion may be an important coping resource for bereaved college students, but research has been hampered by measurement issues (Hayes, & Hendrix, 2008). Lord and Gramling (2012) examined the factor structure of the RCOPE (Pargament, Koenig, & Perez, 2000), a measure of religious coping, and reported a high level of overlapping variance between subscales. The researchers suggested the use of a modified RCOPE with bereaved undergraduates. The current study replicates Lord and Gramling (2012) with a larger sample (N = 408). An exploratory factor analysis closely matched the results of Lord and Gramling (2012), providing support for the 39-item RCOPE.

Poster 24
Perinatal Loss: Implications for Subsequent Pregnancies

Category:	Loss, Grief, and Mourning
Indicator:	Resources and Research
Presentation Level:	Intermediate

Jones, Kerry, PhD
Peninsula College of Medicine and Dentistry, Exeter, UK

The death of a child following perinatal death has far-reaching implications for parents with expectations of joy turning to one of grief and despair and with it, any sense of identity as a mother or father to that particular child. In this qualitative study with bereaved parents, we can begin to understand what bereaved parents consider as lost when their baby dies and the impact of social reactions to such loss. These factors demonstrate the importance of providing and engaging support for parents which has meaning and which validates the baby's identity and that of the parent's within the family.

Poster 25
PGD and CG After Loss in a Sample of Salvadorian Teachers

Category:	Loss, Grief, and Mourning
Indicator:	Resources and Research
Presentation Level:	Intermediate

Roland, Ashli, MA
Fuller Graduate School of Psychology, Pasadena, CA, USA

This study examines the relationship between loss, event centrality, posttraumatic growth (PTG), and complicated grief (CG) symptomology in a 2012 sample of 259 Salvadorian teachers. Both positive and negative mental health outcomes can occur after a loss, and the centrality given to such events may mediate that outcome. Teachers in developing countries may be at increased mental health risk due to higher indirect exposure than the general population.

Poster 26
Prolonged Grief as a Predictor of Health and Alcohol Problems

Category:	Loss, Grief, and Mourning
Indicator:	Resources and Research
Presentation Level:	Introductory

Irish, Jennifer, MA
Fuller Theological Seminary, Pasadena, CA, USA

This study examines the relationship between Prolonged Grief Symptoms (PGS), alcohol use, and physical health outcomes in a sample of Salvadorian teachers. It is hypothesized that, when controlling for violence exposure, PGS will be predictive of higher

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levels of health and alcohol problems. This study will provide a unique look into the cross-cultural nature of the relationship between PGS and health and alcohol problems.

Poster 27

Recent Bereavement in College-Aged Students

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Introductory

Wall, Windsor; Troyer, Jason, PhD
Maryville College, Maryville, TN, USA

In one study, 29.6% of respondents of college-aged students reported losing a family member in the past 12 months (Balk, 2011). Research shows that recent loss in a young adult's life can be accompanied by trouble concentrating in school as well as an increase in risk-taking behaviors (Balk, 2011). This study investigated recently parentally bereaved college students and will include qualitative and quantitative data regarding the academic and social problems these students experience. Furthermore, the study examines how the students make sense of the loss and if they see any benefits from the experience (see. Davis, Nolen-Hoeksema, & Larson, 1998).

Poster 28

Recommendations for Death Notification: A Literature Review

Category: Assessment and Intervention
Indicator: Professional Issues
Presentation Level: Introductory

Deatherage, Allison, BA
Purdue University, Lafayette, IN, USA

The death notification process is believed to play an integral role in the subsequent process of grief. Over the last several decades, multiple disciplines have proposed recommendations for this process. This poster aims to synthesize the current recommendations for death notification and provide themes drawn from them. The purpose of this poster presentation is to allow for evaluation of the recommendations and to demonstrate the need for empirical study of the guidelines as such research is absent from the literature. A handout will be provided which will summarize the presented information as well as provide a tool for practical use.

Poster 29

Religion and Meaning in the First Two Years of Bereavement

Category: Loss, Grief, and Mourning
Indicator: Religious/Spiritual
Presentation Level: Intermediate

Sandy, Charlotte, MA
Fuller Graduate School of Psychology, Pasadena, CA, USA

This study examined the intersection of bereavement, meaning-making, and religion/spirituality. A total of 279 adults who had lost a loved one in the last two years completed the Brief Multidimensional Measure of Religiousness/Spirituality (Fetzer Institute/NIA, 1999), the Inventory of Complicated Grief-Revised (ICG-R; Prigerson & Jacobs, 2001), and answered questions related to meaning making (searching for meaning and sense-making). The study found that several dimensions of religiousness were positively correlated with meaning-making and with better adjustment to bereavement. When controlling for demographics and other study variables, meaning and religion variables increased the explained variance of prolonged grief symptomology (PGS).

Poster 30

Sex and Death: Couples, Intimacy, and Losing a Child

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Intermediate

Cacciatore, Joanne, PhD[1]; Umphrey, Laura, PhD[2]; Lietz, Cynthia, PhD[1]
[1]Arizona State University, Phoenix, AZ, USA; [2]Northern Arizona University, Flagstaff, AZ, USA

The death of a child is one of life's most devastating losses for couples. This study analyzed data related to parents' reports about intimacy after the death of a child, derived from a cross-sectional survey of bereaved parents (N=420). A substantial minority of respondents (n=179, 42.6%) reported current difficulties with sexuality. Qualitative data analysis of respondent narratives using a constant comparative method was performed. Respondents reported that that the experience of loss impacted communication, overall intimacy, and sexual activity within their relationships to an important extent. Implications discussed.

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Poster 31
Spiritual Care Advance Directive (SCAD)

Category:	Loss, Grief, and Mourning
Indicator:	Religious/Spiritual
Presentation Level:	Advanced

Kim, James, DMin
Torrance Memorial Medical Center, Torrance, CA, USA

Patients' and individuals' physical and spiritual crisis may instigate some important questions among many; about the nature of their beliefs and spiritual faith, the quality of their lives and final days, and the fairness of their life and the world. This form is to help patients negotiate the meaning of their crisis, defining the losses that they are facing, in a standardized approach.

Poster 32
The Bereavement Experience of Chinese Rural Grievers

Category:	Loss, Grief, and Mourning
Indicator:	Cultural/Socialization
Presentation Level:	Introductory

Tang, Xinfeng, BS; Jia, Xiaoming, PhD
Beijing Institute of Technology, Beijing, China

Death has been a taboo in China, especially in rural areas. The research analyzed the cultural context and interviewed nine Chinese rural grievers on their bereavement experiences and coping strategies. Findings were categorized into three main themes: (a) The most frequent emotions they experienced are missing and anger, (b) traditionally Taoist funeral rituals and post-funeral rituals play a salient role in the life of the bereaved after the loss,(c) the bereaved try to maintain a bond with the deceased. Discussion will focus on interventions that we can offer to help alleviate their grief.

Poster 33
The Changing Nature of Life

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Introductory

Barton, Jane, MTS, MASM
CARDINAL, LLC, Centennial, CO, USA

Most people are not fond of change, invited or not. Change disrupts our daily routines, life expectations, and our sense of certainty. Change reminds us that we are not in control! But change is a given in life: the seasons change, society changes, financial markets change, relationships change, and we change. With change, large or small, we have a choice to make which will determine our experience. By reviewing the work of Bridges and Kegan, we gain insights into the process of change and are thereby better able to serve those challenged by the ultimate change — death.

Poster 34
The Experience of Sibling Bereavement in Young Adult Women

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Introductory

Laverty, Ann, PhD
University of Calgary, Calgary, AB, Canada

Death of a sibling in young adulthood is an often unanticipated loss. Post-secondary students face significant educational and psychosocial tasks and critical emotional and relational development which can be impacted by this type of loss. Initial results of a qualitative study involving interviews with eight women between the ages of 18 and 25, who had experienced the death of a sibling within the past six months to two years are presented. Implications for further research and counseling are included.

Poster 35
The First Days of Spring: A Cinema Therapeutic Intervention

Category:	Loss, Grief, and Mourning
Indicator:	Resources and Research
Presentation Level:	Introductory

Preston, Patrick, PsyD
University of West Florida, Pensacola, FL, USA

Clients approaching treatment after a rejection or a failed relationship can be difficult to treat. This presentation introduces the movie *The First Days of Spring* by the band Noah and the Whale and provides a conceptual framework for how it can be used as a cinema therapeutic intervention to promote healing after rejection and heartache. Winicott's object relations concepts of transitional object space and projective identification are defined and explain how witnessing this film can be an opportunity for a corrective attachment experience. The poster will present a theoretical deconstruction of the film followed by suggestions for practical application.

Poster 36
The Grief Experience of Men After Miscarriage

Category:	Loss, Grief, and Mourning
Indicator:	Life Span
Presentation Level:	Intermediate

Rose, Stephanie, BA
Purdue University, West Lafayette, IN, USA

Miscarriage is a relatively common event that can significantly affect people. Minimal research exists focused on men's responses. The poster examines the body of research on men's experience of miscarriage and offers the following themes: (1) men often bond with the unborn fetus and are affected by pregnancy loss, (2) men tend to grieve differently than women, (3) men may view miscarriage as a loss and may experience psychological distress, and (4) men may lack adequate social support following a miscarriage. In addition, clinical implications

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based on the synthesized findings and directions for future research will be provided.

Poster 37

The Influence of Spiritual Matters: Parents' Decision-Making

Category:	End-of-Life Decision-Making
Indicator:	Religious/Spiritual
Presentation Level:	Introductory

Presha, Brenda, MDiv
Children's Healthcare of Atlanta at Egleston, Marietta, GA, USA

This poster presentation will look at current research related to the influence of parents making end-of-life decisions for their children and examine three case studies.

Poster 38

There is No Death

Category:	Dying
Indicator:	Religious/Spiritual
Presentation Level:	Advanced

Daniel, Terri
The Afterlife Education Foundation, Sisters, OR, USA

This presentation explores the myths and misconceptions that have created a fear of death in our culture, and offers an extraordinary metaphysical perspective on birth, death and beyond. Using interactive exercises and guided meditations, participants will acquire unique tools for navigating the dying and grieving process. Via hands-on experiential techniques, participants will be introduced to higher levels of consciousness, where death itself is seen as simply the continuation of life in another dimension.

Poster 39

Using Fiction to Explore Grief and Loss With Adolescents

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Introductory

Markell, Katie, PhD[1]; Markell, Marc, PhD[2]
[1]Anoka-Ramsey Community College, Coon Rapids, MN, USA; [2]St. Cloud State University, St. Cloud, MN, USA

Reading and analyzing fictional stories, where characters like themselves are dealing with grief and loss issues, can help to give adolescents new perspectives. It can enable them to identify, at a distance, with the adolescent characters, and to imagine and discuss how the characters might help themselves to deal with their challenges. This presentation will provide activites, using contemporary young adult novels, to use with grieving adolescents. The topics covered will include many challenging issues,like school shootings, parental suicide, murder, and the experiences of dying teenagers.

Poster 40

What is an Online Memorial?

Category:	Loss, Grief, and Mourning
Indicator:	Contemporary Perspectives
Presentation Level:	Introductory

Mano, Ana Luiza, BS
Pontifícia Universidade Católica de São Paulo, São Paulo, Brazil

The purpose of this presentation is to explain and illustrate what online memorials are, how they work, how we can benefit from them and what should we pay attention to (the upsides and downsides) in order to have a positive experience when using these tools.

Poster 41

Communicating Hope at the End of Life: A Brief Review of Literature

Category:	Dying
Indicator:	Professional Issues
Presentation Level:	Introductory

Sim, Andy, BA
New York University, Silver School of Social Work, Astoria, NY, USA

It is a fine balancing act to tell the truth and nurture hope when discussing the future with terminally ill patients and their caregivers. The author of this paper reviewed six journal articles written by a diverse group of research scholars and professionals to examine, (1) the conceptualization of hope at the end of life, and (2) recommendations offered in these studies to nurture and sustain hope in the face of death. Findings and recommendations from these studies suggest the need for healthcare professionals to conceptualize hope as a wide spectrum of hopeful possibility, not limited solely to cure, and develop a level of self-awareness and sensitivity to patients' needs and reactions to terminal and life-limiting diagnosis. Further, it also highlights the critical need for healthcare professionals to be equipped with the relevant communication skills to effectively engage patients and their caregivers in end-of-life discussions.

Concurrent Session IV

Thursday, April 25, 3:45 – 4:15 p.m.

Research Report – 30 minutes   **Room: Hollywood B**

Art Therapy Supervision for Hospice Palliative Care Workers

Category: Assessment and Intervention
Indicator: Professional Issues
Presentation Level: Intermediate

Ho, Andy Hau Yan, MSocSc, FT; Potash, Jordan, PhD
Centre on Behavioral Health, University of Hong Kong, Pokfulam, Hong Kong

Hospice and palliative care workers are at a high risk for job burnout due to the intensive emotional labor of their jobs. This study examines the efficacy of an art therapy supervision approach in a Chinese Context through a waiting-list control trial. The outcomes suggested art therapy-based supervision had positive effect on burnout reduction. Results revealed the role art-making played in increasing participant awareness of their emotions and comfort discussing death. Participants described how art-making fostered exploration of emotions, connection with colleagues, and new perspectives of challenging experiences. Implications to professional training and management will be drawn.

Objectives:
1. Describe the benefits of including art-making into supervision of end-of-life care workers.
2. Demonstrate a framework for structuring art therapy-based supervision.
3. Explain the relationship between art therapy and burn-out reduction.

References:
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4. Kalmanowitz, D.L., Potash, J.S., & Chan S.M. (2011). *Art therapy in Asia: To the bone or wrapped in silk*. London: Jessica Kingsley Publishers.
5. Pereira, S. M., Fonseca, A. M. & Carvalho, A. S. (2011). Burnout in palliative care: A systematic review. *Nursing Ethics, 18*(3), 317-326.

Research Report – 30 minutes   **Room: Hollywood D**

Assessing the Development of Grief Mentors

Category: Death Education
Indicator: Resources and Research
Presentation Level: Introductory

McClam, Tricia, PhD[1]; Varga, Mary Alice, MEd[2]
[1]University of Tennessee, Knoxville, TN, USA; [2]University of West Georgia, Carrollton, GA, USA

Self-awareness, motivation, and autonomy are markers from the Integrated Development Model and useful tools to assess the personal and professional development of university students volunteering to serve as mentors to grieving children in the community. Analyses of mentor interviews, reflective writings, and case notes throughout a semester-long course track mentor development. The findings of an analysis of these components inform the training, supervision, and evaluation of this transformational mentor experience.

Objectives:
1. Describe important developmental markers for grief mentors.
2. Apply training and supervision to facilitate mentor development.
3. Employ the Integrated Development Model to assess mentor development.

References:
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3. Stoltenberg, C. D., & McNeill, B. W. (2008). *IDM supervision: An integrative developmental model for supervising counselors and therapists* (3rd ed.). New York: Routledge.
4. Stoltenberg, C. D. (2005). Enhancing professional competence through developmental approaches to supervision. *American Psychologist, 60*(8), 857-864.
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Research Report – 30 minutes   **Room: Franklin Hills**

Bereavement Rituals/Practices and Their Functions in Turkey

Category: Loss, Grief, and Mourning
Indicator: Cultural/Socialization
Presentation Level: Introductory

Aksoz, Idil, BA; Baker, Erdur, PhD
Middle East Technical University, Ankara, Turkey

In this qualitative study, seven Turkish women who experienced loss of a loved one were interviewed. Phenomenological data was used to determine the cultural aspects of grief and to understand the funeral rituals from the bereaved ones' perspective. The participants were asked to describe the term "grief" in their own words, their funeral experiences, specifically the bereavement and funeral rituals of Turkish culture, functions of those rituals and practices, and the effects of bereavement rituals on themselves. The identified themes were described in three major titles: (a) phrases, (b) rituals and practices, and (c) social norms.

Objectives:
1. Discuss some of the funeral rituals of Turkish culture and their effects on bereaved individuals.
2. Describe grief experience from a cultural perspective.
3. Recognize the similarities and differences between the Western theories and Eastern customs.

Concurrent Session IV

Thursday, April 25, 3:45 – 4:15 p.m.

References:
1. Laurie, A., & Neimeyer, R. A. (2008). African Americans in bereavement: Grief as a function of ethnicity. *Omega, 57*, 173-193.
2. Rosenblatt, P. C. (2008). Recovery following bereavement: Metaphor, phenomenology, and culture. *Death Studies, 32*, 6-16.
3. Suhail, K., Jamil, N., Oyebode, J., & Ajmal, M. A. (2011). Continuing bonds in bereaved Pakistani Muslims: Effects of culture and religion. *Death Studies, 35*, 22-41.
4. Ergin, M. (2012). Religiosity and the construction of death in Turkish announcements, 1970-2009. *Death Studies, 36*, 270-291.
5. Ersoy, R. (2002). Death and dead body rites and rituals in Turkish culture. *Milli Folklor, 54*, 86-101.

Research Report – 30 minutes   Room: Hollywood C

Caregiving-related Regret Among Parents Bereaved by Cancer

Category: End-of-Life Decision-Making
Indicator: Family and Individual
Presentation Level: Intermediate

Lichtenthal, Wendy, PhD; Sweeney, Corinne, MA
Memorial Sloan-Kettering Cancer Center, New York, NY, USA

This study investigated the prevalence and nature of regret among parents who lost a child to cancer. Results showed that 68% of parents expressed regret about actions or choices made while caregiving for their child. The most common regrets centered around not having conducted more research about their child's illness and not having focused more on quality of life as their child's health deteriorated. Parents experiencing regret reported moderate levels of regret-related distress, and regret-related distress was associated with prolonged grief symptoms. These findings suggest that a significant subset of parents experience distressing caregiving-related regret and may benefit from interventions.

Objectives:
1. Describe the common sources of regret among parents who lose a child to cancer.
2. Explain the role that regret can play in prolonged grief reactions.
3. Describe clinical interventions that could be conducted during a child's illness to help prevent regret or following death to help alleviate regret.

References:
1. Wright, A.A, Zhang, D., Ray, A., Mack, J.W., Trice, E., Balboni, T., et al. (2008). Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment, *JAMA, 300*, 1665-1673.
2. Hudson, P.L. (2006). How well do family caregivers cope after caring for a relative with advanced disease and how can health professionals enhance their support? *Journal of Palliative Medicine, 9*, 694-703.
3. Kreicbergs, U., Lannen, P., Onelov, E., Wolfe, J. (2007). Parental grief after losing a child to cancer - impact of professional and social support on long-term outcomes. *Journal of Clinical Oncology, 25*, 3307-3312.
4. Valdimarsdottir, U., Kreicbergs, U., Haulsdottir, A., Hunt, H., Henter, J.I, Onelov, E., & Steineck, G. (2007). Care-dependent

parental awareness of their child's impending death due to cancer: A population-based long-term follow-up study. *Lancet Oncology, 8*(8) 706-714.
5. Lannen, P.K, Wolfe, J., Prigerson, H.G., Onelove, E., & Kreicbergs, U.C. (2008). Unresolved grief in a national sample of bereaved parents: Impaired mental and physical health 4 to 9 years later. *Journal of Clinical Oncology, 26*, 5870-5876.

Research Report – 30 minutes   Room: Los Feliz

Four Religions, Three Cultures: Intercultural Grief Insights

Category: Loss, Grief, and Mourning
Indicator: Religious/Spiritual
Presentation Level: Introductory

Jegathesan, Anasuya Jegathevi, DCons
HELP University Malaysia, Kuala Lumpur, Malaysia

This phenomenological study explores the lived experience of managing grief and bereavement of twelve Malaysians, from four religious groups and three cultures. Research findings indicate that individual philosophy is a critical factor that allows the course of bereavement to proceed in a healthy manner. Rituals and symbols play a role in the acceptance of bereavement. Manifestations of continuing bonds with the deceased (e.g. dreams) are greatly influenced by religion and spiritual philosophy, with clear differences generated by varying beliefs. The impact of religious and cultural practices may not always be positive in nature; such implications for therapist management are explored.

Objectives:
1. Explain the impact of religion and culture on the experience of grief and loss from a multicultural perspective.
2. Recognize the differences and similarities generated by the philosophy, traditions, religious belief and culture in the management of grief and loss.
3. Recognize the help-seeking patterns influenced by culture and religion and coping mechanisms developed and hampered by these numerous perspectives.

References:
1. Reeves, N. C. (2011). Death acceptance through ritual. *Death Studies, 35*(5),408-419.
2. Gupta, R. (2011). Death beliefs and practices from an Asian Indian American Hindu Perspective. *Death Studies, 35*(3), 244-266.
3. Kwilecki, S. (2011). Ghosts, meaning, and faith: After-death communications in bereavement narratives. *Death Studies, 35*(3), 219-243.
4. Wortmann, J. H. & Park, C. L. (2009): Religion/spirituality and change in meaning after bereavement: qualitative evidence for the meaning making model. *Journal of Loss and Trauma,14*: 17-34.

Concurrent Session IV

Thursday, April 25, 3:45 – 4:15 p.m.

Research Report – 30 minutes　　　　**Room: Mt. Olympus**

How Grandparent Grief Groups Support Coping and Transforming

Category:　　　　Assessment and Intervention
Indicator:　　　　Resources and Research
Presentation Level:　　　　Intermediate

Bennett, Deb, PhD; Wertzler, Lee, PhD
Mount Royal University, Calgary, AB, Canada

This session shares findings from research exploring the grief and support group experiences of bereaved grandparents involved in a group uniquely designed for grieving grandparents by The Bereaved Families of Ontario, Canada. Information shared by grandparents regarding aspects of the group experience that they found particularly helpful as well as what they implied or directly suggested for future grandparent grief groups will be presented. Examples of how the participants viewed themselves and their efforts to cope, change, and transform as individuals and couples will be discussed. Finally, suggestions for development and facilitation of grandparent grief support groups will be offered.

Objectives:
1. Evaluate how the current study reinforces the need for and value of face-to-face support groups designed to meet the unique needs of grandparents who are grieving a grandchild's death.
2. Utilize the grandparent and researcher suggestions provided for the development and implementation of support groups designed for bereaved grandparents.
3. Cite study examples that illustrate the ways bereaved grandparents experience efforts to cope, change and transform as individuals and as couples.

References:
1. Gilrane, U., & O'Grady, T. (2011). Forgotten grievers: An exploration of the grief experiences of bereaved grandparents. *International Journal of Palliative Nursing, 17*(4), 170-176.
2. Nehari, M., Grebler, D., & Toren, A. (2007). A voice unheard: Grandparents' grief over children who died of cancer. *Mortality, 12*(1), 66-78.
3. Youngblut, J., Brooten, D., Blais, K., Hannan, J. & Niyonsenga, T. (2010). Grandparents' health and functioning after a grandchild's death. *Journal of Pediatric Nursing, 25*, 352-359.
4. Fry, F. (1997). Grandparents' reactions to the death of a grandchild: An exploratory factor analytic study. *Omega Journal of Death and Dying, 35*(1), 119-140.
5. Ponzetti, J., & Johnson, M. (1991). The forgotten grievers: Grandparents' reactions to the death of grandchildren. *Omega Journal of Death and Dying, 25*(1), 63-71.

Research Report – 30 minutes　　　　**Room: Silver Lake**

Predictors of Suicide Ideation in College Students

Category:　　　　Traumatic Death
Indicator:　　　　Resources and Research
Presentation Level:　　　　Intermediate

Lockman, Jennifer, MS
Purdue University, Lafayette, IN, USA

This study examined the utility of the interpersonal psychological theory of suicide (Joiner, 2005) and meaning reconstruction (Gillis & Neimeyer, 2006) as conceptual frameworks for statistically predicting suicide risk in college students (N = 175). Results indicated that (a) suicide ideation was unrelated to the type of recent loss experienced, however (b) participants' perception of identity shifts connected with a recent loss experience contributed negatively, significantly, and uniquely to the prediction of suicide ideation when controlling for interpersonal risk factors. The presenter will discuss meaning reconstruction in relation to suicide resiliency models and strategies for assisting suicidal college students.

Objectives:
1. Describe how developmental, interpersonal, and meaning reconstruction theories relate to suicide ideation in college students.
2. Recognize the utility of incorporating meaning reconstruction theory in models of college-student suicide risk and resiliency.
3. Identify strategies for incorporating meaning reconstruction techniques in psychotherapy with suicidal college students.

References:
1. Gillies, J., & Neimeyer, R. A. (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology, 19*, 31–65. doi: 10.1080/10720530500311182
2. Van Orden, K.A., Witte, T.K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E.Jr (2010). The interpersonal theory of suicide. *Psychological Review, 116*, 575-600. doi: 10.1037/a0018697
3. Van Orden, K. A., Witte, T. K., James, L. M., Castro, Y., Gordon, K. H., Braithwaite, S. R., & Joiner, T. E., Jr. (2008). Suicidal ideation in college students varies across semesters: The mediating role of belongingness. *Suicide and Life-Threatening Behavior, 38*, 427–435.doi:10.1521/suli.2008.38.4.427
4. Joiner, T. E. Jr (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press.
5. Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*, 469-480. doi: 10.1037//0003-066X.55.5.469

Concurrent Session IV

Thursday, April 25, 3:45 – 4:15 p.m.

