

UNDERSTANDING THE IMPACT OF GRIEF AND LOSS

Presented by Mariann Wolskee, LCSW



First...HELLO!

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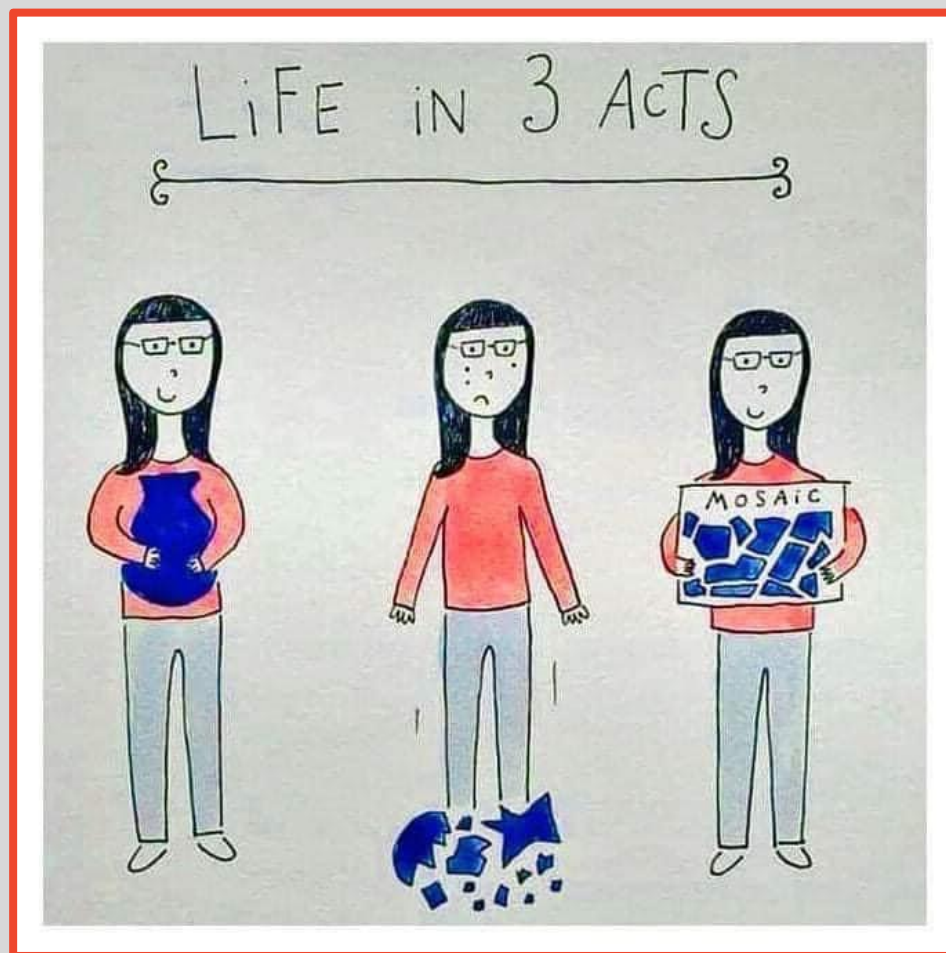
COVID 19 TIMELINES 2020

March 2020

March 2021

Hope for change
2021

OUR 2020 JOURNEY



Workshop Intentions:

A tool kit for human services professionals

- ▶ Understanding definitions: what is grief; what are the types and how does grief manifest
- ▶ Understanding clinical differentiations (exploring impact on mood ,depression and anxiety due to stress)
- ▶ Exploring the impact of Covid 19 pandemic and the effects on grief and loss
- ▶ Knowing the tasks of mourning and bereavement
- ▶ Practical tips on when and how to intervene and gaining types of interventions
- ▶ Considering cultural awareness and sensitivities
- ▶ Learning what to say, when to speak up and how to intervene
- ▶ Considerations of disenfranchisement; and self awareness from a multicultural awareness perspective

"When we are no longer able to change a situation, we are able to change ourselves." Viktor Frankl

