New Staff

Interim Director: Mary Beth Hensel, MBA

I came to the Bereavement and Advance Care Planning Services as a temp worker in the summer of 2008. My life has changed so dramatically as a result. I could not have imagined the impact the Resolve Through Sharing program and its staff would have on me. I have worked my way from support staff to Interim Director in that time. I have come to understand much more deeply the impact on my mother and family of losing a beautiful four-month-old baby boy to crib death when I was only 18 months old. It left scars that would never heal and cast a shadow of pain, guilt, and hopelessness. Strangely, it provided an opportunity to make meaning of a life so brief and interrupted in the context of its own, and in our family life for decades to come. We look forward to the time we will be reunited with this little one who died.

This past fall, I completed the MBA degree graduating from Viterbo University. For my final research project, I measured change after a standardized training (RTS) for healthcare workers in three key areas – comfort level, skills, and knowledge. The results were significant. I am pursuing publication of the study.

I grew up in the countryside of Wisconsin, attending a one-room school house where my father was my only teacher for eight years. My family history includes a long list of musicians and clergy. My mother’s father, who was raised on a farm and was only able to attain an eighth grade education, went on to become a member of a major symphony orchestra. The renowned Eugene Ormandy, long-time conductor of the Philadelphia Orchestra said of my grandfather upon hearing him audition and admitting him to the orchestra, “Musicians are born, not made.” My father’s side of the family included pipe organists and harpsichord builders. And so it is that all of my siblings and I were fortunate to have extensive musical studies as part of our formative education. A brother and I went on to become graduates of the Juilliard School in New York City. I continue to perform regularly as principal oboe of the La Crosse Symphony. I am the mother of five beautiful daughters and one precious son.

New Lead Educator: Marie A. Walter, MS, RN, C-EFM, CPLC

In August of last year I started a new role as part-time lead educator with the national RTS group and as of February 1, have assumed a full-time role that includes dedicated hours as RTS perinatal bereavement coordinator at Gundersen Health System (GHS). My career with Gundersen Health System began in 1981 where I helped found and sustain the high-risk, outpatient clinic. I currently serve as the liaison for perinatal palliative care and have co-taught the Blueprint for a Perinatal Palliative Care Program with former lead educator Jill Wilke.

GHS recently became the first hospital in Wisconsin to start using nitrous oxide for pain management in labor and delivery in June of last year. I lead the interdisciplinary team and developed protocols and standard operating procedures required for the implementation of this program. I am a frequent speaker on all aspect of pregnancy, labor, delivery, postpartum, and bereavement care and will be presenting at the Wisconsin Association for Perinatal Care 2016 annual...
conference on the process of implementing a nitrous oxide program. I received the WAPC President’s Award in 2011, which recognized my commitment to the health of women and children in our state.

Currently I serve as the chair of the Advanced Degree Nurse committee and have done so for the last 10 years. Together this group has been involved with a wide variety of issues that affect nursing practice at GHS, including implementation of the EHR, offering a writers’ workshop for nurse researchers, and in general having a strong nursing presence across the system.

I recently taught the RTS one-day sensitivity workshop and co-taught the 2-day perinatal training for GHS employees. Nurses, CNAs, and social workers attended from our Trauma & Emergency Department, the Surgical and Digestive unit, the outpatient OB department, the Post-Anesthesia Unit (recovery) as well as our inpatient OB unit.

As part of my inpatient responsibilities I serve as the Bereavement Coordinator for our unit. In the last 18 months we vacated our old L&D unit and moved to temporary quarters while an extensive remodeling project was completed. In February of this year we moved into our new space. Fortunately I was able to designate an entire room as RTS space. We now have all of our supplies for making mementoes, camera equipment, clothing, hats, and parent packets all in one dedicated room. There is a lot of counter space available for making foot molds, taking photos, and getting x-rays. We feel so much more organized when there is a loss on our unit. Everything is tucked away with labels on all supplies. It is private and peaceful. A perfect place to be mindful and focus on helping create the memories families will have to sustain them as they travel on their grief journey.