Research Report – 30 minutes   **Room: Hollywood A**

The National Military Family Bereavement Study

Category:	Traumatic Death
Indicator:	Resources and Research
Presentation Level:	Intermediate

Harrington-LaMorie, Jill, DSW, LCSW
National Military Family Bereavement Study, Alexandria, VA, USA

Since 9/11/2001, over 16,000 service members have died on active status in the United States (U.S.) military impacting 160,000 survivors (DoD, 2012). To date, there is a lack of research on the impact of the death of a U.S. Armed Service member on surviving families (Harrington-LaMorie, 2011). The National Military Family Bereavement Study is a landmark congressionally directed medical research project. This presentation will include preliminary data collected from an initial group of eligible survivors at a social support seminar in August 2012. There will be a special focus on field research strategies employed with a bereaved military surviving community.

Objectives:
1. Describe unique characteristics of a U.S. military death and influences that may impact survivor bereavement.
2. Explain broad preliminary findings of initial data set collected in August 2012.
3. Describe field research strategies employed with a bereaved military survivor population.

References:
1. *Defense Casualty Analysis System* (n.d.). Defense Manpower Data Center. Retrieved from https://www.dmdc.osd.mil/dcas/pages/main.xhtml.
2. Minino, A.M. (2011). Death in the United States, 2009. *NCHS Data Brief, 64*. Retrieved from http://www.cdc.gov/nchs/data/databriefs/db64.pdf.
3. Worden, J.W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (4th Edition). New York: Springer Publishing Co., LLC.
4. Harrington-LaMorie, J. (2011). Operation Iraqi Freedom/Operation Enduring Freedom: Exploring wartime death and bereavement. *Social Work in Health Care*, 50(7) 543-563.
5. Shear, K., Frank, E., Houck, P.R., & Reynolds, C.F. (2005). Treatment of complicated grief: A randomized controlled trial. *Journal of the American Medical Association, 293*(21), 2601–2608.

Research Report – 30 minutes   **Room: Echo Park**

Therapeutic Recreation as a Support for Bereaved Families

Category:	Loss, Grief, and Mourning
Indicator:	Resources and Research
Presentation Level:	Intermediate

Hanlon, Peter, MSc
H.S.E., Dublin, Ireland

This paper explores a therapeutic recreation-based bereavement programme for families whose child has died from serious illness. Mixed-method case studies were conducted over the course of a 12-month period. Preliminary analysis identified changing patterns relating to: i) how families are feeling; ii) their current relationship with the child who died; and iii) their memories of the child who died. Participants also identified positive aspects of the programme including a sense of safety, permission to have fun, and the promotion of togetherness and balance within the family. The presentation will reflect on the practical implications of using this model with families.

Objectives:
1. Summarize the concept of a therapeutic recreation-based bereavement camp.
2. Describe the structure and aims of the programme.
3. Identify the programme's potential in supporting families who have been bereaved.

References:
1. Price, J., Jordan, J., Prior, L., & Parkes, J. (2011), Living through the death of a child: A qualitative study of bereaved parents experiences. *International Journal of Nursing, 48*, 1384-1392.
2. Aho, A., Asted-Kurki, P., Tarkka, M., Kaunonen, M. (2010). Development and implementation of a bereavement follow up for grieving fathers: an action research. *Journal of Clinical Nursing, 20*, 408-419.
3. Barrera, M., D'Agostino, N. M., Schneiderman, G., Tallett, S., Spencer, L., & Jovcevska, V. (2007). Patterns of parental bereavement following the loss of a child and related factors. *Omega, 55*(2) 145-167,2007.
4. Riches, G., & Dawson, P. (2002) Shoestrings and bricolage: Some notes on researching the impact of a child's death on family relationships. *Death Studies, 26*: 209-222.
5. Kiernan G., Guerin S. & MacLachlan M. (2005). Children's voices: Qualitative data from the "Barretstown studies." *International Journal of Nursing Studies*, 42(7), pp. 733 – 741.

Concurrent Session V

Thursday, April 25, 4:30 – 6:00 p.m.

Panel Discussion　　　　　　　　　**Room: Hollywood E**

How Hispanics Deal With End-of-Life Issues

Category:	End-of-Life Decision-Making
Indicator:	Cultural/Socialization
Presentation Level:	Intermediate

Houben, Ligia, MA[1]; Saez, Edu, MA[2]; Guajardo, Angelica, MA[3]; Prashant, Lyn, PhD[4]; Gomez, Mateo, BA[5]; Diaz, Luz, EdS[6]

[1]My Meaningful Life, LLC, Miami, FL, USA; [2]San Juan, PR, USA; [3]Indio, CA, USA; [4]Laredo, TX, USA; [5]Glendale, CA, USA;[6]Palos Verdes states, CA, USA

Do Hispanics deal with grief the same as Americans? In this presentation, a group of Hispanics will present their views on how this culture deals with terminal illnesses, hospice, and funerals. A comparing perspective will be presented by an Anglo who has lived with a Hispanic community and has vast experience with their rituals and customs.

Objectives:
1. Discuss end-of-life issues from a Hispanic perspective.
2. Compare Hispanic and American ways of dealing with loss.
3. Demonstrate the diversity in the Hispanic population.

References:
1. Houben, L. M. (2011). *Counseling Hispanics through loss, grief, and bereavement*. New York: Springer Publishing.
2. Neimeyer, R. (2012). *New techniques in grief therapy: Creative ways for counseling the bereaved*. New York: Routledge.
3. Williams, K., & Mack, S. (2012). *Day of the Dead*. Layton, UT: Gibbs Smith.

Panel Discussion　　　　　　　　　**Room: Mt. Olympus**

Fathers' Experience with Illness and Death of a Child

Category:	Loss, Grief and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

Davies, Elizabeth, RN, PhD, CT, FAAN[1]; Worden, J. William, PhD[2]; Baird, Jennifer, BSN, BSW, Ph(c)[1]; Gudmundsdottir, Maria, RN, PhD[3]; Rigby, Nathanial, PhD[4]

[1]University of California San Francisco, San Francisco, CA, US; [2]Laguna Niguel, CA, US; [3]Hospice By The Bay, San Francisco, CA, US; Rosemead School of Psychology, Pittsburgh, PA, USA

Grounded theory study of 60 ethnically diverse fathers experiencing pediatric end-of-life care revealed the impact on their intimate spousal relationship. Fathers were interviewed at least twice and recruited from three US geographic regions. Fathers' experiences of their child's dying process clustered around four distinct phases: 1) the decision period; 2) the in-between time; 3) the moment of death; and 4) the immediate post-mortem period. The role of the healthcare provider in this process will also be explored, providing insight into how providers can support families transitioning to end-of-life care for an ill child. Findings also indicated that the stress of the child's illness left little time for the couple to nurture their relationship. Time demands were high, privacy was limited, and either one or both parents was unable to give comfort to the other. Findings indicate that affective coping was a unique challenge that for some fathers, resulting in emotional growth. Fathers' accounts offer insight into the adjustment process of bereaved couple's lives.

Objectives:
1. Describe how the serious illness and death of a child can impact couples' intimate relationship.
2. Describe the phases that fathers may move through in the time surrounding the death of their child.
3. Identity three challenges of coping with difficult emotions that bereaved fathers face.

References:
1. Da Silva, F.M. (2009). Impact of childhood cancer on parents' relationship: An integrative review. *Journal of Nursing Scholarship, 42*(3), 250-261.
2. Tomlinson, D., Hendershot, E., Bartels, U., Maloney, A. M., Armstrong, C., Wrathall, G., & Sung, L. (2011). Concordance between couples reporting their child's quality of life and their decision-making in pediatric oncology palliative care. *Journal of Pediatric Oncology Nursing, 28*(6), 319-25. doi:10.1177/1043454211418666.
3. Keesee, N., Currier, J., & Neimeyer, R. (2008). Predictors of grief following the death of one's child: The contribution of finding meaning. *Journal of Clinical Psychology, 64*, 1145-1163.

Experiential Workshop　　　　　　　**Room: Los Feliz**

Beyond Words: Moving Toward Wholeness After Traumatic Loss

Category:	Traumatic Death
Indicator:	Family and Individual
Presentation Level:	Intermediate

Linnehan, Christine, MS
Riverview Counseling, Scarborough, ME, USA

For those who have experienced a profound, traumatic loss, words alone often cannot convey the depth of their feelings. In this workshop, we will focus on how movement, music, art, poetry and drama can provide these clients a safe way to tell their stories, to cope with their feelings, and to envision a path toward healing, "restoring wholeness." Through case presentations, discussion,and participatory experiences, we will explore how the arts can serve as a voice for the bereaved when words are not enough. Participants will be encouraged to reflect on their own healing images as a means of professional self-care.

Objectives:
1. Describe the goals and efficacy of the restorative use of the arts with traumatically bereaved clients.
2. Explain the concept of "aesthetic distance" and how this is especially useful when working with clients who have experienced a traumatic loss.
3. Cite examples of a meaningful way of incorporating one of the art modalities into a personal or professional self-care practice.

References:
1. Carey, L. (Ed.) (2006). *Expressive and creative arts methods for trauma survivors*. Philadelphia: Jessica Kingsley Publishers.
2. Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York: The Guilford Press.
3. Despelder, L.A., & Strickland, A.L. (2009). *The last dance: Encountering death and dying* (8th ED.). New York: McGraw-Hill.

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4. Neimeyer, R. A. (2012). *Techniques of grief therapy: Creative practices for counseling the bereaved*. New York: Routledge
5. Bertman, S.L. (1999). *Grief and the healing arts: Creativity as therapy*. New York: Baywood Publishing Co.

Experiential Workshop   **Room: Silver Lake**

Compassion-Based Therapy with Bereaved Individuals

Category:	**Loss, Grief, and Mourning**
Indicator:	**Contemporary Perspectives**
Presentation Level:	**Intermediate**

Hunter, Brad, BA[1]; Harris, Darcy, PhD[2]
[1]GATE Counselling Services, London, ON, Canada; [2]Kings University College at the University of Western Ontario, London, ON, Canada

Most training in therapeutic practice focuses on the verbal interaction between the therapist and the client. However, new research highlights aspects of the therapeutic encounter that are more foundational to the person of the therapist and the stance of the therapist in relation to the client. Compassion-focused therapy provides clinicians with the opportunity to engage clients with their full attention and presence, allowing openness and receptivity for both the painful and the adaptive aspects of the client's process. Using an experiential focus, we will explore the basic concepts of compassion-based therapy and its application in working with bereaved clients.

Objectives:
1. Define compassion as it relates to the therapeutic process.
2. Describe the value of cultivating compassionate awareness in clinical practice settings with bereaved individuals.
3. Identify compassionate counselor self-practices that will enhance clinical practice skills.

References:
1. Germer, C. K., & Siegal, R.D. (Eds.) (2012). *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice*. New York: Guildford.
2. Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment, 15*, 199-208.
3. Kemper, K.J., & Shaltout, H.A. (2011). Non-verbal communication of compassion: Measuring psychophysiological effects. *BMC Complementary and Alternative Medicine, 11*, 132. doi:10.1186/1472-6882-11-132
4. Neff, K. (2011). Self compassion, self-esteem, and well-being. *Social and Personality Psychology Compass, 5*(1), 1-12.

Experiential Workshop   **Room: Hollywood C**

Death and Loss: Writing and Sharing the Unfinished Story

Category:	**Loss, Grief, and Mourning**
Indicator:	**Family and Individual**
Presentation Level:	**Introductory**

Mazza, Nicholas, PhD
Florida State University-College of Social Work, Tallahassee, FL, USA

Based on Mazza's (1999/2003) multidimensional R.E.S. poetry therapy model, the focus of this experiential workshop is to review, apply, and discuss creative writing methods as they relate to death education and counseling. The model consists of three major dimensions: 1) R – Receptive/Prescriptive involving the introduction of literature into practice--writing in response to poetry, 2) E – Expressive/Creative involving written and oral expression--journal writing, poetry, and narrative, and 3) S – Symbolic/Ceremonial involving the use of symbols, ceremonies, and rituals. Attention will be given to individual (children, adolescents, adults), family, group, and community practice.

Objectives:
1. Apply creative writing techniques in grief work with children and adolescents.
2. Apply creative writing techniques in grief work with adults.
3. Apply creative writing techniques in grief work with couples, families, and groups.

References:
1. Lombardo, T. (Ed.). (2008). *After shocks: The poetry of recovery for life-shattering events*. Atlanta: Sante Lucia Books.
2. Neimeyer, R.A. (2012). *Techniques of grief therapy: Creative practices for counseling the bereaved*. New York: Routledge.
3. Mazza, N. (in press). Poetry and trauma. In C. Figley (Ed.), *Encyclopedia of Trauma*. Thousand Oaks, CA: Sage.
4. Mazza, N. (2003). *Poetry therapy: Theory and practice*. New York: Brunner-Routledge.
5. Pennebaker, J.W. (2004). *Writing to heal: Guided journal for recovering from trauma and emotional upheaval.* Oakland, CA: New Harbinger.

Experiential Workshop   **Room: Echo Park**

Educational Strategies for Relational Learning

Category:	**Death Education**
Indicator:	**Professional Issues**
Presentation Level:	**Intermediate**

Wilke, Jill, BSN
Gundersen Lutheran Medical Center, La Crosse, WI, USA

Relational learning provides opportunities to master skills of being in relationship with those who are bereaved. When care providers create relationship with bereaved families, trust is established, anxiety is decreased, and decision-making can take place. The relationship is reciprocal in nature and also benefits the care provider with his or her own grief. Data from an educational offering on perinatal death reveals a significant increase in participants' comfort and skill in developing and sustaining a relationship with bereaved families. Workshop participants will have opportunities to practice and discuss a number of innovative strategies for relational learning.

Objectives:
1. Define "being in relationship."
2. Describe two ways that relationship supports the care provider.
3. List two educational strategies that support relationship-based care.

References:
1. Browning, D.M., & Solomon, M.Z. (2006). Relational learning in pediatric palliative care. Transformative education and the culture of medicine. *Child and Adolescent Psychiatric Clinics of North America, 15*, 798-815.
2. Hedges, C.C., Nichols, A., & Filateo, L. (2012). Relationship-based nursing practice, transitioning to a new care delivery

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model in maternity units. *Journal of Neonatal Nursing, 26*(1), 27-36.

3. Back, A.L., Bauer-Wu, S.M., Rushton, C.H., & Halifax, J. (2009). Compassionate silence in patient-clinician encounter: A contemplative approach. *Journal of Palliative Medicine, 12(*12), 1113-1117. doi:10.1089/jpm.2009.0175.

4. Ballantine, A. & Feudtner, C. (2010). The 10 R's of clinician education. *Archives of Pediatrics & Adolescent Medicine, 164*(4), 389-390.

5. Gerow, L., Conejo, P., Alonzo, A., Davis, N., Rodgers, S., & Domian, E. (2010). Creating a curtain of protection: Nurses' experiences of grief following patient death. *Journal of Nursing Scholarship, 42*(2), 122-129. doi: 10.1111/j.1547-5069.2010.01343.x.

Experiential Workshop   **Room: Franklin Hills**

(H) End-of-Life Discussions: "We Can't Just Let Mom Starve!"

Category:	End-of-Life Decision-Making
Indicator:	Family and Individual
Presentation Level:	Intermediate

Knopf, Kerstin, Dr. rer. Nat.
University Hospital Louisville, Louisville, KY, USA

Professionals from various backgrounds (chaplains, nurses, psychologists, social workers) have an important role in supporting terminally ill patients and their families in making decisions for their medical care. A goal-oriented approach to address these topics is presented and the most prevalent discussion topics are addressed in case examples focusing on typical challenges and how to approach them empathically, for example: artificial nutrition ("We can't just let mom starve!"); code status ("Why wouldn't we at least try to bring her back?"); hospice involvement ("We don't want to give up yet!"); challenging questions ("What would you do if this were your mother?').

Objectives:
1. Utilize basic knowledge about end-of-life choices for medical treatments.
2. Apply a goal-focused approach when addressing end-of-life topics.
3. Utilize effective communication strategies to approach the most common end-of-life discussion topics and support families in their decision making.

References:
1. Kaldjian, L. C., Curtis, A. E., Shinkunas, A., Cannon, K. (2009). Goals of care toward the end of life: A structured literature review. *American Journal of Hospice & Palliative Medicine, 25*(6), 501-511.
2. Mack, J.W., Weeks, J. C., Wright, A. A., Block, S. D. & Prigerson, H. G. (2010). End-of-life discussions, goal attainment, and distress at the end of life: Predictors and outcomes of receipt of care consistent with preferences. *Journal of Clinical Oncology 28*(7), 1203-1208.
3. Lind, R., Lorem, G. F., Nortvedt, P., & Hevrøy, O. (2011). Family members' experiences of "wait and see" as a communcation strategy in end-of-life decisions. *Intensive Care Medicine, 37*(7), 1143-1150.
4. Wright, A. A., Zhang, B., Ray, A., Mack, J. W., Trice, E., Balboni, T., Mitchell, S. L, Jackson, V. A., Block, S. D., Maciejewski, P.

K., & Prigerson, H. P. (2008). Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *JAMA 300*(14):1665-1673.

5. Kleespiess, P. M. (2003). *Life and death decisions: Psychological and ethical considerations in end-of-life care*. Washington, DC: American Psychological Association.

Experiential Workshop   **Room: Hollywood A**

Hands-On Healing: Energy Enhancement Exercises (3E)

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

Chan, Cecilia, PhD; Ho, Andy Hau Yan, MFT; Chow, Amy, PhD
University of Hong Kong, Pokfulam, Hong Kong, Hong Kong

This experiential workshop of "Hands-On Healing: Energy Enhancement Exercises (3E)" aims at sharing a set of hands-on techniques to empower patients and their family members in their end of life and bereavement. It is designed by simplifying complex Chinese qigong and taiji into single movement techniques so that patients and bereaved persons can practice at home or in bed. Qigong exercises have demonstrated significant impact on psychosocial as well as physiological outcomes of salivary cortisol and telomerase. These techniques can be applied to individuals, groups and community for trauma management and in palliative care.

Objectives:
1. Develop an understanding of hands-on healing in end-of-life care.
2. Explain how energy-enhancing exercises can be learned and taught to patients and family members.
3. Demonstrate out a set of hands-on healing techniques such as Clapping qigong, and experiencing the qi as self-healing energy, compassionate finger exercises, flexibility wrist exercises for bliss.

References:
1. Chan, C. L. W. (2006). *An eastern body-mind-spirit approach: A training manual with one-second techniques, 2nd edition*. Hong Kong: Department of Social Work and Social Administration, The University of Hong Kong.
2. Lee, M. Y., Ng, S. M., Leung, P. P. Y., & Chan, C. L. W. (2009). *Integrative body-mind-spirit social work: An empirically based approach to assessment and treatment*. New York: Oxford University Press.
3. Chan, C. L. W., Wang, C. W., Ho, R. T. H., Ng, S. M., Chan, J. S. M., Ziea, E. T. C., & Wong, V. C. W. (2012). A systematic review of the effectiveness of qigong exercise in supportive cancer care. *Supportive Care in Cancer, 20*(6), 1121 – 1133.

Concurrent Session V

Thursday, April 25, 4:30 – 6:00 p.m.

Experiential Workshop   **Room: Hollywood B**

Nature-Based Rituals as an Intervention for Grief Therapy

Category: Assessment and Intervention
Indicator: Contemporary Perspectives
Presentation Level: Intermediate

Zampitella, Christina, PsyD, FT
Pandora Education and Integrative Psych Services, San Diego, CA, USA

This workshop aims to teach attendees how to develop and utilize nature-based rituals in the management of mourning. This workshop will teach attendees how to walk through the structured development of a nature-based ritual with the use of structured forms aimed to meet the requirements for the ritual to be considered therapeutic. The development of this ritual is based on peer-reviewed research that indicated positive outcomes of the application of this intervention. This workshop will address the healing aspects of nature-based therapy, rituals, and application to the counseling process as an empirically validated, effective, and postmodern adjunct to grief therapy.

Objectives:
1. Discuss the component of a therapeutic ritual.
2. Examine the healing properties of nature-based interventions.
3. Utilize a nature-based ritual as an intervention for the grieving process.

References:
1. Bussell, L. & Chalquist, C. (2009). *Ecotherapy: Healing with nature in mind*. San Francisco: Sierra Club Books.
2. Pomeroy, E. & Garcia, R. (2008). *The grief assessment and intervention workbook: A strengths perspective*. Belmont, CA: Brooks Cole.
3. Zampitella, C. (2006). The experience of nature-based rituals in the management of mourning for adult surviving siblings. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 66*(9-B), 5111
4. Zampitella, C. (2006). Using nature-based rituals as an intervention for adult surviving siblings. *The Forum, 32*(1), 9-10.

Experiential Workshop   **Room: Hollywood D**

(C) The Art of Letting Go — Coming to Terms with Impermanence

Category: Loss, Grief, and Mourning
Indicator: Life Span
Presentation Level: Intermediate

Behles, Aliyya, MA, MDiv
Mt. St. Mary's College & Providence St. Joseph MC, Northridge, CA, USA

Led by a hospice nurse, counselor and educator, this experiential exercise will help the participant understand the process of letting go, as one identifies their values in five different domains. When presented with unexpected losses, we redefine who we are in this changed world. We will feel the impact of changes we control and those that are beyond our control. We will explore reestablishing meaning within these new parameters and explore how we transform our identity. By sharing our experience we can gain insight into how we transform the meaning of our lives and how we share universal and core values.

Objectives:
1. Identify and recognize personal values in five different domains.
2. Identify personal reactions to losses we have control over and those beyond our control.
3. Explain how reframing our losses transforms our identity and open us to universal and core values.

References:
1. Lowery, S. E. (2008). Letting go before a death: A concept analysis. *Journal of Advanced Nursing, 63*(2), 208-215. Retrieved from 10:1111/j.1365-2648.2008.0469.x.
2. Larkin, P. J., Dierckx de Casterle, B., & Schotsmans, P. (2007). Towards a conceptual evaluation of transience in relation to palliative care. *Journal of Advanced Nursing, 59*(1), 86-96. doi:10.1111/j1365-2648.2007.04311.x.
3. Dwivedi, K. N. (2006). An Eastern perspective on change. *Clinical Child Psychology and Psychiatry, 11*(2), 205-212. doi:10.1177/1359104506061445.
4. Tung, W. (2010). Buddhist-based care: Implications for health care professionals. *Home Health Care Management & Practice, 22*(6), 450-452. doi:10.1177/1084822310370835.
5. Nanda, J. (2009). Mindfulness: A lived experience of existential-phenomenological themes. *Existential Analysis, 20*(1), 147-162.

Concurrent Session VI

Friday, April 26, 8:00 – 9:00 a.m.

Bridging Research and Practice   **Room: Hollywood C**

Senior Police Trainers: Learning to Manage Trauma and Loss

Category:	Assessment and Intervention
Indicator:	Resources and Research
Presentation Level:	Intermediate

Manzella, Christiane, PhD, FT[1]; Papazoglou, Konstantinos, MA[2]
[1]*New York University, New York, NY, USA;* [2]*University of Toronto, Toronto, ON, Canada*

For the second year, the authors were invited to be trainers at a training seminar held in Germany sponsored by the European Police College for Senior Police Educators, having the opportunity to build on our previous research/clinical applications. We further investigated ways that Senior Police Educators responded to the interventions that came out of our first study. Police officers expect trauma yet often suffer deeply because of unresolved trauma related to handling horrific events. We hope that our work results in a standard component in training curricula related to teaching police trainees ways to effectively handle and process trauma.

Objectives:
1. Recognize the ways police culture is intertwined with the ways police officers traditionally have handled traumatic incidents.
2. Describe the efficacy of interventions introduced in this training that are designed to help officers handle trauma and minimize potential negative consequences.
3. Identify challenges that trainers face when training police officers and cadets about methods to handle trauma and loss that are outside the mainstream police culture.

