

Caring Connections

A hope and comfort in grief program

Volume 14, Issue 1

Winter 2010

Grief Line: (801) 585-9522

A Message from the Director Kathie Supiano



Greetings in the new year. In the setting of your loss and grief, we find ourselves as a nation and as a state, facing times of challenge and discouragement. In these dark days, it is more important than ever for people to gather in mutual support and care. It is our intention that *Caring*

Connections assists grieving people by lifting the burdens of loss through shared experience and informed bereavement care.

In this issue, we address the many ways we think about and experience grief and loss. The articles in this newsletter discuss the ways that words can help or hinder the grieving process, and how attitudes—both our own and those of others—affect our ability to find new ways to go on with life. Another feature article presents ways to differentiate between the sadness of grief and the serious condition of depression. As always, we encourage those experiencing depression to contact us for additional care.

In the months ahead, we will be hosting the Hospice Foundation of America telecast “Living with Grief: Cancer and End-of-Life Care” on Wednesday, March 24. In addition to a stellar national panel, this event will feature local presenters Shelley White and Susan Roberts. Tuesday, May 18, we will be offering our annual *Seeds of Remembrance* event. Please look within these pages for details of these and other events.

We are grateful for continuing support from the community, and in particular, from the professionals who generously donate their time and talent to allow

us to offer clinician-facilitated grief support programs. This past year, the following individuals served as group facilitators: Ann Hutton, Donna Reid, Sylvia Brunisholz, Mina Kopin, Laura Lundquist, Elaine Yee, Paul Callister, Mark de St. Aubin, Laurie Crookston, Jan Harvey, Michelle Wilcox, Troy Andersen, Jim Bone, Julia Martinez, Susan Roberts, and Joe Novotne, and over a dozen graduate students. We invite you to partner with us in the care of grieving persons, and appreciate your support.

Kathie Supiano

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Upcoming Grief Groups
SPRING: Eight Weekly Sessions

Salt Lake City

May 12 - June 30, 2010
(Wednesday Evenings)
5:30 pm - 7:00 pm (All groups)

Spencer F. and Cleone P. Eccles
Health Sciences Education Building
26 South 2000 East
Salt Lake City, UT 84112

This location offers seven types of grief groups, all in the evening:

- Children (7-11) - Adjusting to the death of a loved one
- Adolescents (12-17) - Adjusting to the death of a loved one
- Adjusting to the death of a loved one (adult traditional)
- Adjusting to the death of a spouse or partner
- Adjusting to the death of a loved one to suicide
- Adjusting to the death of a loved one to murder
- Adjusting to the death of a loved one to perinatal loss

Midvale
(South Salt Lake)

May 13 - July 1, 2010
(Thursday Evenings)
5:30 pm - 7:00 pm (Two groups)

UUHC Greenwood Health Center
7495 South State Street
Salt Lake City, UT 84047

Two adult grief groups for those adjusting to the death of a loved one (**traditional**), or adjusting to the death of a loved one to **suicide**.

Orem

May 12 - June 30, 2010
(Wednesday Evenings)
5:30 pm - 7:00 pm (Two groups)

University of Utah Parkway Health Center
145 West University Parkway
Orem, UT 84058

Two adult grief groups for those adjusting to the death of a loved one (**traditional**), or adjusting to the death of a loved one to **suicide**.

Caring Connections
Advisory Board

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If you would like to share any stories or experiences concerning grief or the grief groups, please mail them 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

or via email to:
shawna.rees@nurs.utah.edu

To register for any class or location, please call: (801) 585-9522. Should there not be enough people registered for a particular group, the group may be postponed. There is a fee of \$50. If this fee is a hardship, please notify the *Caring Connections* office. Scholarships are available.

Visit our website at
www.nursing.utah.edu/
practice/caringconnections

Help for Helpers: Helping Someone Who Has Suffered a Loss

Most of the readers of this newsletter are intimately acquainted with loss and grief, and because of their life experiences, may be drawn to or reach out to others who are suffering. Yet, all of us can find ourselves at a loss for words, or uncertain about what to do when we learn of someone who has experienced the death of a loved one. We have learned from our group participants how frustrated they feel at the well-intentioned but often thoughtless things people say or do in the time of grief.

