

Referrals to KP Hospice Bereavement Services - FAQs

1. Who can access Kaiser Hospice Bereavement Services?

- a. Grief support groups/classes – Available to Hospice bereaved as well as community members regardless of insurance status. Participants are screened prior to enrollment in support groups/classes. As groups are currently virtual, individuals may participate from any location.
- Individual/family grief counseling and phone support – This is a hospice benefit provided to the bereaved of hospice patients and is only available through the specific hospice provider utilized by that family.

Are exceptions ever made? Each of the KP NCal Hospice Agencies have varying capability to deliver individual counseling. There are times when a specific agency may have capacity to offer support via a non-clinical professional (e.g., volunteer, intern, or Spiritual Care Counselor.) Please connect with your local Hospice Bereavement Department to inquire if this is an option.

2. How can I make a referral?

- Inquiring members should be referred to the local Hospice Bereavement Coordinator whose contact information is available at this site: <https://hospice-ncal.kaiserpermanente.org/support/after-your-loss/> If seeking information on a specific group/class posted via a KP NCal resource, the Bereavement Coordinator facilitating that group/class should be provided as the referral.
- **Is direct booking an option?** No. Potential participants are screened by Hospice Bereavement Coordinators (for group readiness/suitability) prior to registration in a group/class.

3. Who should I refer to a grief group?

- Participants should be able to tolerate sharing with others and find benefit from hearing about others' experiences. Readiness is often not achieved until after approximately 2-3 months after their loss.

4. Who may not be appropriate for grief groups?

- *Acute/early grief* – People in this stage of grief are often still trying to accept the reality of their loss. Many are too overwhelmed with their own experience to tolerate hearing the stories of others. Individual support is recommended; however, a drop-in/psychoeducation group may be tolerable to them.
- *Loss due to unexpected or traumatic death* – Overdose, suicide, homicide, neonatal loss, drunk drivers, mass casualty events. Those facing specific loss may be better served in a loss specific group or with individual counseling.
- *Delayed, prolonged or complicated grief* – Best practice and research shows that those grieving a loss from significantly more than one year ago received the best outcomes with individual counseling. *Healing Arts classes and educational workshops may be appropriate as an adjunct to individual care.*
- Behavioral health and/or substance use conditions – Bereavement has limited ability to monitor for safety.
 - ✓ Untreated or undermanaged mental health conditions
 - ✓ Untreated substance use or those newly clean and sober whose sobriety may be destabilized by the grief group experience.
- Individuals who are not interested in a group.
- Those with poor boundaries or do not perceive social cues that affect their ability to participate in a community-based grief group.

NOTE: Bereavement Coordinator should be consulted to evaluate exceptions to the above.