References:
1. Adams, G.A., & Buck, J. (2010). Social stressors and strain among police officers. It's not just the bad guys. *Criminal Justice and Behavior, 37*, 1030-1040.
2. Maguen, S., Metzler, T.J., McCaslin, S.E., Inslicht, S.S., Henn-Haase, C., Neylan, T.C., & Marmar, C.R. (2009). Routine work environment stress and PTSD symptoms in police officers. *Journal of Nervous and Mental Disease, 197*, 754-760.
3. Paton, D., Violanti, J.M., Burke, K., & Gehrke, A. (2009). *Traumatic stress in police officers. A career-length assessment from recruitment to retirement.* Springfield, IL: Charles C. Thomas Publisher, Ltd.
4. Shapiro, S.L., & Carlson, L.E. (2009). *The art and scince of mindfulness: Integrating mindfulness into psychology and the helping professions.* Washington, DC: American Psychological Association.
5. Williams, V., Ciarrochi, J., & Deane, F.P. (2010). On being mindful, emotionally aware, and more resilient: Longitudinal pilot study of police recruits. *Australian Psychologist, 45*, 274-282.

Practice Report   **Room: Franklin Hills**

Cinematherapy: An Intervention to Enhance Grief Counseling

Category:	Loss, Grief, and Mourning
Indicator:	Professional Issues
Presentation Level:	Intermediate

Celentano, Susan, MS
Private Practice, Santa Clarita, CA, USA

This presentation will illustrate how traditional therapy and support groups are limited when dealing with the multi-layered experience of grief. Incorporating creative methods can enhance grief therapy by providing a richly textured context in which to process loss and facilitate healing. Dramatization can serve to broaden our understanding of issues, identify adaptive responses, illuminate different perspectives, develop options for coping and instill hope. This presentation will assist clinicians and support group leaders in utilizing films as an adjunctive therapeutic technique in grief work. Film clips will be shown to illustrate how fictional characters cope with the challenges of grief.

Objectives:
1. Identify circumstances in which the use of films would be appropriate and therapeutic.
2. Describe how to incorporate cinematherapy into existing therapy or support interventions.
3. Examine the use of fictional material to effectively address issues in complicated bereavement.

References:
1. Niemiec, R. M. (2008). *Positive psychology at the movies: Using films to build virtues and character strengths.* Cambridge, MA: Hogrefe and Huber Publishers.
2. Sparks, T. (2009). *Movie yoga: How every film can change your life.* Santa Cruz, CA: Hanford Mead Publishers.
3. Innovative Resources and Online Continuing Education (n.d.) Zur Institute. Retrieved from http://www.zurinstitute.com/articles.html
4. Celentano, S. A. (2003). Suicide in film. *Survivors After Suicide, 16*(4).
5. Teague, R. (2000). *Reel spirit: A guide to movies that inspire, explore and empower.* Lee's Summit, MO: Unity House.

Concurrent Session VI

Friday, April 26, 8:00 – 9:00 a.m.

Practice Report Room: Hollywood A

Past and Present Methods of Reframing Grief

Category: Loss, Grief, and Mourning
Indicator: Contemporary Perspectives
Presentation Level: Advanced

Antinori, Deborah, MA[1]; Barton-Ross, Cheri, MA[2]
[1]Davison Counseling Center, Basking Ridge, NJ, USA; [2]Redwood Empire Veterinary Medical Association Pet Loss Support Group, Santa Rosa, CA, USA

Past ways of honoring the mourning period (e.g., dressing in black) will be contrasted to modern-day rituals and therapeutic methods. We will emphasize the importance of identifying clients' coping styles and individual personality traits in facilitating reframing of grief. Possessing an understanding of neurobiology and its effects on grief provides the therapist with a deeper understanding of how to assist the grieving client. Brainspotting Therapy reframes the feelings and symptomatology of grief in a profoundly individual and effectively neurobiological manner. Brainspotting Therapy as a tool to neurobiologically locate, focus, and process grief symptoms organically, will be discussed and demonstrated.

Objectives:
1. Identify neurobiological aspects of the grieving process involving the limbic system.
2. Explain Brainspotting as a tool to down-regulate the amygdala and bring executive brain functioning back online.
3. Compare and contrast past and present ways of mourning to support specific individual personality traits and preferences.

References:
1. DeSpelder, L. A., & Strickland, A. L. (2010). *The last dance: Encountering death and dying (9th ed.).* New York: McGraw Hill.
2. Goldberg, E. (2009). *The new executive brain: Frontal lobes in a complex world*. New York: Oxford University Press, Inc.
3. Badenoch, B. (2008). *Being a brain-wise therapist*. New York: Norton & Co., Inc.
4. Grand, D. (2013, in press). *Brainspotting: The revolutionary new therapy for rapid and effective change.* Boulder, CO: Sounds True, Inc.
5. Cozolino, L. (2011). *The neuroscience of trauma and effective trauma treatment*. Premier Education Solutions online seminar, retrieved from http://www.pesi.com/bookstore/The_Neuroscience_of_Trauma_and_Effective_Trauma_Treatment-c-details.aspx.

Research Report – 60 minutes Room: Hollywood B

Beyond Intuitive and Instrumental, New Grief Styles

Category: Loss, Grief, and Mourning
Indicator: Resources and Research
Presentation Level: Intermediate

Prosser-Dodds, Lisa, PhD
Journeys, LLC, New Hope, PA, USA

What role does personality play in individualized grief response? Is there more to this subject than the currently popular theory of Doka and Martin's (1998) instrumental and intuitive styles? Do extroversion and introversion play a role? Does the personality's need for closure play a role? Come and enter into a discussion regarding the role Myers Briggs Personality Type plays in the response to the death of a loved one. Recent empirical evidence will be discussed, as well as anecdotal stories of grieving persons' expression of grief that is directly related to personality . . . beyond instrumental and intuitive.

Objectives:
1. Recognize the relationship between personality type and grief response, as found in current research.
2. Cite the research outcomes and expanded model of grief styles for use with bereaved clients.
3. Describe the impact of this research in clinical settings with bereaved clients.

References:
1. Martin, T. L., & Doka, K. J. (2010). *Grieving beyond gender: Understanding the ways men and women mourn.* New York: Routledge.
2. Holland, J. M., Currier, J. M., Coleman, R. A., & Neimeyer, R. A. (2010). The Integration of Stressful Life Experiences Scale (ISLES): Development and initial validation of a new measure. *International Journal of Stress Management. 17*(4), 325-352. doi: 10.1037/a0020892
3. Prigerson, H., & Maciejewski, P. (2009). Criterion for prolonged grief disorder. *PLoS Medicine 6*(8): 2-10.
4. Rando, T. (1988). *How to go on living when someone you love dies*. New York: Bantam Books.
5. Niemeyer, R., & Prigerson, H. (2002). Mourning and meaning. *American Behavioral Scientist, 46*: 235-251.

Concurrent Session VI

Friday, April 26, 8:00 – 9:00 a.m.

Research Report – 60 minutes   **Room: Hollywood D**

Grief Following Pet and Human Loss: Closeness is Key

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Introductory

Bass, Ellyn Charlotte; Eckerd, Lizabeth, PhD
Humboldt State University, Arcata, CA, USA

Grief following a pet's death is often disenfranchised, though research suggests it can be quite similar to grief after human death. Our study compares grief experiences following pet vs. human death. College students who had experienced a person's or pet's death completed measures of human- and pet-related grief and a demographic questionnaire. To enable direct comparison, pet and person loss participants completed both grief measures; wording was slightly modified. As expected, mean grief scores for human and pet loss participants did not differ significantly. Closeness to the person or animal that died was the strongest predictor of grief severity.

Objectives:
1. Identify limitations in comparing grief following human vs. companion animal death.
2. Describe findings regarding severity of grief for companion animals vs. humans in a college student population.
3. Explain the relative importance of predictor variables (time since death, suddenness of death, closeness to deceased) for severity of grief following pet loss.

References:
1. Blazina, C., Boyraz, G., & Shen-Miller, D. (2011). Introduction: Using context to inform clinical practice and research. In C. Blazina, G. Boyraz, & D. Shen-Miller (Eds.), *The psychology of the human-animal bond* (pp. 3-24). New York: Springer.
2. Ross, C. B., & Baron-Sorenson, J. (2007). *Pet loss and human emotion (2nd ed.)*. New York: Routledge.
3. Packman, W., Carmack, B. J., & Ronen, R. (2011-12). Therapeutic implications of continuing bonds expressions following the death of a pet. *Omega, 64*(4) 335-356.
4. Wrobel, T. A., & Dye, A. L. (2003). Grieving pet death: Normative, gender, and attachment issues. *Omega, 47,* 385-393.
5. Rajaram, S. S., Garrity, T. F., Stallones, L., & Marx, M. B. (1993). Bereavement—Loss of a pet and loss of a human. *Anthrozoos, 6*, 8-16.

Research Report – 60 minutes   **Room: Mt Olympus**

Stress and Resilience: Lessons from the Masters

Category: Loss, Grief, and Mourning
Indicator: Professional Issues
Presentation Level: Intermediate

Wogrin, Carol, PsyD; Machando, Debra, MSc
Women's University in Africa, Harare, Zimbabwe

Despite economic, social and health care conditions in Zimbabwe that chronically contain all the risk factors for the development of burnout and compassion fatigue in professionals caring for the dying and bereaved, caregivers demonstrate remarkable resilience. This qualitative research conducted in Zimbabwe in 2012 investigated the experience of professional caregivers to the dying and bereaved, with specific attention to the factors that promote resilience. This presentation draws on lessons learned and provides a framework for promoting resilience in professional caregivers. In addition, the research design will be discussed as a format for trainings to address issues of stress and resilience.

Objectives:
1. Identify high-risk factors for the development of burnout and compassion fatigue.
2. Cite ways in which experiences of professional caregivers in Zimbabwe can inform our own resilience and engagement in our work.
3. Describe the research design as a format for stress and resilience workshops in workplaces.

References:
1. Ablett, J., & Jones, R. (2007). Resilience and well-being in palliative care staff: A qualitative study of hospice nurses' experience of work. *Psycho-Oncology, 16*, 733-744.
2. Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy Theory, Research, Practice, Training, 49*, 203-219.
3. Maasdorp, V. (2011). The challenge of staff support in hospice care in Zimbabwe. In I. Renzenbrink, (Ed.), *Caregiver stress and staff support in illness, dying and bereavement.* New York: Oxford University Press.
4. Vachon, M. L. S. (2007). Caring for the professional caregivers: Before and after the death. In K. J. Doka (Ed.), *Living with grief: Before and after the death* (pp.311-330). Washington, DC: Hospice Foundation of America.
5. Wogrin, C. (2009). Interventions for caregivers suffering from compassion fatigue and burnout. In D. Balk & C. Corr (Eds.), *Adolescent encounters with death, bereavement and coping*. New York: Springer Publishing Company.

Concurrent Session VI

Friday, April 26, 8:00 – 9:00 a.m.

Research Report – 60 minutes	**Room: Echo Park**

"Volunteers" Examined: Execution or State-Assisted Suicide?

Category: End-of-Life Decision-Making
Indicator: Ethical/Legal
Presentation Level: Introductory

Jones, Sandra, PhD
Rowan University, Glassboro, NJ, USA

Since the death penalty was reinstated in the U.S. in 1976, there have been approximately 140 death row inmates who have officially rejected their appeals, thereby "volunteering" for their own execution. Psychiatrists have referred to the psychological condition that leads these inmates to make this decision as the "death row syndrome." The moral dilemma posed by "volunteers" for the state that has sanctioned such executions is examined. The practice of a volunteer execution is contrasted with that of state-sanctioned suicide in terms of the ethical and legal issues surrounding both practices.

Objectives:
1. Identify the symptoms that accompany the "death row syndrome" and be able to discuss its relationship to the decision of a death row inmate to "volunteer" for his execution.
2. Describe the ethical and legal issues that must be considered when a "volunteer" is executed.
3. Compare and contrast the practice of volunteer executions with that of state-assisted executions in terms of the ethical dilemma and rationales used by the state to reconcile their position toward each practice.

References:
1. Smith, A. (2008). Not "waiving" but drowning: The anatomy of death row syndrome and volunteering for execution. *Boston University Public Interest Law Journal*, 237.
2. Oleson, J.C. (2006). Swilling hemlock: The legal ethics of defending a client who wishes to volunteer for execution. *Washington & Lee Law Review*, 63(1): 147-228.
3. Blank, S. (2006). Killing time: The process of waiving appeal: The Michael Ross death penalty cases. *Harvard Journal of Law & Public Policy, 14*, 735.
4. Schwartz, H. I. (2005). Death row syndrome and demoralization: Psychiatric means to social policy ends. *Journal of American Academy of Psychiatry Law*, 33(2): 153-5.
5. Blume, J.H. (2005). Killing the willing: "Volunteers," suicide and competency. *Michigan Law Review, 103*(5): 939-1009.

Professional Case Presentation	**Room: Los Feliz**

Loss, Lindsay's Legacy and the Law

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Introductory

Dias, Mari, EdD
Johnson & Wales University, Providence, RI, USA

This is a case study of a family and their bereavement over the loss of their 23-year-old daughter, the victim of a brutal murder. The case study is embedded in existing empirical data on the dual processing model, positive psychology and resilience.

Objectives:
1. Recognize behavioral, cognitive, psychological and sociological impacts of bereavement through the use of a case study.
2. Apply the dual process model of coping to the case study.
3. Analyze and apply the role of resilience and positive psychology in bereavement through the use of a case study.

References:
1. Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *Omega, the Journal of Death and Dying, 61*(4), 269-271.
2. Snyder, C. R., Lopez , S. J., & Teramoto-Pedrotti, J. T. (2010). Making the most of emotional experiences: Emotion-focused coping, emotional intelligence, socioemotional selectivity and emotional storytelling. In *Positive Psychology: The Scientific and Practical Explorations of Human Strengths* (2nd ed., pp. 141-163). Thousand Oaks, CA: Sage Publications, Inc
3. Hooghe, A., & Neimger, R. A. (2013). Family resilience in the wake of loss: A meaning-oriented contribution. In D. Becvar (Ed.), *Handbook of Family Resilience* (pp. 269-284). New York: Springer.

Concurrent Session VI • Friday, April 26, 8:00 – 9:00 a.m.

Concurrent Session VI

Friday, April 26, 8:00 – 9:00 a.m.

Personal Story   **Room: Hollywood E**

H   ### Life Journeys:
        ### Using Video in Dignity Therapy

Category:	Dying
Indicator:	Family and Individual
Presentation Level:	Introductory

Delgado, Lothar, MA, CT; Miller, Duke, BA
The Rasa Foundation, S. Pasadena, CA, USA

Combining the benefits of psychotherapy and video technology, Life Journeys presents a model for the creation of video biographies of people facing terminal illness. Life Journeys has been creating video biographies of the terminally ill since 1996. Lothar and Duke, the creators of Life Journeys, will discuss the process and benefits of this form of therapy, showing clips from selected video biographies. This concurrent session will be useful to the entire ADEC audience, from clinicians at the professional level to undergraduates, volunteers, and anyone concerned with psychosocial, existential, or spiritual suffering at end of life.

Objectives:
1. Identify three types of suffering commonly experienced by people facing death.
2. Assess the suitability of the patient/subject for this end-of-life treatment.
3. Apply the learned material and technical guidelines to explore the existential, psychosocial and spiritual challenges with a terminally ill patient.

References:
1. Chochinov, H., Hassard, T., McClement, S., Hack, T., Kristjanson, L. J., Harlos, M., Sinclair, S., & Murray, A. (2008). The patient dignity inventory: A novel way of measuring dignity-related distress in palliative care. *Journal of Pain and Symptom Management, 36*(6): 559-571.
2. Chochinov, H. (2007). Dignity and the essence of medicine: The A, B, C, and D of dignity conserving care. *British Medical Journal, 335*(7612), 187-187.
3. Chochinov, H., Hassard, T., McClement, S., Hack, T., Kristjanson, L. J., Harlos, M., Sinclair, S., & Murray, A. (2009). The landscape of distress in the terminally ill. *Journal of Pain and Symptom Management, 38*(5), 641-649 .
4. Schulman-Green, D., McCorkle, R., & Bradley, E.H. (2009). Tailoring traditional interviewing techniques for qualitative research with seriously ill patients about the end-of-life: A primer. *Omega-Journal of Death and Dying, 60*(1), 89-102.

Keynote Presentation

Friday, April 26, 9:15 – 10:30 a.m.

Room: Ray Dolby Ballroom 1-3

The Empty Sky and the Politics of Mourning: The Loss of the 9/11 Dead and Their "Return" on CSI

Category:	Loss, Grief and Mourning
Indicator:	Cultural/Socialization
Presentation Level:	Introductory/Intermediate/Advanced

O'Neill, Kevin, PhD
University of Redlands, Redlands, CA, USA

On September 11, 2001, more than 2,800 people died in the World Trade Center in lower Manhattan. Fewer than 300 intact bodies were recovered. More than 1,100 people disappeared without a trace. The rest were recovered in fragments. Almost 20,000 of these remain in storage at the as-yet unopened 9/11 Museum. I argue that some of the work of mourning for these lost dead has been done, indirectly, on the three CSI series, in which murder victims are recovered, examined and reintegrated into the society that lost them. One way we have dealt with the trauma of loss is by fictionally rediscovering and redeeming these lost dead, in an act of collective fictional mourning that is as televisual as the original tragedy.

Objectives:
1. Assess the category of political or public grief.
2. Recognize how popular media such as television and film can act as agents of mourning.
3. Explain how mass traumatic death can present unique problems for memorialization—monuments, obituaries, ceremonies.

Concurrent Session VII

Friday, April 26, 11:00 a.m. – Noon

Bridging Research and Practice   **Room: Hollywood B**

(C) Writing Your Story: Expressive Writing with College Students

Category:	Assessment and Intervention
Indicator:	Resources and Research
Presentation Level:	Introductory

Collison, Elizabeth, BA; Gramling, Sandra, PhD; Lord, Benjamin, MS
Virginia Commonwealth University, Richmond, VA, USA

As many as 40% of students report having experienced the loss of a loved one within the past year, and 10-20% of these are at risk for poor mental and physical health outcomes as a result of the loss. The authors discuss an ongoing program of research on the application of grief-focused expressive and creative writing exercises in a classroom setting. Substantial evidence indicated that students found creative writing tasks (e.g. alphabet poems) to be evocative, practical, and helpful in the management of post-loss feelings. An ongoing controlled trial comparing poetry writing to a traditional expressive writing prompt is also discussed.

Objectives:
1. Explain the relevance and utility of expressive/creative writing interventions in emerging adults, particularly the bereaved.
2. Demonstrate the importance of spiritual variables (e.g., spiritual well-being, image of God) for expressive writing research.
3. Utilize expressive/creative writing interventions for personal growth, educational settings, or professional application.

References:
1. Neimeyer, R.A., van Dyke, J.G., & Pennebaker, J.W. (2008). Narrative medicine: Writing through bereavement. In H. Chochinov & W. Breitbart (Eds.), *Handbook of Psychiatry in Palliative Medicine*. (pp. 454–469). New York: Oxford University Press.
2. Lichtenthal, W.G. & Cruess, D.G. (2010). Effects of directed written disclosure on grief and distress symptoms among bereaved individuals. *Death Studies, 34*, 474-499.
3. Balk, D.E., Walker, A.C., & Baker, A. (2010). Prevalence and severity of college student bereavement examined in a randomly selected sample. *Death Studies, 34*, 459-468.
4. Pennebaker, J.W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science, 8*(3), 162-166.
5. Stroebe, M.S., Stroebe, W., Schut, H., Zech, E., van den Bout, J. (2002). Does disclosure of emotions facilitate recovery from bereavement? Evidence from two prospective studies. *Journal of Consulting and Clinical Psychology, 70*(1), 169-178.

Concurrent Session VII

Friday, April 26, 11:00 a.m. – Noon

Practice Report　　　　　　　　**Room: Hollywood C**

HIV-Positive Gay Male Nurses: Caring for HIV Positive Men

Category:　　　　Loss, Grief, and Mourning
Indicator:　　　　Life Span
Presentation Level:　　　　Intermediate

Meris, Doneley, MSW, MA, FT
HIV Arts Network, New York, NY, USA

As caregivers for over two decades, four gay male nurses participate in an HIV-positive support group to address their very personal and intimate life-transitions and ongoing mental health, HIV/AIDS care-treatment, and overwhelming grief concerns. Having seen many HIV/AIDS-related deaths and professionally dedicated their lives to caring for dying and newly HIV-diagnosed patients, these four gay nurses focus their weekly group sessions to explore their complicated mental health, grief and HIV/AIDS care-treatment needs. Workshop attendees will gain clinical skills to find comfort in male sexuality and male-specific grief discussions and redefine their healthy self-care agendas.

Objectives:
1. Identify male-specific grief and HIV/AIDS-related concerns for gay male nurse professionals.
2. Describe the unique coping and personal/professional compartmentalization skills that HIV-positive gay male nurses navigate within the mental health-medical/nursing care systems.
3. Demonstrate a clinical group framework to assist HIV-positive gay male professionals in their honest exploration about sexuality, disclosure, death anxiety and the grieving process.

References:
1. Deits, B. (2009). *Life after loss: A practical guide to renewing you life after experiencing major loss.* (5th ed.). Cambridge, MA: Da Capo Press.
2. Papadatou, D. (2009). *In the face of death: Professionals who care for the dying and the bereaved*. New York: Springer.
3. Neimeyer, R.A., & Sands, D.C. (2011). Meaning reconstruction in bereavement: From principles to practice. In R.A. Neimeyer, D.L. Harris, H.R. Winokuer & G.F. Thornton (Eds*.), Grief and bereavement in contemporary society: Bridging research and practice*, pp. 9-22. New York: Routledge.
4. Breen, L.J. (2011). Professionals' experiences of grief counseling: Implications for bridging the gap between research and practice. *Omega, 62*(3), 285-303.

Practice Report　　　　　　　　**Room: Silver Lake**

Introduction to Grief Counseling

Category:　　　　Loss, Grief, and Mourning
Indicator:　　　　Contemporary Perspectives
Presentation Level:　　　　Introductory

Harris, Darcy, PhD[1]; Winokuer, Howard, PhD[2]
[1]King's University College, London, ON, Canada; [2]The Winokuer Center for Counseling and Healing, Charlotte, NC, USA

Grief counseling is a unique form of professional support, requiring knowledge of current best practices in both counseling and bereavement theory. This practice report will explore issues that are unique to grief counseling, identifying specific interventions and strategies that may assist grief counselors as they offer support to bereaved individuals. Emphasis will be placed upon the healthy unfolding of grief as an adaptive process and the responsibilities of counselors to ensure they are practicing in ways that are informed, competent, and ethical.

Objectives:
1. Identify the unique goals of grief counseling.
2. Describe the foundational aspects of effective grief counseling practice.
3. Explain core competencies for counselors who support bereaved individuals.

References:
1. Winokuer, H. R., & Harris, D.L. (2012). *Principles and practice of grief counseling*. New York: Springer.
2. Worden, J.W. (2009). *Grief counseling & grief therapy* (4th ed.). New York: Springer.
3. Humphrey, K. (2009). *Counseling strategies for loss and grief*. Alexandria, VA: American Counseling Association.
4. Neimeyer, R.A. (2011). *Techniques of grief therapy*. New York: Routledge.

Practice Report　　　　　　　　**Room: Echo Park**

The ABCs of Diverse Perspectives in Grief and Loss

Category:　　　　Death Education
Indicator:　　　　Cultural/Socialization
Presentation Level:　　　　Intermediate

Burns, Donna, PhD
The College of Saint Rose, Albany, NY, USA

Response to losses — whether finite, non-finite, or ambiguous — are mediated by the norms of familial and social systems. The beliefs, values, customs, and traditions of a given culture influence grief responses. This session will address the role of cultural identity in response to various types of loss, and a checklist created by the presenter will be introduced. This template is designed elicit discussion and enhance awareness of, sensitivity to, and respect for diverse responses to loss.

Objectives:
1. Acknowledge the significance of enculturation and socialization in response to losses.
2. Develop strategies for communicating with grievers from diverse backgrounds.
3. Design a cultural sensitivity checklist to augment professional resources.

Concurrent Session VII

Friday, April 26, 11:00 a.m. – Noon

References:
1. Burns, D.M. (2010). *When kids are grieving: Addressing grief and loss in school*. Thousand Oaks, CA: Corwin.
2. Cook, A.S. (2007). The family, larger systems, and loss, grief and mourning. In D. Balk, C. Wogrin, G. Thornton, & D. Meagher (Eds.), *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement* (pp. 165-171). New York: Routledge.
3. Hardy-Bougere, M. (2008). Cultural manifestations of grief and bereavement: A clinical perspective. *Journal of Cultural Diversity, 15*(2), 66-69.
4. Shapiro, E.R. (2007). Culture and socialization in assessment and intervention. In D. Balk, C. Wogrin, G. Thornton, & D. Meagher (Eds.), *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement* (pp. 189-201). New York: Routledge.
5. Walter, C.A., & McCoyd, J.L. (2009). *Grief and loss across the lifespan: A biopsychosocial perspective*. New York: Springer.

