Diversity in Hospice & Palliative Bereavement Care Models

March 6 - Bereavement Professional Chat Box Transcript

Megan Kale-Cheever: How are other bereavement programs meeting the evolving needs of bereaved people?

Terri Ray: Palliative bereavement programs.

Megan Kale-Cheever: Electronic counseling or groups? Online support groups? We are noticing a drop in groups, memorial services and even counseling, and we are wondering if we should be marketing ourselves differently? Or if we should be trying to evolve our services themselves. How do different programs support facility staff, and is this something that is a large part of what you do?

Cynthia Willey: Small hospice - mixed role including social worker, bereavement coordinator, volunteer coordinator, fundraiser/grand writer/whatever they ask me to do worker!!

Amanda Johnston: Cynthia - I am in the same boat as you!

Cindy Moyer: Mixed role. Small rural hospice; ADC 20-25. I am sole social worker and "Bereavement Coordinator" (actually meaning Bereavement Counselor). I also facilitate the twice-yearly bereavement support group as well as an annual 6-wk children's bereavement support group (1 night a week x 6 wks.). We have our Volunteer Coordinator doing the bulk of clerical support for bereavement (vol assignments, reports).

Deborah Pausig: Small Hospice ADC 15-25-Single role. Social Work and Spiritual Counselor work pre-death, contact directly after death. Work transitions to me/Bereavement Coordinator & Counselor (LMFT, CT) post death. Volunteer Coordinator supports BC with Vols.

Lori Williams: Used to be mixed role (SW and BC) but after MUCH self-advocacy now just BC. In my experience the bereaved ALWAYS took back seat to live pts/families, therefore the needs of the bereaved were NEVER a priority. And it feels that bereavement is out of sight, out of mind for rest of team.

Andrea Lott: I also run weekly grieve group.

Terri Ray: Agree with Lori.

Terri Ray: The skill sets are similar but uniquely different from hospice SW to bereavement.

John Monnin: I am single role in a small hospice. I am fortunate to focus on bereavement with families. We have a diverse group of families to follow up with.

Deborah Pausig: Post Death Condolence call by our SW/SC does open the door to the bereaved that the Bereavement Coordinator will be in contact.

Michelle Sarafian: I am bereavement coordinator in small hospice. (40-50 census). Single role. SW, BC, Vol coordinator chaplain all have single role.

Willis Partington: Starting to explore with our program having SCC make a post-death visit. It's not considered a bereavement visit but helps with the continuity of care.

Yelena Zatulovsky: Strength - continuity of care.

James Thompson: @ Lori Williams, I also see that BV takes a back seat, I guess it's because the agency can't bill for bereavement as they do for live pts/families.

Laura Silvey: We have a wonderful bereavement team of 6, including an Art Therapist. Our ADC is about 300. We serve the community in vast ways with suicide loss, homicide loss, pet loss, early loss, youth bereavement. We also respond to traumatic crises like homicides and school deaths.

Donna Baranyay: I am in a mixed role as one of the chaplains, the bereavement coordinator and the volunteer coordinator. I find I need to remain flexible depending on the needs of the family and my other responsibilities. Balance is the key.

Linda Clark: We used to have a mixed role SW/BC but changed to single role because active patients always take the priority. With single role BC then bereavement IS the priority and the bereaved get the care they deserve. It also gives the bereaved the opportunity to tell their stories to someone new. Daily census 70, 850 deaths/year.

Dale Poland: I work for a larger hospice 550+ ADC, I serve in the single role as bereavement manager and counselor (with a background in chaplaincy). There is no way that I could provide bereavement support to all of our families that need it, so our program utilizes the chaplains to provide general bereavement support when needed and they refer more complicated bereavement cases to me to follow.

Megan Kale-Cheever: @James Thompson - We 100% would agree, but I think the agency values bereavement, but the IDT doesn't quite as much. We are struggling to get referrals from SW.

Lori Williams: James it helped to remind everyone that bereavement is a required part of the Hospice Benefit and included as part of the reimbursement we receive.

Michelle Sarafian: I am puzzled by the referral from. SW....don't you outreach every family after death?

John Monnin: I was a single role and was able to hold grief support groups in many places: high schools, junior high schools, city missions, churches, senior centers, community centers. These were highlights of my work.

Terri Ray: Hospice gets a bundled payment which covers all services. There is no individual billing for a RN, SW visit, etc.

Katherine Tweten: We became a single role in the last year. In a few cases we have had the SW do the bereavement follow up instead of the BC as it was felt they wouldn't respond to anyone else.

Donna Baranyay: I'm not sure if this is an appropriate question or not. I am wondering if our teams have a high rate of declined services? Do you find bereaved are more likely to decline services when the B.D. calls (i.e. cold call)?

Terri Ray: Loss of the team is a perfect metaphor for the changes that come with bereavement.

Deborah Pausig: I am fortunate to attend every weekly IDT and am well informed of the family status. Daily patient/family updates are emailed to Team members as well.

Megan Kale-Cheever: @Michelle - Counselors call all the high/moderate risk bereaved, while low risk bereaved receive a call from our bereavement volunteer. If SW score families as low, we aren't the ones making the call. Also, we used to do some anticipatory grief work to ensure continuity, and those referrals have tapered off. I think this contributes to our drop-in counseling clients.

Tanya Robins: We are a small group and sometimes use the RN or primary cm in the initial bereavement visit along w/ bereavement person as a transition visit to introduce the new team member. This allows the RN to transition her/himself and they find this helpful in their grief.