I have a very large extended family that I spend a great deal of my free time with, quilting, traveling, doing winery tours, and sharing a lot of laughter in general! I love to bake and cook and am addicted to Zumba. My terrific children, both grown up and flourishing on their own, are a constant source of joy in my life.
Preparing for October Remembrance Events

October is Pregnancy and Infant Loss Awareness Month. Many of you are preparing for events that recognize the babies who died and those who were left behind. At Resolve Through Sharing, we are often asked about statistics. The numbers below represent tremendous pain and suffering for those whose lives were forever changed.

- Nearly 1 million women experience a miscarriage each year.
- There are over 26,000 stillbirths in the U.S.
- 19,600 babies are born alive and die in their first month of life.
- Over 5,500 children in their first year die from life-threatening conditions, usually genetic or chromosomal.

*Sources: Centers for Disease Control (CDC), National Center for Health Statistics (NCHS); March of Dimes

October is a time for all to recognize parents, their babies, family members, friends, and care providers. If you would like photos of your awareness event posted on our Facebook page, please send them to us. We would be honored to recognize your work and those whose lives you touch.

New Course Premiers

Resolve Through Sharing recently premiered the latest addition to our course library: RTS Bereavement Training: Neonatal and Pediatric Death

We are excited about the reception the course has received. Below is a list of upcoming neonatal and pediatric death trainings along with the objectives. Designed specifically for NICU and pediatric staff, we find that large hospitals and children’s hospitals find the content relevant and tailored to their needs.

Objectives

a. Discuss the role of interdisciplinary teams in caring for bereaved parents and families
b. List three theoretical frameworks that promote understanding of perinatal death
c. Define “being in relationship”
d. Describe how to offer options to families
e. Describe two examples of how caregivers can use ritual when a baby dies
f. List two spiritual tasks
g. Provide two examples of honoring relationship between parent and child
h. Identify strategies to incorporate RTS standards for bereavement care into clinical practice
i. Discuss the role of keepsakes for a family’s grief
j. Describe elements of a follow-up phone call
k. List three self-care strategies for caregiver

Training locations

- Gundersen Health System, La Crosse, WI
  August 1–3, 2016
- Escambia County Healthy Start Coalition, Inc., Pensacola, FL
  August 17-19, 2016
- New York Langone University Medical Center, New York, NY
  November 2-4, 2016

REGISTER TODAY at www.gundersenhealth.org/rts

“This conference was everything we needed it to be in order to take this back to our hospital and share with our team in order to improve the care of our patients and their families.”

– Social Worker

“One of the most beneficial conferences I have been to. The topic of ‘hope’ and what families hope for in situations surrounding death brought a new perspective to my thoughts on death. I will definitely be incorporating this into my care.”

– Registered Nurse
2016 Bereavement and Coordinator Training course schedule

New Hanover Regional Medical Center, Wilmington, NC
- Pediatric and Adult Death, April 7–8
- Coordinator Training, April 9

Medical Alliance Center, Fort Worth, TX
- Perinatal Death, April 18–19
- Pediatric and Adult Death, April 21–22
- Coordinator Training, April 20

Catholic Health Sisters of Charity Hospital, Buffalo, NY
- Perinatal Death, April 22–23
- Coordinator Training, April 24

North Country Prenatal/Perinatal Council, Watertown, NY
- Perinatal Death, May 3–4
- Coordinator Training, May 5

Martin Health System, Port St Lucie, FL
- Perinatal Death, June 21–22
- Coordinator Training, June 23

Gundersen Health System, La Crosse, WI
- Perinatal Death, August 1–2
- Neonatal and Pediatric Death, August 1–2
- Coordinator Training, August 3

Escambia County Health Start Coalition, Inc., Pensacola, FL
- Perinatal Death, August 15–16
- Neonatal and Pediatric Death, August 18–19
- Coordinator Training, August 17

Tucson Medical Center, Tucson, AZ
- Perinatal Death, August 29-30
- Pediatric and Adult Death, September 1–2
- Coordinator Training, August 31

INTEGRIS Baptist Medical Center, Oklahoma, OK
- Perinatal Death, September 19–20
- Coordinator Training, September 21