When to refer for professional help

Nearly all of the support offered to grieving people is given by friends, family, co-workers and neighbors. Even the best of helpers can become overwhelmed in caregiving, and may become concerned that more help is needed than they can provide.

While informal grief support can be beneficial for many, it is essential that persons experiencing severely unresolved grief, feelings of depression, hopelessness and worthlessness, unrelenting insomnia, thoughts of suicide, tendencies to overuse alcohol and medications, seek professional support. Similarly, those who have experienced traumatic or multiple losses, or those without sufficient social supports have exceptional needs that grief counselors can address. *Caring Connections: A Hope and Comfort in grief program* is committed to providing this support. In addition to providing a wide variety of support groups conducted by experienced facilitators, we are committed to assisting in referrals to excellent community counseling professionals and providing educational resource materials to helpers, as well the bereaved.



Book Review

Living When a Loved One Has Died: 3rd Edition by Earl A. Grollman **Beacon Press: Boston**

Rabbi Earl Grollman has written extensively about grief and loss in his capacity as a bereavement counselor. This book is the third edition of his most popular work, and is both inspirational and comforting. Written as a poem, it is especially helpful for grieving persons who are, as yet, only able to take in words of support in small doses. His wise counsel addresses the early period of shock, the long days of suffering, and encouragement in recovery and growth. Grollman's thoughts are direct and simple, honest and kind. For those of us trying to offer comfort to close friends or family members in grief, this book makes a thoughtful gift.

News in Bereavement Research

Kristensen, P., Weisaeth, L. and Heir, T. (2009). Predictors of Complicated Grief After a Natural Disaster: A Population Study Two Years After the 2004 South-East Asian Tsunami. *Death Studies*, 34: 2, 137-150.

As Americans are generously responding to the immediate needs of Haitian earthquake victims, we do well to consider the long-term consequences of natural disasters. Recently published research by Kristensen and colleagues examined the extent of complicated grief (CG) in family members of 84 Norwegian tourists who died in the 2004 South-East Asian tsunami, two years following their bereavement. Several families experienced multiple losses. Some of the bereaved had to struggle for their lives; others had been staying far away from the disaster area. For many of the bereaved, it took months before the death of their family member could be confirmed. The researchers found 47.7% of survivors experienced complicated grief; characterized by disbelief, yearning for the deceased and an inability to move forward with life. Those more likely to struggle with grief were female, had lost a child or spouse, and had a long delay in death confirmation. Those who appeared more resilient in grief were employed and received very good social support. Interestingly, direct exposure did not increase CG risk. Support service providers should be aware of this high prevalence of severe, persistent grief to better understand and respond to the psychosocial effects of traumatic loss on survivors of natural catastrophes.

Meet Our Students

Nate Askerlund has spent nine years attending to the health care needs of others by working as a registered nurse, but as a student in the Psychiatric Mental Health Nurse Practitioner Program at the University of Utah College of Nursing he is now expanding his knowledge base in order to address the mental health needs of our community. Askerlund became involved with *Caring Connections* as part of a project for a group therapy class in the program, but it was not his first exposure to the grief group program operated by the College of Nursing: while working as a hospice nurse Askerlund says he often referred families to *Caring Connections* “because of the wonderful things I had heard from participants.”

With facilitator Mina Koplín as a mentor, Askerlund is now getting the opportunity to see the program—and its volunteer facilitators—at work. “Mina is very skilled at emotionally connecting with participants and she has such a calming demeanor,” he says. “Participants really tuned into these qualities and seemed to find them helpful in their own journey toward healing.”

Askerlund, who will graduate in May and would like to provide psychotherapy and medication management in a private practice setting, says the lessons he has learned through participating with *Caring Connections* will be invaluable as he works to facilitate healing in those who have suffered the death of a loved one. “Mina helped me to see that it isn’t all about what we ‘do’ but more about just ‘being’ with the participants,” he says. “In working with the group, I have learned that the goal isn’t to get back to ‘normal’ but to become okay with ‘different.’” Askerlund says the process also helped him to understand that grief is highly individualized. “Grief and loss are experienced in a variety of ways by different people and there is no ‘right’ way to heal. It is different for every person and anyone who tells you ‘you should be over this by now’ or ‘you just need to move on’ is misinformed.”