Research Report – 60 minutes   **Room: Franklin Hills**

Ⓗ Critical Conversations

Category: End-of-Life Decision-Making
Indicator: Professional Issues
Presentation Level: Intermediate

Moore III, Clint, MDiv, PhD
Advocate Lutheran General Hospital, Park Ridge, IL, USA

In *How to Break Bad News*, Robert Buckman and Yvonne Kason posit that health professionals are not trained in how to conduct emotionally painful conversations, often resulting in poor communication with their patients and their patients' families. Mark Chassin and Elise Becher note that communication failures are key contributors to "wrong patient" errors. The focus of the study is that healthcare providers should be highly skilled in clear and compassionate communication. The primary researcher hopes to create an on-going, multifaceted educational program designed to improve the communication skills of medical residents, especially in emotionally charged situations.

Objectives:
1. Explain the importance of effective patient/family-physician communication in the context of critical conversations regarding end-of-life issues.
2. Discuss the significant elements required in end-of-life conversations between patients/family members and physicians and evaluate how best to address those elements.
3. Evaluate whether it is possible to encourage and teach an empathetic response by physicians in the context of an educational end-of-life research study.

References:
1. Baig, L.A., Violato, C., & Crutcher, R. A. (2009). Assessing clinical communication skills in physicians: Are the skills context specific or generalizable. *BMC Medical Education, 9*:22.
2. Yudkowsky, R., Downing, S. M., & Snadlow, L. J. (2006). Developing an institution-based assessment of resident communication and interpersonal skills. *Journal of the Association of American Medical Colleges, 81*(12): 1115-22.
3. Teherani, A., Hauer, K. E., & O'Sullivan, P. (2008). Can simulations measure empathy? Considerations on how to assess behavioral empathy via simulations. *Patient Education & Counseling, 71*(2): 148-52.
4. Buckman, R., & Kason, Y. (1992). *How to break bad news*. Baltimore, MD: Johns Hopkins University Press.
5. Chassin, M. R., & Becher, E. C. (2002). The wrong patient. *Annals of Internal Medicine, 136*(11): 826-833.

Scholarly Paper   **Room: Mt. Olympus**

Hospital Bereavement Care — A Function of Social Support

Category: Assessment and Intervention
Indicator: Larger Systems
Presentation Level: Intermediate

Kurth, Leigh, BSW
Royal Children's Hospital, Herston, QLD, Australia

Hospitals have acknowledged a responsibility for ensuring transitional support for bereaved families following the loss of a child. Social connectedness, the experiences of everyday support from one's social networks are crucial in supporting families coming to terms with their bereavement. When a child is cared for through the health system, health professionals become part of this community of grief. This paper provides a systematic understanding of the nature of hospital bereavement interventions and their role as a function of social support for bereaved families and for the health professionals who care for them.

Objectives:
1. Explain a theoretical basis for understanding parental grief and the impact of such on the family and broader social system.
2. Recognize the relationship between hospital-based bereavement interventions as a function of social support and their role in supporting families transform their identity through loss.
3. Utilize a range of evidence-based hospital bereavement interventions when caring for families following the death of a child.

References:
1. Hunt, S., & Greeff, A. P. (2011). Parental bereavement: A panoramic view. *Omega: Journal of Death & Dying, 64*(1), 41-63. doi: 10.2190/OM.64.1.d
2. Liisa, A. A., Marja-Terttu, T., Päivi, Å.-K., & Marja, K. (2011). Health care personnel's experiences of a bereavement follow-up intervention for grieving parents. *Scandinavian Journal of Caring Sciences, 25*(2), 373-382. doi: 10.1111/j.1471-6712.2010.00837.x
3. Stroebe, M. S., Hansson, R. O., Schut, H., Stroebe, W., & Van den Blink, E. (2008). *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. xiv, 658). Washington, DC: American Psychological Association.
4. Kreicbergs, U. C., Lannen, P., Onelov, E., & Wolfe, J. (2007). Parental grief after losing a child to cancer: Impact of professional and social support on long-term outcomes. *Journal of Clinical Oncology, 25*(22), 3307-3312. doi: 10.1200/jco.2006.10.0743
5. DeCinque, N., Monterosso, L., Dadd, G., Sidhu, R., & Lucas, R. (2004). Bereavement support for families following the death of a child from cancer: Practice characteristics of Australian and New Zealand paediatric oncology units. *Journal of paediatrics and child health, 40*(3), 131-135.

Concurrent Session VII

Friday, April 26, 11:00 a.m. – Noon

Professional Case Presentation   **Room: Hollywood A**

DSM-5: Search for Meaning Through Field Trial Participation

Category:	Assessment and Intervention
Indicator:	Professional Issues
Presentation Level:	Intermediate

McCue, Susan, MSW, LCSW
Sole Practitioner, Private Mental Health Practice, Chico, CA, USA

This course provides an update on hotly debated bereavement-related DSM-5 revisions using the case presentation of a DSM-5 clinical field trial participant grieving the violent suicide of her mother. The workshop examines the impact of DSM-5 draft diagnoses upon the client's identity and her search for meaning through her field trial participation. Using this case study, participants will receive training regarding differential diagnosis related to grief, depression, and trauma when supporting bereaved people. Key topics will include the bereavement exclusion and the proposed Persistent Complex Bereavement Related Disorder.

Objectives:
1. Identify and evaluate the potential impact of proposed DSM-5 bereavement-related changes on bereaved individuals.
2. Recognize and respond to key differences between the natural process of grief and major depressive disorders in bereaved clients.
3. Assess and address the unique components of complicated grief responses.

References:
1. American Psychiatric Association. (n.d.) Proposed Draft Revisions to DSM Disorders and Criteria. Retrieved from http://dsm5.org/proposedrevision/pages/default.aspx
2. Balk, D. E., Cupit, I. N., Sandler, I., & Werth, J. (2011). Bereavement and depression: Possible changes to the Diagnostic and Statistical Manual of Mental Disorders: A report from the Scientific Advisory Committee of the Association for Death Education and Counseling. *Omega, 63*(3), 199-220.
3. Shear, K. M. (2011). Bereavement and the DSM-5. *Omega, 64*(2), 108-118.
4. Boelen, P. A., & Prigerson, H. G. (2012). Commentary on the inclusion of Persistent Complex Bereavement-Related Disorder in DSM-5. *Death Studies, 36*(9), 771-794.
5. Wakefield, J. C., & First, M. B. (2012). Validity of the bereavement exclusion to major depression: Does the emperical evidence support the proposal to eliminate the inclusion in DSM-5? *World Psychiatry, 11*(1), 3-10.

Professional Case Presentation   **Room: Hollywood E**

Images of Grief: Reframing Post-Mortem Identity in Dementia

Category:	Loss, Grief, and Mourning
Indicator:	Ethical/Legal
Presentation Level:	Intermediate

Redmond, Lu, MSN[1]; Martin, Gail, MA[2]
[1]Private Practice, Clearwater, FL, USA; [2]Frederick Memorial Hospital, Frederick, MD, USA

This session explores the relationship between dementia and grief – reviewing how the perceptions of identity are continually reframed both during the illness and after the death of the individual with dementia. After a theoretical overview, the presenter examines a case of an older patient developing dementia over time, slowly isolating himself from family even as he is financially exploited by a friend. The presentation explores the effect on the family system, including multiple losses and complicated grief. There is a strong emphasis on interventions with affected populations including early assessment, interventions for the family, and implications for counselors.

Objectives:
1. Explain the losses and consequent grief individuals, families, and professional caregivers experience as an individual develops dementia.
2. Define post-mortem identity.
3. Demonstrate interventive strategies that might be used with individuals and their families and describe policy implications to protect family and individuals from exploitation.

References:
1. Betz, G., & Thorngren, J. (2006). Ambiguous loss and the family grieving process. *Family Journal, 14*, p. 359-365.
2. Sanders, S., Ott, C., Kebler, S., Noonan, P. (2008). The experience of high levels of grief in persons with Alzheimer's disease and related dementia. *Death Studies, 32*; p495-523.
3. Silverberg, E. (2007). Introducing the 3-A grief intervention model for dementia caregivers: Acknowledge, assess, and assist. *Omega: The Journal of Death and Dying, 54*, p215-235.
4. Doka, K. J. (Ed) (2004). *Living with grief: Alzheimer's disease*. Washington, DC: The Hospice Foundation of America.
5. Doka, K. J. (Ed.). (2002). *Disenfranchised grief: New directions, strategies, and challenges for practice*. Champaign, IL: Research Press.

Concurrent Session VII

Friday, April 26, 11:00 a.m. – Noon

Professional Case Presentation   **Room: Los Feliz**

Tea, Cake and the Death Café

Category: Death Education
Indicator: Cultural/Socialization
Presentation Level: Introductory

Miles, Lizzy, MA, MSW
Lizzy Miles, LLC, Westerville, OH, USA

A death café is a pop-up event where strangers get together to talk about death and have tea and delicious cake. The presenter will review the history and evolution of the death café, the principles of the death café, and what makes it different from other formats. The presenter will also share best practices of hosting a death café event. Survey results from death café attendees will be presented and set within the framework of current academic findings on societal death attitudes. Finally, the presenter will share experiences with specialty (LGBT and elder) death café events.

Objectives:
1. Explain how community response has shaped the history and evolution of the death café concept internationally.
2. Recognize the unique attributes of the death café model that help to create community conversations about death and dying.
3. Utilize findings from death café survey results to enhance understanding of community needs.

References:
1. Yalom, I. (2009). *Staring at the sun: Overcoming the terror of death*. San Francisco: Jossey-Bass.
2. Crettaz, B. (2010). *Cafés mortels*. Genève, Switzerland: Labor et Fides.
3. Lundgren, B.S., & Houseman, C.A. (2010). Banishing death: The disappearance of the appreciation of mortality. *OMEGA: Journal of Death and Dying, 61*(3), 223-249.
4. Anderson, K.A., Sielski, C.L., Miles, E.A., & Dunfee, A.V. (2011). Gardens of stone: Searching for evidence of secularization and acceptance of death in grave inscriptions from 1900-2009. *OMEGA: The Journal of Death and Dying, 63*(4), 359-371.
5. Tucker, T. (2009). Culture of death denial: Relevant or rhetoric in medical education. *Journal of Palliative Medicine, 12*(12), 1105-1108.

Personal Story   **Room: Hollywood D**

When an Employee Dies: Grief in the Workplace

Category: Assessment and Intervention
Indicator: Resources and Research
Presentation Level: Introductory

Borgman, Jan, MSW
Cincinnati Children's Hospital Medical Center, CIncinnati, OH, USA

This workshop will discuss the basics of how to establish a bereavement program within an organization when an employee dies. The workshop will share lessons that were learned from one person's attempt to establish a uniformed notification system with approval from Human Resources. Helpful tips will be shared as well as examples of a basic notification process. It seems simple but when working within a complex organization, dealing with the death of an employee can be challenging. How to start the conversation with those who might not be comfortable with the topic is crucial to the success of the process.

Objectives:
1. Define the notification process when an employee dies.
2. Identify components of a basic notification process.
3. Describe resources that can help support staff.

References:
1. Balk, D., & Meagher, D. (Eds.) (2007). *Handbook of thanatology*. (1st ed.). Northbrook, IL: ADEC.
2. Stroebe, M., Hansson, R., Stroebe, W., & Schut, H. (Eds.) (2007). *Handbook of bereavement research* (5th ed.). Washington, DC: American Psychological Association.
3. *Writing a literature review*. (n.d.). Boston College University Libraries, retrieved from http://libguides.bc.edu/content.php?pid=1194&sid=4962.

Concurrent Session VIII

Friday, April 26, 1:30 – 3:00 p.m.

Panel Discussion   **Room: Silver Lake**

Reaching Out To Our Military Men, Women, and Families

Category:	Assessment and Intervention
Indicator:	Family and Individual
Presentation Level:	Introductory

Barski-Carrow, Barbara, PhD[1]; Mooney, Kim, BA, CT[2]; Forest, Richard[3]

[1]Carrow Associates, Milton, DE, USA; [2]HospiceCare of Boulder & Broomfield Counties, Hygiene, CO, USA; [3]Kosair Children's Hospital, Louisville, KY, USA

The panel will address our returning military and how we are re-integrating them into civilian life. Greater than half of all service members deployed leave behind a spouse and/or children. Each re-adjustment is stressful physically, emotionally, and spiritually since the values, rules and expectations in each set of relationships—family life and combat life—are quite different. Counseling for PTSD combat stress, grief and other psychological and emotional issues can take a toll on a family and the individual who is returning from the war. Our goal is to reach out to our military and their families who need our support and help.

Objectives:
1. Recognize the size and numbers of returning military personnel and their families who are in need of counseling for PTSD, combat stress, grief and other psychological emotional issues.
2. Identify any special skills or tools that may be useful for those counseling and/or comforting military personnel and their families.
3. Specify some ways to increase the resilience of military families facing adversity and loss.

References:
1. Barski-Carrow, B. (2010). *When trauma survivors return to work: Understanding emotional recovery – A handbook for managers and co-workers*. Lanham, MD: University Press of America, Inc.
2. Finley, E. (2011). *Fields of combat: Understanding PTSD among veterans of Iraq and Afghanistan*. Ithaca, NY: Cornell University Press.
3. Neimeyer, R. (2012). *Techniques of grief counseling*. New York: Routledge

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Panel Discussion   **Room: Hollywood C**

Research That Matters: What Clinicians Want Researchers to Study

Category:	Assessment and Intervention
Indicator:	Professional Issues
Presentation Level:	Introductory

Balk, David, PhD[1]; Kosminsky, Phyllis, PhD[2]; Ludwig, Robert, MEd[3]

[1]Brooklyn College, Brooklyn, NY, USA; [2]Center for Hope, Pleasantville, NY, USA; [3]Healing Works, Brooklyn, NY, USA

This symposium in the Research That Matters series will focus on two experienced clinicians' reflections about their practice and matters relevant for clinical work they wish researchers would study. Each presenter will discuss the theoretical understanding that provides him/her a conceptual framework for working with clients. Each will talk about the kinds of interventions she/he targets to address specific problems clients present. Each presenter will select cases from their clinical experience and identify puzzles that they wish researchers would examine. Each presenter will be allotted 30 minutes. Then we will turn the conversation over to the audience

Objectives:
1. Identify and discuss clinical realities that practitioners want researchers to address.
2. Assess how practitioners and researchers can work together in examination of clinical realities.
3. Review the value of clear conceptual frameworks for collaborative discussions between practitioners and researchers.

References:
1. Balk, D. E. (2007). Bridging the practice-research gap. *The Forum, 33*(1), 1, 3-4.
2. Horsfall, J., Cleary, M., & Hall, G. E. (2010). Developing partnerships in mental health to bridge the research-practitioner gap. *Perspectives in Psychiatric Care, 47*(1), 6-12.
3. Kosminsky, P. G. (2007). *Getting back to life when grief won't heal*. New York: McGraw-Hill.

Experiential Workshop   **Room: Los Feliz**

Alzheimer's Disease: Transforming Families

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Introductory

Hall, Cadmona, PhD[1]; Hay, Heather, PhD[2]

[1]Adler School of Professional Psychology, Chicago, IL, USA; [2]H&H Consulting Associates, LLP, Baldwinsville, NY, USA

This presentation will provide an overview of grief and loss with specific emphasis on clinical implications for work with families impacted by the experience of Alzheimer's disease. Participants will increase their knowledge base connected to theory, research, and practice of clinical work with an opportunity for an authentic and interactive learning experience. The workshop will provide hands-on tools for facilitating a supportive environment in the context of working with families impacted by Alzheimer's disease and other dementias.

Objectives:
1. Utilize the knowledge base connected to theory, research, and practice of clinical work with families impacted by Alzheimer's disease.
2. Demonstrate an authentic learning experience with an emphasis on interactive skill-building techniques.
3. Integrate specific tools to use in working clinically with families.

References:
1. Alzheimer's Association. (2012). Alzheimer's disease facts and figures. *Alzheimer's and Dementia: The Journal of the Alzheimer's Association, 8*(2)131–168.
2. Doka, K. (2007). *Living with grief: Before and after the death*. Washington, D.C.: Hospice Foundation of America
3. Hay, H.L & Hall, C.A. (2012). Alzheimer's disease: Holding on and grieving together. *Family Therapy Magazine, 11*(4): 21-23.

Concurrent Session VIII

Friday, April 26, 1:30 – 3:00 p.m.

Experiential Workshop   **Room: Hollywood E**

Enhancing Professional Quality of Life

Category: Loss, Grief, and Mourning
Indicator: Professional Issues
Presentation Level: Intermediate

Todaro-Franceschi, Vidette, PhD, RN, FT
Hunter College of the City University of New York, New York, NY, USA

Professional quality of life is intricately linked to the quality of care rendered. Carers suffer too, but are often not aware of the negative consequences. A healing model, ART, was developed to help enhance professional quality of life. The acronym **ART** refers to: **A**cknowledging feelings or a problem; **R**ecognizing choices and choosing to take purposeful actions to reaffirm purpose in work (and life); and **T**urning outwards towards self and others to reconnect, rather than disconnecting. ART can be applied to minimize and avert compassion fatigue and burnout while maximizing contentment in work and life.

Objectives:
1. Describe a healing model (ART) to enhance professional quality of life.
2. Recognize the inseparable relationship between the cared for and the carers quality of living-dying.
3. Apply principles of the ART model to reaffirm purpose in work (and living) and minimize the purported negative effects of caring.

References:
1. Todaro-Franceschi, V. (2012). *Compassion fatigue and burnout in nursing: Enhancing professional quality of life*. New York: Springer.
2. Todaro-Franceschi, V. (2011). *Vestiges. A digital story* [DVD]. Jackson, NJ. Author.
3. Todaro-Franceschi, V. (2008, October 9-11). *Preventing compassion fatigue and reaffirming purpose in nursing*. Presented at the 3rd European Federation of Critical Care Nursing Congress and 27th Aniarti Conference, Influencing Critical Care Nursing in Europe. http://www.aniarti.it/efccna2008/atti/10/mattino/sala2/pdf/5-todaro.pdf
4. Kobat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York: Hyperion.
5. Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion fatigue and satisfaction test. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 107–119). New York: Brunner Mazel.

Experiential Workshop   **Room: Hollywood B**

Not the Client Alone: Grief Transforms the Counselor Too

Category: Loss, Grief, and Mourning
Indicator: Professional Issues
Presentation Level: Intermediate

Wasserman, Fredda, MA
OUR HOUSE Grief Support Center, Los Angeles, CA, USA

Grief work transforms grievers. It allows them to face the reality of the death, adjust to life without the person who died, cope with a myriad of emotions, and grapple with the spiritual and existential issues that arise. Grief work also transforms the clinician. The health care professional is often as changed by the process as those they serve. Through discussion, demonstration, guided imagery, role-play and personal reflection, this experiential workshop will provide opportunities to contemplate and explore the ways in which the clinicians' personal and professional lives are enriched by doing this intimate, heart-centered work.

Objectives:
1. Demonstrate how the grief process transforms the patient and produces post-traumatic growth.
2. Recognize how the patient's grief impacts the mental health practitioner.
3. Utilize demonstration, role-play and experiential exercises to enhance learning.

References:
1. Berzoff, J. (2011). The transformative nature of grief and bereavement. *Clinical Social Work Journal, 39*(3), 262-269.
2. Safer, J. (2008). *Death benefits: How losing a parent can change an adult's life – for the better*. New York: Basic Books.
3. Katz, R., & Johnson, T. (Eds.). (2006). *When professionals weep: Emotional and countertransference responses in end-of-life care*. New York: Routledge/Taylor and Francis Group.
4. Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1-18. Retrieved from http://data.psych.udel.edu/abelcher/Shared%20Documents/3%20Psychopathology%20(27)/Tedeschi,%20Calhoun,%202004.pdf

Experiential Workshop   **Room: Hollywood D**

(H) Reframing Life's Final Passages Through Ritual

Category: Dying
Indicator: Family and Individual
Presentation Level: Introductory

Courtney, Candice
Rites of Reflection, Scottsdale, AZ, USA

Many cultural traditions throughout history have utilized ritual to frame the dying process, yet few rituals are utilized by contemporary Americans. This session will cover ways to integrate simple and meaningful rituals into patients' dying. Ritual is powerful even when it is very simple, because it reaches into the deeper parts of us and connects us to what is occurring on physical, mental, emotional, and spiritual levels. This can

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Friday, April 26, 1:30 – 3:00 p.m.

transform the final weeks and days into a journey of profound connection with loved ones, our selves, the spirit of true compassion, and the ineffable.

Objectives:
1. Design sacred space for the dying patient's final passage.
2. Practice and provide loved ones with multiple ritual means to express love and affection for the dying person.
3. Utilize friends and family members in attendance with ways to be appropriately and comfortably engaged in the end of life.

References:
1. Courtney, C. C. (2012). *Healing through illness, living through dying: Guidance and rituals for patients, families, and friends*. Scottsdale, AZ: Danton Press.
2. Fosarelli, P. (2008). *Prayers and rituals at a time of illness and dying: The practices of five world religions*. West Conshohocken, PA: Templeton Press.
3. Glennon, K. (2010). *Healing and wholeness: Prayers and reflections for the sick or dying.* Dublin, Ireland: The Columba Press.
4. Anderson, M. (2001). *Sacred dying: Creating rituals for embracing the end of life*. New York: Marlowe & Company.
5. Van Gennep, A. (1960). *The rites of passage*. London, England: Routledge and Keegan Paul, Ltd.

Experiential Workshop   **Room: Echo Park**

Remembering Conversations With the Dying and Bereaved

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

Hedtke, Lorraine, PhD
California State University San Bernardino, Redlands, CA, USA

If death doesn't mean saying goodbye, how are we freed to grieve differently? Reframing images of grief taps into innovative ideas to construct helpful conversations. We will challenge prescriptive notions found in conventional grief psychology to develop relational narratives that live on, and affirms love, after a physical death. Narrative conversations about death and grief are less about the passive suffering of loss and more about growing invigorating identity stories amid the ongoing transitions that death occasions. Attending this workshop will foster a sense or liveliness and provide a new way to think about death and grief, professionally and personally.

Objectives:
1. Describe narrative concepts, historical development, and theories of remembering practices.
2. Compare conventional bereavement conversations and narratively informed conversations.
3. Practice the construction of a remembering conversation and achieve a familiarity with important aspects to select for effective conversations with bereaved people.

References:
1. Hedtke, L. (2012). *Breathing life into the stories of the dead: Constructing bereavement support groups*. Chagrin Falls, OH: Taos Institute Publications.
2. Hedtke, L. (2012). What's in an introduction? In R. Neimeyer (Ed.), *Techniques of grief therapy*. New York: Routledge Publications.
3. Hedtke, L (2011). There's got to be a better way. A review of "Next to Normal." *Explorations: An E-journal of narrative practice,(1)*, 49–52.
4. Vail, L. (Director), Hedtke, L. & Winslade, J. (2011). *Re-membering conversations: A postmodern approach to death/ grief*. Hanover, MA: MicroTraining Associates.

Experiential Workshop   **Room: Mt. Olympus**

Yoga for Grief Relief — A Fresh Breath for Professionals

Category:	Loss, Grief, and Mourning
Indicator:	Contemporary Perspectives
Presentation Level:	Introductory

Sausys, Antonio, MA, CMT, RYT
International Yoga Therapy Conference, Fairfax, CA, USA

Grief is a reaction that also involves the body as well as the spirit and that is triggered by all losses, including those professionals are exposed to when working with grieving individuals. The physical symptoms of grief are not always properly considered and may interfere with clients' possibility of finding a new identity after loss, as well as with professionals' ability to assist their clients in doing so. Participants will learn about the usefulness of applying Yoga as a suitable referential frame of work and as a valid tool for alleviating caregivers' burdens.

Objectives:
1. Apply Yoga Therapy as a suitable referential frame of work through simple Yoga techniques.
2. Identify grief-related somatic symptoms.
3. Describe an interactive experience of relieving caregivers' burden through the application of these tools.

References:
1. Worden, J.W. (2009). *Grief counseling and grief therapy.* New York: Springer Publishing Company.
2. Neimeyer, R. (2012) *New techniques in grief therapy: Creative ways for counseling the bereaved*. New York: Routledge.
3. Juith, A. (2009) *Wheels of life: A user's guide to the chakra system*. Woodbury, MN: Llewellyn.
4. Prashant, L. (2002) *Degriefing: Transforming grief with integrative bodymind therapies*, San Francisco: Self-published.
5. Selby, J. (1992). *Kundalini awakening: A gentle guide to chakra activation and spiritual growth*. New York: Bantam Books.

Poster Presentations 2

Friday, April 26, 3:00 – 4:00 p.m.

Poster 1

A Guide to Understanding and Working With Pet Loss

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Introductory

Ross, Gael, MSW
Broken Heart Press, Durham, NC, USA

This workshop will provide understanding and steps in working with clients who are seeking counseling in dealing with the loss of a pet. The seven phases often present in working through the loss of a pet will be presented with an opportunity to roleplay and discuss issues. The workshop is based on the award-winning book by the presenter on surviving the loss of a pet.