New York University Langone Medical Center, New York, NY
- Perinatal Death, November 2–3
- Neonatal and Pediatric Death, November 2–3
- Coordinator Training, November 4

Agnesian HealthCare, Fond du Lac, WI
- Perinatal Death, November 28–29
- Coordinator Training, November 30

REGISTER TODAY at www.gundersenhealth.org/rts
**REGISTER NOW!**

**20th Biennial International Perinatal Bereavement Conference**

September 28 - October 1, 2016  
Phoenix, AZ

www.perinatalbereavementconference.org

Phoenix, AZ at Phoenix Marriott Tempe at the Buttes (only minutes from Sky Harbor Airport)  
September 28 to October 1, 2016  
Sponsored by the Pregnancy Loss and Infant Death Alliance (PLIDA) with Rana Limbo, President  
Includes pre-conference, concurrent sessions, six plenary speakers, posters, a raffle, a welcome reception, and many opportunities for networking.  
To register for the conference and secure your hotel rooms, visit [www.perinatalbereavementconference.org](http://www.perinatalbereavementconference.org).

Plenary speakers include Kathie Kobler (opening), Bob Silver, Charlotte Wool, Beth Black, Alyssa Luksa and Alyson Ryall, and Joanne Cacciatore (closing).

The conference ends at noon on Saturday, October 1, giving you time to stay an extra night to see the sites of Phoenix and relish the wonderful desert sunset and warm fall evening. Consider the MIM (Musical Instrument Museum) of which singer Tony Bennett commented, “MIM is my favorite museum in the world. Everyone needs to see it.” Or visit the Desert Botanical Gardens and see spectacular exhibits. For more information, go to [https://www.dbg.org](https://www.dbg.org).

**International Death, Grief and Bereavement Conference**

**Blue Ribbon Care: Hospice and Mental Health**

Held at the University of Wisconsin – La Crosse, June 5–8, 2016  
To learn more and register, visit [https://www.uwlax.edu/conted/dgb/](https://www.uwlax.edu/conted/dgb/)

National Faculty Dr. Deb Rich is a keynote speaker.
New Books with Rana Limbo, Reviewer

**Travels with David** by Fran Rybarik

Many of you remember Fran Rybarik, RTS director from 1993 until she retired in 2004. What you may not know is that a little over a year after her retirement, her husband David died suddenly from a heart attack. Fran has always been an excellent writer, but this book, *Travels with David*, showcases her gift of powerfully telling a story, her story.

When Fran delivered the book in person to those of us in Resolve Through Sharing, it was almost noon and I thought, “Well, why don’t I start reading the book over my lunch hour.” So I did—and that day’s lunch hour became my own time with Fran, David, and their sons. I was riveted by the story and simply couldn’t put the book down. What was particularly impressive for me was the use of ritual throughout. A colleague remarked that, “The book showed how even though a loved one died, their spirit can continue to live among us. It is a powerful way to help soften the grief and help to fill the void created by the loss of their physical presence.” Another colleague called the book, “Powerful! Gives you the true insight of the four phases of grief, through a very personal journey, very touching.”

A friend and follower of Fran’s adventures wrote, *Travels with David* is a wonderful journey of emotions. I laughed, cried and rejoiced in knowing how his family honored his wishes and is completing his bucket list. This book is fun and inspirational. I hope to do something as special for my family.”

Order information can be found at amazon.com. I highly recommend it as a resource for your hospital’s emergency department, critical care areas, gift shop, and libraries (both community and hospital).

**Perinatal and Pediatric Bereavement in Nursing and Other Health Professions**, edited by Beth Perry Black, Patricia Moyle Wright, and Rana Limbo. Published by Springer, 2016.

In the foreword, Betty Ferrell, PhD, MA, RN, FAAN, FPCN, CHPN, writes, “[This] is a story of love, hope, and healing. There are 18 chapters…covering intimate aspects of a young life ending and how those who remain behind can grieve in such a way that they can go on living. …This book is a collection of clinical wisdom, theoretical knowledge, and models of care that can continue to tell the story and change cultures of care. As a palliative care nurse I am honored to write this Foreword and to be included in these pages with the authors who are truly pioneers in perinatal and pediatric bereavement.”