On February 21, 2009 Nancy Lee's husband of 39 years died from a lung disease he had battled for four years. Lee says even though the family realized his disease would eventually be terminal, his death still came as a shock. "I always felt we had more time," she says. "Together we are the parents of six wonderful children and they and I have been devastated by this great loss. I help them through their grief and they in turn help me."

When Lee's own father died 13 years ago, she underwent therapy to help her manage the grief. "I decided the next time I had a loss, I would try a group as I wanted the support of others in my same situation," she says. It was Lee's daughter, a student at the University of Utah, who initially told her about *Caring Connections*. As Lee learned more about the program she was attracted to the concept that participants are not required to share during sessions unless they would like to do so. "Just knowing that piece of information released me so that I COULD participate. I knew this was the group for me."

In her journey again through grief, Lee says she is learning to revisit and reassess, be kind to and trust herself, embrace the help that is offered, and have the courage to continue to face what needs to be faced. "I also know that I have resources I can turn to if need be," she says. "I can return to a group, I can attend activities, and the *Caring Connections* newsletter is very informative. That is a comfort."

Perhaps one of the most healing aspects of her group participation has been reaching out to other members of the group as they in turn reach out to her. When asked what advice she offers to other grieving individuals Lee emphasizes: "take time for yourself; make sure what you are doing is best for you and not what others think is best for you. And take time to serve others but not to the point you have no time for your own grief." Most importantly, she encourages grievers to "BE PATIENT—grieving takes time and it needs to happen."

Thank you to our facilitators, such as Sylvia Brunisholz, LCSW



The capacity to give one's attention to a sufferer is a very rare and difficult thing; it is almost a miracle; it is a miracle. -- Simone Weil



Normal

**By Doug Manning
Oklahoma City, Oklahoma**

I love the word “normal.” If I have a calling in life, it is to run around convincing people that they are normal. Most of us don’t think we are. Most of us believe that we think and feel things no one else thinks or feels. Most of us think if someone could really see inside us and know what we were thinking or feeling they would probably have us committed or at least ostracized from society.

We do not think we are normal because no one knows what normal is. How are we supposed to feel or react to the things we experience in life? When is it proper to be angry or fearful or happy? Since we really don’t know, we tend to assume we don’t do it like everyone else. The longer I live, the more I am convinced we are all about alike. We are probably normal.

If we don’t feel normal at times, we certainly don’t feel normal when we are in grief. Every emotion is in turmoil. Our minds are overloaded until we suffer from “brown-out.” We get lost in the grocery store. We forget where we are driving. We can’t remember appointments. After my brother died, my sister-in-law called to tell me she had found her lamp. She had two lamps in her bedroom and one had been missing. She said she had looked all over the house for weeks trying to find the lamp. She had found it that night, in the den. She had been reading by it night after night. She said she had turned it off and gone looking for it many a time. She called to see if I thought she had lost her mind. “Brown-out” means you forget and forget that you forgot.

You may cry at things you think you should laugh at. You can get angry over nothing at all. Your feelings are already hurt, so anything can bring them to the surface in pain. This may leave you wondering if you are losing your mind. Has the loss been too much? Did I not survive? You need to avoid the “Feel bad because you feel bad” syndrome. That happens when you have a feeling you don’t think you should have. Then, you think there is something wrong with you or those feelings would not be there. Then, you conclude that here is something wrong with you and the intensity grows like a rolling snow ball. In grief there is no such thing as normal. We all go through grief in our own unique way and on our own schedule. Grief is as unique as a finger print. There are no experts in grief. The person who has been through grief is an expert in his or her grief, but they don’t know how anyone else should feel or react. The only “normal” you should worry about is what is normal for you. And then, relax.

The best advice I can give is “feel what you feel.” You cannot change these feelings, so just feel them. I receive phone call after phone call from people who ask if it is all right to feel the way they do. In every case I say the same thing, “Feel what you feel, and do so in peace.” What you feel is not normal for anyone else, but it is normal for you.

Bereavement: A Magazine of Hope and Healing.
May/June 2002 Reprinted with permission.

Is it Sadness or Depression? By Robert R. Thompson, M.D. Zumbrota, Minnesota

There is a death in the family. Perhaps we have lost a child, spouse, parent, or sibling. It is as if our heart has been torn from its moorings. Our head aches, we cannot sleep, food holds no interest for us, and there is no pleasure in life. It is an arid desert of spiritual, emotional, and psychological desolation from which there is no escape. But, is it sadness or is it depression? Does it make any difference?

