INDEPENDENT NATIONAL BOARD FOR GRIEF COACHING

Referral Criteria Adoption Kit

Referral criteria for grief coaching, sample policy language, and a verification reference

For hospice and palliative care, funeral and death care, chaplaincy, employee assistance and human resources, therapist referral networks, senior living, and health systems. Free to reproduce, cite, and adapt, with attribution. No one who references the standard or verifies a credential is ever charged.

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A one-page reference for intake and referral staff, printed on its own

How to use it

Section 1 is the reference. Section 2 is the part that goes into your policy. Section 3 is the part that goes to whoever answers the phone. Every part may be reproduced in whole or in part, with attribution. No permission is required, no fee applies, and there is no requirement to notify INBGC that you have used it.

Adopting these criteria creates no relationship with the board and carries no registration or reporting requirement. You may remove the reference to the Board Certified Grief Coach credential entirely and the remaining criteria still stand.

About INBGC

The Independent National Board for Grief Coaching publishes and maintains the professional standard for non-clinical grief coaching and awards the Board Certified Grief Coach (BCGC) credential to practitioners measured against it. INBGC provides no foundational grief coach training, so it holds no stake in where a practitioner studied. The Advisory Board sets and owns the standard. Program Administration applies it. Organizations that refer grieving people reference it and never set it.

INBGC is not accredited by any outside body and does not pursue outside accreditation. It publishes the standard in full at inbgc.org/standards/ so that the credential can be judged against it directly.

SECTION 1

Referral criteria for grief coaching

The person your resource list misses

IN SHORT

A good grief resource list already covers crisis lines, peer and group support, and licensed clinical care. What it usually does not cover is one-to-one support for someone who is grieving, functioning, and not looking for treatment. That person is common, and on most lists there is nothing for them.

They decline the therapy referral because in their own view there is nothing wrong with them. They tried the group once and did not go back, or the group is bereavement-focused and their loss was a divorce, a diagnosis, a job, or an estrangement. They are managing. They are also carrying something with nowhere to put it. Non-clinical grief support exists for exactly that person: structured, one-to-one, forward-looking work on adjustment and life after a loss, which does not require anyone to be unwell in order to qualify for it.

There is a capacity argument as well. Federal regulation requires a Medicare-certified hospice to run an organized bereavement program under the supervision of a qualified professional with experience or education in grief or loss counseling, and to make bereavement services available for up to one year following the death. Bereavement counseling is a required hospice service and is not reimbursable. In most programs that requirement falls to one coordinator alongside a full caseload. Non-clinical support does not replace what a bereavement team provides. It can absorb individual work that a small staff cannot sustain across twelve or thirteen months.

Sources: 42 CFR 418.64(d)(1), counseling services and bereavement, and 42 CFR 418.204(c), special coverage requirements. ecfr.gov

Where coaching does not belong

IN SHORT

Grief coaching is not appropriate for someone at risk of harm, someone showing indications of a clinical condition, someone whose grief presents with features consistent with Prolonged Grief Disorder or requires trauma treatment, or someone in crisis. Those situations require licensed or emergency care.

Grief coaching does not diagnose, treat, prescribe, provide psychotherapy, assess clinical risk, or serve as crisis intervention, and no credential changes that. It does not compete with clinical care either. Non-clinical support frequently runs alongside therapy with appropriate coordination, and for many people that combination works better than either alone.

> *You are not judging whether someone is a good coach. You are deciding whether it is safe to put them in front of a grieving family who trusts you. Those are different questions, and only the second one is yours.*

Why vetting falls to you

IN SHORT

There is no license for grief coaching, no registration requirement, and no state board that reviews who uses the title. A person can decide today that this is their profession and begin taking clients tomorrow, and nothing about that is against the law.

A therapist can be checked against a state board in a minute. An individual coach can be checked against nothing, which is why most lists either omit the category or fill it with entries nobody reviewed. This is not a criticism of trained coaches, many of whom are well prepared. It describes a market your team has to navigate without a licensing board to lean on.

A professional who cannot confirm a practitioner's preparation is unlikely to put their own name behind the referral, so the category tends to get left off entirely rather than evaluated case by case. The result is that the person who wanted one-to-one non-clinical support gets a group they will not attend, or a therapy referral they will decline, and no referral happens at all. Information and referral databases, including 211 systems, commonly require a license or certification where the field is licensed and exclude providers whose services cannot be verified. None of that is aimed at grief coaching. Much of it excludes the category as a side effect.

The six criteria

IN SHORT

A qualified non-clinical grief practitioner can evidence six things. A practitioner who can evidence all six is a defensible entry on your list, whether or not they hold a credential.

1 **Grief-specific education**
Training whose subject is grief and loss, from any credible source, rather than a general qualification that mentions grief in passing.

2 **Documented practice**
Real experience working with grieving people, evidenced rather than asserted.

3 **A written scope of practice**
A clear statement of what the practitioner does and does not do.

