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PESI GRIEF SUMMIT  
GRIEF WORK IN VIRTUAL SETTINGS

THURSDAY, APRIL 29, 2021  
3:00 - 4:30 P.M. CT

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>> ZACHARY TAYLOR: Welcome back to the grief summit, everyone, my name is Zach Taylor, and I'm so delighted that we made it together through technical difficulties and whatever distractions you might have had at home or things you had to attend to, you made it through day one.

We realize a lot of you took a lot of time to be here, and we really want to thank you. We hope it's been useful and enjoyable engaging. It's really been an amazing day. Not quite over yet, almost.

I also want to acknowledge that today may have been challenging for a lot of people who were here. One of the aspects of being in this field is that we face the same things our clients and our patients face. And so if you're struggling, that is part of this process, and I hope that you will take really good care of yourself today and into the future.

If there is anything that has highlighted the devastation of this pandemic, and everything that's happened this last year, it's a Zoom funeral, and the millions of people who weren't able to say goodbye in person to loved ones, and it's likely that many of us who are therapists, at a moment's notice last year, suddenly found ourselves becoming teletherapists, and it's likely we'll continue to see clients remotely well into the future.

So that's what this session is all about. Our next speaker is

sharing about the innovative ways she's helping bereaving clients, grieving clients virtually. She's a fellow in thanatology. She's a member of the association of death education in counseling. She is the director of the grief center at Alive Hospice in Nashville. And one of the primary trainers of the grief certification training that's offered through PESI.

So without further ado, I want to welcome to the grief summit stage, Alissa Drescher. Thank you for being her, Alissa.

>> ALISSA DRESCHER: Thank you, Zach. Thank you so much. Thanks for everyone for being here today, I am going to go ahead and share my screen, and get situated so that we can continue on together talking about this great and really important subject matter.

So like Zach said, you've made it through the end of the day, and we are going to spend the next hour together really taking a look at how we can best support grieverers over the great wide interweb, and hopefully we'll have a few moments of levity along the way as I know there's been a lot of in depth discussion today that's super important to our field and how we care for our clients and you'll find some of that in this discussion as well.

But I want to make sure that you leave today with some really clear, easy, applicable tools and resources, some interventions that you can use right away with your clients.

And so I just want to honor and acknowledge you for being here today, for taking on this really difficult subject matter, and for sticking with it. You know, in a world that is full of distractions, I think this subject demands our attention, now more than ever.

And I want to thank PESI for putting on this summit, for offering it for free, and for making all of this possible so that we can share this knowledge and information with colleagues in the field, so that our whole entire country and those that we support are really better for it, because we know that loss is cumulative over time, and what we learn about how to handle difficult circumstances in our life can benefit us across the life span. So not just in this one moment in time, in the midst of the pandemic, but all along our life span we'll benefit from what we've learned here today.

So I'm zooming in today from good old Nashville, Tennessee, home of country music, of course, but also what feels like billions of bachelorette parties, so if anyone is in the midst of planning their wedding events, just send me an email. I'll be glad to help you with that, as well as serving as a resource for any grief-related questions that you might have.

So I am a fellow in thanatology and a licensed professional counselor by background and right now my current role is to support the wonderful clinicians that work at Alive Hospice supporting grieving people in our community each year. It's really an honor to watch them work, and the hearts and passion that they have, that they pour out every day when they sit with hurting people.

I personally have been working with grieving children and

families and adults for about 15 years now. And I like so many of you was drawn to this work because of my own personal experience with loss. But I'll tell you a little bit more about that later.

So there are four main areas that we want to cover in our short time together today. It includes taking a look at telemental health, the trends and pitfalls, the benefits, some techie resources to enhance your grief counseling practice, and some virtual interventions for both children and adults who have experienced loss.

Before we begin, there are a few things that I want you to know. I will be sharing a lot of great resources, websites, and things for you to check out after today's change, but I don't receive any benefit from doing so.

I acknowledge too that there are limitations to what I will present today. So some of which we'll discuss during this hour.

And it's also true that I can't possibly represent every unique experience that people have with grief in this one-hour time frame.

So case examples have been modified to protect client confidentiality, and it is safe to assume that in a presentation that is fully focused on using technology effectively, there is likely going to be some sort of technological failure during this hour. I mean how could that not happen, right? That kind of irony would just be too good to go to waste, so I ask you to hang in there with me if that happens, and we'll go ahead and get started on this material, and let's see how things unfold.

So I'm certain it's no surprise to anyone on the call today that the use of telemental health is in high demand, as Zach said, it's on the rise, and it will likely stick around way beyond the last wave of the pandemic.

So this is an area that whether we like it or not, whether we feel comfortable with technology or not, we've got to come up to speed with how to utilize it in our settings.

So you may be an early adapter. You might have been providing virtual support for years now, and I hope today's presentation will be an affirmation of the great work that you're already doing.

For those of us that might have been a little bit resistant and have just taken this on, I hope there will be some new nuggets of learning here for you today.

