The griever endures. Grief endures. But, for most grievers, thankfully, grief changes. Early shock dissipates and is replaced by frank pain. Pain becomes deep sorrow, often, a place darker than pain. Sorrow—and all its companion emotions—anger, fear, frustration, doubt, guilt, loneliness and loneliness and loneliness, these too soften with time. Human beings have a natural capacity to grieve. Time does heal—but time alone does not heal. Most grievers need more than time—they need the freedom to feel what they feel and think what they think without judgment. They need caring ears, warm hearts and the presence of those who understand. They need coping skills that support their grief rather than sidetrack them into avoidant behaviors. While everyone must walk their own grief journey—it is a hard journey to navigate without companionship. Grief support groups are one way to find companionship on that journey—and we invite you to consider traveling with Caring Connections. 2017 marks the 20th anniversary of Caring Connections and we will honor that occasion by deepening our commitment to the community.

As we look toward spring, we offer our invitation to many activities. Our annual Seeds of Remembrance event is an opportunity to remember those who have died. We will gather May 2nd at 7 pm for this engaging and supportive evening (please see details on the back of this newsletter). We emphasize meaningfully remembering those who have died in our groups and in our programs. Looking back is an important part of moving forward. You may wish to honor someone you love with a memory tile on our Caring Connections Memory Wall, participating in the Memorial Day Race for Grief, or support our efforts by participating in the Larkin Classic Golf Tournament.

Grief can and will transform you. May its transformation invite you into fond memories, joy and grateful remembrance of the life lived.

Warmly,
Kathie Supiano

“I don’t believe that grief passes away. It has its time and place forever. More time is added to it; it becomes a story within a story. But grief and griever alike endure.”
—Wendell Berry, Jayber Crow

“Grief shared is grief diminished”
—Rabbi Grollman
Caring Connections Advisory Board
Kathie Supiano, Director
Shawna Rees, Administrator
Vicki Briggs
Beth Cole, PhD
Debbie Curtis
Jan Christensen
Keri Evans
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Roxanne Probst
Jody Rogers
Catherine Toronto
Dinny Trabert
Jacqui Voland
Barbara Wheeler, DSW

Design/Layout
University Print & Mail Services

To register for any class or location, please call 801.585.9522.

There is a participation fee of $50. If this fee is a hardship, please notify Caring Connections. Scholarships are available through the generous support of Larkin Mortuary.

Should there not be enough people registered for a particular group, the group may be postponed.

SALT LAKE CITY
Wednesday, May 10th through Wednesday, June 28th from 6:00 pm to 7:30 pm
*Weekly meetings on Wednesday evenings for 8 weeks*
University of Utah College of Nursing
Annette Poulson Cumming Building
10 South 2000 East

MIDVALE
Thursday, May 11th through Thursday, June 29th from 6:00 pm to 7:30 pm
*Weekly meetings on Thursday evenings for 8 weeks*
UUHC Greenwood Health Center
7495 South State Street
Salt Lake City, UT 84047

OREM
Wednesday, May 10th through Wednesday, June 28th from 5:30 pm to 7:00 pm
*Weekly meetings on Wednesday evenings for 8 weeks*
University of Utah Parkway Health Center
145 West University Parkway
Orem, UT 84058

WEBER COUNTY
Adult grief group for those adjusting to the suicide death of someone close beginning Monday, February 6th and ends on Monday, June 12th, through Monday, August 7th from 6:30 pm to 8:00 pm
Pleasant Valley Branch Library Conference Room
5568 Adams Ave
South Ogden, Utah 84405

SPANISH GRIEF GROUPS
Call Caring Connection for more Information 801-585-9522
University Neighborhood Partners
1060 South 900 West
Salt Lake City, UT 84104

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Larkin
Serving Utah Families for Over 130 Years
MORTUARY, CREMATION, MEMORIALIZING, ECONOMICAL CREMATION, PRE-PLANNING

