

# 2012 WEBINAR SERIES



## “ADDRESSING GRIEF IN ACUTE AND COMMUNITY BASED SETTINGS: A RESEARCH UPDATE AND APPLICATION TO PRACTICE”



**WEDNESDAY, JANUARY 25, 2012  
1:00PM—2:30PM EASTERN TIME**

### **Learning Objectives**

**At the end of this session participants will be able to:**

- Review models and concepts which give understanding to the experience of grief.
- Identify new developments and current trends in the field of grief study.
- Explain the latest research of the experience of grief and apply this to social work practice in acute and community-based settings.
- Identify cues for prolonged or complicated grief which can guide appropriate referral for more in-depth treatment.
- Apply the practice concepts of one model of grief intervention and apply this to cases from your own social work practice.

### **Speaker**

**Mark De St. Aubin, LCSW, FT**

Mark De St. Aubin has 27 years of social work experience in a variety of practice settings including: positions with the Veteran's Administration, pediatric rehab, geriatric home care and hospice, long term care facilities, consulting/supervision and teaching. For the past 16 years, he has been on the faculty of the College of Social Work at the University of Utah instructing in the areas of social work practice in health, mental health, and grief and loss. His current teaching and research interests include social work's role in chronic illness management, social work supervision, and the psychosocial needs and care of the dying and bereaved. He recently obtained the ADEC 'Fellow' credential in Thanatology and has a private practice of grief counseling.

**PROGRAM SUBMITTED FOR CEU APPROVAL TO  
NASW**

Society for Social Work Leadership in Health Care  
100 North 20th Street 4th Floor  
Philadelphia, PA 19103  
866-237-9542  
info@sswlhc.org  
[www.sswlhc.org](http://www.sswlhc.org)

**Register Now!**

# 2012 WEBINAR SERIES



## “ADDRESSING GRIEF IN ACUTE AND COMMUNITY BASED SETTINGS: A RESEARCH UPDATE AND APPLICATION TO PRACTICE”



### REGISTER EARLY TO RECEIVE YOUR INFORMATION PACKET BY E-MAIL IN TIME FOR THE WEBINAR

If registering via the Member Portal, you will have access to the webinar materials via the portal. The registrant is also responsible for calling into the Webinar and having internet access available.

If you are registering less than a week before the Webinar, please login to the the new member web portal to sign up for registration. If you are not a member of SSWLHC and would like to register, please go to the homepage of the website, click on the new member web portal box. Click on the link “Sign Up for an Individual Account” and follow the directions.

If paying by check, please send your registration to:

SSWLHC  
100 N. 20th Street, Suite 400  
Philadelphia, PA 19103

- \$ 99 Member (1 CEU certificate)
- \$125 Member (up to 4 CEU's certificates)
- \$150 Member (up to 8 CEU's certificates)
- \$149 for Non-Member (\$15 for each additional CEU certificates)

### CONTACT INFORMATION

### PAYMENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Preferred payment method is with a credit card via the member portal, webinar section, on the sswlhc homepage.**

SSWLHC Membership # \_\_\_\_\_

Check enclosed (only if mailing your registration):  
Make payable to SSWLHC

Place of Employment \_\_\_\_\_

Title \_\_\_\_\_

Work Address     Home Address  
(List **ONLY** preferred mailing address)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

#### **Pre-payment is required.**

All purchases made via check will require a **\$5 processing fee**. Checks will not be processed without a processing fee included.

Total additional CEU's requested: \_\_\_\_\_ member  
\_\_\_\_\_ nonmember

Total Amount (including \$5 processing fee) \_\_\_\_\_

# 2012 WEBINAR SERIES



SOCIETY FOR SOCIAL WORK LEADERSHIP IN HEALTH CARE



## ADDITIONAL PARTICIPANTS' FORM

JANUARY 25, 2012

Please complete the information below for the attendees who will be participating in the price of your registration. Be sure to indicate which participants are requesting CEU's for the session. (Make additional copies of this form as needed.)

### REGISTRANT

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address  Home Address  
(List only preferred mailing address.)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Requesting CEU's \_\_\_\_\_

### REGISTRANT

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address  Home Address  
(List only preferred mailing address.)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Requesting CEU's \_\_\_\_\_

MAIL ALONG WITH THE REGISTRATION FORM TO SSWLHC 100. N. 20TH STREET, SUITE 400 PHILADELPHIA, PA 19103