So while the field of mental health overall might have been a little hesitant to switch to offering remote care, the pandemic certainly has escalated our openness toward this concept. And many of us have solely relied on virtual support for the last 12 months or so.

So while COVID has forced us to make a change we've been putting off, it's evident that virtual services will continue into the future. So you're looking at statistics here that say last year, over 70 percent of mental health professionals surveyed reported that they will continue to use telehealth in the future. And results of an APA study note that many clinicians are providing both virtual and in person sessions.

At our grief center we have offered virtual centers only for the last 12 months, and are just looking to returning to the office which will be happening next week.

But even at that, we have had so much positive feedback from those virtual offerings that we will continue to have that program continue on, and we will also have people who may prefer to come in person. So we'll offer both options and allow our clients to choose.

So besides necessity, why is remote counseling so appealing? Well, some of those reasons are listed here. And while convenience and maybe staying in pajamas might be a motivating factor for some of us, survey respondents actually report a high level of satisfaction with therapeutic elements as well, including same treatment effectiveness, therapeutic rapport, and the level of disclosure that they would have when they are in person with their counselor.

So what do we know about the effectiveness of teletherapy? Since this modality is relatively new, although some would say it's actually been around since the early 70s, our research efforts are relatively new as well. Which means there are some limitations here, but I have cited a few studies that speak to the positive nature of this approach, based on available data, it appears that telemental health is effective for diagnosing and treatment and assessment across the life span.

So under the umbrella of telemental health, there's some things to be aware of and there's terminology here.

When we refer to synchronous work, it's the work that's happening during your session real time with your client.

Asynchronous is the support you're providing when you're not in a real time communication. So this may be homework. It may be websites that you're asking your client to peruse, it might be a Ted Talk that they're watching as homework? It might be prerecorded psych ed videos that you leave for your clients. So there's a wide variety here.

Some clinicians also build into their remote work the opportunity for their clients to engage in sending emails, and some of you may decide that that's not suitable for your work environment, but others do.

Mobile refers to mental health apps and platforms that can also be utilized, like the calm app for example, the things that people are using to augment or piggyback on the great work that you're doing in session.

And while a lot of what we discuss today covers video conferencing, or Zooming if you want to call it that, let's not forget the good old fashioned telephone that can also be utilized for mental health counseling and has been known to produce positive outcomes.

Of course there are a lot of regulations that we need to be aware of when we're using the telephone. The things and rules have changed a bit because of COVID, and it's up to us to make sure we're staying abreast of when those dates end or extensions are made, of course.

Now, there are some limitations on both the side of the provider and the client, so the use of teletherapy may not be appropriate for all clients in all circumstances. We have to continually ask ourselves this question, what is best for this person in front of me right now, considering their unique circumstance and their unique needs? Just because we're meeting them over the computer, that doesn't change. And I know you all already do that all day long. So I encourage you to be prescriptive, even when you're using telehealth as your modality of communication.

Only offering teletherapy may exclude some clients from receiving care. So one example is those from a cultural or faith background that limits the use of technology. Either year-round or on holy days. Others may not have access to technology or a private space. And some just find technology to be a chore. They might be worried about having problems logging in. It might increase their anxiety, which is certainly not what we want to happen when someone is coming to a counseling session. And the very last thing that I ever want to do to a grieving client is to pile on another burden, because they are already exhausted. So I think that this population in particular needs to really have the opportunity to connect with you in the way that's most comfortable to them.

Now, during this year I have learned that we will never fully go paperless at our office. And we will always need to have a secret stash of old fashioned envelopes and stamps ready at our disposal. Some people just prefer snail mail, and face-to-face conversation, and that of course is okay.

Confidentiality can also be in jeopardy when providing remote care. So I was recently made aware of a situation in which a counselor thought her client was alone during the session. Only to have the guardian pipe up about three-fourths of the way through the session. After interjecting, she apologized and explained she just had to get the dusting done, whether or not there was a therapy appointment going on.

Also sometimes our subtle and nonverbal communication can be limited due to the confines of the tiny rectangle we appear in on the screen. And remote counseling can make responding to crisis situations more difficult.

So I encourage you that when you start each virtual session, you confirm with your client or your group of clients and make sure that you know that the location where they are during that session is the address that you have on file, and if it's not, it's really easy to use the chat feature. I know you all are familiar with it. You've been using it today. And have them send you that message privately to give you that address or GPS coordinates as to where they are.

I know recently there's been some difficulty for clinicians feeling like the use of virtual backgrounds may not be safe in case of an emergency. In one situation a client appeared to fall out of the screen, and then the clinician was left just looking at their virtual

background. So these types of emergencies can happen, and are something that we need to make sure that we are prepared for well in advance.

So assess the policies and procedures that you have at your practice, and make sure that they cover these types of incidents.

Hopefully you'll never have to use them.

Some clients might want to get two things done at the same time, and decide that they could have their counseling session while they're driving home in their car. Or maybe pulled over on the side of the road. I guess that's a little better. But I recently heard a counselor in the field say if a client asks me if I can do that, I think do I have enough liability insurance to cover this. That certainly helps him make the decision as to whether or not he's going to continue the session on these circumstances.