Grief Support Groups
For Adjusting to the Death of Someone Close

Upcoming Spring 2017 Grief Support Groups

SALT LAKE CITY
Wednesday, May 10th through Wednesday, June 28th from 6:00 pm to 7:30 pm
*Weekly meetings on Wednesday evenings for 8 weeks*
University of Utah College of Nursing
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Jill Smolowe’s article about sibling loss reminds us that losing a sister or brother is an underappreciated grief experience. In this study of 107 bereaved young adults, type of loss (sibling or close friend) and relationship quality (i.e., depth and conflict) were evaluated in terms of complicated grief, depression, somatic symptoms, and world assumptions. Participants who lost a sibling reported greater depth in the relationship as compared to those who lost a friend. They were also more likely to have complicated grief (57% versus 15%) and report significantly higher levels of grief, depression, and somatic symptoms. Those who lost a sibling reported a lower sense of meaningfulness and benevolence of the world and selfworth as compared with those who lost a close friend or had not experienced a loss. Further research and clinical attention is necessary to understand and respond to sibling loss, particularly in younger adults embarking on independent lives.

**BOOK REVIEW**

**REVIEWED BY BETH COLE**

Written in the first person, Jill Smolowe’s book *Four Funerals and a Wedding: Resilience in a Time of Grief* is beautifully written. A journalist by profession, Smolowe is masterful in finding the right words for describing her journey through the diagnosis and treatment and death of her husband, and the deaths of three other family members in eighteen months. Poignantly, she presents lessons she learns along the way: “Other’s can’t know how to help you if you don’t tell them.” There are burdens for spouses, “I feel like I have to reassure others… it is exhausting.” “People don’t understand. I need to enter their world, not have them enter mine.”

The first half of the book is about her journey with her husband: the decisions they made at each point of the journey and the thoughts and feelings and perspectives that she experienced. She casts these in the relationships in her life and how they drained her or uplifted her and why. Smolowe’s ability to organize her life in the face of confusion and tragedy, offers some direction for others facing similar circumstances.

During the last half of the book, Smolowe is able to describe clearly the decisions that were made around the other deaths and funerals, thus showing the similarities and differences and choices people make around the death of a loved one. She describes the deep sorrow that accompanied her grief. She carefully describes the encouragement she received from others, and her search for being authentic to herself, her past and making room for a new future.

Many people will find this book valuable. In particular, health care professionals can learn many important lessons about how to work with people facing serious health problems, and those that are grieving.
I was given the opportunity to work with Caring Connections through my Doctor of Nursing Practice Psychiatric/Mental Health program at the University of Utah College of Nursing. I was a co-facilitator for the grief group for suicide survivors. I learned an amazing amount about the people I worked with and the power of group therapy. The most important lesson I think my professional facilitator taught me was “that the group itself is the therapy.” The main impression I took away from the group about grief and loss was their resilience. Grief and loss are difficult and for many in my group, the loss was recent. I continue to be impressed by their ability to provide comfort to others. The experience and information I received during these meetings changed the way I look at group therapy. I have never been so moved and in awe as I was with being able to be a part of this process. I will never be able to thank the members of that group enough for their willingness to share and be vulnerable. The experience will stay with me as I move forward in my practice and I know it will help me become a better practitioner to those struggling with grief and loss.

A BRIEF HISTORY OF CARING CONNECTIONS: A HOPE AND COMFORT IN GRIEF PROGRAM FROM 1997-2007

During the late 1990s, end-of-life care became a major focus for the healthcare industry. In a collaborative effort The University of Utah Hospitals and Clinics participated in the Institute for Healthcare Improvement’s (IHI) initiative to improve end-of-life care across the United States. Dr. Beth Cole participated from the College of Nursing along with others from the University Hospital. There were four objectives specified by IHI that each institution was to address and report back three times in the next two years to the sponsoring organization. Cole’s responsibility was to develop an intervention for families around the current issues in end-of-life. University of Utah’s program became Caring Connections: A Hope and Comfort in Grief Program.

This family intervention took a two-pronged approach. One focus was to provide family support for patients who were near death or had died in the hospital. Jan Harvey, a psychiatric nurse was hired to provide family support and current end-of-life education for social workers working with patients who were dying and their families. The second prong of the intervention was to provide support services to families after the death of their loved one.