Chapter topics include perinatal and pediatric palliative care, helping children who grieve in varying circumstances, bereaved adolescents, supporting children after a sibling’s suicide, complicated grief, bereaved parents, hope, mindfulness, caregiving, lesbian couples, pregnancy after loss, theoretical frameworks, and numerous other evidence-based topics. Written for professionals and students, the book’s contents will enlighten those in academics, research, and clinical practice. The book is available at amazon.com and Resolve Through Sharing’s online catalog at https://glbereavement.dcopy.net/product/rts-7200-perinatal-pediatric-bereavement.

I would like to especially recognize writings by Resolve Through Sharing national faculty members, Kathie Kobler and Jane Heustis, and former director of education Sara Rich Wheeler.

**The World of Bereavement: Cultural Perspectives on Death in Families**, edited by Joanne Cacciatore and John DeFrain

Joanne Cacciatore and John DeFrain, widely known authors, researchers, and clinicians in bereavement, are the co-editors of *The World of Bereavement: Cultural Perspectives on Death in Families*. Written for a broad audience of academicians, researchers, clinicians, and laypersons, the stories of those written about in this book “come to see that the world is filled with love, hope, meaning, tragedy, and sadness. . . .We cannot live the way we do without death in our lives” (ix).
Request from RTS coordinator and National Faculty member, Beth Ricci

I am wondering if there are any perinatal bereavement & palliative care coordinators, managers, or directors responsible for at least a 3-hospital system program as a dedicated position. I work in a 4-acute care hospital system, with two level 2 NICUs, two level 3 NICUs, and soon to be two level 2 trauma centers. During an average year, we see more than 800 patients experiencing perinatal losses. We are in the process of incorporating what is working well in two of the hospitals, across all sites.

There are unique challenges for those working in a hospital system with three or more hospitals. I would greatly appreciate being contacted by anyone who is currently a system-based RTS coordinator, manager, or director for perinatal bereavement and palliative care for at least a 3-hospital system and has a formal, dedicated perinatal bereavement job description with allocated FTEs. It would be nice to connect those in this role, to share questions and brainstorm. Please contact Beth Ricci, riccie@mlhs.org if you would be willing to share information on perinatal bereavement and palliative care in multihospital systems. Thanks so much!

Look for a summary of response and potential “next steps” in an upcoming issue of RTS Connection.

Resources for Traumatic Events and Mass Violence

Resolve Through Sharing national faculty member, Dana Brantley, lives in Roseburg, Oregon. After the tragic shooting at Umpqua Community College, Dana shared with me this list of resources provided to all Roseburg residents. Roseburg is a small, tight-knit community, where most people know each other. Leaving residents shaken and fearful, the murders had a profound effect on everyone. We are grateful to Dana, whose son was a friend of one of the victims, for sharing this list of important resources with us.

Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Disaster App: The SAMHSA Disaster App allows disaster behavioral health responders to navigate resources related to pre-deployment preparation, on-the-ground assistance, and post-deployment resources. Users can also share resources from the app via text message or email, and quickly identify local behavioral health services.
http://store.samhsa.gov/apps/disaster

Dealing with the effects of trauma: A self-help guide: This SAMHSA guide provides in-depth information on recovering from a traumatic event, including tips for seeking and receiving help from healthcare providers, things survivors can do on their own, and links to additional resources.
http://store.samhsa.gov/shin/content//SMA-3717/SMA-3717.pdf

Effects of traumatic stress after mass violence, terror, or disaster: Developed by the National Center for Posttraumatic Stress Disorder, this publication provides information regarding expected reactions to out-of-the ordinary situations. It includes descriptions of common traumatic stress reactions, problematic stress responses, and symptoms of posttraumatic stress disorder (PTSD) and acute stress disorder.
http://www.ptsd.va.gov/professional/trauma/disaster-terrorism/stress-mv-t-dhtml.asp

Incidents of mass violence: This SAMHSA web page lists the risk factors for distress after a mass violence event. SAMHSA also provides tips on what to do in lockdown situations, lists signs of emotional distress, and highlights the Disaster Distress Helpline and other resources.