So briefly I'd like to touch on some other ethical considerations that can arise. And the first is to know your state's regulations and expectations regarding remote counseling. Many states require additional training and ongoing continuing education if you're providing care in this way. So definitely be aware of that.

I know that since you all are here today, you're open to that continuous learning part of our career, and so set aside time to make sure that you're checking in and you have what you need annually.

And then know your technology. So of course there is a concern about private health information and HIPAA compliance and what platforms we choose to use. Really take the time to make sure that what you're using is secure, and is going to protect your client to the best of your ability.

But we have to acknowledge that doing remote work does leave us open just a little bit more than in we're in person to potential data breaches and other hazards, so it's something for us to be as aware of as possible and try to mitigate whenever we can.

So also consider the boundary dilemmas that can come up as a result of using telehealth. One thing that we've noticed in our practice over this year is that clients tend to feel more comfortable in their own spaces. And that makes sense. A lot of that is really wonderful, because it may help them just open up and feel more relaxed during this counseling session than they would if they were in what they perceive to be your space.

And yet it might be a little bit problematic. For us they might decide to engage in some behavior that they would never do if they were sitting across from us.

For example, a client that had just gotten out of the bath and wasn't dressed yet for the session. That was a phone session, thank goodness. But something that you definitely want to be aware of.

Another client that used an illegal substance, at least here in Tennessee, during the session. And there have been others as well.

So this has prompted us to reevaluate our policies and helped us lay new guidelines to communicate to clients. But the same rules

per se that we would have for our office still apply at home.

We work specifically with the bereaved all day, every day. You might be treating someone with another presented complaint and decide that some of that might be okay, and might allow you the opportunity to have some therapeutic conversation about that behavior. So our setting is just a smidge different in that way.

Competence is yet another factor to consider. But due to the fact that you're here at this session, I know that you're taking this one seriously.

And of course then access to care. So we've all seen that providing telemental health services can actually maybe even increase the number of people that we serve. Having the ability to take out the drive to the office, the gas money, the need to find parking, especially here in Nashville, can be quite appealing. So you may actually be able to serve more people than you have in person.

But what about your clients that don't have access to technology? And how do we make sure that we're increasing equity in our practice?

I would love to pause here and spend our remaining time together just on this one subject alone. If I do that, though, we won't meet all of our learning objectives for this session, so I leave that there as a question for you to plant, not in the back of your mind, but at the forefront, so you can consider how you can make technology more readily available to those that you serve.

At our hospice, for example, one offering that we have is an iPad, where people at home, who are dealing with terminal illness, can connect to our staff. So because of our shift to remote counseling then on the grief center side, we are looking at ways where we can embed our programs needed to have those counseling sessions on to the iPads, which will be wonderful to be able to engage in people, even prior to a death in their own homes, so think creatively about how you can enhance those opportunities for technology with your clients.

Now, we'll talk a few minutes about building remote rapport. And it's important to recognize that a lot of these are basic, and I think many of you have had practice for months now, really being attuned to these things.

I just want to remind you today that more important than anything we do, or a treatment modality that we use, or a therapy or intervention, it truly is about our connection to our client. And that has not changed just because we're virtual.

But there are some factors and hurdles that might get in the way of that. Robert Neimeyer said a few months ago in a training that he offered to pay attention to your eye line and whether or not you're directly connecting to the person on the other side of the screen. This can be difficult depending on the setup that you have and where your camera sits on your computer, but really take a look and make sure that you're not looking down on your client, which could inadvertently send a message to them that you're somehow above them.

We know that one factor that's critical in building rapport, in any circumstance but especially for a griever, is egalitarianism, our ability to be on the same level. This is so important in grief work, because the truth of the matter is that we may have studied for 30 years what grief might look like, but only our client is the expert in their grief. And what it looks like for them.

So we must come to grief counseling from a position of being willing to be taught, instead of being there to teach. And that can come across just in the way that we're looking at the camera.

And openness and a level playing field. They're going to actually teach us about their grief response, and maybe even assess what they need.

Jessica Tartaro who is a clinician out on the West Coast recently said what matters is the quality of your presence and not the quality of your backdrop. And that really hit me, because I can be a little bit of a perfectionist in things that have to do with my environment, it helps my anxiety when things are in order and clean. I don't know if anyone on this session today can relate to that. I'm hoping one of you is out there at least that's like me. But I definitely enjoy having a cleaned up background.

So much so that oftentimes I prefer to use a virtual background, but I am going to encourage all of you today to consider how using a virtual background during your counseling sessions may be counter productive to building rapport.

And the reason for that is it's not necessarily fair that we get to have a perfect backdrop, and hide our humanity, if you will, if our client doesn't also have access to do that. They may not know how. They may not be interested in setting up that background, but they may be feeling vulnerable that you're seeing into their dining room.

So I think it's important for us to consider that it can benefit us to be who we are and to have an imperfect space behind us.