Starting in 1997, a program was started providing 10-week grief groups for those who had a family or friend die. Mental health professionals led the grief groups. Students from the mental health professions participated as co-leaders. The University of Utah School of Social work and the College of Nursing worked closely to provide learning experiences in grieving support for their students. Over the years, specific grief groups for loss of a spouse, a parent, a child, or due to suicide, homicide, teen groups and children’s groups.

In addition to the grief groups, Caring Connections newsletters were distributed several times a year with articles, book reviews, announcements of grief groups or other topics. Twice yearly community presentations were offered with noted speakers and memorial activities.
I have lived in Utah all of my life and have three children that I raised in South Jordan. My two oldest sons have children and my daughter has never married and currently resides in Denver. My younger son was diagnosed as being bipolar when he was 19. He knew he had to have his medication and was really good about having it.

Around the later part of 2015 he was working out of town quite a bit and working long hours. His fiancée was pregnant with twins and was having complications related to her pregnancy. We started to notice that he was not himself. I was speaking with her about his medication and she said they had put him on something new and he did not like it, so he quit taking it and said he did not have time to go to the doctor.

He had some unfortunate losses with his business about the same time and started to become erratic, angry, and unhappy and would push everyone away, which was unlike him. For the most part, he liked to be social and liked to be around people. He would deny that anything was going on with him. There was an incident in February and he said he had attempted suicide and was using drugs. Some days he seemed really down and angry and other days he seemed to be happy; the highs and lows of being bipolar. It was about two weeks later that he committed suicide.

My friend and coworker actually found the Caring Connections grief group while searching for some help for me. I liked the fact that it was suicide specific. My daughter-in-law wanted to attend as well and we had to convince my son that he should attend also. The first couple of weeks were hard but good. You realize that, unfortunately, you are not alone on this journey and that others are suffering in many of the same ways that you are. It was also helpful to gain the knowledge of grief and mental illness and to have the support of others that have actually had a similar experience.

Although our lives will never be the same, the group gave us an understanding of the struggle that my son had with his mental illness. It was a place where it was okay to talk about him and cry and not have to hold it in. It also helped us to realize that the extreme sadness, guilt, and other emotions that we are having are a normal part of grief with a suicide death. I am thankful for Caring Connections because it really helped my son to be able to cope with the loss of his brother and to function again.

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**OUR MISSION**

The mission of Caring Connections is to provide excellent evidence-based bereavement care to grieving persons in the intermountain west through clinician facilitated support groups, with particular attention to the care of families served by the University of Utah Hospitals and Clinics; and, in keeping with the academic mission of the University and the College of Nursing, to provide opportunity for clinical education in grief and loss to students in the health care professions, and to conduct research which promotes greater understanding of loss, grief and bereavement.

*Visit us online at [www.nursing.utah.edu/caring-connections/](http://www.nursing.utah.edu/caring-connections/)*
Always Out of Season

BY GREG ADAMS

“Death comes, and always out of season.”
—Beyond the Ridge, by Paul Globe

April in central Arkansas is one of the glory times of the year, along with late October and early November, when nature puts on a colorful show of change. In the spring, daffodils come early with sunny yellows, golds and greens out of brown earth and brown grass. Azaleas show off reds, whites, pinks, purples, corals and more. Dogwood blooms in the woods look like floating white flowers amongst the browns of fallen leaves and trees just beginning to bud. Red buds decorate forests and yards with their purple-red blooms. Winter turns into springs, black and white to living color; life bursts out of dirt, pods, buds, and dead-looking limbs. What a strange time to die.

Last night, I received a call. My favorite uncle, eighty years old, was found dead in a chair on his back porch. There are worse ways to go than looking out on your yard as it comes alive. But death and spring just don’t seem to go together. Death in the spring certainly feels out of season.

Of course summer is also not a good time to die. From childhood, summer has mystical place in our lives as it is a time for re-creation vacations, playing outside, swimming holes, camps, sleeping in, lawn chairs, cookouts, fireworks and lemonade on the porch. Plus there’s the summer harvest of fresh fruits and vegetables, strawberries, blackberries, corn on the cob, green beans and new potatoes. Who would want to miss all this? Summer is a lousy time to die.