SECTION I

UNDERSTANDING TYPES AND STAGES OF GRIEF; LOSS AND BEREAVEMENT

From Grief & Loss to Growth & Change

- ▶ GRIEF = THE EMOTIONAL RESPONSE TO LOSS
- ▶ STAGES OF GRIEF: (Kubler-Ross grief cycle)
 - ▶ Denial, Anger, Bargaining, Depression, and Acceptance
 - ▶ 6th Stage identified as “Finding Meaning” (David Kessler)
- ▶ 2020 has required a significant change in most people’s daily lives.
- ▶ Prior to COVID-19, research was ongoing regarding impact of isolation and loneliness.
 - ▶ COVID-19, with widespread and universal effects, shines a bright light on the need for effective mood management, including coping skills and effective adjustment to prevent emotional responses (e.g. anger, depression and anxiety).
 - ▶ Need to adjust our focus beyond the initial shock from March 2020 to our current state of the environment
 - ▶ Impacted each of us in uniquely individual ways, and in ways universally experienced
 - ▶ Fear of the unknown

Types Of Grief:

The Emotional Response to Loss

- ▶ ACUTE (sudden) shock; an immediate wrenching of the world as you know it
- ▶ COMPLICATED (often described as attributed to society perceptions (Suicide; Drug Overdose; tragic loss of a child; loss of pregnancy)
- ▶ PROLONGED (long term illness; anticipatory grief; and most current "Covid 19"
- ▶ TYPES OF LOSSES: Two kinds: (tangible and symbolic)
 - ▶ Physical: (tangible) loss of a loved one; loss of a home due to disaster
 - ▶ Symbolic loss (not easily seen by others) a job loss, a divorce; financial
 - ▶ Loss of health; a sudden medical diagnosis
 - ▶ All changes may include loss (some celebratory (e.g. graduating from college)

"GETTING UNSTUCK"

- ▶ Tasks of healing; the journey through grief
- ▶ Understanding grief is often internal, emotional ; psychological
- ▶ When moving through grief; the time, the type of grief/loss and the role of support requires an understanding ; and for the most part being a listener
- ▶ Grief is internal; mourning is the outward manifestation; where a person who has lost a loved one, requires opportunity to be seen, and heard
- ▶ Four tasks of grief after loss:
 - ▶ ACKNOWLEDGE THE LOSS (5th stage)
 - ▶ FEEL THE FEELINGS (allow time for grief to be felt; pain is raw in acute states)
 - ▶ ADJUST TO LIFE (new normal is not a positive phrase received by people in mourning)
 - ▶ INVEST IN ENERGY TO MOVE FORWARD (follows 5th and 6th stage of grief)
 - ▶ Note: understand the stages of grief are not linear; time, may reduce intensity; life may end; but love does not

Differentiating Grief and Sadness from Clinical Diagnosis (DSM V)

- ▶ Bereavement is not listed as a disorder; grief and loss can manifest in various forms of potential risk ;
- ▶ Types of grief that can manifest into disorders include:
 - ▶ Unresolved grief (may come from being stuck in denial) and can come from an absence of normal grief; the prolongation of normal grief; and the distortion of normal grief (means there is no normal mourning (many rituals were taken from the bereaved due to Covid 19) this lack of mirroring support for the aggrieved person have impact
 - ▶ Types of **unresolved** grief: include: 1. **Absent grief** (total denial); 2. **inhibited grief** (processing only parts) (relinquishing); 3. **Delayed grief**-a person may feel unable to show or fulfill grief process (ex: parent holding up for **childrens** sake in death of a spouse; 4. **Distorted grief** an exaggeration or distortion of one of the stages - most often anger and/or extreme guilt; ex: dependent relationships, or misplaced anger (medical malpractice), murder, accidents, disasters (more recent is loss of 500+M Americans to Covid 19. 5. **Chronic grief continuous exhibition of intense grief reactions more appropriate in early stages of acute grief. Mourning fails to draw a natural conclusion of acceptance; Intense yearning is symptomatic of this type; typically happens with loss of dependent and irreplaceable relationships; deaths that are unexpected; deaths of children. 6. unanticipated grief; unexpected; disruptive and complicated grief anxiety and depression are often a risk.**