Depression is one of many mood disorders, is ubiquitous in our culture, and is classified in many ways. Some forms of depression arise spontaneously and are commonly called “biochemical” in nature. Most mental health professionals would agree that the loss of a loved one produces in most of us what is called a situational or “reactive” depression. That is, a functional response to a loss that our mind perceives as devastating to our life and being. Acute shock and grief gradually give way to a less intense mourning and sadness. Eventually this intense grieving can rob us of the richness and fullness of our lives and, in turn, make us “sick.” Thus, sadness can become depression as the self becomes the object of its own grieving. There is no good data to suggest how many people, who suffer the loss of a child or close family member, move on to clinical depression. However, there seems to be a consensus that if someone has, or had, a tendency toward a mood disorder, they are more likely to become clinically depressed after the loss of a loved one. This secondary depression may indeed become biochemical in nature and require medication or even hospitalization to resolve. Adolpho Quezada writes of the distinction between sadness and depression:

“Sadness is not the same as depression. Depression is the inability to experience joy as well as sadness. Sadness is a healthy and necessary emotion. It helps us adjust to a significant loss. As our energy and enthusiasm for life’s activities drop, this introspective withdrawal gives us the opportunity to mourn a loss or frustrated hope and to understand its consequence in our life. The stronger our longing for what was lost, the more intense and uninhibited will be our weeping. It is in this release that our sadness turns into a relieving and healing experience. Sadness is not the opposite of happiness. It is one of the myriad ways in which we respond from our whole self to what life brings. It is a path toward healing life’s hurts. Let the anguish in your heart be heard.”

Many symptoms of sadness and depression are similar, and there is much overlap between the two. Feelings of hopelessness, sleep disturbance, weight loss, irritability, inability to experience pleasure or laughter are all common to acute grief and depression. Yet the differences are more than “philosophical.” As we assimilate the death of a loved one into the very fabric of our everyday life, we no longer avoid the feeling we have toward the one who left us. We may even cherish our sad moments and revisit them as a way of staying in touch with our loved ones through thoughts, memories, shared stories and dreams.

Slowly, after our loss, we re-enter life as the focus of our grieving becomes centered, not on ourselves, but on the one who died. While depression is a dark cloud over us, sadness becomes of us and does not keep us from experiencing the joys of life, but instead increases our awareness of the precious gift of life. Depression robs us of sensitivity to others while sadness may make us more empathetic with those who suffer. This sadness we feel may also change the way we regard our own mortality and how we choose to spend our brief sojourn on earth. Does the distinction between sadness and depression make a difference? It does indeed. Depression is a sickness, or, if you prefer, a disease, which requires acknowledgment, classification, treatment, and supervision. Sadness requires acknowledgment, assimilation, sharing hope with others, and feeling their support as it carries us into a new life where the fear of death has lost some of its power over us.

Experiencing the death of a loved one and its attendant sadness is a universal experience. Although it is an experience which may dispossess us of our adolescent definition about what happiness is, it can provide an opportunity for maturity and spiritual growth to enrich and expand our appreciation of life,

Ultimately, sadness becomes a thread in the tapestry of our lives that gives us color and meaning while depression blocks our spiritual progression and by holding us in the valley of despair prevents further spiritual growth and causes us to wither as children of God.

Living with Loss May/June 2003. Reprinted with permission.

The Power of Words to Help and to Hurt Cost? Passed On?

*By Michael J. Meshenberg
Chicago, Illinois*

I recently attended the funeral of my best friend's mother. She was almost ninety, beloved by her family and friends. I must have been looking particularly sad, because a woman I know put her arm around me and introduced me to her husband. "This is Mike. He lost his wife seven months ago." She is a dear woman and meant only kindness, but I wanted to scream. I didn't lose her; I know exactly where she is. I visited her grave not long ago. She's not lost. She's dead.

That got me to thinking again about all the euphemisms we use in a misguided attempt to avoid facing the realities of death and grieving. We use euphemisms to sugarcoat things we may find uncomfortable or to somehow make familiar terms more palatable. Advertisers do it routinely. Our society is full of euphemisms. Cars are no longer used, but "pre-owned." People aren't short, they're "vertically challenged." Someone isn't fat, but is just "carrying a few extra pounds."