But then fall isn’t good either. Fall is a sentimental time when the change in the air brings sweaters and memories of the back of the closet. With fall comes relief from the dog days of summer and hopes for “this year” as school begins again. The leaves sing their gorgeous swan song, and we prepare for more cozy days inside. Who wants to say goodbye now—either one to go or the ones left behind—when we are gathering together to be thankful for all our blessings?

Okay then, How about winter? Perhaps that’s the time. But, perhaps not. We need each other in winter more than any other time of year. In winter there are no distractions of the other seasons, and we look to one another for company and comfort. It’s cold outside, and sometimes inside, and even the old wisdom writer of Ecclesiastes wonders how one can be warm if one lies down alone? For a funeral on a winter’s day, we wrap ourselves up from the cold and wind and the ground is hard as the reality that we are facing. No, death is not welcome in the winter.

“Death comes, but always out of season.” It used to be thought that the suicide rate went up during the holiday season in and around December, but now we know that the suicide rate is highest in the spring. Perhaps the contrast is too great; the world is coming alive with vibrancy and optimism, yet the burden of the despair continues, and this may be too much to bear.

In the season or not, death comes. Death comes and goes, but life goes on, ever inviting us to join in whether or not death decides do come.

I
s grief powerful enough to kill? The world is mourning the death of actress Debbie Reynolds who herself was in mourning following the death of her daughter Carrie Fisher just one day earlier. Could that grief have played a part in the stroke that killed her? “I was not surprised to hear of her death,” says Katherine Supiano, PhD, LCSW, FT, Director of the Caring Connections Grief Program at the University of Utah. “This is an uncommon phenomenon, but it does happen. Even the American Heart Association has recognized ‘broken heart syndrome’ as a cause of death following the death of someone close.”

The American Heart Association is not the only organization that has look into “broken heart syndrome.” A study published in the Journal of the American Medical Association in 2014 found older adults who lost a partner saw their risk of dying from a heart attack or a stroke double in the 30 days following. One reason may be that stress raises the level of cortisol in body. Increased levels of cortisol have been linked to cardiovascular death. Other hormones may play a role as well. “Emotional stressors can also lead to a significant release in adrenaline,” says John Ryan, MD, a cardiologist with University of Utah Health Care. “This can have an impact on the cardiovascular system.”

Physical changes in the body are not solely responsible for the increased risk though. People make behavioral changes while under stress or suffering from grief. These may impact their health. “They may not be taking care of themselves,” says Ryan. “They may not be taking medications for underlying conditions, or they may be eating poorly, or start smoking again. All of these can raise their risks of cardiovascular problems.”

The nature of the relationship lost may also be factor. A close caregiving bone may be harder to lose, especially if that caregiving relationship has been long standing- like that of a mother with a child. “We all know that Carrie Fisher had several difficulties in her life,” says Supiano. “Reynolds may have been in the role of emotional caregiver. When that role was no longer available the stress may have become overwhelming contributing to her death.”

Supiano says that in situations like these it might not just be grief and stress, but also a feeling that now caregiving is no longer need that the work of the caregiver is done. “We do hear people say that,” she says. “And in some cases, very quietly, their lives.”

While grief may make a person feel they want to die- the vast majority do not. The levels of stress hormones will dissipate over time, and behavioral patterns will return to normal. Life will go. “People are hard wired to be able to grieve,” says Supiano. “The majority of people are actually highly resilient and given enough time, and social support most people navigate this pretty well.”

University of Utah, Health Care, Health Feed http://healthcare.utah.edu/healthfeed/postings/2016/12/grief_death.php
The Quiet Blessing of Grief That Never Ends

This writer finds beauty in the pain she feels over the loss of her sister

BY JILL SMOLOWE

In the almost seven years since I laid my husband to rest, followed barely a year later by the loss of my sister and mother, I’ve developed an appreciation for just how unpredictable and, well, amazing grief can be.

I’m not talking about the period of hollowing when the shock and fog of loss clouds every thought and informs every waking (and perhaps sleeping) moment. No, I’m talking about the grief that comes after that. After the deceased loved one’s absence is no longer a constant presence. After the acute ache subsides and then, unthinkably, still. After life moves forward, opening new melancholy-free vistas that trace no connection to the departed.