With other visual elements like lighting, glares from glasses, distance from camera, there is a way to get all of this as close to perfect as we'd like, but I am here today to counteract some of that, and suggest to you that it is time to be real with the person that is in the counseling session with us, and that's not to imply that you're not already real. But when you're feeling like things have to be perfect on screen, I'll just encourage you that our humanity is going to likely win that person over more so than us being perfect all the time, because again they may not have that ring light or that fancy web cam that you do, so we want to put away some of those ideas of having everything perfect.

I don't know if you all remember at the beginning of the pandemic, there was a well publicized incident where someone was being interviewed on international TV, and his son came into the room, and then wife came into the room to grab the child out, and you could just see all over his face, he was thinking, oh, boy, I hope I don't lose my job over this. I don't believe he did, and I'm very glad for that.



We went through a period in the pandemic where it was about getting it right and being as professional as possible, but I really want to encourage you today that if your dog barks, or the Amazon delivery truck comes during your session, it is what it is. And your client is going to find you more relatable than otherwise.

It's similar to how millennials started using Instagram. So when Instagram first came out and people were starting to publish all of their pictures on their accounts, the goal was to have the perfect photo, the right angle, the golden hour lighting, and a filter on top of that to make sure no one saw any blemishes or wrinkles. Well, Gen Z kids are actually done with that. Their goal is to actually be as real as possible.

So this is a really interesting statement that I want to share with you, Jessica Stillman mentioned this in a recent article. She said the post 9/11 generation is completely over your artfully staged perfection, and it is time to get weirder.

Now, I know thinking about being weirder in the clinical setting is not something we typically do or talk about. But I think the point here is to just be authentic, and that that will really go a long way to connect you with your client.

So it's raining here today. That's been really great, helping me get my lighting kind of right in my office. I hope so, but the clouds have come and gone, and so that's been really hard to do. I guess I'm glad no one is mowing outside my office window. Usually that's happening. Let those moments come and find a way to be relatable.

Here's an example of a background kind of potentially going awry a little bit. This is Becky, she's one of our wonderful interns at the grief center right now, and when this incident occurred, I just asked if I could use it for today's discussion, because it was so perfect.

So Becky took the time to set up her office space and have things appropriately displayed behind her and not too many messing, and then she hung this beautiful tapestry on the wall. But what we noticed when we were talking together is she looked rather angelic. Maybe she would be coming across as some sort of holy deity if you will by having the tapestry where it was.

If you took a screen shot and zoomed in my bookcase, you might see some books, my collection of death related reading material that could actually be upsetting to a grieving client. So take a minute to think about what you have behind you that's showing up on the screen, because of course our goal is to do no harm.

I love this quote, it says I look at him. He sees that I look at him. I see that he sees it. He sees that I see that he sees it. As a result, there are no longer two consciousnesses in a moment of locked eye contact, but two mutually unfolding glances.

So there is a process happening when we're connecting the event eye contact that is deeply rooted in the soul. And we don't want to forego that transaction. That can make it hard if you have a client that says, I'll come to the session, but I'm not turning my camera on,

or maybe someone that is attending a group session that says I'll be there via phone, but not on video. You can make those situations work. In fact I know some really successful phone only grief support groups that are around the country. But it is something to think about when we are trying to connect to our clients.

So using teletherapy in grief work, is it effective? What we're seeing here is that in the individual group settings, that yes, it can be advantageous to the clients to participate in remote care, as well as online grief communities, but there's something to note here at the bottom of this slide. The key maybe active and not passive online grief support.

So I know several of the presenters today have talked about some really great resources where people can go and receive grief support or read about grief or maybe watch a presentation that would be helpful to them. What this particular study saw in the widows that participated is that only the group that were a part of active grief support groups and engaging with other people had a reduction of depression symptoms over the long term. So both were helpful, but that interactive grief support was more so.

So I'd like to just stop briefly and share a little case example with you. Just before the pandemic began, we launched a men's grief group led by one of our great counselors, Becky, and we noticed that really quickly it picked up steam and people were interested in attending.

During the pandemic, we weren't sure whether people would still want to participate in that, but that men's grief group is actually our biggest attended group every month. It is an open, ongoing, monthly group and new members can join at any time. We also have closed groups as well. But this one is a monthly group.

And that group is, I would say, just as cohesive, if not more so, than the groups that we've had in person.

Now, I think there are sometimes assumptions about grieving men that they would not want to come together and talk. Now, there's one man in the group who says just be prepared. I'm going to cry, and then they embrace each other, even over the screen.

And maybe being able to connect in each other's homes have increased the sense of community and intimacy in the group, but we see the same things that we look for to measure how effective our grief groups are when we meet in person.

For example, the men have asked to swap their contact information. They are also meeting outside the context of the group, so they'll get together to ride their bikes or take a hike. There's all sorts of other things happening.

In fact the group has grown so large, that we've decided to close it, and launch another night of men's grief group every month. And we've invited the men to switch up if they'd rather come to another night, but they are so cohesive, they won't leave each other. And we even at one point talked about using the breakout room feature so they

could have smaller, more intimate conversations, but they want to hear what the other ones are saying and sharing.