DSM V - Risks of Unresolved Grief/Disorders

- ▶ **ADJUSTMENT DISORDERS: (309.0)** the development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor. Note criteria D. Symptoms do not represent normal bereavement. (therapists may have utilized this code in the past) question? What is normal bereavement?
- ▶ **OTHER SPECIFIED TRAUMA-AND STRESSOR-RELATED DISORDER 309.89** clinicians may utilize this category when presentations of trauma and stressor related disorder cause clinically significant distress or impairment in social, occupation, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in this category. The clinician chooses to communicate the specific reason the presentation does not meet the criteria for any specific trauma and stressor related disorder.
- ▶ "Code: 309.89 followed by specific reason "persistent complex bereavement disorder", this disorder is characterized by severe and persistent grief and mourning reactions. Note: this category is noted as "conditions for further study". Other cultural syndromes e.g. ataque de nervios address cultural practices that when bound by western culture appear to be problematic are in fact cultural appropriations.

Other DSM V Categories of Concern

- ▶ MDE (major depressive episode)
- ▶ MDD (major depressive disorder)
- ▶ TRAUMA OR STRESS RELATED disorders (specified or unspecified)
- ▶ Note: bereavement cannot be a MDE unless there are 5 or more symptoms; here are variants
- ▶ Distinguishing MDE versus grief: in grief predominant feelings are emptiness, while in MDE is "persistent depressed mood and inability to anticipate happiness.
- ▶ Dysphoria from grief is likely to decrease in intensity over days, weeks; and occurs in waves (pangs or bursts) when thoughts associated with their loved one happen. While the depressed mood of MDE is more persistent and not tied to specific thoughts or preoccupations.
- ▶ The pain of grief may be accompanied by positive memories; versus pervasive unhappiness and misery categorized by MDE (DSM V

Clinical (cont'd)

- ▶ In grief, if self derogatory ideations are present, it involves perceived failing (I should have, regrets "should have told him I loved him more often) etc.
- ▶ If there are suicide ideations, it is more likely towards wanting to join their loved one, where as in MDE thoughts
- ▶ In diagnosing and differentiating clinical presentations, the therapist considers that while losses from bereavement, death, job loss, natural disasters or serious illness can include feelings of intense sadness, ruminating , insomnia and poor appetite and weight loss can match the criteria; a careful exercise of clinical judgment is based on the history of the person, cultural norms for expression of distress in the context of loss.

Breakout Group #1

- ▶ Consider your professional experience supporting a person who may be suffering from grief and loss; share with the group:
- ▶ Describe that situation, what took place; and how you responded;
- ▶ What was the timeline (was this in an acute setting; or perhaps longer term)? Was the situation anticipatory grief (e.g. in hospital setting, hospice setting etc.
- ▶ How did you feel, and how did you respond?
- ▶ What did you wish you knew looking back? And how did you move forward? (e.g. did you receive support and time to process your feelings?

15 minute break

- ▶ Reflection: consider the first time you experienced a death as a child? How old were you?

SECTION II

IMPACT OF COVID ON MENTAL HEALTH

IMPACT OF COVID ON MH

- ▶ According to NIH (national institute of health), as the wave to flatten the curve from the physical threat, a second wave of health concerns became secondary to the virus.
- ▶ Prior to covid 19, 50% of people in high resource countries lacked access to mental health with rates up to 90% in low resource countries.
- ▶ In 2018 11.8 million people in the U.S. reported having unmet mental health needs.
- ▶ In 2020 emerging data in countries struck earlier (China) did a cross sectional study of health care workers; 50% reported depression, 44.6% anxiety, and 34% insomnia. Distress was reported as 71.5% of respondents (Lai Etal 2020). Other large scale disasters studies from 2003 reports continued and reported after one year that 64% continued to experience stressors (Lee etal 2007)
- ▶ Similar to after 9/11, 10% of first responders reported clinically significant (PTSD) 11-13 years after (Bronet etal 2016)
- ▶ The exact magnitude of mental health needs resulting from Covid 19 is largely unknown (except to those reporting significant wait lists in agencies etc.)