Poster 2

Artful Grief: Collage...Transforming Identity

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Introductory

Strouse, Sharon, MA, ATR
The Kristin Rita Strouse Foundation, Cockeysville, MD, USA

Artful Grief is a visual diary and case study of complicated grief by an art therapist, in the aftermath of her daughter's suicide. Sharon's decade-long journey is documented through the creative process of collage-making. She makes sense of her daughter's violent death, forges a new identity and returns to life. Forty of Sharon's spontaneous creations are understood within the framework for Meaning Reconstruction. Three key elements are highlighted, The Practical: How did it happen, The Relational: Who am I and The Existential: Why it happen. Images and excerpts from her journals offer a compelling, compassionate approach to healing.

Poster 3

Autopsy Discussion Preferences in Parents Bereaved by Cancer

Category: End-of-Life Decision-Making
Indicator: Family and Individual
Presentation Level: Intermediate

Sweeney, Corinne, MA; Lichtenthal, Wendy, PhD
Memorial Sloan-Kettering Cancer Center, New York, NY, USA

This study examined preferences for the timing of discussions about autopsy and perceptions of the helpfulness of autopsy in 20 parents bereaved by cancer. Eighty percent of parents believed the best time to discuss autopsy was prior to death; either during treatment or when death seemed near. All parents who elected to have an autopsy performed indicated that it was helpful to them. Given that parents bereaved by cancer who elect to have an autopsy often find it helpful, initiating discussions about autopsy during the end-of-life period may be beneficial.

Poster 4

Being Transformed by Grief as the Helping Professional

Category: Loss, Grief, and Mourning
Indicator: Professional Issues
Presentation Level: Advanced

Milton, Cheri, LMFT, MMFT, CT
Agrace HospiceCare, Madison, WI, USA

How can the grief that our patients and others experience transform us? How can we use the exposure to grief experiences in our professional roles to make us better, stronger and motivated to keep doing excellent work? We work hard to support others and position them for transformation as they deal with grief and loss. What about ourselves as helping professionals? This presentation will encourage professionals to learn life lessons, be motivated to do better work, be changed for the better through their interactions with grieving clients; by seeing the larger picture, allowing work situations to affect us positively.

Poster 5

Bereaved College Students and Spirituality

Category: Loss, Grief, and Mourning
Indicator: Religious/Spiritual
Presentation Level: Introductory

Balk, David, PhD, FT
Brooklyn College, Brooklyn, NY, USA

The spiritual quest to find meaning holds central importance for many college students, perhaps even more so for students coping with bereavement. Research evidence, clinical practice, and personal observation disclose that meaning-making is crucial to resolution of bereavement. Attention will be given to the distinction many persons make between religion and spirituality, to the place of assumptive worlds in the lives of bereaved college students, to actual comments bereaved college students have made about spirituality in their lives, and to the growing interest on college campuses regarding the spiritual development of students.

Poster 6

Called to Serve

Category: Loss, Grief, and Mourning
Indicator: Professional Issues
Presentation Level: Introductory

Barton, Jane, MTS, MASM
CARDINAL, LLC, Centennial, CO, USA

For those of us serving individuals and families challenged by significant loss, we serve out of a sincere desire to make a difference in the world by helping one person at a time. Instead of choosing a career for the monetary gain, we chose careers rich in meaning. Many of us feel called to our respective professions – something we cannot not do! The people we choose to serve are those in whom we see ourselves – common losses, common wounds. As we serve others in need of healing, we too are healed. Wounded healers – called to serve.

Poster Presentations 2

Friday, April 26, 3:00 – 4:00 p.m.

Poster 7
Characteristics of the Ongoing Relationship

Category:	Loss, Grief, and Mourning
Indicator:	Contemporary Perspectives
Presentation Level:	Intermediate

Leichtentritt, Ronit, PhD
Tel Aviv University, Tel Aviv, Israel

The nature of the continuing bond maintained by the bereaved person with the deceased has attracted considerable attention in recent years, but these studies are limited by a functional viewpoint which examines the outcomes of the bond. This study provides a unique view of the ongoing bond since it is among the first to examine the characteristics of the bond while adopting an inductive research methodology. The results highlighted five characteristics of a relationship located along a continuum: (a) concrete-symbolic; (b) dynamic-static; (c) conscious-unconscious; (d) personal-public; and (e) monologue-dialogue. Empirical and practice implications are outlined.

Poster 8
Children's Books as Tools for Healing in Grieving Adults

Category:	Loss, Grief, and Mourning
Indicator:	Professional Issues
Presentation Level:	Intermediate

Arshinoff, Rabbi Rena, PhD(c)
University Health Network, Toronto, ON, Canada

The experience of grief often creates a sense of egocentricity as the bereaved adult individual focuses on the personal event of loss and the multitude of emotions. The use of books that are written for grieving children that address their concrete thinking are useful tools for adults in recognizing and feeling the emotions and issues that arise in their grief. Such books are helpful for adults in understanding that feeling childlike as they grieve is both acceptable and normal. This workshop examines how selected bereaved children's books can assist grieving adults.

Poster 9
College and the Grieving Student: A Mixed-Methods Analysis

Category:	Loss, Grief, and Mourning
Indicator:	Life Span
Presentation Level:	Intermediate

Cupit, Illene, PhD[1]; Servaty-Seib, Heather, PhD[2]; Walker, Andrea, PhD[3]; Hensley, Lisa, PhD[4]
[1]University of Wisconsin Green Bay, Green Bay, WI, USA; [2]Purdue University, West Lafayette, IN, USA; [3]Oral Roberts University, Tulsa, OK, USA; [4]Texas Wesleyan University, Fort Worth, TX, USA

This presentation discusses recent research regarding the environmental context for grieving college students. The current mixed-methods study examines how college students negotiate the grief process while balancing the competing demands of college. Data were collected from 950 students at a "regional comprehensive" university and a research-intensive institution. Findings suggest a need for greater engagement of administration and faculty in the college student grief experience, particularly when losses are close, and a need for a stable social network, perhaps in the form of peer support groups, to reduce perceived negative social changes.

Poster 10
Contemporary Perspectives of Death Using Public Online Forums

Category:	Death Education
Indicator:	Contemporary Perspectives
Presentation Level:	Introductory

Teoh, Douglas, BS; Jegathesan, Anasuya, DCons
HELP University, Bukit Damansara, Malaysia

This qualitative study aims to obtain the lay-person's perspective of death. Using public online forums, a rich and diverse data set was collected across different cultures, nationalities, religions and age groups. Findings using Thematic Analysis describe a common framework by which death concepts are generated, and five master themes were proposed: existential stance as foundation; role of religion; external experiences and ideas; personal death; and influence of contemporary culture. The findings imply a shift from unidimensional concepts of death towards an eclectic, multidimensional mix of traditional and modern sources that weave a coherent narrative framework which represents the current zeitgeist.

Poster 11
Degriefing Industrial Accidents: Cross-Cultural Perspective

Category:	Traumatic Death
Indicator:	Professional Issues
Presentation Level:	Intermediate

Prashant, Lyn, PhD
Degriefing.com, Laredo, TX, Mexico

In October 2008, a Latino male employee was killed on heavy equipment at a seismic retrofit construction site in San Francisco. An insurance company, insuring the construction company, requested immediate assistance with the enormous task of meeting the needs of a very diverse population affected by this death. I accepted the role of the lead on-site bilingual grief/crisis professional. Duties included: counseling management and coworkers; hiring other counselors; coordinating funeral home, church and burial arrangements; and functioning as primary advocate for the deceased's Spanish-speaking pregnant widow, mother, father, and extended family. I also implemented policy guidelines for the company.

Poster Presentations 2

Friday, April 26, 3:00 – 4:00 p.m.

Poster 12

Effects of Story-Telling Groups for Suicide Survivors

Category: Assessment and Intervention
Indicator: Family and Individual
Presentation Level: Intermediate

Fang, Chun-Kai, MD, MSc, PhD(c)
Mackay Memorial Hospital, Taiwan, Taipei, Taiwan

Keywords: suicide survivor, group counseling, story narrative, bereavement The authors included Siou-Jin Lin, MSc. and Professor Sophie Woo at Asia University in Taiwan. (checking on abstract)

Poster 13

From Bad Kid to Grieving Child: A Redeeming Transformation

Category: Assessment and Intervention
Indicator: Professional Issues
Presentation Level: Intermediate

Heeres, Andrea, MSW
Advances in Bereavement, Grand Rapids, MI, USA

Delinquency has stumped society for generations. Youngsters in the system are called "conduct disordered" by some; "bad kids" by others. A third possibility is coming into focus: most delinquents have suffered losses that have never been grieved. "From Bad Kid to Grieving Child" is a presentation that examines the current state of knowledge in the grief and delinquency fields to see where commonalities exist and where the sharing of knowledge and intervention can benefit both. Bereavement specialists will learn to distinguish between grief and trauma and accurately assess and treat children who would be vulnerable to future difficulties.

Poster 14

Gender Role in Bereavement After the Death of a Close Family Member

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Intermediate

Ozbic, Polona, MS
Univ Psychiatric Clinic Ljubljana, Ljubljana, Slovenia

The author will present the gender differences in characteristics of process of mourning by adult population (at a ratio 50:50 by gender) suffering the death of a close family member (parent, partner, or child) within the period from one to two years since the death on cognitive, emotional, body, behaviour, and social level. The way of mourning with emphasis on male population will be explained through attachment theory, dual task model of bereavement, coping strategies and posttraumatic growth. Quantitative-qualitative method includes 60 bereavement individuals: structured interviews with projection techniques (genogram, picture test of attachment, livelong line) and questionnaires.

Poster 15

Giving Voice to Pain: Teaching Churches to Grieve

Category: Loss, Grief, and Mourning
Indicator: Religious/Spiritual
Presentation Level: Introductory

Smith, Terry, EdD
Harding University, Searcy, AR, USA

Consistent wtih a grief-suppressing society, churches often disenfranchise grieving members by their failure to incorporate lament into Christian worship. The neglect of lament prevents a realistic confrontation with the suffering that many bring to church. This presentation will explore this neglect and consider ways to integrate lament into Christian worship.

Poster 16

Grief and Coping in Bereaved Turkish and American Adults

Category: Loss, Grief, and Mourning
Indicator: Cultural/Socialization
Presentation Level: Intermediate

Ozmen, Onur, MA[1]; Erdur-Baker, Ozgur, PhD[1]; Servaty-Seib, Heather, PhD [2]
[1]Middle East Technical University, Ankara, Turkey; [2]Purdue University, West Lafayette, IN, USA

Based on interviews with both Turkish (n = 10) and American (n = 10) adults, the authors will offer similarities and differences in the themes which emerged from the data. The study used a qualitative and phenomenological approach with Consensual Qualitative Research and emphasized the lived experiences and coping processes of the bereaved individuals. Semi-structured open-ended interviews were conducted with participants from Turkey (Ankara) and the USA (Indiana) to explore their narrative experiences about loss of their loved ones. Results will be discussed in terms of comparing the samples and their implications for grief and counseling research.

Poster 17

Grief and Loss Education: The Scottish Landscape

Category: Loss, Grief, and Mourning
Indicator: Professional Issues
Presentation Level: Introductory

Lappin, Mary, BEd MEd
University of Glasgow, Glasgow, Scotland, UK

The presentation will explore the developing framework of Grief & Loss Education within the Scottish education context. The insights of young people who took part in a small scale research project will be highlighted with some exploration of potential responses to the educational needs of young people who have experienced significant loss.

Poster Presentations 2
Friday, April 26, 3:00 – 4:00 p.m.

Poster 18
Living and Dying with Dignity in a Chinese Context

Category:	Dying
Indicator:	Cultural/Socialization
Presentation Level:	Intermediate

Ho, Andy Hau Yan, MSocSc, FT
Centre on Behavioral Health, University of Hong Kong, Pokfulam, Hong Kong

This study critically examines the concepts of dignity and liminality at the end of life to better understand the processes of healing within suffering among Chinese terminal cancer patients in Hong Kong. Meaning-oriented interviews were conducted with 18 Chinese patients; all interviews were analyzed using grounded theory. Two major interactive themes and eight sub-processes of healing adopted by patients to maintain dignity were identified; these include Personal Autonomy and Family Connectedness. Implications of these themes for advanced care planning and life review interventions are discussed, with recommendations for clinical practice and policy directions.

Poster 19
Living on After Parental Suicide in Adolescence

Category:	Traumatic Death
Indicator:	Family and Individual
Presentation Level:	Intermediate

Schultz, Lara, PhD
University of Calgary, Vancouver, BC, Canada

Parental suicide in adolescence clashes against the backdrop of a developmental period characterized by exploration, intimacy, and identity formation. Research on youths' responses to parental suicide is limited. This presentation will describe an existential phenomenological study that explored the bereavement experiences of nine emerging adults who survived the suicide death of a parent during adolescence. Five metathemes, which emerged across the participants´ interviews, will be shared to provide understanding of the transformational nature and meaning of parental suicide bereavement and illuminate important elements of these emerging adults' grief and adjustment. Implications of these findings for clinical practice will be presented.

Poster 20
Military Spouses: A Study of the Shared Experiences of Those

Category:	Loss, Grief, and Mourning
Indicator:	Professional Issues
Presentation Level:	Advanced

Frye, Tami, PhD
University of Phoenix, Cartersville, GA, USA

Considerable existing research has been conducted studying widows and the emotional impact of their grief. Most has been done with middle age to elder widows. This paper considers young widows between 18 and 25 who lost their mates as a result of war. It examines data from interviews with young widows based on questions based on the Dual Process Model of grief. Results indicated this group of participants felt largely isolated from potential support people with the exception of other young war widows. Only three of the five widows sought professional counseling and only one of them continued with treatment.

Poster 21
Mothers Whose Children Have Died and Resiliency

Category:	Loss, Grief, and Mourning
Indicator:	Professional Issues
Presentation Level:	Intermediate

Jones, Arvis, BA, MT[1]; Levittan, Michael, PhD[2]; Wooten, Kathy[3]; Nava, Lilly[1]; Asea, Julia, BS[1]; Griffin, Tameka[1]
[1]Center for Grief and Loss for Children, Los Angeles, CA, USA; [2]Private Practice, Los Angeles, CA, USA; [3]Bulliard Foundation, Los Angeles, CA, USA

First responders are often family members or friends. The devastation following violence can have lifetime implications and memories for survivors. But what happens when you yourself are a Grief and Loss Counselor and violence and death suddenly touches your own life? This presentation follows Arvis Jones' journey through the feelings, emotions and inner conflicts; and her on-going recovery after her son, Damon, was killed in a mistaken-identity incident while his wife was eight months pregnant. This panel includes four mothers' experiences with the loss of their children. The facilitator is Michael Levitan, PhD. The focus is how and when to help survivors.

Poster 22
New Thought Teachings and the Bereaved

Category:	Loss, Grief, and Mourning
Indicator:	Religious/Spiritual
Presentation Level:	Introductory

Baranyay, Donna, BS[1]; Reeves, Joshua, MA[2]
[1]Haven Hospice, Cypress, CA, USA; [2]Seal Beach Center for Spiritual Living, Seal Beach, CA, USA

Presenters will explain New Thought teachings in a manner enabling attendees to have a better understanding of how these teachings can assist in the transformation of the bereaved's attitude and adjust to a radically changed world. The presentation will demonstrate grief resilience and the concept of hope through New Thought teachings and illustrate how healing and transformation of the bereaved can be achieved through the application of these principles.

Poster Presentations 2

Friday, April 26, 3:00 – 4:00 p.m.

Poster 23

No Words: Using Art Therapy with HIV Loss and Self-Identity

Category:	Loss, Grief, and Mourning
Indicator:	Resources and Research
Presentation Level:	Introductory

Hinkson, Glenda, PhD
Drexel University College of Medicine, Philadelphia, PA, USA

Individuals who are born with or acquire HIV/AIDS have to adapt their lives to managing a future that may need to be altered or abandoned, as HIV/AIDS diagnosis limits some employment opportunities, relationships, and some community activities. These possible ongoing losses may affect individuals more than a permanent loss, because HIV/AIDS can be seen as a preventable loss. This study seeks to identify whether art therapy is helpful in re-imagining their identity. Through drawings, HIV/AIDS individuals will explore their past and present self identity and any transformation, negative or positive, through the loss of a "normal" (idealized) life.

Poster 24

Penetrating Public Loss: Reframing Suicide as a Social Problem

Category:	Loss, Grief, and Mourning
Indicator:	Cultural/Socialization
Presentation Level:	Intermediate

Lebel, Udi, PhD[1]; Orkibi, Eithan, PhD[2]
[1]Ariel University, Tel Aviv, Israel; [2]Dr. Ariel, USA

This research follows the pioneer initiative of the Israeli association: "In The Path of Life" (founded in 2000), devoted to the mission of increasing public awareness to suicide as social problem. It discusses the discursive, rhetorical and symbolic dimensions of this process of de-privatization and the politicization of loss, and the re-framing of suicide as an issue worthy of public concern, a result of a state culpable of neglect, not only the family. The research uncover dynamics of "death politics" – awareness, recognition, visibility – when a new agent struggles to make entry to the Public Loss.

Poster 25

Post-traumatic Growth During the Challenge of Dementia Care

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Introductory

Rinfrette, Elaine, PhD
Edinboro University of Pennsylvania, Edinboro, PA, USA

Caregiving for an individual with early-onset dementia is extremely difficult on the caregiver. There are emotional, physical, psychological, financial, and organizational challenges. What could possibly be positive about doing this? This study reports on the suprising positive outcomes and posttraumatic growth experienced by some of these caregivers. In addition, it addresses a general clinical intervention, Trauma Informed Care, to be used by all care providers who interact with these clients.

Poster 26

Preserving Life's Stories: Interviewing, Listening, Writing

Category:	Death Education
Indicator:	Family and Individual
Presentation Level:	Introductory

Hayasaki, Erika
University of California Irvine, Irvine, CA, USA

Do you remember your happiest moment? What was your proudest achievement? Who was your first love? Within hospice and nursing communities, asking such questions at the end of one's life has been called the "life review." Learning the skills of journalism can help counselors, volunteers, nurses, and family members develop more sophisticated techniques to preserve anecdotes in writing. This presentation will offer techniques to enable people to practice journalistic listening, observing and interviewing skills. Narrative writing techniques, including where to begin and end a story, what details to include, and how to use quotes, will also be addressed with examples.

Poster 27

Releasing the Transformative Power of Meditation

Category:	Loss, Grief, and Mourning
Indicator:	Religious/Spiritual
Presentation Level:	Introductory

Hallock, Kathy, MSW
St. Francis Hospice, Honolulu, HI, USA

Releasing the Transforming Power of Meditation is an experiential workshop guiding participants through a process of Creative Meditation, taught in six simple steps. During this workshop we will stretch our body, calm our mind, connect with the creative power of our brain. Meditation is not only quieting and relaxing, but also transformative and creative. It is that process of returning to oneness, of experiencing our essential energy, of recovering our natural health and inner balance. It is a powerful healing and growth process accessible to all. Anyone can do it. Everyone is welcomed.

Poster 28

Seeing Demise Through Humorous Eyes

Category:	Loss, Grief, and Mourning
Indicator:	Resources and Research
Presentation Level:	Intermediate

Klein, Allen, MA
Award-Winning Presentations, San Francisco, CA, USA

Death and dying situations are, by their very nature, serious; we have lost a loved one or a good friend. And although serious illness and death is not funny in themselves, comedians, cartoonists, and cinematographers show us through their stand-up routines, drawings, and movies that it is possible to laugh during difficult times. In doing so they not only help us get a different perspective on our circumstances but also help us get the upper-hand on the inevitable. In other words, through laughter, comedians, cartoonists, and cinematographers show us the death doesn't have to be such a grave matter.

Poster Presentations 2

Friday, April 26, 3:00 – 4:00 p.m.

Poster 29
The Healing Power of Music and How To Use It In Your Practice

Category:	Loss, Grief, and Mourning
Indicator:	Professional Issues
Presentation Level:	Intermediate

Jones, Arvis, BAMT
Center 4 Grief and Loss 4 Children-Hathaway-sycamo, Los Angeles, CA, USA

Music is truly a universal language. This presentation will expand your knowledge about the power of music, how it can be used beyond being a stress reliever, and a discussion of how this knowledge of music can be used to help you connect with clients who are not ready to talk about trauma and grief issues. You will learn examples of how to break through some barriers these children have. Includes experiential music therapy (for non-musicians); a comprehensive presentation that will provide an overview of the developmental stages of grief; and explore a successful grief progam used in middle schools.

Poster 30
The Hidden Gifts of Grief

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

Chapman Kane, Anne, PhD
Private Practice, Rockville Centre, NY, USA

Grief is a powerful reaction to loss, experienced in many complex ways. This presentation explores various characteristics of the grief experience—psychological, physical, social, spiritual. Presented as a perspective gained from working with grief for almost forty years, the workshop identifies the major tasks of grieving, cites pitfalls along the way, and offers a variety of therapeutic solutions helpful to clinicians on every level. Finally, the workshop focuses on how grief can become one of the most powerful transformative agents in the human experience, allowing the griever an enhanced sense of growth and meaning in life.

Poster 31
Toward an Operationalization of the Meaning Made Construct

Category:	Loss, Grief, and Mourning
Indicator:	Resources and Research
Presentation Level:	Intermediate

Milman, Evgenia, MA
McGill University, Montreal, QC, Canada

Meaning-made, a construct central to meaning-making theory, has been linked to less impairing grief trajectories, indicating the importance of understanding how this construct manifests in clinical work with the bereft. However, tools for measuring whether an individual has made meaning often employ ambiguous operationalizations of meaning made, and no one tool appears to account for the diversity in how meaning made has been conceptualized. This presentation categorizes conceptualizations and measures of meaning-made according to their understanding of how meaning made manifests. Based on this categorization, the presentation proposes potential dimensions of the manner in which meaning-made manifests.

Poster 32
Using Creativity to Transform Grief and Recreate Identity

Category:	Loss, Grief, and Mourning
Indicator:	Religious/Spiritual
Presentation Level:	Introductory

Koppelman, Kent, PhD
University of Wisconsin-La Crosse, La Crosse, WI, USA

Beginning with the loss of a teenage son, the presenter describes how visits to the cemetery began the process of connecting his personal grief with that of others. Reading reactions from others to loss, and writing about the loss of a sister and parents provided the framework for exploring how creativity can transform grief and recreate identity. This grief journey was an intellectual and spiritual search for faith and hope that included many potholes and hazards, but finding the right words can allow people to accept changes in the person they were and understand the person they are becoming.

Poster 33
Visualizing Preferred Stories With Positive Memory Post-Loss

Category:	Loss, Grief, and Mourning
Indicator:	Contemporary Perspectives
Presentation Level:	Intermediate

Gershman, Nancy, BA
Art For Your Sake, New York, NY, USA

A central tenet of narrative-focused therapy is that the "Preferred Story" co-authored with a client externalizes their strengths and positive attributes. This process of externalization puts the onus on the bereaved to consider the freeing mantra: "The griever is not the problem; the problem is the problem." Yet visualization of the reframed past or re-envisioned future is difficult for clients to hold in their mind's eye. Prescriptive photomontage is a tangible object, composed of symbols, metaphors and sensory imagery from a client's positive, photo-based memories and epiphanies. Speaking directly to the emotional brain, it can break through that negative filter.

Poster Presentations 2

Friday, April 26, 3:00 – 4:00 p.m.

Poster 34

What Firefighters Need To Know About Dying and Death

Category:	Loss, Grief, and Mourning
Indicator:	Professional Issues
Presentation Level:	Introductory

Geiger, Chris, EMPA
Clackamas County Fire District No.1, Milwaukie, OR, USA

Firefighters, paramedics, and other emergency responders encounter dying and dead patients on a regular basis. They must make difficult life-and-death decisions and death notifications. Many times they participate in a surviving family's grief. Firefighters work in an extremely dangerous occupation. They face fears of death for themselves and co-workers yet receive no dedicated training or formal education related to dying, death, and grief. This presentation highlights the results of a formal research project that identified essential information that responders need to know about physical, social, and legal issues related to death and dying.

Poster 35

Who Am I Now? Experiences of Formal Grief Care Among Baby Boomers

Category:	Loss, Grief, and Mourning
Indicator:	Larger Systems
Presentation Level:	Intermediate

Hilliker, Laurel, PhD
Park University, Parkville, MO, USA

This qualitative study identified and explored the experiences of formal bereavement care among Baby Boomers who have lost a spouse. It investigated conceptions of shared culture, language, and meaning among survivors who have taken part in formalized grief care. An examination of negotiation strategies is addressed related to a disrupted narrative and the subsequent reconstruction of individual and social selves following spousal loss. A new model of grief work is put forth that observes the temporal aspects of a disrupted narrative as the bereaved spouses look at who they are now, while re-constructing the past and contemplating the future.