When it comes to death and grieving, we have effectively created a whole new language that appears intended to make believe that death doesn't exist or to try to wish away the pain that a death has on the survivors. We try to deny the reality of death, the pain of grieving. It's pretty bizarre when you think about it. All of us know someone who died. If it's someone close to us – a parent, a spouse, a child, a dear friend – the pain can be unendurable. The people around us want to help, to speak words of caring and kindness, but so many don't know how. Somehow they may feel that to use real words is to make the sadness worse or to extend the grieving. It usually has the opposite effect.

In the period right after Kit died, I didn't much think about this. Of course the feelings were so powerful I didn't think much about anything. But as the immediacy of her death and the numbness began to wear off, I began reading books and articles about grief and bereavement and, though I found the literature well meaning, much of it didn't speak to me. Words indeed have meaning. They are powerful means of expression. I found that much of

the language I read of heard was not helpful. It was too indirect; some of it was too false.

Each of us grieves uniquely; it depends on our own personalities and backgrounds and our relationship with the person who died. Similarly, the words we use or are comfortable with vary greatly. The words or phrases that feel right or wrong to me may have the opposite effect on you. What I've done here is write about some of the vocabulary that I found helpful or, conversely, troubling. It's a personal list; you may feel entirely differently.

About the person who died: She wasn't my "loved one." She was my wife. She had a name, Kit (or to people who knew her as a young woman, Kitti). She is not lost, she has not passed away, or passed on. She has not gone; that sounds like she disappeared and might return. And, most of all, she is not in a better place. She's not here in this place with me and her family and friends who love her and whom she loved deeply. She died. It's horrible and awful. But it's true. Death means forever.

About grieving: I do not expect to let go, or persevere, or get through it, or heal. Though it's widely used (even in this magazine), I dislike the word heal when it comes to grieving; it sounds like it will all get better and be like it was before she died. That can't happen. When someone you love dies, the pain of the death may diminish; there may even be days when you won't think about it. But I don't believe it will go away completely. I prefer terms that indicate how the survivor makes peace with the death, terms like accommodate, reconcile, or integrate. Those deal with accepting the reality of the death, but enable you to incorporate the death into your future and move ahead into the new life without her presence, but very much with her memory.

Mostly people are kind and truly want to say the right thing, but many don't know what to say. This one may be a nit-pick, but there's a difference between providing comfort, which sounds like an attempt to make things better, and consoling – a

much preferred word that means to show empathy with the bereaved, to provide understanding and support what he or she is going through rather than trying to change anything.

Sometimes people say things like, “You’ll get over it,” or “It will get better with time,” or “Eventually you’ll be able to let go.” They all are meant with kindness, but the bereaved, surely the recently bereaved, have no use for such terms. For me, the word that virtually sets my teeth on edge is “closure.” I simply don’t understand what that means when it comes to grieving. Certainly there may be unresolved questions about the way a person died, or perhaps, as with a mass death when the bodies are not found, that need to be resolved or closed. But I doubt people reach closure with the death itself. They learn to live with it and move on because they must, but without the clear line suggested by the use of that awful term.

There is one set of terms having to do with death and grief that I find curious, often reassuring. So much of the language—language I’ve often used myself—involves water-related metaphors. We talk about “waves” of emotion; of feeling “flooded” with uncontrolled feelings, of being “at sea.” That the feelings “wash over” us so we feel like “drowning.” I’m not a psychologist, and I don’t understand the connection between water and the emotions of grief, but I suspect it has something to do with the power of tears as a way to release the emotions that we cannot hold inside. What I do know is that they often are apt emotional descriptors.

Finally, I think about my own responses when people have asked “How are you.” Certainly that’s an innocuous question under normal circumstances, and the usual, equally innocuous reply, “fine,” is sufficient. But a grieving person is not fine, even though they may appear to be so on the outside. But what do you answer? Sometimes I have said, “Fine,” when I just didn’t want to start a conversation or, worse, to protect the questioner from having to deal with the real answer. And that’s what we often do, we use equally meaningless expressions like “okay” or, “as well as can be expected” to mask our true feelings. And, at the same time, many of us are grateful for the kind

souls to whom we can give the real answer, “it hurts like hell,” or, “I miss her desperately,” or “I’m really, really sad today,” or the one I find is often the most honest, “I don’t know.” I often don’t know how I’m feeling, or I can’t verbalize it. I am grateful for the friend to whom I can say that, and who isn’t embarrassed or afraid to hear it.