MARCH 2020

Stages of Grief: Shock & Denial, moving to Depression

- ▶ A study from the Institution for Family Studies: in a 2019-2020 survey reports increases in feeling of Lack of companionship, feeling left out and being isolated averaged a 15-16% increase overall.
 - ▶ Post onset of COVID studies shifted these data points.
- ▶ A loneliness index reported the least lonely were people who are married; those married with children; most lonely are single parents
 - ▶ Those reported as separated, cohabitating and dating people had a decrease in loneliness, perhaps due to a link between intact family connections that were heightened.
- ▶ There is also a link between unstable economic conditions and elevated loneliness
- ▶ A study "The Unbearable Loneliness of the COVID 19 Crisis", written by Samuel J. Abrams published 8/27/2020 provided additional research.
 - ▶ AEI and American Life Survey report at height of lockdown overall 36% of Americans report feeling lonely or isolated. (39% females, 34% male) of those living alone.

Research & Impact (cont'd)

- ▶ Also in the Abrams survey, 42% of parents with children under 18 feel lonely or isolated a few times per week.
- ▶ Parents generally struggle with feelings of depression 35% fathers, 51% Moms (felt depressed a few times per week.
- ▶ ½ report having cried at least once during past week due to loneliness or depression.
- ▶ Intact parents in families report 30% male and 49% females.
- ▶ Parents of younger children 58% while 45% feelings of loneliness experienced by parents with children ages 6-17.
- ▶ In comparison - two-year study revealed 33% who lived with others experienced loneliness while 37% of those living alone.
- ▶ According to the CDC study of adult mental health during the pandemic 40% of respondents reported at least one adverse mental or behavioral health condition, while May headlines report "many Americans haven't seen or touched a person in 3 months.

Stress & Loneliness

- ▶ Loneliness is stressful! A lack of physical contact can cause stress, sleep disturbance and immune issues
- ▶ Parents of young children are the loneliest.
- ▶ In addition, if the marriage was in trouble prior to Covid it may now be holding on by a thread.
- ▶ ZOOMERS (GENERATION Z) are faring worse.
- ▶ 63% 18-24 yearolds report symptoms of anxiety or depression.
- ▶ Almost 2/3 (74.9% report at least one adverse mental or behavioral health symptom
- ▶ 25.5% even say they considered suicide
- ▶ AEI STUDY CONFIRMED Gen-Z reports highest levels of loneliness than any other cohort.
- ▶ Before pandemic, target of concern, was older adults (boomers) as they faced the immediate risk of infection; and risk now is for younger people to avoid contracting the virus; and unmet expectations as their future is on hold or changed in unexpected ways.

Responding to Stress

- ▶ Anxiety and isolation impose a toll on brain circuitry
- ▶ Body intelligently respond to stress by releasing hormones to prepare us to intervene in the situation (especially in high levels of fear.)
- ▶ However, the design is for the short term, until the threat disappears or is relieved. Without relief, it can exhaust us.
- ▶ Isolation from loved ones, co-workers and supports in the community effect us as we as humans have a need for social connection.
- ▶ Loneliness is not merely a feeling it is an innate warning signal to seek out others (much like we do for food)!
- ▶ Ineffective coping methods may include eating too much or too little, sleeping too much, or addictive behaviors include use of substance, overuse of media (television, social media etc.)
- ▶ **SO WHAT DO WE DO WITH THE INFORMATION NOW?**

Proactive Actions for MH Response

- ▶ Have we flattened the curve of both the physical threat of the virus and the secondary aftereffects of mental health needs?
- ▶ Proactive prevention would be to increase access to mental health services, providing widespread education related to impact of this pandemic on the nervous system; address impact on children; community outreach to those most vulnerable.
- ▶ Providing empirical informed practices for stress relief (limit news, establish routine eating, sleeping, exercise and increased social connection that is safe.
- ▶ Long term prevention for mitigating long term effects of chronic stress for health care workers
- ▶ Interventions: a call for psychological research needed to develop practices to address co-morbid and acute presentations of MH disorders (e.g. intersection of acute grief, trauma and depression or anxiety.
- ▶ Understanding the rituals that bring support have been thwarted causing potential “stuckness” in the grief processes.

