“GRIEVING THE LOSS OF A LOVED ONE OR COWORKER: AN EMOTIONAL AND SPIRITUAL PERSPECTIVE IN THE MOURNING JOURNEY” (A020)

2008 Videoconference Series
Quiz for General CEUs, CAC/CCDP, CPRP, NBCC, Personal Care Home Administrators, Psychologist or Social Work/LPC/LMFT Continuing Education Credit (2.0 credit hours)

DIRECTIONS: Complete this test after viewing the web cast of the videoconference listed above. In order for Western Psychiatric Institute and Clinic to record that you completed the training, please complete this test and the Application/Validation for Continuing Education Credit on the next page. After finishing, sign where indicated on the second page and return both forms by mail to:

Jennifer Lichok
WPIC/OERP
3811 O’Hara Street
Champion Commons, Third Floor
Pittsburgh, PA 15213

TRUE/FALSE – Indicate whether the statements below are TRUE or FALSE.

1. To be bereaved and to be in mourning are the same thing.
   A. True
   B. False

2. The only thing individuals need to mourn is the loss of a loved one.
   A. True
   B. False

3. Almost all grievers experience major depression and have suicidal thoughts.
   A. True
   B. False

4. The intense feelings (i.e. sadness, guilt, helplessness, hopelessness) felt in the second state or experience of the grief process are normal.
   A. True
   B. False

5. The grief process is relative short and most grievers find “closure” early in their grief.
   A. True
   B. False

6. If you observe any “unusual” behaviors (i.e. angry outbursts without reason, episodes of anxiety or panic, profuse sweating or shaking) in a grieving coworker you should report it to your supervisor.
   A. True
   B. False

7. It is acceptable to refer a grieving friend or coworker to any professional in the phone book.
   A. True
   B. False

PLEASE CONTINUE TO NEXT PAGE
8. Self-help/support groups “normalize” the grief process for all losses and can be very helpful in assisting griever in their journey.
   A. True
   B. False

9. Most griever should be prescribed medication, especially antidepressants, soon after the loss.
   A. True
   B. False

10. Griever are very vulnerable to illness in early grief as their immune system is compromised. Antioxidants, vitamins and food supplements are recommended.
    A. True
    B. False

11. Allocated bereavement leave at the workplace is usually adequate and most griever want to return to work as soon as possible.
    A. True
    B. False

12. There are many ways that coworkers can assist griever but they need to be aware of appropriate ways in which to help, which is often associated with the relationship between the coworker and griever.
    A. True
    B. False
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APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR General CEUs, CAC/CCDP, CPRP, NBCC, Personal Care Home Administrators, Psychologists and Social Work/LPC/LMFT CREDIT ONLY (2.0 CREDIT HOURS)

INSTRUCTIONS: In order for Western Psychiatric Institute and Clinic to record the credit you earn by viewing this program, we request that you follow the directions below:
1. Print your name, address, and social security number clearly below.
2. Sign the statement affirming your attendance at the session.
3. Return with payment to:
   Jennifer Lichok
   WPIC/OERP
   3811 O’Hara Street
   Champion Commons, Third Floor
   Pittsburgh, PA 15213

I hereby affirm that I viewed the videoconference web cast indicated above:

__________________________  _____________________________
Signature Date Completed

PLEASE PRINT CLEARLY:

__________________________________________________________  _____________________________
Social Security Number (last five digits only) Mailing Address

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Name City State Zip Code

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Phone # Email address

TYPE OF CREDIT: Please Indicate Your Certification Needs

☐ CAC/CCDP: Certified Addiction Counselor  ☐ CPRP: Certified Psychiatric Rehabilitation Practitioner
☐ CEU: General Continuing Education Credit  ☐ NBCC: National Board of Certified Counselors
☐ PCHA: Personal Care Home Administrator  ☐ Psychologist
☐ SW/LPC/LMFT: Social Work

PAYMENT ENCLOSED:
☐ $30 for CEU, CAC/CCDP, CPRP, NBCC, PCHA, Psychologist or Social Work credit.

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☐ Credit Card # __________________________ Expiration Date: ___________ ID#: ________
   Type of Credit Card: __________________________ Signature __________________________
☐ UPMC Account Transfer: Dept. ID: ___________ Account # ___________
   Administrator’s Name __________________________ Administrator’s Signature __________________________

Please mail these two forms to the above address. If your score is 80% or above, you will receive a certificate via mail. If you have any questions please call Jennifer Lichok at 412-204-9088.

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