So that points to me, although it's anecdotal of course that it's really important that we continue offering potentially group grief groups during this time even more so.

So I want to look at a couple of things that you can tangibly put into practice, some frameworks for treatment that might be helpful for you, if you are following along page by page with the handout, you might notice it says complicated grief at the top of the green. There has been an evolution recently with how we're referring to this notion of complicated or complex grief, and I know this might have come up in other discussions today. But in the next revision of the DSM-V, it is anticipated that there will be a formalized diagnosis for what will be called prolonged grief disorder, or PGD, and so you've seen this text here change to reflect that.

This notion of extra distressing prolonged grief. How might we interact with that in our counseling setting? It's just as important to recognize that a -- what I call typical trajectory griever can really benefit from talk therapy, person-centered approach, letting them lead the way and telling and retelling the story of the loss. There may be people that come to see us because they are at a point where they feel like they're still connecting with the loss through pain, instead of through love, which we typically see in that typical trajectory griever.

And so for those that are maybe one, two, seven years out from the loss, we might want to consider having a more directive approach in some cases, and again not all, I'm making sweeping generalizations here.

So there are some known risks for prolonged grief disorder, if you will, and that includes the death of a child, a death that's considered out of order, sudden, or preventable, something particularly traumatic. It is my personal opinion that it doesn't matter if it's traumatic on paper. It may be internalized as a trauma. So even if some cases where there's been an extended illness for seven years, it might feel really sudden and traumatic when it happens, or because of how it happens.

So a 2018 study by Downer and colleagues supports the notion that we all probably assume without looking at the research that death in an ICU will likely evoke more distressing grief symptoms, and so many COVID deaths have happened this year, linked to hospitalizations, or time spent in the ICU.

They certainly involve isolation and questions pertaining to the care that their person received. And maybe their treatment.

So it's safe to assume that we may have a large group of grieving people that emerge after the pandemic dust settles, that are really experiencing a distressing grief.

So this is Bowlen's 2020 research that addressed remote delivery of CBT for what he said is disturbed grief and during COVID-19, so this is very new.

The first phase of treatment there, setting the stage, and this won't be new to anyone, it's basic. We would do this anyway, deciding the technology that's going to be used, the platform, the frequency of sessions, et cetera.

He also suggests engaging a guest early on in the treatment process. This might be a friend or family member who would come to the session, either via technology from where they are, or at the location where the grieving client is. This is who I call your speed dial friend, or maybe that makes me sound really old. I mean the person on your favorites list. It's that go to person that you know is going to show up for you and support you no matter what.

So it can help if they can share with the griever what they're seeing in them and support and encourage them as they go through treatment, and it also provides the identified person that they can call if they experience emotional activation in between sessions.

So there's also a CBT overview of the rationale, and the big focus here is to process the reality of the loss, confront the pain of their grief, while also continuing to focus on the present and the future. It is to address any overactive avoidance or all or nothing thinking, and then exposure is really where the bulk of the work happens, and many of you may already do this with grieving clients. It is working on memories, objects, and situations that might evoke a really powerful emotional response, and in lots of cases, a distressing one.

So I'll give you some specific examples of what this looks like in just a few minutes.

Cognitive restructuring refers to identifying negative thoughts about themselves or the role that they played in relationship to the death, faulty thinking and assumptions about the world, and one tool that you can use is to screen share and use some sort of a thought tracking sheet, very CBTesque in nature.

The center for complicated grief treatment model would use a daily grief check-in basically, where your grieving person is going to identify when their grief symptoms were at the lowest and when they were at the highest each day and that will help you identify trends for them and some tweaks to their lifestyle that may help them cope with that a little more.

And graded activation is gradually increasing participation in things that used to bring them joy, or identifying new things that can bring them joy and pleasure in the future.

Now, if it's been three weeks since your person died and I am meeting with you in session and I say, tell me what brings you joy, let's do something fun, and you are likely going to want to at least punch me in the face and then run out of my office and tell all of your friends to never go see that grief counselor because she clearly doesn't get it.

So you want to make sure that you are stepping gently into this idea, and that is also why it's toward the end of the treatment experience here.

Just be conscientious of the timing and how long it's been since the death occurred before you broach that subject.

Before we go any further, remember that I'm talking a lot today about post loss grief, so I want to acknowledge that most of my language centers around death-related losses. That's really been the bulk of the work that I've done over these years. But all of what we're talking about today is applicable to instances of life losses, whether that's divorce, a change of a school, a house fire, whatever the case may be. So you can tweak your language and still use these tools effectively.

Now, also this intervention doesn't have to take place after the death. It is an intervention that can be used prior to the loss, as someone's anticipating.

If you recall at the beginning of our session today, I told you I was drawn to this work because of my only personal losses. The biggest loss I've experienced to date happened about 16 years ago, and I found out -- when I found out that my husband and I were expecting twins, and at our 12-week appointment, we were also notified that it would be highly unlikely that either one of them would be born living. 12 weeks into a 40-week pregnancy.