For Future Considerations

- ▶ Recognized the disproportional impact of this virus on ethnic minorities
- ▶ Create novel treatment protocols will be needed to include content for diverse populations
- ▶ Prevention and Intervention: along with access to universal vaccines, a need to increase access to mental health needs.
- ▶ Before the pandemic 20% of U.S. population reportedly needed mental care yet only .1% of the population was trained to deliver it "we need to rethink task shifts, moving mental health care to a wider ranged of service delivery (? Train non clinical people)
- ▶ References "3 steps to flatten the mental healthy curve amid Covid 19 Pandemic "Depression and Anxiety 2020, 37:405-406, 10.1002/da.23031 Pub Med NIH (pubmed.gov) National Library of Science Public Health information CDC

Professional Guidelines

- ▶ How to support, what to say?
- ▶ “Experts” from writer’s grief / bereavement support group
- ▶ Eliminate platitudes “understand difference between physical grief and spiritual grief (e.g. we want to comfort people who grieve) however the common words such as “he/she is no longer suffering; he/she is in a better do not help. The place a person wants their loved one to be back with them.
- ▶ Understanding the 6th stage of grief “meaning”
- ▶ Basics: Be present (fully); be a listener and be a resource
- ▶ Resources about (e.g. licensed professionals, professionals organizations, funeral homes, community service organizations, hospices, hospital groups related to specific terminal illness; specific organizations (e.g. support groups for cancer survivors)
- ▶ The Kubler Ross Center (703) 396-3441 VA
- ▶ Compassionate Friends (708) 99-0010 (Illinois)

Decreasing Loneliness

- ▶ When feeling lonely: reach out! Start a conversation!
Connect in new ways through face-face from a safe distance, to media (e.g. Zoom or social media)
- ▶ Do virtual hangouts (many are holding book clubs; happy hours, discussion groups, and support groups) where they use to meet in person.
- ▶ Get outside!
- ▶ Help someone in need.
- ▶ Take a virtual exercise class.
- ▶ Engage in self care (meditate, watch fun movies, listen to music;) return to creative ways to be mindful and decrease your sense of worry, anxiety and feelings of aloneness. We can be alone, without being lonely.
- ▶ Learn something new!
- ▶ Make a list of people you have always thought about and didn't take time out to do so.

SECTION III

SELF CARE

Breakout Group #2

- ▶ Consider the past 15 months of covid and share how the impact of being a human services professional has intersected with your personal journal through Covid 19.
- ▶ We have experienced a collective grief journal
- ▶ Share what you did to cope through this journey; and what worked that gave you the resilience to continue
- ▶ Share self care tips and bring a few back to the chat room function in our zoom meeting.

JUNE 12, 2021

Stages of Grief: Bargaining OR Acceptance?

- ▶ Understanding the gift of the nervous system
 - ▶ a warning system that is automatic and generates energy to prepare to “fight, flight or freeze” in the face of danger.”
- ▶ The peace side of the nervous system is not automatic
 - ▶ requires practice and a process (e.g. meditation, prayer, movement, creativity and play)
- ▶ When will this end, when can I return to “normal” and what is a “new normal” to look like?
- ▶ How can I move from anger, or depression to possibilities of growth and change?

From Depression to Expression

- ▶ Understanding difference between sadness and depression (hint sadness is normal)
- ▶ Signs / symptoms of depression: a persistent sad, "empty" or anxious mood"
- ▶ Loss of interest in ordinary activities
- ▶ Decreased energy, fatigue, feeling slowed down
- ▶ Trouble sleeping or changes in sleep patterns
- ▶ Increased or decreased appetite/weight gain
- ▶ Difficulty concentrating, remembering making decisions
- ▶ Feeling hopeless, pessimistic, unusually discouraged
- ▶ Frequent arguments or loss of temper; excessive crying
- ▶ Thoughts of self harm
- ▶ NATIONAL SUICIDE HOTLINE: 1-800-273 TALK (8255) SPEAK UP/REACH OUT

Present Moment: "Getting Unstuck"