4 **Defined referral thresholds**
Named indicators for when a person requires licensed clinical or emergency care, and a stated response to warning signs of suicide or self-harm.

5 **Accountability to published ethics**
A code of conduct held by a body outside the practitioner's own business, with a route for your organization to raise a concern.

6 **Independently verifiable standing**
Something you can check without going through the practitioner.

Criteria that only one credential can satisfy are not criteria. They are a preference. A practitioner without a credential may meet all six, and should be evaluated against them individually.

Six questions to ask any grief coach

IN SHORT

Ask these of any practitioner you are considering, credentialed or not. Completing a training program demonstrates attendance. It does not demonstrate competence, and these questions are how you tell the difference.

1. What is your grief-specific education, and where did it come from?

What you are listening for. Training whose subject was grief and loss: a dedicated grief coaching program, graduate coursework, clinical training in bereavement, chaplaincy or thanatology education, or a combination. The form matters less than whether grief itself was the subject and who taught it.

Cause for pause. A general coaching or wellness certificate with no grief-specific content, or an answer resting entirely on personal loss. Lived experience is valuable and it is not education.

2. How much experience do you have working with grieving people, and can you document it?

What you are listening for. A concrete answer, and a willingness to evidence it through scheduling records, an employer, a colleague, or a professional reference. Client confidentiality is not a barrier to documenting that the work happened.

Cause for pause. Vagueness, or discomfort with the question itself.

3. What is your scope of practice, and what do you not do?

What you are listening for. A clear, unhesitating answer. A qualified practitioner can tell you what falls outside their work without being defensive about it.

Cause for pause. Any suggestion that they can help with anything, or language implying they treat, heal, or cure.

4. What would cause you to refer someone to licensed care, and what would you do in that moment?

What you are listening for. Specific thresholds, and a warm handoff rather than an abrupt ending. They should name risk of harm, clinical conditions, Prolonged Grief Disorder, trauma, and substance use without being prompted, and they should be able to say what they do when someone shows signs of suicide or self-harm: ask directly, stay with the person, and connect them to 988 or emergency services.

Cause for pause. Treating referral as a failure, or as something that happens only if the person asks for it. Any suggestion that they would assess how serious a risk is and decide to manage it within coaching.

5. Who holds you accountable, and what happens if someone raises a concern?

What you are listening for. A body outside their own business, a published code of ethics, and a process that can result in a real consequence.

Cause for pause. Accountability that begins and ends with the school that trained them. A training program has a financial relationship with the people it trained and is not a neutral party.

6. Can I verify your standing independently, and how?

What you are listening for. A credential number, a registry, or a licensing board you can check without going through them.

Cause for pause. A certificate image as the only evidence. A certificate proves a course was completed on a date. It does not tell you whether the person is in good standing now.

Certificate or credential

A training certificate is issued by the school that taught the course and records that someone attended. A board credential is issued by an independent body and records that education, practice, ethics, and examined competence were reviewed by someone with no stake in where the person trained. Both are legitimate. They answer different questions, and only the second one can be checked by you.

The answer that matters most

IN SHORT

Question four is where your organization's exposure sits. A practitioner who cannot describe the boundary between coaching and clinical care, and what they do when someone crosses it, does not belong on your list regardless of what credentials they hold.

A competent practitioner refers to licensed or emergency care when a person presents with:

- Risk of harm to self or others, escalated immediately to emergency or crisis support
- Clinical conditions beyond the scope of coaching, such as clinical depression or an anxiety disorder
- Features consistent with Prolonged Grief Disorder, or trauma requiring clinical treatment
- Substance use or other conditions requiring licensed care

Recognizing risk is required. Assessing it is not.

Under the INBGC standard, a Board Certified Grief Coach is required to recognize warning signs of suicide, self-harm, and other acute risk, to ask directly, to stay with the person, and to connect them to the 988 Suicide and Crisis Lifeline, to emergency services where danger is immediate, or to the person's own clinician. The coach does not assess how serious the risk is and does not treat it. That is the line any referring professional should expect a non-clinical practitioner to hold, credentialed or not.

Referral is not termination

A practitioner who refers someone to licensed care does not have to end the relationship. In-scope coaching can continue alongside clinical treatment with appropriate coordination. When you are the clinician making the referral, sending someone to a coach does not put them beyond your reach, and a coach who identifies a clinical need will send them back rather than hold on.

Practical questions worth asking

IN SHORT

Once a practitioner meets the six criteria, the remaining questions are logistical. Fees, format, confidentiality, and who they are equipped to work with all vary by practitioner, and none of them are set by INBGC. Record the answers beside the entry so your team does not have to ask twice.

- **Fees and session structure.** Practitioners set their own. INBGC does not set, approve, or publish what a coach charges.
- **Insurance.** Generally not reimbursable, because coaching is non-clinical. Some employers, EAPs, and community organizations fund it directly, and some practitioners hold sliding-scale spots.