The grief I’m referring to lays claim to no stage and holds no hope of being put behind. Even on the happiest days, it lies patiently in wait for some quirk of logic to unleash it. A scent. A song. A glimpse of an almost-familiar face. Suddenly—whap!—you’re puddled in a heap, sobbing, and thinking.

Grief That Won’t Go Away

This is the grief that never extinguishes. The grief that cannot be gotten through, gotten over, gotten past. The forever-after grief.

If you’ve never lost a loved one, this must sound merciless, even downright cruel. Certainly while its throes, forever-after grief can feel like that. But here’s the surprising thing: if you open yourself to it, there’s a silver lining that can be quite wonderful and comforting—as I was reminded just recently.

Shortly before my sister, Ann, died in 2010 from stage 4 colon cancer that had metastasized inoperably to her liver, my family convened for three days in Vermont to support her efforts on behalf of a cancer-research fundraising event. Though Ann glowed throughout the weekend as she helmed a team of bikers and hikers that out-fundraised all the other teams, there were telltale signs that this would be her last hurrah. Her weight had dropped dramatically; her exhaustion was palpable. Perhaps most telling, despite a life-long aversion to medication, she was relying on pain meds to get through the menu of activities.

The second night, as I drove from Ann’s house to the hotel where I was staying, it hit me: my sister, my only sister, was...
dying. I lay down on the bed and began to cry. Then weep. Then sob. I couldn’t stop. My new boyfriend (now my second husband) tried to comfort me, but I was beyond consolation. After an hour, feeling the need to be alone, I took my upset outside to a parking lot, where I continued to bawl for another two hours.

Confusion and Guilt

I was visiting my parents when the call came five weeks later: Ann was gone. In the days that followed, I was too focused on tending to my bereft parents to connect fully with my own pain. Then there wasn’t space to isolate and focus on my grief. My ailing mother was in rapid decline. Less than three weeks later, she died, too.

That’s when my grief got really confused. I would start to think about Ann, then think guiltily that I should be thinking about Mom—or vice versa. Or I’d think of one of them and the thought would intrude that, no, I should be thinking about my late husband, Joe, whom I’d buried 13 months earlier.

I was not alone in finding my grief confused by the pile-on of death. Both of my brothers would later tell me that 18 months passed before they could really feel their grief over the loss of our baby sister.

As time went by, I came to assume that my most raw feelings of loss had preceded Ann’s death. With her decline beginning so soon after Joe’s death, I’d been closely attuned throughout her final eight months to my deepening grief about the prospect of losing her. It’s possible that the most wrenching feelings of loss are behind, I wrote as the second anniversary of her death approached. It’s also possible that my sorrow is on time-delay and may yet catch up with me.

And so it did. This January. In Utah.

An Unexpected Trigger

I’d signed up with seven other people, only one whom I knew, to secure a group discount for a week at a resort that offered canyon hikes, exercise classes and spa treatments. Upon my arrival, it quickly became apparent that most of the resort’s guests were female and that most of those women had come with people they knew. Lots of friends sets. Lots of mother-daughter duos. Lots of sisters, too, as I discovered the first evening at an event that began with a request that we introduce ourselves and identify where we were from.

Over the next few days, the sisters’ joint activities and pleasure in one another began to gnaw at me. I don’t why it hadn’t occurred to me when I signed up for the trip, my first hiking vacation ever, that there was something grossly wrong with this picture. My sister (sibling nickname: Pooz) was the hiker in our family. A hiking phenom, actually. In her early 20s, she’d traversed the entire 2,200-mile length of the Appalachian Trial, from Georgia to Maine. At the time, she was only the eighth female to lay claim to that mind-boggling feat.

Feeling the Pain

Now, here I was in red-rock country, going on the kinds of hikes that had informed her adult life. Gradually, a mantra took hold in my head, then wouldn’t let go: This feels so wrong. Pooz should be here. On the third day, after a morning hike, a stretch class and lunch. I returned to my room and flopped on the bed, schedule in hand, to decide what I might like to do next.

That’s when I began to cry. Then weep. Then sob. I couldn’t stop. I lay there until dinner, heaving uncontrollably as I pined of my sister.