Poster 36

Young People Living With the Loss of a Missing Person

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

Davies, Elizabeth, RN, PhD, CT
Families and Friends of Missing Persons Unit, Parramatta, NSW, Australia

A loved one going missing and remaining missing is a relatively uncommon occurrence, compared with other losses experienced within society. It is an ambiguous loss. The grief experienced by those left behind may be unrecognized and underestimated. The impact on young people is often overlooked as those involved struggle to deal with the ongoing ramifications of a loved one missing. Young people want to be involved and informed. Individual counseling and an innovative group work programme focusing on the impact of ambiguous loss provides an opportunity for young people to be seen and heard when a loved one is missing.

Poster 37

The Blessings and the Curses of Filial Piety on Dignity at the End of Life: Lived Experience of Hong Kong Chinese Adult Children Caregivers

Category:	Loss, Grief and Mourning
Indicator:	Cultural/Socialization
Presentation Level:	Intermediate

Ho, Andy Hau Yan, MSoSoc, MFT, FT, PhD(c)
The University of Hong Kong, Hong Kong, China

This study critically examines the evolving nature of filial piety and the role that it plays in the contemporary experience of 'living and dying with dignity' among Hong Kong Chinese families facing the end of life. Meaning-oriented interviews were conducted with a purposive sample of 15 adult-children caregivers, aged 30 to 62, to elicit their narratives and stories in caring for a dying elderly parent. Qualitative content analysis reveals that although traditional filial beliefs provided motivation for family caregiving, contemporary experience of filial piety has evolved and reflected more equalitarian attitudes and behaviours. However, the regrets of unfulfilled filial responsibilities still create vast emotional distance between parents and adult-children, and act as a cultural barrier for reconciliation and contentment at life's final margin. These findings underscore the importance of intergenerational dynamics and interactions in the transformation of filial attitudes and behaviors, highlighting the importance of reciprocal relationships (vs. authority relationship), mutual support (vs. complete obedience), compassionate duty (vs. obligatory duty), emotional connection (vs. task fulfillment), and appreciation and forgiveness (vs. guilt and shame) in the promotion of dignity at the end-of-life. They further pinpoint the imperative for greater homecare support, as well as the critical need of a family-driven dignity-enhancing intervention in palliative social work.

Featured Speakers

Friday, April 26, 4:00 – 5:15 p.m.

Room: Silver Lake	**Room: Mt. Olympus**

Integrating Theory and Research into Passionate Practice of Grief Therapy

Category:	Loss, Grief and Mourning
Indicator:	Professional Issues
Presentation Level:	Intermediate

Chow, Amy, PhD, RSW, FT, CHt

Entering the era of evidence-based practice, there is a growing concern on efficacy of interventions. The modest results of grief intervention, as found in available meta-analyses of efficacy studies, call for systematic development and critical evaluation of grief support. Passionate clinicians are sometimes considered as extraterrestrial to research and theories. This presentation shares the journey of a passionate clinician exploring the new terrain through integrating the theories of bereavement into practice and using research to streamline the interventions. In particular, two main projects will be shared, concerning support of widowed older adults and bereaved persons with intellectual disabilities. A pilot group intervention based on the Dual Process Model of Coping was run for widowed older adults in Hong Kong.

Objectives:
1. Explain how theories and research can be integrated into practice of bereavement care.
2. Demonstrate the integration of theories in the development of bereavement care in supporting widowed older adults and persons with intellectual disabilities.
3. Describe the practical and cultural considerations in developing and evaluating bereavement care.

References:
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4. Chow, A. Y. M. (2006). *The bereavement experiences of Chinese persons in Hong Kong.* Unpublished Ph.D. Thesis, The University of Hong Kong, Hong Kong.
5. Chow, A. Y. M. (2010b). The role of hope in bereavement for Chinese people in Hong Kong. *Death Studies*, 34(4), 330-350.

Everybody Deserves To Have Their Story Heard: The Practice of Dignity Therapy in End-of-Life Care

Category:	Dying; Assessment and Intervention
Indicator:	Family and Individual; Resources and Research
Presentation Level:	Introductory

Montross, Lori, PhD

For those clinicians who wish to implement the Dignity Therapy method championed by Dr. Harvey Chochinov, this workshop focuses on learning the "nuts and bolts" of application in an actual hospice setting. Dr. Montross will describe the specific steps of Dignity Therapy: introducing the process to eligible patients/families and providing a copy of the protocol questions; interviewing the patient; transcribing and editing the interview document; reading back the document to the patient/family; and presenting a bound copy of the final document as a legacy gift. A videotaped example of an actual Dignity Therapy interview will illustrate the process.

Objectives:
1. Describe the core components of Dignity Therapy, enhanced by learning through case examples.
2. Understand the processes involved when providing Dignity Therapy as a "real-world" clinical practice.
3. Recognize the client, family, and organizational implications of providing this therapy.

References:
1. Chochinov, H.M., Kristjanson, L.J., Breitbart, W., McClement, S., Hack, T.F., Hassard, T., & Harlos, M. (2011). Effect of Dignity Therapy on distress and end-of-life experience in terminally ill patients: A randomized controlled trial. *Lancet Oncol, 12*(8): 753-62.
2. McClement, S., Chochinov, H.M., Hack, T., Hassard, T., Kristjanson, L.J., & Harlos, M. (2007). Dignity Therapy: Family member perspectives. *Journal of Palliative Medicine, 10*(5): 1076-1082.
3. Montross, L., Winters, K.D., & Irwin, S.A. (2011). Dignity Therapy implementation in a community-based hospice setting. *Journal of Palliative Medicine, 14*(6): 729-734.

Featured Speakers

Friday, April 26, 4:00 p.m. – 5:15 p.m.

Room: Ray Dolby Ballroom 1-3

Bridging Research and Practice Session: What is Normal Grief? Mapping the Variations *

Category: Loss, Grief and Mourning
Indicator: Resources and Research
Presentation Level: Intermediate

Bonanno, George A., PhD

Until recently, reactions to potentially traumatic life events, including grief reactions following the death of loved ones, have been understood almost exclusively using a simplistic, binary distinction of pathology versus health. Alternatively, loss events have sometimes been examined by comparing average differences between bereaved and non-bereaved people, or by examining average levels of grief symptoms across time. Although both approaches have been useful, neither fully captures the true heterogeneity of responses to these events. Moreover, both approaches have underestimated the prevalence of human resilience in the normal population. In this talk, I will describe studies from Columbia University's research program in which researchers have attempted to map prototypical trajectories of adjustment in response to loss, as well as other demanding life events that involve loss, such as terrorist disaster, combat, traumatic injury, and cancer surgery. I will place special emphasis on resilient outcomes and explore several of the many factors that predict resilient outcomes.

Following his presentation, Dr. Bonanno will sign copies of his books (available for sale during the conference) or bookplates for those who have his books at home.

*Generously supported by the Bridging Research and Practice Fund

Objectives:
1. Demonstrate comparative knowledge about the different approaches to the study of loss and potentially traumatic life events (PTEs).
2. Identify the heterogeneity of responses to PTEs, including chronic dysfunction, recovery, delayed reactions and resilient outcomes.
3. Distinguish different types of predictors of loss and trauma outcome and gain knowledge of their role in healthy adjustment.

Room: Hollywood C

Helping Children After Traumatic Loss

Category: Assessment and Intervention
Indicato: Resources and Research
Presentation Level: Intermediate

Iversen, Annette, PhD

This presentation will focus on issues of children's trauma in the context of death, dying and bereavement. It is intended that attendees develop a better understanding of signs and circumstances that may suggest the existence of childhood trauma, including insight into differentiating between trauma and non-traumatic grief and loss. Attendees will also receive information on the appropriate function of multiple providers where childhood trauma is suspected or diagnosed. Special attention will be paid to tragically more common occurrences of mass killings at schools and other places frequented by children.

Objectives:
1. Formulate a practical definition of childhood trauma in the context of death and dying.
2. Explain signs and circumstances suggesting childhood trauma exists.
3. Differentiate between trauma and non-traumatic grief and loss.
4. Identify the roles and functions of multiple providers where childhood trauma is suspected or diagnosed.
5. Apply the presented concepts to occurrences of mass killings at schools and other places frequented by children.

References:
1. Cohen, J.A., Mannarino, A.P.,& Deblinger, E. (2006). Treating trauma and traumatic grief in children and adolescents. New York: The Guilford Press.
2. Schuurman, D. L. (1998). Helping children cope with death. Portland, OR: Dougy Center.
3. Silverman, P.R., & Kelly, M. (2009). A parent's guide to raising grieving children: Rebuilding your family after the death of a loved one. New York: Oxford University Press.
4. Worden, J.W. (2001). Children and grief: When a parent dies. : New York: The Guilford Press.

Concurrent Session IX

Saturday, April 27, 8:45 – 9:45 a.m.

Bridging Research and Practice   **Room: Echo Park**

Working With Grief and Loss: Countertransference Dilemmas

Category:	Loss, Grief, and Mourning
Indicator:	Professional Issues
Presentation Level:	Intermediate

Bradley, Scott, Certified Psychoanalyst[1]; Robinson, Mary, MA[2]
[1]*Bradley Funeral Homes and Center for Life Transition, Chatham, NJ, USA;* [2]*Imagine, A Center for Coping with Loss, Westfield, NJ, USA*

As many as one in three bereavements result in "morbid outcome or pathological patterns of grief." Painful emotions may be so severe that people have trouble accepting the loss and resuming their lives. How does one distinguish the normal responses of grief and loss from the more traumatic or maladaptive responses? How does a clinician join or resolve a resistance to treatment? What is the clinician's role in bereavement work? This workshop will be helpful to anyone working with individuals who have experienced traumatic loss and help clinicians design effective coping interventions.

Objectives:
1. Analyze, through case material and personal narrative, the development of interventions to prevent, minimize, and resolve pathological loss reactions.
2. Describe how inductions from the client to the therapist may influence therapeutic outcomes and will learn how to join and resolve resistance to treatment.
3. Utilize techniques learned in this workshop to process their countertransference reactions in ways that will lead to effective therapeutic interactions.

References:
1. Charles, D.R., & Charles, M. (2006). Sibling loss and attachment style: An exploratory study. *Psychoanalytic Psychology, 23*(1):72-90.
2. Mirsky, J. (2011). Working through countertransference blocks in cultural-competence training. *Psychoanalytic Social Work, 18*:136-148.
3. Boschan, P.J. (2011). Transference and countertransference in Sándor Ferenczi's clinical diary. *American Journal of Psychoanalysis, 71*(4):309-320.
4. Bernstein, A. (1992). Beyond countertransference: The love that cures. *Modern Psychoanalysis, 17*(1):15-21.
5. Blum, H.P. (2003). Psychic trauma and traumatic object loss. *Journal of the American Psychoanalytic Association, 51*(2):415-431.

Practice Report   **Room: Franklin Hills**

Creativity in Funeral Planning/Rituals: Funeral Directors Make a Difference

Category:	Loss, Grief and Mourning
Indicator:	Professional Issues
Presentation Level:	Introductory

Bissler, Rick, BS
Bissler & Sons Funeral Home & Crematory, Kent, OH, US

Since World War II, each age cohort (e.g., Silent generation, GI Generation, Baby Boomers, Generation X, Millenials) has brought their own perspective to life, and to death. Funeral direction has changed a great deal over the decades as a result, from more authoritatively "handling everything," to imparting wisdom when appropriate, to promoting empowerment. Assisting the family in identifying and crafting meaningful and personalized funeral/memorial rituals is not only "good for business" (i.e., pleased families are more likely to return to the funeral home in the future and/or recommend it to others), but also the right thing to do professionally because families who are comforted cope better subsequently. In this program, the presenter offers a framework for how to approach grieving families to consider and implement meaningful death rituals. Illustrated examples of how such creative funerary rites may be carried out are provided.

Objectives:
1. Discuss how funerals evolved historically in the U.S. from held at home to "handled by outsiders."
2. Explain how personalized rituals promote comfort and enhance long-term adjustment among bereaved families.
3. Identify the tensions inherent in providing sage counsel to families while also respecting their autonomy to decide what best suits their needs.

References:
1. Hoy, W.G. (2013). *Do funerals matter? The purposes and practices of death rituals in global perspective.* New York: Routledge.
2. Long, T. G. (2009). *Accompany them singing: The Christian funeral.* Louisville, KY: Westminster John Knox.
3. Worden, J.W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner.* (4th Ed.). New York: Springer.

Practice Report   **Room: Hollywood E**

Ⓗ Kitchen Table Counseling

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Introductory

Russell, Vera, MA
Centre for Children's Cancer and Blood Disorders, Sydney, NSW, Australia

The Centre for Children's Cancer and Blood Disorders in Sydney, Australia provides a unique home-based bereavement service, a client-centered programme based on principles of community outreach, health promotion and early intervention. It emphasises the importance of the therapeutic relationship and conceptualises the follow-up as an extension of the care that begins at diagnosis. Service delivery is primarily via home visiting with equal access to both rural and metropolitan families. Duration and frequency of contact is determined by individual family need- an unusual initiative in times of frequently constricted health expenditure.

Objectives:
1. Identify and explore the complex factors in bereavement following the death of a child.
2. Evaluate the rationale and theoretical underpinnings of providing a community home-based bereavement follow-up programme.
3. Identify the positive aspects of such a model of care and its potential impact on enhancing regeneration in families after the death of a child from cancer.

Concurrent Session IX

Saturday, April 27, 8:45 – 9:45 a.m.

References:
1. Barrera, M., O'Connor, K., Mammone D'Agostino, N., Spencer, L., Nicholas, D., Jovcevska, V., Tallett, S., & Schneiderman, G. (2009). Early adjustment and bereavement after childhood cancer death. *Death Studies, 33*:497-520
2. Barrera, M., Mammone D'Agostino, N., Scheiderman, G., Tallett, S., Spencer, L., & Jovecevska, V. (2007). Patterns of parental bereavement following the death of a child and related factors. *Omega: The Journal of Death and Dying, 55*, 145-167
3. Shimshon Rubin, S., Malkinson, R., & Witztum, E. (2012). *Working with the bereaved: Multiple lenses on loss and mourning*. New York: Routledge/Taylor and Francis Group
4. Tedeschi, R. G., & Calhoun, L. G. (2004) *Helping bereaved parents: A clinician's guide*. New York: Brunner-Routledge.
5. Klass, D.(1999). *The spiritual lives of bereaved parents*. Philadelphia: Brunner-Mazel

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Practice Report   **Room: Hollywood C**

Upon the Death of Your Loved One: One Hospital's Approach

Category: Loss, Grief, and Mourning
Indicator: Larger Systems
Presentation Level: Intermediate

Sefansky, Susan, MSW
University of Michigan Health System, Ann Arbor, MI, USA

This presentation will discuss how post mortem care is provided in a large academic medical center through the Office of Decedent Affairs (ODA). The majority of end of life care happens in hospitals yet how hospital staff deal with death and dying is rarely addressed. The literature supports the theory that how one experiences the dying process, including place of death and post mortem care, is an important component to how one grieves. This presentation will discuss how death and post mortem care in a large hospital significantly changed due to multidisciplinary coordination. New programs and pracitces continues to evolve.

Objectives:
1. Explain the need to create a hospital culture that embraces service excellence at end of life and beyond.
2. Describe the different disciplines involved in providing post-mortem clinical care.
3. Analyze the benefits to family, hospital, and community of a program dedicated to the bereavement and post-mortem process.

References:
1. Chapple , A., & Ziebland, S. (2010). Viewing the body after bereavement due to a traumatic death: Qualitative study in the UK. *British Medical Journal, 340*, 2032.
2. Anderson, W. G., Arnold, R. M., Angus, D. C., & Bryce, C. L. (2008). Posttraumatic stress and complicated grief in family members of patients in the intensive care unit. *J Gen Intern Med, 23*(11) 1871-1876.
3. Chapple, H. (2010). *No place for dying: Hospitals and the ideology of rescue*. Walnut Creek, CA: Left Coast Press.
4. Waghorn, M., Young, H., & Davies, A. (2011). Opinions of patients with cancer on the relative importance of place of death in the context of a "good death." *BMJ Supportive and Palliative Care, 1*(3): 310-314.
5. Brown, P., & Sefansky, S. (1995, October). Enhancing bereavement care in the pediatric ICU. *Critical Care Nurse, 15*(5), 59-60, 62-64.

Research Report – 60 minutes   **Room: Hollywood A**

An RCT of Complicated Grief Group Therapy in Older Adults

Category: Loss, Grief, and Mourning
Indicator: Resources and Research
Presentation Level: Intermediate

Supiano, Katherine, PhD
University of Utah-College of Nursing, Salt Lake City, UT, USA

This session will describe an RCT that evaluated the efficacy of complicated grief group therapy (CGGT) in the treatment of older adults meeting clinical criteria for complicated grief (CG). CGGT is an adaptation of complicated grief therapy (Shear, 2003, Liberty Version; Shear, Frank, Houck & Reynolds, 2005) administered as group therapy. Participants in CGGT demonstrated significant improvement. Nearly half of CGGT participants realized clinically significant improvement, and all of the CGGT completers had follow up scores in the normal grief range. This high level of clinical significance suggests that those in the CGGT group were effectively treated for CG.

Objectives:
1. Recognize the process and outcomes, strengths and limitations and clinical implications of the Complicated Grief Group Therapy research study as implemented.
2. Identify the key elements of complicated grief therapy as translated to complicated grief group therapy.
3. Evaluate the suitability of complicated grief group therapy for various clinical populations and settings of care.

References:
1. Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., et al. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine, 6*(8), e1000121.
2. Shear, M. K. (2010). Exploring the role of experiential avoidance from the perspective of attachment theory and the dual process model. *Omega, 61*(4), 357-369
3. Boelen, P. A., de Keijser, J., van den Hout, M. A., & van den Bout, J. (2007). Treatment of complicated grief: A comparison between cognitive-behavioral therapy and supportive counseling. *Journal of Consulting and Clinical Psychology, 75*(2), 277-284.
4. Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F., 3rd (2005). Treatment of complicated grief: A randomized controlled trial. *Journal of the American Medical Association, 293*(21), 2601-2608.
5. Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., et al. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and anxiety, 28*(2), 103-117. doi: 10.1002/da.20780.

Concurrent Session IX

Saturday, April 27, 8:45 – 9:45 a.m.

Research Report – 60 minutes   **Room: Los Feliz**

Relational Dimensions of Perinatal Bereavement

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

Gallagher, Scott, MA(c); Klaassen, Derrik
Trinity Western University, Langley, BC, Canada

This study is an examination of how couples grieve together for perinatal losses (i.e. ectopic pregnancy, miscarriage, stillbirth, and neonatal death). The majority of research in this area has conceptualized perinatal bereavement as a maternal, intrapsychic process (Uren & Wastell, 2002), neglecting the relational dimensions of this form of bereavement. While joint grieving has been examined in parents who have lost older children (Klaassen, 2011), this has yet to be addressed in contexts of perinatal bereavement. Using the Qualitative Action-Project Method (Young, Valach, & Domene, 2005), our study examines perinatal bereavement as a jointly enacted process within bereaved parents' relationships.

Objectives:
1. Describe the ways in which bereaved parents share their grief following perinatal loss.
2. Utilize the Action-Project model to conceptualize the process of perinatal bereavement.
3. Apply perinatal bereavement within the broader constructivist models of parental bereavement.

References:
1. Barr, P., & Cacciatore, J. (2007). Problematic emotions and maternal grief. *Omega: Journal of Death And Dying, 56*(4), 331-348. doi:10.2190/OM.56.4.b
2. Klaassen, D. W. (2010). *Spiritual and relational dimensions of parental grieving* (Unpublished doctoral dissertation). The University of British Columbia, Vancouver, BC.
3. Lang, A., Fleiszer, A. R., Duhamel, F., Sword, W., Gilbert, K. R., & Corsini-Munt, S. (2011). Perinatal loss and parental grief: The challenge of ambiguity and disenfranchised grief. *Omega: Journal of Death and Dying, 63*(2), 183-196. doi:10.2190/OM.63.2.e
4. Uren, T. H., & Wastell, C. A. (2002). Attachment and meaning-making in perinatal bereavement. *Death Studies, 26*(4), 279-308. doi:10.1080/074811802753594682
5. Jaffe, J. & Diamond, M. (2011). *Reproductive trauma.* Washington, DC: American Psychological Association.

Scholarly Paper   **Room: Hollywood B**

Parental Grief Support in an Online Chat Group

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Introductory

Elder, Jessica, MS[1]; Burke, Laurie, MS[2]
[1]Children's Brain Tumor Foundation, Scottsdale, AZ, USA; [2]University of Memphis, Memphis, TN, USA

Research suggests that the loss of a child produces profound grief, and that cancer-related loss is especially difficult. Children's Brain Tumor Foundation (CBTF), a national non-profit agency, offers a monthly live chat room to provide support to parents whose child died of brain or spinal cord cancer. We explored the effectiveness of CBTF's online grief group using responses from 14 bereaved parents. Participants endorsed online groups as a convenient way to cope with grief by reducing isolation and providing a place to talk and learn about grief with parents and professionals. Clinical implications of online bereavement groups will be discussed.

Objectives:
1. Recognize some of the challenges inherent in parental grief following the loss of a child to cancer.
2. Describe the structure and content of an online grief support group.
3. Identify the advantages and disadvantages of live bereavement chat rooms.

References:
1. Burke, L. A., & Neimeyer, R.A. (2012) Prospective risk factors for complicated grief: A review of the empirical literature. In M.S. Stroebe, H. Schut, J. van der Bout & P. Boelen. (Eds.), *Complicated grief: Scientific foundations for healthcare professionals* (pp. 145-161). New York: Routledge.
2. Cupit, I. N. (2012). Research in thanatechnology. In C. Sofka, I. Noppe Cupit & K. Gilbert (Eds.), *Dying, death, and grief in an online universe* (198-216). New York: Springer.
3. Hensley, L. D. (2012). Bereavement in online communities: Sources of support for disenfranchised grief. In C. Sofka, I. Noppe Cupit & K. Gilbert (Eds.), *Dying, death, and grief in an online universe* (119-134). New York: Springer.
4. Horsley, G. & Horsley, H. (2012). Open to Hope: An online thanatology resource center. In C. Sofka, I. Noppe Cupit & K. Gilbert (Eds.), *Dying, death, and grief in an online universe* (151-162). New York: Springer.

Concurrent Session IX

Saturday, April 27, 8:45 – 9:45 a.m.

Professional Case Presentation　　Room: Hollywood D

Gang-Related Grief Among the Inmate Population

Category:　　　　　　　Loss, Grief, and Mourning
Indicator:　　　　　　　Cultural/Socialization
Presentation Level:　　　Introductory

Lunardini, Melissa, MA; Gabbay, Pamela, MA
The Mourning Star Center for Grieving Children, Palm Desert, CA, USA

This presentation will explore grief related to loss stemming from gang violence. The presenters will discuss grief reactions and cultural pressures of incarcerated men who have had a loved one or fellow gang member die from gang violence. The presenters corresponded with inmates from various California correctional facilities. An in-depth questionnaire was distributed to inmates that asked about their loss experience both in and out of prison. The questionnaire explored grief rituals, coping mechanisms, cultural implications and support systems. All surveyed inmates are current or ex-gang members.

Objectives:
1. Explain how socialization within the inmate population prevents prisoners from engaging in usual grief expression and engaging in usual support systems.
2. Describe the unique circumstances of incarceration that prevent prisoners from participating in societal grief rituals, such as attending the funeral.
3. Explain how the inmate population copes with grief and loss given the cultural and gender pressures to be strong.

References:
1. Drury, A. J. (2011). Gangskill: An exploratory empirical assessment of gang membership, homicide offending, and prison misconduct. *Crime & Delinquency, 57*(1), 130-146.
2. Hendry, C. (2009). Incarceration and the tasks of grief; a narrative review. *Journal of Advanced Nursing, 65*(2), 270-278.
3. Stretesky, P. B., & Pogrebin, M. R. (2007). Gang-related gun violence. *Journal of Contemporary Ethnography, 36*(1), 85-114.

Concurrent Session X

Saturday, April 27, 10:00 – 11:00 a.m.

Personal Story　　　　　　Room: Mt. Olympus

(C) Childhood Bereavement: In Their Own Words

Category:　　　　　　　Loss, Grief, and Mourning
Indicator:　　　　　　　Cultural/Socialization
Presentation Level:　　　Introductory

McNiel, Andrew (Andy), MA, Counseling
National Alliance for Grieving Children, Jensen Beach, FL, USA

What do children and teenagers want us to know about their grief? This session will present the results of a nationwide survey of over 500 grieving youth conducted by the New York Life Foundation and Tiller, Inc. in partnership with the National Alliance for Grieving Children. The survey was administered locally by children's bereavement support programs throughout the United States during the fall/winter of 2011. The survey consisted of 20+ questions about grief, family, school and friends. We will discuss key findings and their implications on societal understandings of grieving children and teenagers.