That's a long time to anticipate the likely death of both of your children. I spent over two months in the hospital, waiting for what was to come. And when I think back on that experience, which of course 16 years ago, telehealth wasn't necessarily everywhere, and readily available. But had I been able to call or FaceTime or use a platform to connect with a counselor in real time from my hospital bed, with a belly full of two children and two fetal monitors, making sure that we were aware of their health condition for all of those weeks, I have strong feeling that my personal trajectory and grief response would have looked a lot different.

So don't be afraid to engage with people prior to a death, if they're in anticipation of it. I will say though, that sometimes they will be resistant to that. Because it's almost like surrendering to what's happening with the person's illness, if they acknowledge that maybe there might at some point be a need for a little grief support.

I never want to move someone away from their ideas of hope that maybe they'll have a different outcome, because that's really serving them well. It's a coping skill that's getting them through that really difficult time.

So here's another model for you to look into more after today's training. This is Robert Neimeyer's meaning in loss, and this can be used with I would say a typical trajectory griever as well as those that are in more distress. It's 12 to 14 sessions. Similar to that CBT orientation in how things are structured. Introducing the loved one isn't just telling the story of the death, but who they were when they were living. Creating a loss timeline, that's probably something you've done before in supporting grieving people. It's really easy to do virtually because you can use a shared whiteboard and have them draw it out, or you can have them do it via email and submit to you. But

this will help you identify the cumulative nature of loss in their life, and also the stories they're telling about it, how they perceive it.

So there are lots of classic ways to do a loss timeline and you'll be able to readily find that if you haven't done that before.

Meaning reconstruction interview really speaks to the fact that they can better identify how they make meaning out of life circumstances. And it's going to include some writing homework. So we know that sometimes people are averse to that. Sometimes they will dive right in. I like to take the pressure off and do a lot of that in session. And that can be a time that they utilize as you guide them through that process if you feel like it's going to be beneficial for them.

Then we have identifying models of grief, so that they can better understand and conceptualize their own experience. It's not to fit them into a model. It's to just validate their experience with what resonates with them.

The hello again letter includes an opportunity for them to write to the person who's died and to give it to them through this means. They will actually share it with you, the clinician, and it's really beneficial in most cases to have them read it during the session so that you can bear witness to it. There's a lot of power in that.

Letter from the loved one is the opposite. Having them write a letter from the deceased to themselves. And that also is very powerful, and the clinician can read that letter.

That bridges the gap of that secure bond and where they kind of see the deceased in you just a little bit in the most appropriate way.

The life imprint is identifying those things that really have been embedded in their life, in their heart, that is the legacy of the deceased person.

Further connections is starting to look into the future.

Virtual dream stories is writing about the loss in kind of a dream like way or a fictional way, creative way, to get some distance and externalization from it.

And virtual planning and ritual reporting, those are pretty straightforward.

So remember that rituals of course have been really thwarted for the last 12 months. We haven't been able to do things we typically do. Other speakers have talked about that today, so get creative in ways you can help them walk through some of those rituals, even if it's virtual.

A few years ago a therapist approached me after a speaking engagement, and said to me I buried a lot of people in my counseling office over the last few years. I was slightly alarmed when he said that, but what he meant was he was helping grief clients participate in rituals and they were doing that together in his office, so that's definitely something that can still be done even though you're remote.

So I know there's been some discussion of these more

contemporary models of grief today, so I'm going to leave these here for your learning after our session.

But these are also the underpinnings of the interventions that I'm about to show you. So all of the interventions have these in mind, either continuing bonds with the deceased, of living in the middle between that loss orientation and the restoration orientation, and finding meaning in the wake of the loss.

So what story are they telling about it, how are they able to talk about it, or how distressing is it when they do?

So in the last few minutes that we have together in this short time, I'd like to show you some virtual grief interventions that you can use with your clients. I hope you'll find these useful. They are suitable for those all across the life span. I started with young grievors and then we'll kind of work our way up a little bit. But you will notice that a lot of my interventions intentionally skew a little youthful and that's because your grievors are exhausted and they don't want to do a lot of hard cognitive work because they don't have the capacity oftentimes, if the loss is recent, and grief is acute. So bring things down a level or two, and they might be more apt to participate.

So the first is called hello hand, goodbye hand. I'm certain that I owe someone credit for that but it's been around a long time and circulated so I'm just not sure who to credit but the hello hand goodbye hand is this idea of saying hello to myself as your client, maybe you're getting to know me and then also saying hello to this person who has died. So it's an introduction of myself and the deceased.

So this is really easy to do. Depending on your platform, using the whiteboard feature, sharing your screen, and then you can have your client actually trace around their hand. Before I do that, one thing I would recommend is that you break the ice a little bit by doing a virtual high five as awkward as that is, or coming up with a secret handshake or talking about what you'll do if and when you actually see each other in person, so little's love this. You can create a secret handshake or an extra snazzy high five so when you do see me in person you can do that.

So when they trace their hand they'll list some attributes about themselves. In addition to that, they fill in attributes of the person who died. This is in honor of her mom, she was six years old when her mom died. She wrote them in, the clinicians typed them in, with gardening singing, she always said I love you dolly, that she loved spaghetti noodles and she missed her mom and sharing her hugging blanket. This is a child friendly way to get to know who has died and to get to know your client.

