

**New to Bereavement Coordination
January 2 – Chat Box Transcript**

Diane Snyder Cowan: If you are interested in having a mentor, please contact me directly at dscowan@hospicewr.org.

Tiffany Marron: How do hospices do suicide assessments for the bereaved?

Danny Parsons: Where do we get a copy of the rags?

Sarah Laulunen Raj: I would love to have others share some of their ratio of in the field vs in the office.... I am new to this position and am sometimes wondering if it would be helpful to be in the field a little more attending funeral and meeting current patients....

Lee Erickson: I am also our office's chaplain: but, I spend about 15% in office, 85% in field. Feel like I am pushing the limit though and would like to have more time for office/coordination, etc.

Robert Randleman: What about protective, positive factors. Do they need to be assessed as well?

Amber Miller: How do you go about providing resources on the newsletters if your hospice spans many states and locations?

Leigh Ann Schultejeans: When is the initial phone call made to the family post death?

Leigh Ann Schultejeans: Great advice thank you!

Tanya Taylor: How do you determine title, for example, Grief Counselor, Bereavement Coordinator, etc.? I have an MDiv, and I have not used the term Counselor so as not to be misleading. However, 'Bereavement Coordinator' is not always a clear term for folks. Often, I just say I am a 'Family and Grief Support' person on the hospice team.

Lee Erickson: I have the title of Bereavement Specialist (I have an MDiv and am a Board-Certified Chaplain).

Deborah Pausig: I am a Bereavement Coordinator MFT, CT (Master in Family Therapy, Certified Thanatologist).

Robert Randleman: Can clinical staff provide some temporary, initial bereavement calls or visits to the family after the death of a patient they have been caring for?

Diane Snyder Cowan: Yes, many do.

Lee Erickson: Thank you.

Leah Ledward: Thanks, this was very helpful!