Come the next day, same thing. Hours of crying and aching and wishing, oh God, wishing, my sister could be there with me to share the beauty of the Utah canyons and the ministrations of the talented spa staff. Had she been there, she would have pushed me to greater exertions on the desert trails. I would have coaxed her into yoga classes. And even as we reminded each other that the spa’s pampering stuff was not us, Pooz would have relished the massages every bit as much as I did. Instead of tears, there would have been sisterly confidences, self-deprecating observations and lots of laughter.

If you’re feeling sorry for me, please, don’t. During the hours I was tossed by this unanticipated wave of sorrow I knew I could tolerate my sadness. Time has taught me that these waves come—and then go.

Perhaps more surprising, even as I lay curled in a soggy heap. I felt grateful for this wallop of forever after grief. It provided reassurance that my sister hasn’t faded to a beloved, but distant, memory. Instead, for those hours, Pooz was once again a vivid presence in my mind and heart. There was pain, yes, but there was also the solace of knowing that she is still very much with me.

I count that as a blessing. Amen.

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Would you like to Care for Caring Connections? Here are ways you can support us:

Support us during LoveUT GiveUT! We participate in this annual fundraiser sponsored by the Community Foundation of Utah. Watch for our email in March.

If you wish to donate to Caring Connections directly, please contact us at 801-585-9522.

Order a Memory tile for the Caring Connections Memory Wall. Tiles are $35 and inscribed with the name of the person being memorialized. The Memory Wall is displayed in the Caring Connections office area at the University of Utah College of Nursing Annette Poulson Cumming Building.

Join us at our donor sponsored events! The Race for Grief and the Larkin Golf Classic are fun ways to mobilize your remembrance, and support our efforts.

Please see our Caring Connections in the Community section, or call us with your questions and ideas.

### Caring Connections Memory Wall Order Form

**Memory Wall** (Located in entry hallway to **Caring Connections**) 4” by 4” Tiles: $35.00

**Male:**

First Name __________________________ Middle Initial _______ Last Name __________________________

Birth Year _______ Death Year _______

**Female:**

First Name __________________________ Middle Initial _______ Last Name __________________________

Birth Year _______ Death Year _______

Ordered by _____________________________________________ Phone _____________________________

Address ____________________________________________________________

Send checks and information to: **Caring Connections: A Hope and Comfort in Grief Program**

University of Utah College of Nursing

10 South 2000 East

Salt Lake City, UT 84112-5880
“HOSPICE FOUNDATION OF AMERICA: LIVING WITH GRIEF” TELECAST

We will again host the highly acclaimed “Hospice Foundation of America: Living with Grief” telecast on **Thursday, April 13, 12:00 pm – 4:30 pm at the University of Utah College of Nursing Annette Poulson Cumming Building**. This year’s topic is “When Grief Becomes Complicated” is appropriate for professionals who work with grieving people. Call 801-585-9522 for information and registration.

**STRONGER COMMUNITIES: LGBTQ+ SUICIDE PREVENTION CONFERENCE**

April 18, 2017 from 9:00 am – 5:00 pm

Community members and professionals: please consider attending this suicide prevention event, supported by The Utah Department of Human Services.

**SEEDS OF REMEMBRANCE: ALL LIVES ARE WORTH REMEMBERING**

Tuesday, May 2, 2017 at 7:00 pm

Please see page 2 for additional information. Sherry Young, columnist at the Deseret News will share the story of her sister Joy’s passing. Joy’s life was complicated by emotional illness, and supported by love. Every grieving person will find echoes of their own loss in Sherry’s story.

**RACE FOR GRIEF**

Memorial Day—May 29, 2017 at 8:00 am at West Bountiful Park, Utah

10K, 5K run & 2 mile walk & Kids K

Proceeds from this event benefit Caring Connections and Share

http://blonderunner.com/events/raceforgrief/
Tuesday, May 2, 2017 at 7:00 pm

Featured Guest will be Deseret News columnist Sherry Young

This Event is Free and Open to the Public

University of Utah, The College of Nursing
Annette Poulson Cumming Building, 2nd Floor
10 South 2000 East in Salt Lake City

Sponsored by:

Clark L. Tanner Foundation
in memory of Sarah Hogle

Contact Caring Connections at 801-585-9522 or visit www.nursing.utah.edu/caring-connections/