This is the G.O.A.T. grief edition, I'm not young enough to use this terminology, forgive me, my children would be upset with me if they knew I was trying to pull this off. G.O.A.T. means greatest of all time. This is the G.O.A.T. grief edition. It's a game using the standard cliché things that people say about grief. Like time heals all wounds,

those types of statements. So what I've used is a spinner that you can create and customize online. This is called wheel decide, but there are lots out there, and you can customize the question and then when your client is in questions, and you can share your screen. You can give them control so they can click the button or you can click the button the spinner for them. It will go around, it will land on one of those statements. Like you might be able to see there, I know how you feel, and that's your opportunity to launch into a discussion about how do you relate to these standard things that get said about grief, or do you?

For our little bit older griever, I suggest putting together a play list. This is something that back in the day we used to do with burning CDs and decorating a cover. Now I sound very ancient to be talking about that. This is really easy to do virtually and if you use YouTube, you can find oodles of music there, music videos and lyric videos. If you have a free YouTube account or if your client does, they can create a play list of those songs. You can give them prompts, some of which you're seeing here. My person's favorite song. A song from our relationship, et cetera. And they can build that play list.

Now, what I love about this intervention is that it can normalize their experience a little bit, and get others involved, because they can make it collaborative. So they can ask their friends and family and other people that knew the deceased to join in and add songs to the play list. So it will increase their perceived support system, which is super important when people are grieving.

Next is called what is grief. If you've heard me speak before, you know I love to talk about this intervention and typically we would do it if we were in session together. I have a collection of pictures that might depict someone's sense of what grief is like. You see the missing puzzle pieces there, or a little growth in grief happening here, and I might just ask them, when words are really tough, let's just look at pictures instead. Which of these best represents your experience with grief right now?

So they would choose that photo. Now, when we went virtual, I thought how in the world could you do this? But did you know you can add images to a Google form? So Google forms are free of charge, and you can find those photos either from your collection or online, and actually just upload them into your Google form. You can then share the Google form with your client. That could have hundreds of photos and let them choose how they're relating to their grief at any time. You'll have clients that really start to appreciate the fact that they don't have to work very hard and they don't have to put things into words and they might say to you, can we get out that picture list again? Because what they're relating to you this month in their grief might look totally different down the road. That's a really easy one.

And then situational revisiting is very important in grief work. There are a lot of ways to do this. Now, you are going to want to make sure that you have periodically checked in on their distress level so



they're not being retraumatized, but you can use Google earth to be able to actually visit places that might have some negative power over them, maybe it is the intersection where the crash happened, or the hospital where their person died. Together in session, you can pull up Google earth, go to that location, and have them experiment with being there before they're actually there again.

Quick case example. Recently a client went through this experience, and their child had died, and when they pulled up their street address on Google earth, they noticed that the child's favorite basketball was in the driveway, and they could see it in the Google earth image. Now, that parent said for months I have wanted nothing to do with that and that ball has been sitting in our garage, but later on they reported that they actually went to the garage, got the ball out, and tossed around the ball in the driveway, because it felt more connected to their son. So it was one of those moments where they felt like there was a connection there, and there's a lot of therapeutic gain in an experience like that. So use Google earth.

And another intervention is a memory show and tell, so you've got some instructions on how to do this. This is suitable for all ages. I do like to use this, considering older adults that might have some cognitive decline, and so there are lots of websites where you can actually upload photos and make a photo collage. Older adults may not be able to do that on their own. They may not have a scanner or know how to upload all of this digitally, so we can do some of this work for them while we're also getting to know and have them tell the story of their person when they were living and not just the dying story. So there are collage apps that I'll show you in a minute.

So let me tell you a little bit about Betty before we wrap up. She is in her 60s, her husband of over 30 years died while they were out of the country on vacation together. It was a sudden loss. For Betty it was hard because she had to call other adult children and have them fly overseas to help her get home after he died. And her oldest daughter brought her home and had her dad's luggage from that trip, so she sat it by the front door.

Over time this got really unbearable for Betty. She did just not know how she could ever touch that luggage, but over time doing remote therapy, she was able to start sitting by the luggage for a while. Then the next session she unzipped the outside pocket. Then she started to remove the articles that were inside. And she discovered that her husband bought her a gift on that trip. It was a necklace she had admired at the store. Pretty soon Betty was at the point where she felt she could put the luggage in the closet and she uses it as a memory box and pulls it out when she needs a little comfort and feel close to him.

I mention that to show you that this great work that we usually do in session can happen virtually as well. So you've got a lot of great resources on this page. I apologize for a printing error, if you have the hard copy of this, but information for you. Lots of apps, really check out story core, connect, this wouldn't be something you would do

in an interview with your client, that may be a HIPAA violation but have them work with someone in interview to capture that story. A lot of great opportunities here to engage technology.

So in closing I just want to say let technology enhance and not replace the great work that you already do, and I took some liberties with you this famous quote, so no matter what device you're using, it is still the relationship that heals, so just keep that in mind.