Objectives:
1. Explain child and teen perspectives about their own grief.
2. Identify cultural and societal misconceptions about childhood grief.
3. Identify effective ways to provide support to grieving children and teenagers.

References:
1. *National Poll of Bereaved Children & Teenagers*. (2012, March). National Alliance for Grieving Children. Retrieved September 2012 from http://www.childrengrieve.org/national-poll-bereaved-children-teenagers.
2. Schoenberg, N. (2012, April 24). Tribune Voices: Don't be shocked when you meet a grieving child. *Chicago Tribune*. Retrieved from http://articles.chicagotribune.com/2012-04-24/news/ct-talk-schoenberg-column-0424-20120424_1_bereavement-kids-social-event.
3. Painter, K. (2012, March 14). Grieving kids say schools could be better at helping. *USATODAY.com*. Retrieved September 2012 from http://www.usatoday.com/news/health/wellness/story/2012-03-14/Grieving-kids-say-schools-could-be-better-at-helping/53536276/1.
4. Silverman, P. R., & Kelly, M. (2009). *A parent's guide to raising grieving children*. New York: Oxford University Press.
5. Emswiler, M. A., & Emswiler, J. P. (2000). *Guiding your child through grief*. New York: Bantam Books.

Concurrent Session X

Saturday, April 27, 10:00 – 11:00 a.m.

Personal Story   Room: Silver Lake

GriefWalk: A Journey of Healing

Category: Death Education
Indicator: Larger Systems
Presentation Level: Intermediate

Ryan, Celia, MSW
GriefWorks, Little River, SC, USA

I would like to share how I founded the GriefWalk in 1999 as a tangible way to honor grief and loss that could include everyone, especially the ones (men and women) who don't go to support groups or counseling. The walk was planned around a National Park Service garden in Maryland, but you could be creative and use the guide in any outdoor setting that seems to be welcoming. Using the symbol and ritual of the garden proved to be very effective and healing. I will share how you can be creative with this idea.

Objectives:
1. Recognize a model of an alternative way to process grief and loss in the community.
2. Analyze which components of this model lead to encouraging alternative ways to process loss.
3. Predict if this is a model that you might consider to enhance your delivery of services.

References:
1. Curwen, T. (2010, November 13). Walking away from grief. *L.A. Times*. pp. 1-4.
2. Doka, K., & Martin, T. (2010). *Grieving beyond gender: Understanding the ways men and women mourn* (2nd ed.). New York: Routledge.
3. O'Donohue, J. (2008). *Benedictus* (1st ed.). London, UK: Bantam Press.

Bridging Research and Practice   Room: Hollywood A

Death: Up Close and Transformational for the Pre-Med Student

Category: Death Education
Indicator: Professional Issues
Presentation Level: Intermediate

Brown, Rebecca, MDiv[1]; Puig, Ana, PhD[2]; Lenes, Emi, EdS[2]
[1]Shands Childrens Hospital at UF, Gainesville, FL, USA; [2]University of Florida, Gainesville, FL, USA

In 2006, the Streetlight Program was designed by Rebecca Brown as a psychosocial adolescent palliative care program to meet the unique age-specific needs of young people living with a chronic or terminal illness. Based on the presumed effectiveness of consistent long-term peer support, pre-medical students were selected to partner with seriously ill teenagers. Since 2006, graduates of Streetlight have anecdotally reported that their Streetlight experience with patient suffering and death was personally transformational, and profoundly affected their career values in medicine. A research project has explored how this early exposure to death has impacted the healthcare professionals they have become.

Objectives:
1. Identify and articulate the age-specific psychosocial challenges confronting the adolescent living with a chronic or terminal illness.
2. Acknowledge the benefits that a supportive peer relationship can have both for the adolescent patient and the pre-medical or healthcare student volunteer.
3. List the advantages of experiential learning gained through interactive death encounters with real patients — over that which is traditionally taught in a classroom.

References:
1. Stevens, M.M., Dunsmore, J.C., Bennett, D.L., & Young, A.J. (2009). Adolescents living with life-threatening Illnesses. In David E. Balk & Charles A. Corr (Eds.), *Adolescent encounters with death, bereavement, and coping*. (pp.115-138). New York: Springer Publishing Company.
2. Findlay, S., Pinzon, J., Goldberg, E., & Frappier, J.Y. (2008). Issues of care for hospitalized youth. *Paediatric Child Health, 13*(1), 61-4.
3. Yazdani, S., Evan, E., Roubinov, D., Chung, P., & Zeltzer, L. (2010). A longitudinal method of teaching pediatric palliative care to interns: Preliminary findings regarding changes in interns' comfort level. *Palliative Supportive Care, 8*, 35-40.
4. Stevens, M.M., & Dunsmore, J.C. (1996). Helping adolescents who are coping with a life-threatening illness, along with their siblings, parents, and peers. In C.A. Corr & D.E. Balk, D. E. (Eds.), *Handbook of Adolescent Death and Bereavement*. (pp.329-353). New York: Springer Publishing Company.

Practice Report   Room: Hollywood B

How Teens Are Using Social Media to Talk and Learn About Grief

Category: Loss, Grief, and Mourning
Indicator: Life Span
Presentation Level: Intermediate

Shrock, Pete, BA
Comfort Zone Camp, Richmond, VA, USA

We don't need statistics or a survey to tell us that most teenagers are active online, because social networking, texting and Smartphones are now daily components of our culture. In this session, we will discuss how teens are using social networking to learn and talk about loss and grief. We'll identify the most popular platforms teens are using for these conversations and how online communities are responding. We will cover the risks and opportunities for grief professionals to provide support to teens online, and how grief professionals can equip parents with information about supporting healthy onlinebehavior in teens who

Objectives:
1. Identify the most popular platforms teens are using and how online communities are responding.
2. Describe the risks and opportunities for grief professionals to provide support to teens online.
3. Identify ways grief professionals can educate parents healthy online behavior in grieving teens.

References:
1. Kanter, B., & Fine, A. (2010). *The networked nonprofit: Connecting with social media to drive change* (1st ed.). San Francisco: Jossey-Bass.

Concurrent Session X

Saturday, April 27, 10:00 – 11:00 a.m.

2.   Fouts, J., & Kanter, B. (2010). *#SOCIALMEDIANONPROFIT tweet Book01: 140 bite-sized ideas for nonprofit social media engagement* (1st ed.). Cupertino, CA: THINKaha.

3.   Aaker, J., & Smith, A. (2010). *The Dragonfly Effect: Quick, effective, and powerful ways to use social media to drive social change* (1st ed.). San Francisco: Jossey-Bass.

Practice Report   **Room: Franklin Hills**

Using Pictorial Images As Metaphor To Transform Identity

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Intermediate

Howard, Janet, MA
Private Practice, Alvarado, TX, USA

A well-chosen metaphor can be one of the tools of engagement that facilitates an "aha" and furthers the reframing of grief into personal identity transformation. This proposal targets the use of pictures, personal photographs, and the griever's dialogue to create a personalized metaphor that elicits emotions, memories, and ideas to leave a lasting impression in the mind of the griever with enough power to facilitate change. The "metaphoric communication", as named by Teresa Garcia-Sanchez who is the Director of the Instituto Erickson Madrid, uses "seeding" and "half-a-message" to activate multiple areas of the brain. She did not specifically use pictures.

Objectives:
1.   Identify when a greiver is stuck in grief.
2.   Formulate a metaphor using the griever's dialog and personal and other pictures to illicit a response.
3.   Demonstrate techniques to guide a griever to integrate the metaphor into transformation.

References:
1.   Garcia-Sanchez, T. (Vanini, C., transl.) (2012). "Metaphors and metaphors: A core communication element in Ericksonian brief therapies." *Milton H. Erickson Foundation Newsletter, 32*(2): 14.
2.   Siegel, D. J. (2010). *Mindsight: The New Science of Personal Transformation*. New York: Bantam Books Trade Paperbacks.
3.   Smith, J (2011). *The life and death of building: On photography and time*. New Haven and London: Princeton University Art Museum.

Research Report – 60 minutes   **Room: Hollywood E**

Moral Injury Among War Veterans: Probing into the Deeper Consequences of Combat Trauma

Category: Traumatic Death
Indicator: Religious/Spiritual
Presentation Level: Intermediate

Currier, Joseph, PhD
Fuller Theological Seminary, Pasadena, CA, US

The emergence of guerilla warfare and terrorism has engendered distinctive challenges for servicemen and women of the modern era, where fighting typically occurs in well-populated areas in which unconventional combat scenarios are increasingly common (e.g., unmarked combatants, ambiguous civilian threats, improvised explosive devices). Though military survival rates are higher than in previous generations, "moral injury" is an emerging construct that more fully captures the psychological, ethical, and potential spiritual challenges arising for veterans of modern wars. This presentation will describe the moral injury construct, detail symptoms, and report results of several recent studies related to the validation of the construct.

Objectives
1.   Articulate the possible impact of psychological and spiritual consequences of combat trauma.
2.   Describe the construct of moral injury in the context of combat trauma.
3.   Summarize the state of research on moral injury and summarize several studies.

References
1.   Currier, J. M., Holland, J. M., Jones, H. W., & Sheu, S. (in press). Involvement in abusive violence among Vietnam Veterans: Direct and indirect associations with substance abuse problems and suicidality. *Psychological Trauma: Theory, Research, Practice & Policy.*
2.   Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schutz, K., & Litz, B. (2011). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology, 17*, 8-13. doi:10.1177/1534765610395615.
3.   Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*, 695-706. doi:10.1016/j. cpr.2009.07.003.

Research Report – 60 minutes   **Room: Hollywood C**

The 921 Earthquake Museum: Survivor Advocacy and Healing

Category: Loss, Grief, and Mourning
Indicator: Cultural/Socialization
Presentation Level: Introductory

Sofka, Carla, PhD
Siena College, Loudonville, NY, USA

On September 21, 1999, a devastating earthquake in Taiwan caused the loss of over 2,000 lives and approximately $10 billion worth of damage. This introductory-level presentation will highlight the role that the 921 Earthquake Museum has played in the resilience and survivor advocacy efforts of those whose lives were impacted by this natural disaster. An overview of the museum's galleries will be provided. Based on interviews conducted with museum volunteers and staff, the role of volunteer involvement as a protective factor in coping with tragedy will be discussed. Lessons learned about conducting culturally-competent research will be described.

Objectives:
1.   Describe the exhibit components of the 921 Earthquake Museum and the reasons that visitors describe for coming to the museum.
2.   Define the concept of "survivor advocacy" and utilize an individual and community resilience framework to describe the

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benefits of volunteering at a museum related to a tragic event.
3. Identify strategies for conducting culturally-competent research in Taiwan.

References:
1. Benard, B. (2010). Individual, family, and community resilience. In L. Cohen, V. Chavez, & S. Chehimi (Eds.), *Prevention is primary: Strategies for community well-being* (pp. 55-82). San Francisco: Jossey-Bass.
2. Ryan, C. (2011). Why do visitors go to museums? The case of the 921 Earthquake Museum, Wufong, Taichung. *Asia Pacific Journal of Tourism Research, 16*(2), 209-228.
3. Sofka, C. J. (2009). History and healing: Museums as healing spaces. *International Journal of the Inclusive Museum, 2*(4), 79-90.
4. Ktsai, K-Y., Chou, P., et al. (2007). Three-year follow-up study of the relationship between posttraumatic stress symptoms and quality of life among earthquake survivors in Yu-Chi, Taiwan. *Journal of Psychiatric Research, 41*, 90-96.

Scholarly Paper   **Room: Los Feliz**

H O Can Dead Bodies Threaten End-of-Life Care?

Category:	Dying
Indicator:	Larger Systems
Presentation Level:	Intermediate

Chapple, Helen, PhD, RN, CT, CCRN
Creighton University, Omaha, NE, USA

States have unique policies involving autopsies. In 1917, Nebraska physicians turned death investigations and death certificates over to county attorneys. Now when death occurs outside the hospital, even with hospice, the sheriff must rule out the need for autopsy. Do such practices jeopardize care at the end of life? What evidence might be relevant? The relationship between state policies regarding dead bodies and quality end-of-life care also raises questions about public well-being. This presentation will advocate for consistency as a basic expectation in end-of-life care and for using population-based approaches to evaluate its quality.

Objectives:
1. Name one medical aspect and one legal aspect that the state must oversee regarding death.
2. Describe one way how confusion over post-death responsibilities can affect the care of patients who are nearing death.
3. Identify one reason why quality end-of-life care could be an appropriate concern for public health.

References:
1. Byker, C., & Bergman, L. (Producers), & Mangini, T. (Director). (2011, February 1, 2011). *Post-mortem*. [Video/DVD] Boston: FRONTLINE production with Cam Bay Productions in partnership with ProPublica and NPR.
2. Chapple, H. S. (2010). *No place for dying: Hospitals and the ideology of rescue*. Walnut Creek, CA: Left Coast Press.
3. Nebraska Department of Health and Human Services. (2010). *EMS model protocols*. Retrieved September 7, 2012, from http://dhhs.ne.gov/publichealth/Documents/EMS%20Model%20Protocols.pdf.

4. Nebraska Library Commission. (2009). *LR 276: Interim study report on standards and oversight of death investigations in Nebraska*. Retrieved from http://nlc1.nlc.state.ne.us/epubs/L3790/B071-2009.pdf.
5. Mezey, M., Dubler, N. N., Mitty, E., & Brody, A. A. (2002). What impact do setting and transitions have on the quality of life at the end of life and the quality of the dying process? *The Gerontologist, 42*(III), 54-67.

Professional Case Presentation   **Room: Silver Lake**

Nature-Based Family Bereavement Programs

Category:	Loss, Grief, and Mourning
Indicator:	Professional Issues
Presentation Level:	Intermediate

Barrett, Tina, EdD, LCPC[1]; Pickett, Molly, BA[2]
[1]Tamarack Grief Resource Center, Missoula, MT, USA; [2]University of Montana, Missoula, MT, USA

Comprehensive bereavement programs face the challenge of providing developmentally relevant programming for individuals throughout the grief journey. Many individuals who have experienced benefits of individual or group support are motivated to support and mentor peers. A Program Director and past participant present three models of peer-based leadership programs: 1) Peers-As-Leaders (teen junior counselor program); 2) Participants as Panelists; and, 3) Care Team Training. Discussion will integrate logistical, training, and ethical considerations for mentor training, support, and debriefing from 15 years of peer-mentor programming.

Objectives:
1. Identify specific nature-based grief support programs involving family groups.
2. Recognize the need for activities that engage family members of all ages with different grief responses.
3. Identify practical activities for family bereavement programs that honor the individual response to loss while strengthening family systems.

References:
1. Barrett, C. (2012). The grief spiral. In R. A. Neimeyer (Ed.). *Techniques of grief therapy: Creative practices for counseling the bereaved* (pp. 347-350). New York: Routledge.
2. Noppe, I. C., & Noppe, L. D. (2008). When a friend dies. In K. J. Doka, & A. S. Tucci (Eds.), *Living with grief: Children and adolescents* (pp. 175-192). Washington, DC: Hospice Foundation of America.
3. Prashant, L. (2012). Degriefing caregiver burden. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counseling the bereaved* (pp. 365-367). New York: Routledge.
4. Santostefano, S. (2004). *Child therapy in the great outdoors: A relational view*. Hillsdale, NJ: The Analytic Press.

Concurrent Session X

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Personal Story   **Room: Hollywood D**

A Bereaved Mother's Journey Transforming Grief into Action

Category: **Loss, Grief, and Mourning**
Indicator: **Family and Individual**
Presentation Level: **Introductory**

Lord, Tanya, PhD
The Grief Toolbox, Nashua, NH, USA

My 4.5-year-old son died due to medical error. The quest to understand his death led me to back to school. I learned that approximately 98,000 – 144,000 deaths occur due to medical error every year. This puts medical error above breast cancer and AIDS as a cause of death. As I perused a PhD, I realized that it was providing me more than an education, it gave me a purpose. The Grief to Personal Growth Theory suggests that grief can provide the "fuel" for growth. This presentation describes my journey to personal growth while providing ideas to encouraging others.

Objectives:
1. Recognize the importance of personal growth to the grieving process.
2. Explain the benefits of helping to identify the many ways that a grieving person can grow.
3. Identify methods to help a grieving person recognize the personal growth they are making and help them to see it in a positive light.

References:
1. Wright, P. M., & Hogan, N. S. (2008). Grief theories and models. *Journal of Hospice and Palliative Nursing, 10*(6), 350-6.
2. Kohn, L., Corrigan, J., & Donaldson, M. (Eds.). (1999). *To err is human: Building a safer health system*. Washington, DC: National Academies Press.
3. Hogan, N. S. (2002). Testing the grief to personal growth model using structural equation modeling. *Death Studies, 26*(8), 615-34.

Personal Story   **Room: Mt. Olympus**

Death — The Ultimate Teacher

Category: **Death Education**
Indicator: **Professional Issues**
Presentation Level: **Intermediate**

Ross, Susan, MSN
Thompson Rivers University, Kamloops, BC, Canada

In my work as a nurse, death has always walked beside me. In 2002, my eldest son was killed in a motor vehicle accident and grief became very personal. This loss transformed my identity in such a way that I recognized that learning modalities typically used in death and bereavement courses in university might be restructured to foster transformation among students in the course. I will discuss how these insights led to developing the course in new ways and the evidence that students provided to illustrate their own identity changes.

Objectives:
1. Identify how personal loss can transform the identity of a person.
2. Evaluate the elements of an interdisciplinary course on death, dying and bereavement.

3. Analyze the connection between personal loss and identity transformation.

References:
1. Brajtman, S., Hall, P., & Barnes, P. (2009). Enhancing interprofessional education in end-of-life care: An interdisciplinary exploration of death and dying in literature. *Journal of Palliative Care, 25*(2), 125-130.
2. Corr, C. A., & Corr, D. M. (2009). *Death & dying Life & living* (7th ed.). Belmont, CA: Wadsworth.
3. Riley, L. P., LaMontagne, L. L., Hepworth, J. T., & Murphy, B. A. (2007). Parental grief responses and personal growth following the death of a child. *Death Studies, 31*, 277-299.
4. Leming, M. R., & Dickinson, G. E. (2011). Studying dying, death and bereavement. In *Understanding dying death and bereavement* (pp. 3-39). Belmont, CA: Wadsworth.
5. Moules, N. (2011). A parent's worst nightmare: Grief, families, and the death of a child. *Relational Child and Youth Care Practice, 21*(4), 63-69.

Personal Story   **Room: Echo Park**

Minding the Gap: When a Practitioner Meets Research

Category: **Loss, Grief, and Mourning**
Indicator: **Resources and Research**
Presentation Level: **Intermediate**

Fry, Liane, MA
Center for Grief Care and Education, SDHIPM, San Diego, CA, USA

In 2005, the Center for the Advancement of Health published sensible suggestions to both researchers and practitioners to foster collaboration, understanding, and appreciation between these two groups as a vehicle to enhance treatment outcomes and the application of research. This session will explore the variety of ways participants can engage with research, consider resources and even participate in research activities. From the daily practice of a clinician to the disbursement of our discipline's equivalent of new discoveries, this session will illuminate the process of minding the gap.

Objectives:
1. List and distinguish preference between five methods by which a practitioner can engage with research.
2. Identify three ways in which research can influence clinical practice.
3. Distinguish a sense of readiness to regularly engage with research.

References:
1. Breen, L. J., & O'Connor, M. (2007). The fundamental paradox in the grief literature: A critical reflection. *Omega, 55*(3), 199-218.
2. Sandler, I., Balk, D., Jordan, J., Kennedy, C., Nadeau, J., & Shapiro, E. (2005). Bridging the gap between research and practice in bereavement: Report from the center for the advancement of health. *Death Studies, 29*, 93-122.
3. Shapiro, E. R. (2008). Whose recovery, of what? Relationships and environments promoting grief and growth. *Death Studies, 32*, 40-58.
4. Shear, K., Frank, E., Houch, P.R., & Reynolds, C. F. (2003). Treatment of complicated grief: A randomized controlled trial. *JAMA, 293*, 2601-2608.

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Concurrent Session XI

Saturday, April 27, 11:30 a.m. – 12:30 p.m.

Practice Report　　　　　　　　**Room: Hollywood E**

Companioning on the Journey — A Chaplain's Perspective of Pediatric Death

Category:	**End-of-Life Decision-Making**
Indicator:	**Family and Individual**
Presentation Level:	**Intermediate**

Tomlinson, Danny L., MDiv, CT
McLane Children's Hospital Scott & White, Temple, TX, USA

In recounting the journey as a companion to four pediatric cancer patients, we will explore the emotional and spiritual dynamics that may be helpful in coping with and finding meaning in death. Birth and death are the bookends or brackets on either side of life. Both parent and child want life to make sense – to have meaning. Understanding how children make meaning for their own lives as they face death can help us to work more effectively and closely with the dying child. While spirituality may involve religious practices, it focuses primarily on two types of meaning-making: 1) "There is a reason for everything," which anticipates resolution of angst; and 2) "This should not be happening," a volitional response seeking control over uncontrollable events. Companioning with the pediatric patient can greatly enhance the ability to develop resiliency in the child. The dying child may also assume a role for him/herself which may determine adjustment and happiness related to approaching death. The role identity can assist in resilience or promote dysfunction within the individual and family.

Objectives:
1. Identify two key types of meaning-making.
2. Analyze pediatric development psychologically, spiritually, and emotionally.
3. List strategies to maximize best outcomes in pediatric death and bereavement.

References:
1. Grossoehme, D. H. (1999). *The pastoral care of children.* New York: Hawthorne Pastoral.
2. Webb, N. B. (2010). *Helping bereaved children: A handbook for practitioners.* New York: Guilford.
3. Worden, J. W. (2009). *Grief counseling and grief therapy, Fourth Edition.* New York: Springer.

Scholarly Paper　　　　　　　**Room: Mt. Olympus**

Families Find Solace in Natural Burial and Home Funerals

Category:	**Death Education**
Indicator:	**Cultural/Socialization**
Presentation Level:	**Introductory**

Wolf, Shari, BS
Natural Grace Funerals, Manhattan Beach, CA, USA

We are in a time where living our lives in a more natural manner matters to us. We also have an increased societal concern for our environment. A growing movement towards green burial, home funerals and honored rituals is on the rise. Attendees will take from this presentation an enlightened understanding of what "natural" burial is, how these practices enable families to make a meaningful connection to the circle of life at the time of death and how families can begin to transform their grief into positive energy through their participation in the ceremonial process.

Objectives:
1. Compare natural burial options and how they differ from today's conventional practices in the U.S.
2. Explain the desire of families for a personal, individualized, "service" approach to after death care versus a "sales" approach so often encountered by families today.
3. Express stories enhancing an understanding of the emotional power of both ritual and family participation in the funeral process and how this involvement facilitates a transformation of grief.

References:
1. Harris, M. (2008). *Grave matters*. New York: Scribner/Simon & Schuster
2. Choi-Allum, L. (2007, November). *Funeral and burial planners survey*. Washington, DC: AARP.
3. Alexander, M. (2009, March). The surprising satisfactions of a home funeral. *Smithsonian Magazine*.
4. Mitford, J. (2000). *The American way of death revisited*. New York: Random House.
5. Green Burial Council (n.d.). *Welcome to the Green Burial Council*. Retrieved from http://greenburialcouncil.org.

Professional Case Presentation　　　**Room: Hollywood A**

An Insider's View of Complicated Grief Treatment

Category:	**Loss, Grief, and Mourning**
Indicator:	**Professional Issues**
Presentation Level:	**Advanced**

Shear, M. Katherine, MD
Columbia University School of Social Work, New York, NY, USA

This presentation will use a case example to explain the principles and strategies used in a research-tested targeted short-term approach to complicated grief. A case will be presented and discussed. Vidoetaped segments of the client's actual treatment will be presented in order to illustrate key procedures of imaginal and situational revisiting, imaginal conversation and diary monitoring. The client will be present to answer questions and talk about her experience of the treatment.

Objectives:
1. Explain the symptoms of complicated grief.
2. Acknowledge the rationale and procedures used in imaginal revisiting, a core procedure in complicated grief treatment.
3. Acknowledge the rationale and procedures used in imaginal conversation with the deceased, a core procedure in complicated grief treatment.

References:
1. Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., et al. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety, 28*(2), 103-117.
2. Shear, M.K. (2010). Complicated grief treatment - The theory, practice, and outcomes. *Bereavement Care, 29*(3), 10-14.
3. Shear, M.K. (2012). Grief and mourning gone awry: Pathway and course of complicated grief. *Dialogues in Clinical Neuroscience, 14*(2): 119-128.