- **Format.** In person, by video, or both. Video widens the pool for someone in a rural area or without transportation.
- **Confidentiality.** The practitioner should state their practice and its limits without hesitating. Any information back to your organization requires the person's consent, agreed in advance.
- **Who they work with.** Ask directly about age, group versus individual work, and the kinds of loss they have real experience with.
- **Professional liability insurance.** Ask for the carrier and coverage amount. INBGC does not require certificants to carry coverage, so treat the answer as information rather than as something the credential guarantees.
- **Languages and availability.** Ask about language support, current waiting time, and how quickly someone can be seen.

If someone needs support and nothing on your list fits, you can describe the situation at inbgc.org/find-a-grief-coach/. There is no cost, and no coach can pay to be matched ahead of another.

SECTION 2

Sample policy language

IN SHORT

The language below can be pasted into a referral protocol, a resource list inclusion policy, or a vendor policy, and used as written or adapted. There is no cost, no permission required, and no requirement to tell INBGC that you have used it.

Sample inclusion criteria for a grief resource list

1 **Categories**
Each entry on this organization's grief resource list is identified by the kind of support it provides: crisis support, peer or group support, licensed clinical care, or non-clinical individual support.

2 **Preparation and accountability**
Non-clinical individual practitioners included on the list hold documented grief-specific education, documented practice experience with grieving people, a written scope of practice, and accountability to a published code of ethics with a route for this organization to raise a concern.

3 **Scope and referral thresholds**
Each such practitioner operates within a published non-clinical scope that names the indicators at which referral to licensed or emergency care is required, and that states how the practitioner responds to warning signs of suicide or self-harm.

4 **Credentials**
An active Board Certified Grief Coach credential issued by the Independent National Board for Grief Coaching satisfies these criteria, as does an equivalent credential with published standards, examined competence, verified practice, and an enforceable code of ethics. Practitioners without a credential are evaluated against the criteria individually.

5 **Review**
The list records who reviewed each entry and when, and is reviewed at intervals set by this organization. Where a credential is held, its status is confirmed at each review.

The fourth clause is written to accept an equivalent credential deliberately. A policy that names one credentialing body and no criteria is a policy about a brand. One that names the criteria is a policy about safety, and it holds up if the field changes.

Optional clause for a vendor or contracted-provider policy

Where this organization contracts with or funds a non-clinical grief practitioner directly, the practitioner provides, before the engagement begins, a copy of their written scope of practice and referral thresholds, evidence of professional liability coverage at the level this organization applies to contracted providers, and either a credential number that this organization can verify independently or documentation sufficient to evaluate the practitioner against the criteria above.

Optional language for a position description

For roles that include non-clinical grief support, an employer may state: "Preferred: board certification in grief coaching from an independent credentialing body with published standards, examined competence, verified practice, and an enforceable code of ethics, or equivalent." Guidance on hiring for grief and bereavement roles is published at inbgc.org/for-employers/.

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SECTION 3

Verifying a Board Certified Grief Coach

A one-page reference for intake and referral staff. Verification is free, takes seconds, and never involves the coach.

1 **Ask for the credential number**
Every Board Certified Grief Coach has one. A coach who cannot produce a credential number is not board certified by INBGC, whatever else they hold. A certificate image, a badge on a website, or the words "board certified" in a bio confirm nothing about current standing.

2 **Enter it at inbgc.org/registry/**
The registry returns the name on the credential and its current status. Lookup is by credential number only. The registry is not searchable by name, which protects certificants and keeps it a verification check rather than a browsable list.

3 **Read the status**
Active: all eligibility, examination, and renewal requirements are met and the designation may be used. **Expired:** the credential has lapsed and the designation may not be used until reinstated. **Revoked:** the credential was withdrawn following an ethics review and the designation may not be used at all.

4 **Record it**
Note the credential number, the status, the date checked, and who checked it beside the entry on your list. Re-check at each list review. A credential can lapse, and it can be revoked.

5 **Need it in writing?**
Organizations that maintain credentialing files can request formal written verification from Program Administration. Write to verify@inbgc.org with the coach's name or credential number.

6 **Something is not right?**
If a coach claims the credential and the registry does not confirm it, or if you have a concern about a certified coach's conduct, write to ethics@inbgc.org. Reports are reviewed confidentially, there is no cost, and outcomes range from guidance to revocation. INBGC has no authority over a coach who does not hold the credential.

What the credential confirms

Published standards for grief-specific education across six topic areas, a minimum of 50 verified practice hours, agreement to an enforceable Code of Ethics and Scope of Practice, a passing score on a proctored Board Examination, and annual renewal with an ethics attestation and continuing education. It does not confirm fit, fees, availability, or liability coverage. Ask those directly.

Registry: inbgc.org/registry/ | Written verification: verify@inbgc.org | Concerns: ethics@inbgc.org | Independent National Board for Grief Coaching, 670 Meridian Way, Suite 284, Westerville, OH 43082. No one who references the standard or verifies a credential is ever charged.