Infant bereavement photography provides valuable keepsakes for parents and families and can often be an important part of the healing process. Families may honor the child’s memory and share the emotions they experienced during their short time with the baby.

This one-day workshop will instruct caregivers on how to improve the quality and content of photographs they take for grieving families.

**November 14, 2008**
**8 a.m. – 3:30 p.m.**
Rush Copley Medical Center
2000 W. Ogden Ave., Aurora, IL
1-866-426-7539

To register, complete the attached form. Please note you may register for the full one-day workshop, or just the one-hour general session. There is no charge for this workshop.

**LEARNING OBJECTIVES**
Upon completion of the workshop, participants will be able to:
- Describe caregiver’s role in bereavement photography.
- Describe approach and technique in taking photographs.
- Discuss the benefits of documentary photographs for bereaved families and a hospital bereavement program.

**THE WORKSHOP INCLUDES**
- General educational session
- Demonstration in Labor and Delivery and Neonatal Intensive Care Unit scenarios
- Hands-on student participation
- Take home prints of photographs
- Continuing Education Units for nurses, social workers and chaplains

**ACCREDITATION**
Oakton Community College, Alliance for Lifelong Learning, Continuing Education for Health Professionals (OCC/ALL/CEHP), will provide continuing education credits for nurses, social workers and chaplains.

**FULL-DAY PROGRAM DESCRIPTION**
This interactive workshop, led by Todd Hochberg, will illustrate and demonstrate approaches and techniques in taking bereavement photographs for caregivers involved in this practice. In addition to observing and participating in photography in mock-bereavement scenarios, slide examples will be shown and communication methods with parents will be discussed. Participants will gain insight on how to improve quality and content of pictures and the value of photographs to families.

**ONE-HOUR GENERAL SESSION**
Todd Hochberg, a documentary bereavement photographer, will share families’ stories and his personal reflections through a presentation of photographs, taken for bereaved parents in the private time they have to hold their baby. Participants will experience the trust and emotions felt by grieving families and caregivers during this tragic time.

**FOR MORE INFORMATION**
Please contact Nikki Woolverton, SIDS/Infant Mortality Program Coordinator at 217-557-2931 or nikki.woolverton@illinois.gov with any questions.
Caregivers’ Role in Bereavement Photography

Preliminary Agenda

8 a.m. – 9 a.m.  Moments Held General Presentation
                *Experiential lecture on bereavement photography*

9:30 a.m. – 10:15 a.m. Introduction
                      *Program goals and roles of presenter and participants*

10:15 a.m. – 11 a.m. Caregivers’ Role in Bereavement Photography
                     *Stories, grief theory and photographic approach/technique and examples*

11 a.m. – 11:15 a.m. Break

11:15 a.m. – Noon  Demonstration #1
                   *Instructor photographing in mock hospital unit scenarios*

12 p.m. – Noon  Lunch Provided

12:45 p.m. – 1:45 p.m. Hands-On Exercise
                       *Participants photographing in mock hospital unit scenarios*

1:45 p.m. – 2 p.m. Demonstration #2
                   *Instructor photographing in mock hospital unit scenarios*

2 p.m. – 2:45 p.m. Hands-On Exercise
                    *Participants photographing in mock hospital unit scenarios*

2:45 p.m. – 3:15 p.m. Review and Critique
                      *Discussion of concepts as applied to images created and review*

3:15 p.m. – 3:30 p.m. Wrap-Up and Evaluations

Registration Form

To register, complete this form and send via fax to 217-557-5396 or mail to Illinois Department of Public Health, Sudden Infant Death Program, 500 E. Monroe St., 1st floor, Springfield, IL 62701.

Registration Deadline:  October 31, 2008

Name/Title: __________________________________________________________________________________

Organization: __________________________________________________________________________________

Address: ______________________________________________________________________________________

City, State, ZIP: ________________________________________________________________________________

Phone: ____________________________  E-mail: __________________________________________