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Saturday, April 27, 11:30 a.m. – 12:30 p.m.

Professional Case Presentation   Room: Hollywood B

Transforming Professional Identity After Traumatic Loss

Category:	Traumatic Death
Indicator:	Professional Issues
Presentation Level:	Intermediate

Dixon, Gina, MA
St. Mary's Grief Support Services, Duluth, MN, USA

As the Chinese symbol of crisis reflects both danger and opportunity, bridging the gap between trauma survivor and professional may provide opportunities for clinical and spiritual insight along with the risk of personal and professional crisis. This presentation will explore the impact of traumatic grief on professionals as well as suggestions for post-vention following the death of a client or student. Evidence-based strategies to integrate and relearn our personal and professional worlds following traumatic loss, including deaths by suicide, homicide, and accidental overdose, will be presented utilizing case studies drawn from personal experience and 20 years of clinical practice.

Objectives:
1. Describe the impact of traumatic death of a patient or student on clinicians, death educators, and other bereavement professionals.
2. Explain strategies to integrate personal and professional worlds following traumatic loss.
3. Identify resources for enhancing professional resilience and supporting traumatically bereaved professionals in the workplace.

References:
1. Attig, T. (2011). *How we grieve; Relearning the world*. New York: Oxford University Press.
2. Darden, A., & Rutter, P. (2011). Psychologists' experiences of grief after client suicide: A qualitative study. *Omega, 63*(4): 317-342.
3. Jordan, J. R., & McIntosh, J.M. (2011). *Grief after suicide: Understanding the consequences and caring for the survivors*. New York: Routledge.
4. Meyers, M. & Fine, C. (2007) Touched by suicide: Bridging the perspectives of survivors and clinicians. *Suicide and Life Threatening Behavior, 37*(2): 119-126.
5. Weiner, K.M. (2005*) Therapeutic and legal issues for therapists who have survived a client suicide. Breaking the silence*. New York: The Haworth Press.

Research Report – 60 minutes   Room: Silver Lake

The Birdhouse Project in a College Death and Dying Class

Category:	Death Education
Indicator:	Resources and Research
Presentation Level:	Advanced

Hasha, Margot, PhD, LCSW; Kalich, Deann, PhD, FT
University of Louisiana at Lafayette, Lafayette, LA, USA

Research has demonstrated that nearly 50% of college students have experienced the loss of a friend or family member during the previous two years. College educators teaching death studies long have understood that students enroll in death education courses because of personal losses, often seeking help through experiential learning exercises. Such learning provides opportunities for students to construct meaning from their experiences by transforming losses into usable knowledge. Since 2010, "The Birdhouse Project" has been utilized by two instructors of senior-level university Death & Dying classes. Analysis of a qualitative study of 375 students exploring meaning-making will be presented.

Objectives:
1. Identify rationale for use of The Birdhouse Project with college students.
2. Analyze students' approaches to meaning-making through this symbolic respresentation of losses.
3. Utilize the Birdhouse Project in college-level death education classes.

References:
1. Balk, D. E. (2011). *Helping the bereaved college student*. New York: Springer Publishing Company.
2. Brabant, S. & Kalich, D. (2008). Who enrolls in college death education courses? A longitudinal study. *Omega. 58*(1): 1-18.
3. Munsch, K. G. & Fouquet, J. (2009). *The birdhouse project: Collaboration of the heart, mind, and hands.* The Birdhouse Project, LLC.
4. Cranton, P. (2006). *Understanding and promoting transformative learning: A guide for educators of adults.* San Francisco: Jossey-Bass.
5. Hardison, H.G., Neimeyer, R. A., & Lichstein, K. L. (2005). Insomnia and complicated grief symptoms in bereaved college students. *Behavioral Sleep Medicine, 3*(2): 99-111.

Research Report – 60 minutes   Room: Franklin Hills

Ⓒ Victim to Perpetrator: The Suffocated Grief of Urban Youth

Category:	Loss, Grief, and Mourning
Indicator:	Cultural/Socialization
Presentation Level:	Intermediate

Bordere, Tashel, PhD, CT
University of Central Missouri, Warrensburg, MO, USA

This follow-up case study is a phenomenological investigation of the experiences of African American male youth with homicide loss and survival in New Orleans during young adulthood as compared to early adolescence. The presentation will focus

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on one participant from the original study coping with sibling loss due to homicide since the time of the initial investigation. Findings reveal shifts in perceptions of survival and strategies utilized by the participant during older adolescence and young adulthood that have implications for grief support with youth. "Suffocated grief" will be highlighted as a cultural framework for understanding the grief experiences of urban youth.

Objectives:
1. Describe developmental changes in grief expressions from adolescence to adulthood within cultural context.
2. Explain the divergent realities in perceptions of survival mechanisms during early adolescence and young adulthood for urban youth.
3. Distinguish culturally relevant frameworks and approaches to working with urban youth coping with homicide loss.

References:
1. Molaison, V., Bordere, T., & Fowler, K. (2011). "The remedy is NOT working": Seeking socially just and culturally conscientious practices in bereavement. In R. Neimeyer, H. Winokuer, D. Harris, & G. Thornton (Eds.), *Grief and bereavement in contemporary society: Bridging research and practice*. New York: Routledge.
2. Wilson, D. (2006). Some reflections on researching with young Black people and the youth justice system. *National Association for Youth Justice, 6* (3), 181-193.
3. Tinsley Li, S., Nussbaum, K., & Richards (2007). Risk and protective factors for urban African American youth. *American Journal of Community Psychology, 39*, 21-35.
4. Salloum, A., Avery, L., & McClain, R. (2001). Group therapy for adolescent survivors of homicide victims: A pilot study. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(11): 1261-1627.
5. Barrett, R. K. (1996). Adolescents, homicidal violence, & death. In C. Corr & E. Balk (Eds.), *Handbook for adolescent death and bereavement*. New York: Springer Publishing.

Personal Story　　　　　**Room: Los Feliz**

Loss, Grief and Military Life

Category:　　　　Loss, Grief, and Mourning
Indicator:　　　　Cultural/Socialization
Presentation Level:　　　Introductory

Suarez, Martha, MSN
Not for Profit Hospital Facility in San Diego, San Diego, CA, USA

Military families face unique challenges related to the military lifestyle, which often result in loss. Grief related to loss is an integral, often unrecognized, component of military family life. Unrecognized and unmitigated grief, especially related to PTSD, has been shown to amplify physical, psychological and psychosocial challenges that present in the clinical setting. Early recognition, acknowledgement and the normalizing of grief as part of the healing process can reduce the risk of self injury and enhance the quality of life for soldiers, veterans and their family members.

Objectives:
1. Identify unique components of military family life.
2. Assess three characteristics of loss and grief specifically related to the military experience.
3. Identify resources of support available to the military community.

References:
1. Worden, J.W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (4th ed.). pp 37-53. New York: Springer Publishing.
2. Zisook, S., & Shear, K. (2009). Grief and bereavement: What psychiatrists need to know. *World Psychiatry. 8*(2): 67-74.
3. Cash, A. (2006). *Posttraumatic stress disorder. Wiley concise guides to mental health*. Hoboken, NJ: John Wiley & Sons.

Personal Story　　　　　**Room: Hollywood C**

C Recruitment Challenges: Studying the Impact of Student Death

Category:　　　　Loss, Grief, and Mourning
Indicator:　　　　Cultural/Socialization
Presentation Level:　　　Introductory

Dorney, Paulette, PhD(c)
East Stroudsburg University, Saylorsburg, PA, USA

We live in an era where death is not talked about and Western culture encourages avoidance. Euphemisms are employed, avoiding words such as death and dying and substituting vocabulary such as "passed away" in attempts to minimize grief. This presentation is based on the methodological and practical research challenges associated with recruitment of traditional college age participants in studying the impact of college student death. Examples of barriers faced by the researcher will be explored through a candid discussion of the research journey into the sudden death of a classmate. Recommendations for effective recruitment strategies for future research are offered.

Objectives:
1. Identify methodological approaches useful in researching sensitive issues.
2. Explain challenges of recruiting research participants for studying the impact of college student death.
3. Describe effective recruitment strategies to enhance college student participation.

References:
1. Abrams, L. S. (2010). Sampling 'hard to reach' populations in qualitative research. *Qualitative Social Work, 9*(4), 536-550. doi:10.1177/1473325010367821
2. Balk, D. E., Walker, A. C., & Baker, A. (2010). Prevalence and severity of college student bereavement examined in a randomly selected sample. *Death Studies, 34*(5), 459-468.
3. Corr, C. A., Nabe, C. M., & Corr, D. M. (2009). *Death and dying, life and living*. Belmont, CA: Wadsworth, Cengage Learning.
4. Kavanaugh, K., Moro, T., Savage, T., & Mehendale, R. (2006). Enacting a theory of caring to recruit and retain vulnerable participants for sensitive research. *Research In Nursing & Health, 29*(3), 244-252.
5. Servaty-Seib, H. L., & Taub, D. J. (2010). Bereavement and college students: The role of counseling psychology. *Counseling Psychologist, 38*(7), 947-975.

Concurrent Session XI

Saturday, April 27, 11:30 a.m. – 12:30 p.m.

Personal Story   Room: Echo Park

Stories of Life and Grief When an Ex-spouse Dies

Category:	Loss, Grief, and Mourning
Indicator:	Family and Individual
Presentation Level:	Intermediate

Scott, Shirley, MS[1]; Sapphire, Peggy, MS[2]
[1]Orlando Regional Medical Center, Orlando, FL, USA; [2]None, Craftsbury, VT, USA;

Disenfranchised grief is often experienced by people whose ex-spouse dies. In a study published in OMEGA 2000, 78% of participants reported they had a grief reaction when their ex-spouse died. However, the literature remains largely incomplete on this subject, further contributing to the fact of little or no understanding, recognition, and/or social acknowledgement from family, friends or the larger community. The survivor's grief is disenfranchised. In this presentation, several recent first-person narratives detailing the survivor's disenfranchised grief are accompanied by clinical commentaries on each. Suggestions for clinicians will be discussed. Audience participation will be encouraged.

Objectives:
1. Identify the dynamics behind the grief for the death of an ex-spouse and why it is a common occurence.
2. Describe the ramifications of disenfranchised grief.
3. Define some of the issues that commonly arise when experiencing grief for an ex-spouse and how clinicians can help.

References:
1. Worden, J. W. (2009). *Grief counseling and grief therapy, fourth edition*. New York: Springer Publishing Company.
2. Doka, K. J. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Champaign, IL: Research Press.
3. Balk, D., Wogrin, C., Thornton, G., & Meagher, D. (Eds.) (2007). *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement.* Northbrook, IL: Association for Death Education and Counseling.
4. Smith, H. I. (2006). Does my grief count? When ex-family grieve. *Illness, Crisis and Loss, 14*(4) 355-372.
5. Scott, S. (2000). Grief reactions to the death of a divorced spouse revisited. *OMEGA, Journal of Death and Dying, 41*(3): 207-219.

Concurrent Session XII

Saturday, April 27, 1:45 – 3:15 p.m.

Panel Discussion   Room: Hollywood C

Teaching That Matters: Training Grief Professionals

Category:	Death Education
Indicator:	Professional Issues
Presentation Level:	Intermediate

Cupit, Illene, PhD[1]; Ober, Anne, PhD[2]; Servaty-Seib, Heather, PhD[3]; McCord, Janet, PhD[4]; Moore, Jane, EdD[5]; Hensley, Lisa, PhD[6]
[1]University of Wisconsin-Green Bay, Green Bay, WI, USA; [2]The College of Wooster, Wooster, OH, USA; [3]Purdue University, West Lafayette, IN, USA; [4]Marian University, Chilton, WI, USA; [5]National College of Education, Des Plaines, IL, USA; [6]Texas Wesleyan University, Fort Worth, TX, USA

This year's Teaching That Matters symposium considers death education for professionals. It will examine the types of materials and/or programs that would make for quality post-baccalaureate programs related to grief counseling. Six scholars will participate in this symposium, offering 1) a summary of research on the current status of professional training for work with grieving clients, 2) examples from two graduate programs, 3) how online education could be used, and 4) recommendations in response to Ober et al.'s findings. Using an evidence-based approach, the panel will discuss potential model programs and the criteria used to develop such programs.

Objectives:
1. Demonstrate knowledge of the current status of professional training in grief counseling.
2. Explain the important components and criteria needed for a quality program that prepares mental health professions for grief counseling.
3. Describe the importance of using evidence-based research in designing a model program in grief counseling.

References:
1. Gamino, L. A., & Ritter, R. H. (2012). Death competence: An ethical imperative. *Death Studies, 36*, 23-40. doi:10.1080/07481187.2011.553503
2. Harrawood, L. K., Doughty, E. A., & Wilde, B. (2011). Death education and attitudes of counselor-in-training toward death: An exploratory study. *Counseling and Values, 56*, 83-95. doi:10.1080/15401383.2011.5798
3. Ober, A. M., Granello, D. H., & Wheaton, J. E. (2012). Grief counseling: An investigation of counselors' training, experience and competencies. *Journal of Counseling & Development, 90*, 150-159.

Concurrent Session XII

Saturday, April 27, 1:45 – 3:15 p.m.

Experiential Workshop   **Room: Hollywood D**

Continuing the Relationship...Long After They Are Gone

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Introductory

Rutherford, Crystal, MSW, RSW, CT
Halton Healthcare, Stoney Creek, ON, Canada

Following the death of a loved one, the rollercoaster of emotions leads each individual through their own personal grief journey. As professionals, our role is to support the bereaved with navigating the "new normal" without their loved one by their side. "It has been said that death ends only a life, it does not end a relationship." (Bank & Kahn, 1982). In this experimental workshop, participants will explore, analyze and participate in creative interventions for maintaining a symbolic relationship with a deceased loved one.

Objectives:
1. Analyze the concept of continuing bonds with the deceased.
2. Identify creative interventions that can support the grief journey.
3. Practice an exercise that metaphorically helps the bereaved to keep their loved one with them.

References:
1. Mitchell, A., Wesner, S., Garand, L., Gale, D. D., Havill, A., & Brownson, L. (2007). A support group intervention for children bereaved by parental suicide. *Journal of Child and Adolescent Psychiatric Nursing, 20*(1), 3–13.
2. Benkel, I., Wijk, H., & Molander, U. (2009). Family and friends provide most social support for the bereaved. *Palliative Medicine, 23*, 141–149.
3. Packman, W., Horsley, H., Davies, B., & Kramer, R. (2006). Sibling bereavement and continuing bonds. *Death Studies, 30*, 817–841,
4. Attig, T. (2001). Relearning the world: Making and finding meanings. In R. Neimeyer (Ed.), *Meaning construction and the experience of loss* (pp. 33–53). Washington, DC: American Psychological Association.
5. Diamond, H., Lewelyn, S., Relf, M., & Bruce, C. (2012). Helpful aspects of bereavement support for adults following and expected death: Volunteers' and bereaved people's perspectives. *Death Studies, 36*: 541–564.

Experiential Workshop   **Room: Los Feliz**

From Fear to Faith — Trusting the Process

Category: Loss, Grief, and Mourning
Indicator: Family and Individual
Presentation Level: Intermediate

Chapman Kane, Anne, PhD[1]; Comforto, Barbara, LCSW[2]
[1]Private Practice, Rockville Centre, NY, USA; [2]Bittersweet Counseling & Bereavement, Huntington, NY, USA

This workshop is designed to help clinicians guide clients through the challenging labyrinth of the grief process. The workshop utilizes a theoretical approach interweaving Gestalt theory, Buddhist psychology, current brain research, spirituality and contemporary grief theory. The presentation promotes a deeper understanding of the grief process and teaches clinicians practical skills to help clients move through the initial terror of loss towards the acceptance of reality, achieving true healing, identity transformation and hope.The workshop utilizes research, literature, poetry and clinical experience to illustrate its message. It engages the participants in a series of experiential exercises to demonstrate its points.

Objectives:
1. Identify self-regulation techniques to assist clients through intense feeling states.
2. Identify and work with the notion of impasse in the grief process from Gestalt and Buddhist perspectives.
3. Explain the concept of resilience and learn ways to help clients gain awareness of their own growth.

References:
1. Platek, B. (2008). Through a glass darkly, Miriam Greenspan on moving from grief to gratitude. *Sun Magazine*, 385.
2. Seigel, R. (2010). *The mindfulness solution: Everyday practices for everyday problems*. New York: Guilford Press.
3. Shapiro, F. (2012). *Getting past your past: Take control of your life with self-help techniques from EMDR therapy.* New York: Rodale.
4. Neimeyer, R.A. (2006). *Lessons of loss: A guide to coping*. Memphis, TN: Center for the Study of Loss and Transition.

Experiential Workshop   **Room: Hollywood B**

Grief and Attachment: Transformation Through Meeting

Category: Loss, Grief, and Mourning
Indicator: Professional Issues
Presentation Level: Intermediate

Ossefort-Russell, Candyce, MA Counseling
Private Practice, Austin, TX, USA

This workshop engages clinical participants through video of actual psychotherapy sessions that illustrate profound transformation occurring through grieving from an attachment-based, emotion-focused, experiential perspective, rooted in cutting-edge neuroscience. Dynamic Existential Experiential Psychotherapy (DEEP) is therapy that harnesses the innate human self-righting tendency and uses metaprocessing to actively explore what the connection with the therapist feels like in a real-time moment in the consultation room. Workshop attendees will learn by discussing: how attachment theory and

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Saturday, April 27, 1:45 – 3:15 p.m.

neuroscience facilitate transformative grief; how to discern grief issues vs. psychodynamic issues; and how to track and regulate in-the-moment experience with grieving patients.

Objectives:
1. Identify how attachment theory and neuroscience facilitate transformative grief.
2. Distinguish grief issues vs. psychodynamic issues.
3. Prepare to track and regulate in-the-moment experience with grieving patients.

References:
1. Fosha, D. (2010). Wired for healing: Thirteen ways of looking at AEDP. *Tranformance: The AEDP journal. 1*(1).
2. Schore, A. (2012). *The science of the art of psychotherapy*. New York: Norton.
3. Wallin, D. (2007). *Attachment in psychotherapy*. New York: The Guildford Press.
4. Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York: Basic Books.
5. Siegel, D. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York: The Guilford Press.

Experiential Workshop   **Room: Franklin Hills**

(H) Grief Reactions in Palliative and End-of-Life Care Settings

Category: Assessment and Intervention
Indicator: Family and Individual
Presentation Level: Intermediate

Strada, E. Alessandra, PhD
Albert Einstein College of Medicine, Mendocino, CA, USA

Patients with advanced illness and their caregivers are familiar with loss and grief. The journey through illness, from diagnosis to palliative and end-of-life care can elicit grief reactions characterized by profound feelings of loss and fear, and emotional and spiritual distress. This presentation will discuss in depth the variety of grief reactions common in the palliative and end-of-life setting. Through real case examples, it will discuss how to recognize and support normal grief in patients and caregivers. It will also discuss how to address pathological forms of grief that can develop at this difficult time.

Objectives:
1. Describe the manifestations and qualities of preparatory grief in patients with advanced illness and patients who are approaching death, as well as family members.
2. Differentiate between grief, depression, and demoralization.
3. Practice implementation of evidence-based psychosocial interventions to relieve suffering.

References:
1. Mystakidou, K., Tsilika, E., Parpa, E., Galanos, A., & Vlahos, L. (2008). Screening for preparatory grief in advanced cancer patients. *Cancer Nursing, 31*(4), 326-332
2. Noorani, N. H., & Montagnini, M. (2007). Recognizing depression in palliative care patients. *Journal of Palliative Medicine, 10*(2), 458-464.
3. Puchalski, C. M., & Ferrell, B. (2010). *Making healthcare whole: Integrating spirituality into patient's care.* West Conshohocken, PA: Templeton Press.

4. Tsilika, E., Mystakidou, K., Parpa, E., Galanos, A., Sakkas, P., & Vlahos, L. (2009).The influence of cancer impact on patients' preparatory grief. *Psychological Health, 24*(2), 135-148.
5. Watts, T. (2012). End-of-life care pathways as tools to promote and support a good death: A critical commentary. *European Journal of Cancer Care, 21*(1), 20-30.

Experiential Workshop   **Room: Echo Park**

Listening With Our Eyes: Responding With Our HeART

Category: Loss, Grief, and Mourning
Indicator: Professional Issues
Presentation Level: Introductory

Reich, Nicole, MA; Lance Sexton, Amanda, MA
San Diego Hospice, San Diego, CA, USA

Grief and loss professionals, hospice care staff, and death educators, by the very nature of their work, face life and death issues during each work day. Significant work experiences can trigger emotions in us that are not able to be processed or shared in a verbal manner. This workshop is an opportunity for professional/personal growth through incorporating a unique tool: Response Art. Participants will engage in an interactive and introspective exercise and gain practical information to support the benefit of self-awareness around our work experiences. Join us for the challenge of engaging our creative selves. Absolutely no art experience required.

Objectives:
1. Cite three benefits of using Response Art as a tool to promote professional growth.
2. Recognize one's own self-reflection and experience through hands-on Response Art.
3. Analyze the systemic value of promoting non-verbal processing of work related stressors and impact to patient/family care.

References:
1. Fish, B. (2008). Formative evaluation research of art-based supervision in art therapy training. *Art Therapy: Journal of the American Art Therapy Association. 25*(2), 70-77.
2. Stuckey, H., & Noble, J. (2010). The connection between art, healing and public health: A review of current literature. *American Journal of Public Health. 100*, 254-263.
3. Italia, S., Favara-Scacco,C., DiCataldo, A., & Russo, G. (2008). Evaluation and art therapy treatment of the burnout syndrome in oncology units. *Psycho-Oncology, 17*, 676-680.
4. Jackson, S., Muro, J., & DeOrnellas, K. (2008). The sacred circle: Using mandalas in counselor supervision. *Journal of Creativity in Mental Health, 3*(3): 201-211.
5. Nainis, N. (2005). Art therapy with an oncology care team. *Art Therapy: Journal of the American Art Therapy Association. 22*(3), 150-154.

Concurrent Session XII

Saturday, April 27, 1:45 – 3:15 p.m.

Experiential Workshop Room: Silver Lake

Transformative Healing: Socio-Cultural Trauma and Bereavement

Category: Loss, Grief, and Mourning
Indicator: Cultural/Socialization
Presentation Level: Intermediate

Hall, Cadmona, PhD[1]; Hay, Heather, PhD[2]
[1]Adler School of Professional Psychology, Chicago, IL, USA; [2]H&H Consulting Associates, LLP, Baldwinsville, NY, USA

Training culturally informed healers is key to providing the ethical and responsible grief counseling clients deserve. African Americans' experience with the socio-cultural trauma of racism adds another layer of complexity to the grief process. How can we learn to be a healing presence in a troubled world? Grief counseling that incorporates a multicultural perspective will be discussed. Strategies for helping African Americans address oppression will be provided. This workshop will be experiential and focus on provide an overview of information, presentation of video clips, and a mix of individual and group reflective experiences.

Objectives:
1. Identify a multicultural perspective to grief theory.
2. Utilize strategies for helping African Americans address oppression as it relates to grief and loss.
3. Practice self-exploration to examine barriers to addressing race in grief counseling and develop methods to overcome barriers.

References:
1. Constantine, M. G. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology, 54* (1).
2. Hall, C. A. (2008).*The African American experience of overcoming barriers and participating in therapy.* New York: Syracuse University.
3. U.S. Census Bureau. (2011). *The Black Population: 2010*. Retrieved from http://www.census.gov/prod/cen2010/briefs/c2010br-06.pdf
4. Rosenblatt, P., & Wallace, B. (2005). Narratives of grieving African-Americans about racism in the lives of deceased family members. *Death Studies, 29*(3), 217-235.

Keynote Presentations

Saturday, April 27, 3:30 – 4:45 p.m.

Pathways of Grief: Clinician as Sherpa Guide

Category: Loss, Grief, and Mourning
Indicator: Resources Research
Presentation Level: Intermediate

M. Katherine Shear, MD
Columbia University School of Social Work, New York, NY, USA

Bereaved people often find themselves in new and unfamiliar territory. To navigate this new landscape requires confronting dual challenges of acknowledging the reality of the death (i.e. its finality and consequences) and re-envisioning a purposeful life that has the possibility of satisfaction and joy. There is no map for this journey, but people need companionship as they make their way. Some people turn to a clinician for guidance. This presentation suggests clinicians conceptualize themselves as Sherpa guides, becoming experts in the terrain and serving as porter and guide for the traveler.

Objectives:
1. Describe a biobehavioral model of attachment, loss and grief.
2. Explain possible pitfalls in the natural instinctive response to a loss.
3. Describe ways a clinician can support and guide a bereaved person to avert and/or treat problems that can derail the mourning process.

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