I know we've got just a few minutes left but I wanted to invite Zach back, if there are any questions.

>> ZACHARY TAYLOR: Oh, my goodness. Alissa. That was amazing. I had never heard of most of those interventions, and I think many of our attendees had not either, so thank you.

I see people scrambling in the Q&A, like tell me more about these Google forms, tell me more how to do this. Go ahead and review Alissa's notes. You know, look it up. We're not going to have time to go deeper into those interventions, but I think it's all there for you to experiment with and use.

>> ALISSA DRESCHER: Yes. Let me say that I chose websites and materials that are super user friendly, so if you go to the website, you should be able to really quickly see how you can use it and upload it, and the technology piece, they're pretty basic. So I hope you'll find them user friendly. You can always reach out to me if you need a tutorial.

>> ZACHARY TAYLOR: Sure. Yeah.

There were a couple of questions that sort of rose to the top. So I'm going to ask you, since we just have a few minutes, I'm going to kind of throw all of them out there and can you take them, you know, wherever you'd like to take them, go ahead.

So the first main question was about privacy in a virtual setting. People want to know, you know, especially people in big cities with small apartments, they can't get away from their kids or their spouse or they're walking through Walmart, while they're in a counseling session. What do you do for privacy, and how do you encourage clients to create privacy, if you do?

The other question was you mentioned look at the camera, not at the screen, and I think many people are asking how do you get a read on the client's expressions and how they're looking if you're looking at the camera.

>> ALISSA DRESCHER: Oh, yes.

>> ZACHARY TAYLOR: And then the last question was if I have a child write a letter to a deceased loved one, and they ask will they know I'm writing this, or if they say if I talk to them, will they hear me? A couple people were curious how you navigate answering that question.

>> ALISSA DRESCHER: Okay. Those are all good. You may have to refresh my memory on what they are.

Let me briefly address what I mean by looking at the camera. That would be if I'm talking. So certainly if the client is talking,

like Zach is talking right now, I'm looking at Zach, and that's super important. So you're absolutely right on if you're thinking that doesn't sound right. So just when you're responding, just make sure your eyes are lifted a little bit. Sometimes we use dual monitors so you might be looking at your monitor this way and you think you're talking to the person but it doesn't appear that way on their end. Just consider that.

With regard to if a child -- I might not have them write a letter. I might have them draw about it or talk about it, and if they have the aptitude to write about we might do that. I would say tell me what you think. So when you think of dad now, where do you see him? How do you view him? They might say to me, you know, I think that he is asleep until Christ returns, because that's what their faith orientation is. Okay, so can a sleeping person hear? We might have a conversation like that. What do you think? I would throw it back to them. If they said I'm not sure that a sleeping person can hear, but a sleeping person has dreams, don't they? So we want to make sure that we're drawing the distinction that deceased people do not have dreams, so it's dangerous. But I would totally let them lead and I would validate their view of what happens to you when you die, and build on that.

And remind me the first question?

>> ZACHARY TAYLOR: About privacy in virtual sessions. How do you handle privacy?

>> ALISSA DRESCHER: So I think a lot of it is giving up control, which we have a lot of when people are coming to see us in person. And secondly it's similar to us. I was watching a thread of people responding to what their work from home environments are like and people having their offices or dining room and one clinician said I'm in my closet. Is anyone else in their closet? And I think our clients might need to identify that space to.

To me it's an awesome opportunity to talk about self-care and prioritizing oneself. But it may be hard to find that space. They have a teeny tiny micro apartment. I totally understand that. Is there someone that could take the kids notice home for the next 50 minutes or even half of the session so they get a little privacy so I would use that for a therapeutic discussion about making sure that they're rising to the surface and their needs are being met first which is so critical. I will say I think a lot of you would probably agree with me if we could use the thumbs up feature that there's a lot of therapy having in people's cars these days. And probably they are often parked and the keys are out of the ignition, but maybe they're in the driveway. That might be the most privacy that that person has during the day. So again it's a great opportunity for them to decide what's that place I feel safe and secure in my life, and if they don't have that, it's a great chance for us to identify what that is.

>> ZACHARY TAYLOR: Well, that takes us to our time. I want to thank you all for taking time today to be here. We have an extremely exciting lineup tomorrow. Just as good as today. We'll start off with

David Kessler in the morning with a very special keynote address. He's got a very special offer for attendees of the grief summit as well.

Those of you who today's been difficult, I really want to thank you for sticking with it, and please take good care of yourself today. And please check out our frequently asked questions page, if you've got questions about CE. You will get an email tomorrow morning with a little button in it to access tomorrow's sessions, so don't worry about that.

You'll also get an email after the conference to complete your live CE evaluation. For any sessions you attended live, you're going to get that CE credit based on your license.

So if that's something you're here for.

Again thank you so much for being part of the grief summit, day number one is done. Alissa thank you so much for closing us out today and we will see you all tomorrow morning at 9 a.m., central time.

Thanks, everyone, bye-bye.

(End of session.)

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