**“About the person who died:
She wasn’t my ‘loved one.’
She was my wife. She had a
name, Kit.”**

I write this mostly wistfully, wishing our language could be more open and honest, so the bereaved and those who care about them can be open and honest about the depth of emotion. Maybe, just maybe, if we talk about the effects that words have on those who are grieving, we will come to use language that is truly helpful, that provides the understanding and empathy we so desperately want.

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September/October 2002. Reprinted with permission.

Parable of Immortality (A ship leaves . . .)

I am standing by the seashore.
A ship at my side spreads her white sails to the morning breeze
and starts for the blue ocean.
She is an object of beauty and strength,
and I stand and watch
until at last she hangs like a peck of white cloud
just where the sun and sky come down to mingle with each other.

Then someone at my side says, 'There she goes!
Gone where? Gone from my sight - that is all.

She is just as large in mast and hull and spar
as she was when she left my side
and just as able to bear her load of living freight
to the places of destination.
Her diminished size is in me, not in her.

And just at the moment when someone at my side says,
'There she goes!
there are other eyes watching her coming,
and other voices ready to take up the glad shout:
'Here she comes!'

Henry Van Dyke

Caring Connections in the Community

Providing grief education and training in the community is an important part of the *Caring Connections* mission. We invite you to read about our recent services:

October 2009

Kathie Supiano and Shawna Rees gave a presentation on grief and loss to the staff and employees of InterMountain Power in Delta, UT.

Kathie Supiano presented on “Complicated Grief” to the Utah Aging Alliance/Utah Geriatric Society meetings, and gave a presentation to the annual Deseret Mutual Benefit Association on supporting families during the dying process and in grief.

Kathie Supiano was a guest presenter on the Healing the Grieving Heart radio broadcast, addressing the topic of Dealing with Sudden Death.

December 2009

Kathie Supiano began a series of presentations on Compassion Fatigue and Resilience for the nursing staff at the George E. Wahlen Department of Veterans Affairs Medical Center, as part of the University of Utah College of Nursing VA Nursing Academy.

January 2010

Kathie Supiano and Shawna Rees presented on Grief, Loss and Suicidality for the Wingman Advocates at Hill Air Force Base.

Remember Your Loved Ones—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 _____ M. I. or Maiden Name _____ Last Name _____
Birth Year _____ Death Year _____

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

Announcements & Events

Caring Connections is proud to sponsor:

The Hospice Foundation of America
17th Annual National Living With Grief® Teleconference

Cancer and End-of-Life Care

March 24, 2010

11:00 a.m. to 2:30 p.m. MST

Spencer F. and Cleone P. Eccles Health Sciences Education Building, Room 5100C

Local Guest Speakers

Shelley White, MSW, LCSW, Manager, Patient and Family Support Team
Huntsman Cancer Hospital

Susan J. Roberts, M.Div., Chaplain, , ACPE Supervisory Candidate
University of Utah Health Care

"Helping people navigate the cancer roller coaster of hope and despair"

Cost is \$35, which includes conference materials and lunch
Organizations may reserve a display table for \$25

Nurses, social workers, funeral directors, clergy, nursing home administrators, case managers,
and physicians (pending approval) are eligible for continuing education credits.

To register, contact: Shawna Rees (801) 585-9522

Save the Date

Seeds of Remembrance

Tuesday, May 18, 2010

7:00 to 8:30 p.m.

Seeds of Remembrance is a time for people who have lost a loved one to gather for a presentation on grief and to commemorate the memory of their loved one.

Spencer F. and Cleone P. Eccles Health Sciences Education Building

26 South 2000 East on the University of Utah Campus

Free and open to the public. Refreshments will be served.



UNIVERSITY OF UTAH
HEALTH CARE

| Caring Connections

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A Program of the University of Utah College of Nursing

10 South 2000 East
Salt Lake City, UT 84112-5880

Grief Line: (801) 585-9522

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and distribution of the
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