



Coalition News

Quarterly Newsletter of the Minnesota Coalition for Death Education and Support
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Since 1977... Education and Support for Those Providing Care to Grieving Persons

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Mark Your Calendars

February 3-5, 2017 ♦ *Death Midwife Certification Class Minnesota*. Info at <http://deathmidwife.org/new-page-3>.

April 2-4 ♦ MNHPC Conference: *Quality Care: It Starts with a Conversation*. Info at <http://www.mnhpc.org/educational-programs/annual-conference-2017/>.

May 5 ♦ MCDES Spring Conference: *Pathways to Hope for Moral Injury & Other Invisible Wounds*. Speaker: Rev. Dr. Rita Nakashima Brock, Research Professor of Theology and Culture, and Founding Co-Director of the Soul Repair Center at Brite Divinity School. More info on page 10 and at www.mcdes.org.

The **MCDES Dorothy Geis Scholarship** provides small scholarships to individuals who wish to attend MCDES conferences but who are unable to afford the entire fee. Apply at www.mcdes.org/scholarships.html. In the meantime, read about a recent recipient's experience on page 10.

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MCDES Fall Conference Review

Family Counseling in the Context of Traumatic Losses

Reviewed by Jenni McHugh, MSW, LGSW

The 2016 MCDES Fall Conference brought together an audience of 151 on the first truly chilly day of fall. Inside the Doubletree Hotel, conference attendees were greeted with warmth and cheer by MCDES board members.

Board Member Ed Holland officially opened the conference with a reading that invoked loss and remembrance: "we may lose those we love," he read, "but heart and thought remain with us."

The blending of heart and mind turned out to be a central theme of the day's presentation, "Family Counseling in the Context of Traumatic Loss" by Stephanie Rabenstein, M.Sc., RMFT. Stephanie began the "mind" side of the day's presentation with several definitions. Most importantly, she defined traumatic grief as the intersection of symptoms of both grief and trauma. One of Stephanie's key points from this part of her presentation was that the losses that occur in the context of a traumatic event, such as a person's sense of goodness and safety, often get overlooked. This is problematic, she noted, because ignoring such loss presents a missed opportunity to support an individual's capacity for meaning-making.

Another key point Stephanie made was that work with families around traumatic grief means working with "trauma and grief at the same time." This means practitioners need to ask ourselves, "Which do I focus on at this moment in time?" Stephanie referred to this way of being with clients as "weaving between two paradigms" to "follow where clients lead you." To those more attuned to working with grief she stated that some typical grief protocols trigger trauma. For instance, when working with children with traumatic grief, "We don't start with drawing a picture," she noted, because this might lead to flooding. To those more accustomed to working with trauma, Stephanie stated that it is important to give a client's grief the time it needs to unfold and be addressed.



Ben Wolfe, Stephanie Rabenstein, Sharon Dardis

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I took the “heart” aspect of Stephanie’s message to mean that working with families in the context of traumatic grief means taking a compassionate stance, being relationship-oriented, strengths-based, and reflective. For example, at the outset of her presentation Stephanie immediately encouraged the audience to take a compassionate stance when she stated that, to help families find hope in the face of traumatic loss, we must help them “step inside the pain.” Stephanie then quoted the African proverb, “If you want to go fast, go alone; if you want to go far, go together,” to make the point that traumatic grief work is relational work. At both the beginning and end of the day, Stephanie emphasized that to help individuals heal from traumatic grief we must help them translate the notion, “You did the best you could with what you had in the moment,” from something processed cognitively, into a core belief—something deeply felt. “Validation is vital,” she also said, to emphasize our task of supporting our clients’ inner capacity for healing. Finally, Stephanie encouraged us to “be still and present” for the families we serve. This made me think of an image of a calm lake, and how we can provide a safe container for our clients by reflecting back to them what they may already know, but do not yet see.

Stephanie had other key messages for the audience as well. She stressed that involving family members in the work is essential for the traumatically bereaved family. She noted that one can work with the family members “that are there” to create a coherent meaning-making narrative so that, if a family shares a story, even if it’s negative, this is better than unshared or confusing sets of narratives. Stephanie also pointed out that working with traumatically bereaved families

requires that we take a systemic approach to understanding their experiences. This approach attends to the cultural context of their stories and also means we must pay attention to power differentials within families and society.

Throughout the day Stephanie wove examples of her own work into her presentation to illustrate her points. Her willingness to share stories of care that did not go as planned added an authentic quality to her presentation that helped the audience feel she understood the many challenges and joys of working with families. One nurse in attendance commented that she found the event both informational and inspiring. As she put it, “Sometimes in my role, you end up being the nurse, the social worker, everything. It helps to have ideas for how I can help in the moment and also to know what others do to provide more support for families. I am learning a lot.” She was not the only one feeling she had received valuable information throughout the presentation. At the end of the day, we all headed back out into the chilly October afternoon with our hearts and minds full, thanks to Stephanie and the MCDES conference planning team.

Editor’s Note: Jenni McHugh, MSW, LGSW, is an outpatient therapist at Hiawatha Valley Mental Health Center, a community mental health center in Winona, MN. She provides therapy for children, families, and adults. Jenni’s practice focuses particularly on infant mental health, perinatal mood and anxiety disorders, pregnancy loss, and reflective practice within the field of early childhood education. She is an intermediate level Somatic Experiencing practitioner, offering a body-oriented approach to healing trauma and other stress-related disorders to clients who choose this modality.