- ▶ Cognitive therapies: thoughts matter!
Check your thoughts daily... thoughts impact emotions and emotions result in behavior.
- ▶ Avoid cognitive distortions:
"it's never going to end" "when will it be over?" "this is horrible"
- ▶ Learn about mindfulness
MBSR (mindfulness based stress reduction) and MBCT (mindful based cognitive therapies)
- ▶ Practice daily routine and include self care as a mandatory, not a "when I have time"
- ▶ Be creative! Optimize the time to enjoy a once forgotten hobby, craft, or learn a new one.
- ▶ PLAY! It's a feeling of joy; and has a biological importance; life without play is like a life without books, music and the arts.
 - ▶ Children know how to play.. join them!
(kudos to my clients who zoom every night, and read their grandchildren their bedtime stories)
- ▶ Learn the 5 Second Rule (Mel Robbins) who also offers the following:

Tips from Mel Robbins

1. Name your feeling
2. Move your feeling
(5 second rule, "I'm feeling lonely, 5,4,3,2,1 get up and turn on the music/dance)
3. Do one thing today that makes you happy
4. Look forward, create something new

SELF CARE: Ten Tips

▶ "You cannot pour from an empty cup" (The Art of Self Care. Dr. Brian Stewart)

▶ Self care = time taken to nurture wellness.

1. Form healthy boundaries: code for appropriate behavior - sleep, nutrition, exercise, financial
2. Creating healthy boundaries (No is a complete sentence!) Be mindful
3. Stay grounded - take time. What do you do to stay grounded? (mindfulness meditation to live in the moment)
4. Practice good sleep habits (reduce noise TV, temperature, darkness affects the pineal gland)
5. Body needs good stress (exercise flushes out stress hormones and cortisol)
6. Get out in nature
7. Friends in need (reach out) build and maintain your support group
8. Smile: practice uplifting emotions
9. Stretch daily/ Walk daily
10. Practice peace: Breathe in peace and exhale tension.

A few favorite quotes/thoughts/words

- "To spare oneself from grief at all costs can be achieved only at the price of total detachment which excludes the ability to experience happiness" Erich Fromm
- "I don't think of the misery but of all the beauty that remains" (Anne Frank)
- "It's very beautiful over there" Thomas Edison's last words
- "Oh wow, oh wow, oh wow" Steve Jobs last words
- Each day I live, she lives through me; to be the best when I feel my worse" (anonymous bereavement group member)
- Dr. Kubler Ross, while touring concentration camps found etchings of butterflies in the walls, butterflies are found in many representations of hope. "just when the caterpillar thought he had died, he became a butterfly"
- If there ever comes a day we cannot be together, keep me in your heart and I will stay there forever (Winnie the Pooh)
- GRIEF BURSTS AND LOVE BURSTS
-

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- ▶ MINDFULNESS FOR BEGINNERS -Reclaiming the present moment and your life. (John Kabat-Zinn Phd) 2016 ISBN 978-1-62203-667-7
- ▶ FULL CATASTROPHE LIVING - Using the Wisdom of the Body and Mind to Face Stress, Pain and Illness. (John Kabat-Zinn, Ph.d. (1990) ISBN 978-0-385-302-5
- ▶ Articles: American Enterprises Institute. AEl.org/articles The Unbearable Loneliness of Covid 19 Crisis. Samuel J. Abrams, August 27, 2020
- ▶ National Center for Complementary & Integrative Medicine. www.nccih.nih.gov
- ▶ Institute for Family Studies. Lyman Stone, Research Fellow @ institute for Family Studies. American Family Survey. "Corona Virus, Family Loneliness and Marriage
- ▶ Cdc.org and Mel Robbins (see videos "The 5 Second Rule that could change your life"

References/Bibliotherapy

- ▶ Viktor Frankl "Man's Search for meaning"
- ▶ David Kessler "Finding Meaning the 6th Stage of Grief"
- ▶ Zamore, Fran "Healing from Loss"
- ▶ Sogyal Rinpoche "The Tibetan Book of Living and Dying"
- ▶ Rando, Therese A., Ph.d "How to go on living when someone you love dies".
- ▶ Wolfelt, Alan D., Ph.d "Understanding your grief" Ten Essential Touchstones for finding Hope and Healing Your Heart"
- ▶ Greiner-Ferris, LICSW/Manjit Kaur Khalsa, EdD "The Yoga-CBT workbook for Anxiety"
- ▶ Resources: www.grief.com (Kessler)
- ▶ Resources www.leveninstitute.com
- ▶ Resources: The Columbia Center for Complicated grief. www.complicatedgrief.Columbia.edu