Resources continued on page 8
Resources continued

Traumatic incident stress: This fact sheet from the National Institute for Occupational Safety and Health highlights the physical, cognitive, emotional, and behavioral symptoms that first responders may experience after a disaster. The Institute provides tips and links to additional resources that can help responders take care of their own emotional health.
http://www.cdc.gov/niosh/topics/traumaticincident

Resources for Teachers, Families, and Caregivers to Help Children and Youth

Children and Youth—SAMHSA Disaster Behavioral Health Information Series installment: This SAMHSA Disaster Behavioral Health Information Series installment focuses on the reactions and mental health needs of children and youth after a disaster and contains resources from both the child trauma and disaster behavioral health fields. The collection includes an annotated bibliography and a section with helpful links to organizations, agencies, and other resources that address disaster preparedness and response issues surrounding children and youth:

Helping Your child cope with media coverage of disasters: A fact sheet for parents: The authors discuss the effects of post-disaster media coverage on children and provide strategies that parents can use to address these effects.

It's Okay to Remember: This video provides information regarding traumatic grief in children, addresses the three main types of trauma reminders, and illustrates how families can experience the pain of loss and then heal. It features physicians and experts in the field and is appropriate for parents and others who care for children.

A national tragedy: Helping children cope: This website hosted by the National Association of School Psychologists provides recommendations for parents and school personnel for helping children cope with a crisis. The website lists suggestions for what adults, parents, and schools can do following a traumatic event.

Parent tips for adolescents: This table lists possible reactions, suggested responses, and examples of things parents can do and say to children affected by a disaster.

Parent tips for infants and toddlers: This table lists possible reactions, how to understand them, and suggestions that can help parents of infants and toddlers cope with their emotions after a disaster.

Parent tips for preschoolers: This table lists possible reactions, suggested responses, and examples of things parents can do and say to preschool-age children affected by a disaster.

Attachment, continuing bonds, and complicated grief following violent loss: Testing a moderated model. This article, co-authored by a well-known researcher and clinician in this area, Robert Neimeyer, is an excellent addition to the resources above:
NHPCO’s Facts and Figures

The National Hospice and Palliative Care Organization recently published its facts and figures for Pediatric & Hospice Care in America, 2015 edition, written by Sarah Friebert, MD and Conrad Williams, MD. If you are looking for the latest data on pediatric palliative & hospice care, this resource is ideal. You can download it from http://www.nhpco.org/hospice-statistics-research-press-room/facts-hospice-and-palliative-care.

The contents include the definition of palliative & hospice care, where deaths occur, causes of death, and eligibility for services, among other topics.

Marianne Hutti’s Grief Intensity

Those of you who have taken the RTS Bereavement Training: Perinatal Death course in the last 3-4 years learned about Marianne Hutti’s research on grief intensity. Her latest work, co-authored with Deborah S. Armstrong, John A. Myers, and Lynne A. Hall, was published in JOGNN (Journal of Obstetric, Gynecologic, and Neonatal Nursing), volume 44(1), pp. 42-50, in the January/February, 2015 issue. Titled, “Grief intensity, psychological well-being, and the intimate partner relationship in the subsequent pregnancy after a perinatal loss,” Hutti reported on the validity of the Perinatal Grief Intensity Scale, confirming greater grief intensity associated with greater pregnancy-specific depression, anxiety, and post-traumatic stress plus poorer quality of intimate relationships.

We encourage you to obtain the article from your hospital library and discuss it in a unit-based or organization-based journal club. The work supports a caring relationship with women at the time of perinatal death, careful follow-up in the immediate period afterwards, and in the subsequent pregnancy, which create the basis for the RTS perinatal training.

Perinatal Bereavement Certification

Join the ever-increasing number of professionals who are certified in perinatal loss care (CPLC) offered by Hospice and Palliative Credentialing Center, the certification section of the Hospice and Palliative Nurses Association.

To learn more and register, visit http://hpcc.advancingexpertcare.org/.