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Willamette Vital Health Grief Care Expansion Project

by Cheryl MacDonald, MD

Cheryl MacDonald, MD: Luz, every Medicare-funded hospice must offer bereavement support to the patient and their loved ones, plus follow-up support for a year after the death. Here at WVH, Grief Care stands as its own entity alongside Hospice, Supportive Care, and the Tokarski Home. Can you explain that?

Luz Rivera, MA, LPC: The separation is a natural one. It allows the focus to shift to the patient's loved ones and their grief journey after the patient dies. In the '90s, we collaborated with Mother Oak's Child to provide grief support for children and teens. Later, Mother Oaks became a part of WVH, making this vital programming a key specialization of our services. We recognize that children and teens grieve, grieve deeply, and they grieve differently. Their needs go unrecognized and unmet. Just like children and teens, people from diverse backgrounds and abilities may be disenfranchised mourners, too. They should also have access to grief counseling.

CM: And that led to the Grief Care Expansion Project?

LR: Exactly. Thanks to a three-year, \$300,000 grant from the M J Murdock Charitable Trust, we have begun to build the project's infrastructure while continuing our existing grief care services. In January, we hired a program coordinator to support administrative needs, and I joined the team as the first Spanish/English bilingual grief counselor. We now have capacity to accept community referrals for grief care, free of charge. We will plan and implement a formal community needs assessment in the coming year, to understand what the mid-Valley wants and needs. Through this new expansion and with community engagement, we connect to existing partners and create new partnerships. I am pleased to say that we've accomplished more by this point than we expected.

CM: Do you think it's important that someone from the Latinx community fill this new role?

LR: The team needs bilingual ability if we are to serve a community where English is not first language. Everyone does better in their primary language when they're stressed. Having choice is key. And while the Latinx community is diverse in its own right, we have similar experiences. A person from a culture that values individualism will require a perspective shift to work in a group-oriented culture. I think someone who grew up in an extended group, as I did, will have an easier time understanding the nuances of what is said and not said. It also sends a message about the organization's commitment to diversity and inclusion.

CM: Will this mainly be one-on-one counseling?

LR: Along with individual counseling, we will continue to offer group services, as usual. People do better in a group where they can see that they are not alone. No matter the setting, we always assess family and friend risk after the loss of a loved one, which is key to any program.



Luz Rivera, MA, LPC

CM: Are there other goals for the project?

LR: Education. We want to dispel mythology that exists about grief. Now we can reach the broader community, as well as those in the program.

CM: Can you say more about grief mythology? I was taught in medical school that grief lasting longer than six months was pathological.

LR: It is a myth that there is a single normal way to grieve—on a timeline—and then you get over it. Every culture has its own approach to the experience and expression of grief. We intend to provide the best information available to support each person through their grief journey. Specialized training means that a counselor will be a companion to a mourner without any expectation or judgment that says, "It's been two months. It's time for you to start living and move on." In reality, grief ages with you. It changes over time. It doesn't magically disappear.

CM: What would you like the reader to take away from this interview?

LM: Refer your patient for grief care or tell them how to refer themselves. Support the project in any way you can. \$300,000 is a great starting place, but it is intended to be a start. Over the last forty-five years, the mid-Valley has supported WVH's efforts to care for the community. Grief care will need the same level of engagement to be sustainable and to grow. 