

Calvary Hospital's Annual Bereavement Course

Calvary Hospital's Annual Bereavement Course, virtual since 2020, begins March 2026 and is designed for those in the helping professions. This 9-month course will be taught by various specialists from Calvary Hospital/Hospice. Course offerings explore fundamentals of grief counseling, how adults, children and adolescents respectively are affected by death and loss, the complex relationship between trauma and grief, among other important topics.

The course meets live on Zoom. The 9-month course will be delivered monthly on a **Wednesday starting March 25 - November 18, 2026**. Attendees must be present during the days and times the course is offered; it will not be recorded.

Successful completion requires that participants: (1) register for the course, and (2) complete course evaluations for each lecture attended. Contact hours will only be awarded for completed programs.

Please note: In this training, we will be discussing sensitive material, including potentially activating topics, as well as personal losses and professional reactions. Please prepare yourself for these in-depth conversations.

Contact hours are approved by the following organizations:

1. *Calvary Hospital, Bereavement Services is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0158.*
2. *Calvary Hospital, Bereavement Services is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors #MHC-0162.*

Course Fees

- \$375.00 for the full 9 month course
- \$275.00 each (2 or more from the same institution.)
- \$125 for Grad Students (with proof of enrollment)
- \$60 for an individual course

**For more information, contact
Joanne Castellanos at
jcastellanos@calvaryhospital.org or
calvarybereavement@calvaryhospital.org**

DATE & TIME	TOPIC	PRESENTER
March 25 6:00 - 8:30 PM EST	An Overview of Normal Grief & Disenfranchised Grief & Fundamentals of Grief Counseling	Joanne Castellanos, LMHC
April 22 6:00 - 8:30 PM EST	Understanding Palliative Care & Depression & Hospice Perspective	Dr. Robert Brescia, MD Rachel Borg, LCSW
May 27 6:00 - 8:30 PM EST	The Death of a Spouse Partner & Navigating Life After a Parent Dies	Stephanie Newman, LMSW Jackeline Abbondandolo, LMHC
June 17 6:00 - 8:30 PM EST	Understanding the Bereaved Parent & the Grief of the Surviving Sibling	Jackeline Abbondandolo, LMHC Joanne Castellano, LMHC
July 22 6:00 - 8:00 PM EST	Traumatic Grief: Grief due to a Tragic Sudden or Violent, Disturbing, Unexpected Death & The Vicarious Trauma of Clinicians	Jacqueline Marlow, MA, ART-P Marissa Piazzola, LMSW
August 26 6:00 - 8:00 PM EST	Initiating & Facilitating a Bereavement Support Group	Jackeline Abbondandolo, LMHC
September 23 6:00 - 8:00 PM EST	Continuing Bonds: Meaning Making & Legacy Work	Rachel Borg, LCSW
October 28 6:00 - 8:00 PM EST	Understanding Childhood Grief and Therapeutic Interventions to Cope with Death and Non-Death Loss	Jacqueline Marlow MA, ART-P
November 18 6:00 - 8:00 PM EST	Empathy, Empathy Distress & Self-Care Closing Ritual	Stephanie Newman, LMSW Jacqueline Marlow MA, ART-P

Calvary Hospital's Annual Bereavement Education Program Registration Form

Please complete one form for each participant. Please either mail completed registration form to Calvary Hospital (address below) or email to Joanne Castellanos jcastellanos@calvaryhospital.org

**Check: To pay by check or money order, please mail completed registration form and check out to:
Calvary Hospital:**

Calvary Hospital Hospice
Bereavement Services
1740 Eastchester Road
Bronx, NY 10461

Please include check number here: _____

Credit Card: To pay by credit card, call the Cashier from 10 AM - 4PM at 718-518-2048 and tell them you are paying for the Annual Bereavement Course.

I need a receipt for reimbursement (circle one): YES NO

Licensee Name

Licensed Profession

License Number

If you are not licensed, please print your name above as it should appear on the certificate.

Materials will be emailed to you a few days before the course. Please provide the best email address. All certificates will be emailed to you unless you request another format.

Email: _____

Work Phone: _____

Cell Phone: _____

Organization Name: _____

Title/

Department: _____

Work /Home Address: _____

Please indicate your preference

___ I am interested in the individual courses for the months below

___ I am interested in all 9 courses

___ I am interested in the group rate for 3 or more members from the same organization

March

April

May

June

July

August

September

October

November

Note: No commercial support was received for this educational activity