SUMMARY KEY POINTS

- GRIEF IS THE EMOTIOAN RESPONSE TO LOSS; IT'S INTERNAL
- MOURNING IS THE OUTWARD MANIFESTATION
- ALL TRAUMA INVOLVES GRIEF; ALL GRIEF DOES NOTE
- CAREFULLY AND CRITIALY CONSIDER CLINICAL DIAGNOSIS
- WE MUST FEEL TO HEAL (GRIEF SUPPORT AND COMMUNITY IS IMPORTANT
- FOR COUNSELING: FIVE MAIN COMPONENTS TO SUPPORT PEOPLE GRIEVING:
 - #1 LISTENING
 - #2 DEVELOPING AND MAINTAINING A THERAPEUTIC RELATIONSHIP
 - #3 PROVIDING PSYCHOEDUCATION (E.G. STAGES OF GRIEF)
 - #4 PROVIDING CASE MANAGEMENT
 - #5 ASSIST CLIENTS WITH SELF REGULATION

EDUCATION

- GRIEF - NORMAL MOURNING (energy will modulate over time; intensity, duration and frequency are helpful teaching tools to have a person recognize they are making progress.
- COMPLICATED BEREAVEMENT & MOURNING; client avoid processing grief resulted in complicated state.
- THE HUMAN MIND WILL ALWAYS TRY TO HEAL FOR GRIEF
- THE MORE THE PERSON FAILS IN THE ATTEMPT TO MOVE FORWARD; THE MORE DEMORALIZED HE/SHE/THEY FEEL. This creates "being stuck" (helps to revisit the stages to see which piece is in place (e.g. anger, depression, bargaining etc.) and work toward processing stage 5 in order to move into stage six where meaning may move grief and pain to love and remembrance.
- If a client is taught the benefit of a relaxation response / stress relief practice; they may be able to lessen the "crescendo" of heightened emotion by employing a practice to de-sensitization of energy of emotion, and move to recovery by remembering their loved through meaning and memory

The tasks of mourning and a reference

- Mourning or acceptance of the loss means integrating the loss into one's life and continuing to live
- (Worden 2008) sites four specific tasks:
 - 1. accepting the reality of the loss
 - 2. process the pain of grief (we can't heal what we don't feel
 - 3. adjusting to a world without the loved one
 - 4. finding an enduring connection
- TWO PARTS:
 - 1. RELAXATION (Remembrance of the loss; and a relaxed body lessens pain)
 - 2. NARRATION (telling the story of the loss (e.g. may begin with the eulogy) and continue in groups
-

Healing from traumatic grief

- 3 steps: 1. build a supportive relationship with others; 2. maintain a relaxed body (meditation, yoga, tai chi, qi gong 3. telling their story - allow them to remember with love
- Healing from traumatic grief: all trauma involves grief; all grief may not involve trauma.
- Traumatic grief is a severe form of bereavement (similar to PTSD post traumatic stress disorder)
- The ability for clients to learn self regulation is essential to healing
- SOURCE: "Trauma, PTSD, grief and loss" Mike Dubi, Ed.d, Patrick Powell, Ed.d, J. Eric Gentry, Ph.d ,lmhc
- Includes 10 core competencies for evidenced based treatment 2017 ISBN: 9781683730392
- ACTIVITY: (handout to be provided) "Managing Stress: The Relaxation Response for EveryDay Living"
 - Class - a guided imagery and stress reduction practice (Kosha meditation) from Yoga



THANK YOU!

- Mariann Wolskee, LCSW,
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- Get Started! Get Help!
www.jfsdelaware.org/intake
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*JFS is currently offering all therapeutic, psychiatric, and case management services via secure telehealth.

