

What's so great about bereavement?

Bereavement Professional Chat Box Transcript

September 6, 2017

NHPCO Staff: Hello Everyone! Here is the link to the slides and handout located at MyNHPCO: <http://my.nhpc.org/viewdocument/whats-so-great-about-bereavement?>

Hannah Roche: When I'm training staff at orientation about the bereavement program, they are surprised that the bereavement program lasts 13 months after death so our case load is pretty large.

Douglas Murray: As a chaplain, people might even more expect that they will have to pay me. Thanks for the heads up. I'll seek to clarify with new families.

Catherine Burt: Pre-Bereavement or anticipatory grief visits. Are these terms basically interchangeable or is there a subtle difference in the meaning or purpose of the visit?

Hannah Bushner: Stereotype from families that one would only benefit from an in-person visit, or even support over the phone, if they are doing poorly. In other words, families seem hesitant to visit with me in-person, because perhaps they feel 'it's not necessary', they don't 'need it'. I feel it would be helpful for me to see families' in-person, to better establish rapport/relationship, in the hopes that they would be more open to receiving support in the future. However, I don't want to push my services too hard. This is a tricky balance to strike!

Catherine Burt: Thank you, yes.

Deborah Pausig: I have created a training program based on Wolfelt's Companioning the Dying and so to be Companioning the Bereaved for our hospice staff and volunteers. It includes role plays of situations as sitting in the presence of silence or crying for 15 minutes (an eternity for them) and not trying to fix. I am a Licensed Marriage and Family Therapist, Cert Thanatologist. Part of my training was to sit in the presence of others pain and be comfortable with others tears or silence. To trust that the process. The hospice staff are "fixers" as well as the volunteers so it is a challenge learning to be comfortable in being present.

Hannah Bushner: Hi! :)

Terri Ray: Our department provides a 'grief class' for new employees each year.

Terri Ray: Yes, part of orientation.

Terri Ray: We offer every few months depending on our busy-ness.

Terri Ray: It is required.

Deborah Pausig: We are in the process of taking 15 minutes in the beginning of IDT to touch on chapters of Elliot Rosen's book, "Families Facing Death". It covers the family as a system, loss and the life cycle, preparing for death, the grieving family, etc. Good info for the IDT staff in digestible pieces.

Belinda Motzkin Brauer: We also have new employees attend one of our grief support group so they have a better understanding of what happens during group. The new employee is introduced at the beginning as an "observer".

Belinda Motzkin Brauer: All new employees.

Terri Ray: This is why our beginning grief class for staff. We invited staff into class for bereaved for a while, but staff sat against the wall and 'observed' those at the table who were grieving. We started one just for staff.

Belinda Motzkin Brauer: Our groups are drop in groups. It is explained how important it is for our staff to have an understanding of what our patients and family are going through. It has been well received.

Terri Ray: We have discussed co-leading groups with our social workers.

Rev. Louis Schwebius: As both chaplain & bereavement coordinator, giving support to our hospice staff is an essential part of what I do here in addition to our other responsibilities. I also give support to other staff in our larger home health agency as needed. I do not document this time; however, I do report the time I spend on this to our Administrator as part of my general monthly report.

Hannah Bushner: In regards to supporting staff: For the confidentiality of the staff member, I do not write any details in notes I make. I just write "Bereavement support provided."

Paula Bunn: We provide staff up to 6 counseling sessions at no cost, and then refer them to EAP for ongoing counseling. We would document their counseling sessions in the same database as our community counseling--only our dept. has access to the record.

Belinda Motzkin Brauer: This has occurred with our new staff attending one grief support group.

Paula Bunn: Providing tours of our children's bereavement program to donors or staff (or executive leadership and the board) is helpful in giving us a platform to literally show them what we do.

Catherine Burt: Sometimes during a facility in-service at a facility, the new aides, usually somewhat young, will confide that now they understand what bereavement it and how it might affect a resident they are called to care for.

Rev. Louis Schwebius: I usually encounter this with people who delay coming to one of my monthly community support groups because they "don't need that type of thing." Once they make the step and attend, they actually open up more than they expected that they would and become real advocates of bereavement support.

Deborah Pausig: In our agency, Bereavement Coordinator is the "go to" resource for Social Workers on anything on death, dying & bereavement, book resources, groups, etc.

Arthur Brainard: Thanks I've picked up at least 7 ideas that I can work into our program!

Hannah Bushner: Thank you all very much!

Rev. Louis Schwebius: I actually started a library near my desk which contains a varied assortment of books on hospice, death, dying and grief. Staff from hospice, as well as from our larger home health agency, have begun stopping by to borrow books and talk more about what we do!