Donna Baranyay: I also attend IDT, so I am aware of spiritual, volunteer, and potential bereavement needs of our patients and families.

Michelle Walsh: The model that Jennifer just described, when clients have complaints and bereavement does follow up, has also worked well at the two hospice programs I have worked with.

Terri Ray: The more involved our bereavement counselors are in follow up, the more engagement we have with all services; individual, classes, groups, special events.

Megan Kale-Cheever: Terri - when you say, "follow up," are you referencing follow up calls?

Jean Morris: Technology advances...online grief resources that include chat and interaction... are an element to be considered in the present constellation of options for bereaved being accessed on their own and/or through referral of resources by hospice organizations to meet lifestyle and needs. This can be considered in bereaved use of post death support that, as said, has always been small percentage.

Donna Baranyay: Our bereavement team also follows up with complaints that we hear about during bereavement calls. We escalate it to our Director of Social Services and hospice admin.

Megan Kale-Cheever: Jean - This is what we are seeing. More bereaved are getting their support needs met in online groups and forums. We'd like to offer more technology-based services, but our parent organization is very conservative.

Terri Ray: Follow up starts with phone calls but moves based on the needs. I'm talking a single focused model with our counselors taking bereaved families from time of death.

John Monnin: Does anyone do follow up via emailing? Pros and cons?

Cindy Moyer: As SW/BC, I make the 1-month post-death call to family/PCG and then decide whether I need to make a bereavement visit or if I can turn them over to our bereavement volunteers for quarterly phone call follow-up.

David Bon: One of the challenges that I've experienced as a single role bereavement coordinator is a feeling of disconnection with the rest of the team as my role is in a different phase than the rest.

Megan Kale-Cheever: Terri - Okay. We are single-role, with 3 counselors and an ADC of 300. Our follow-up process involves calls and mailings. We also take over care at TOD. The only follow-up we DON'T do is for low-risk families, and that is done by a volunteer.

Donna Baranyay: We use social media to post grief information and provide grief education. I would like to learn more about online grief support. I get a bit concerned since I may not know a lot about the online programs. Also, what type of training to you use to train bereavement volunteers? I am working on moving in this direction and would love any information available.

Raegan Gyorffy: We run our program with a strong volunteer base for our groups and low risk bereavement clients. We have about 45 volunteers that support our Grief Counselors.

Megan Kale-Cheever: We offer counseling, groups, special events, community education, CE training, etc., so we are very active.

Cindi Gray: We utilize volunteers for groups and individual grief support, groups are co-facilitated by 2 volunteers and overseen by an LCSW.

Tanya Robins: RTS... Resolve thru Sharing Coordinator training is a good offering.

Cynthia Meilicke: Single-role model here with heavy utilization of trained BV volunteers. Anyone have any on-line training resources for BV volunteer training?

Cindy Moyer: Does anyone include any bereavement information in the hospice admission packet?

Donna Baranyay: ADEC's CT program is amazing. I am a CT and attend their annual conferences when I can. Unfortunately, I live in CA and most of the time their conferences are on the east coast which makes it expensive to attend.

Donald Eisenhauer: Another great training is Coaching at End of Life - www.coachingatendoflife.com

Lori Williams: I agree David Bon. If you're the only BC, it can be very isolating. That's why this group is so helpful!

Terri Ray: Megan, our program is too. We find volunteers to be more surface and can present that "don't know you" that we talked about earlier. A low risk can become high risk at 4-6 months or after another life crisis.

Megan Kale-Cheever: Terri, I agree. What is your process when families decline follow-up calls, either to the volunteer or to the counselor?

Joan Pruitt: Gary Roe has several helpful books on grief and bereavement.

Deborah Pausig: @Cindy, we have a specific bereavement packet.

Terri Ray: Families can opt out of any/all services at any time.

Donna Baranyay: We moved from an extensive bereavement packet to a newsletter format when services are initially accepted. We found the comprehensive packets were overwhelming to our bereaved. Thank you for the information today. It is very helpful.

Marty Carr: I am the Bereavement Coordinator/Volunteer Coordinator for my program, I'm the only one for ADC 120. My title is Coordinator, but I provide both counseling and coordination for our program.

Cindy Moyer: My hospice won't want to call me a Bereavement Counselor but when I have my LCSW at the end of this year, I'm going to Advocate for that!

Terri Ray: This is a great article advocating for bereavement services: https://www.nextavenue.org/bereavement-researcher-grief-stricken/

Tanja Nielsen: What type of bereavement groups are being offered. I am certified by Grief Recovery Method and will be beginning a 7-week group soon. Anyone else?

James Powell: I'm the Chaplain and Bereavement Coord (with an ADEC CT) but I do all the Bereavement Counselor and Coordinator duties. What do I call myself (identity crisis :) here).

Katherine Tweten: I am BC, but I am not a counselor. Therapeutic counseling is referred. I do facilitate grief support groups. We do have volunteer visits in low/med risk cases to the bereaved that desire this.

Tanja Nielsen: It won't be an open group. Will be offered several times a year.

Andrea Lott: Because my title is LPCC and not an MSW per verbiage of regulations - I am also a private practice (Therapist) - I am one of three SW I can do subsequent follow up pts - but I am the bereavement coordinator (I like the title of bereavement counselor) ... Our families have such great need for counseling to individuals and families - the community needs assistance as well... I work closely with the chaplain and volunteer team... we are a team...

Cindy Moyer: Thanks everyone! Very helpful info!

Jessica Yandell: Thank you for this wonderful chat!