

The A-Team

asera^{care} Hospice Volunteer Newsletter

An Encouraging Word:

“If I can stop one heart from breaking,
I shall not live in vain;
If I can ease one life the aching
Or cool one pain
I shall not live in vain.



Emily Dickinson

In This Issue

An Encouraging Word

You Did It!

Timely Tips and Reminders

The Book Nook

Quaint Quips & Funnies
.....to Bring a Smile

Helpful Hospice Hints

Psychological Distress

Interview Insights

Case Manager, Kathy Risser, R.N.

Monday Night Monthly Meeting

May 3~Candle Light Remembrance
Service

You Did It!

April 18-24 is National Volunteer Week and I am very excited to have this occasion as another reason to celebrate and rejoice. Aseracare recognizes the contributions of our volunteers for our patients and team—increased companionship, a calming presence, a therapy pet, calligraphy birthday cards, a sympathy card, prayer shawls, crafts, articles, interviews, and computer talents for producing our newsletter. Volunteers amplify the quality of care for our patients in the Twin Cities and champion our mission to alleviate human suffering through the ongoing gentle acts of kindness, sympathy, and compassion.

Your contributions not only affect us but they affect yourself. So often I hear volunteers saying that they feel they are receiving more than they are giving. Some of these benefits you are receiving may surprise you. Take a look at what the official website of the government (<http://www.volunteeringinamerica.gov/research-papers.cfm#Health>) has to say about benefits to those who volunteer:

Volunteer Coordinator

Renee Gasch

Renee.gasch@aseracare.com

952-943-0009 (office)

952-465-4161 (cell)

5001 American Blvd W Ste 655

Bloomington, MN 55437

<http://www.aseracare.com>



Volunteering can make you healthier

Even when controlling for other important factors, such as socioeconomic status, age, and gender, research has shown that adults who volunteer are more likely to experience health benefits when it comes to longevity, mobility and mental health. The research indicates that volunteers need to commit a considerable amount of time to volunteering (about one to two hours per week) for there to be a significant relationship between volunteering and good health.

Volunteers watch about an hour less of television a day

On average, recent volunteers watch approximately 15 hours of television per week, compared to approximately 21 hours for former volunteers and 23 hours for non-volunteers.

Older volunteers can gain greater health benefits than younger volunteers

Volunteers ages 60 years and older are most likely to experience health benefits from their service. Some researchers hypothesize that younger volunteers may not experience the same benefits from volunteering because of the greater likelihood that their volunteering is obligatory.

Most importantly thank you for all the love and positive energy you give; you help lift the human spirit.

Thank You!

Timely Tips and Reminders

Reminder: I would like to thank Ruth Goettig, hospice volunteer, for interviewing our Spiritual Care Coordinator Steve Robertson and writing last month's article on spirituality.



Tip: Offer your patient *caring touch*. Only certified therapists can offer and document "massages" with patients. Companion and vigil volunteers offer "caring touch in order to provide comfort and sensory stimulation." Please use this phrase in your documentation.

Tip: Think left and think right and think low and think high. Oh, the things you can think up if you try! ~ Dr. Seuss

Reminder: Complete the April Aseracare University: Patient's Rights: The Right Thing to Do; this is due no later than April 30th. Follow these simple instructions:

1. go to website <https://aseracarevolunteers.care2learn.com>
2. click the icon box that says "Volunteers! Click Here."
3. login by entering your username and password

Reminder: Each week, I update the Patient Data Vault. After a patient dies (or is no longer on our services) I "close" their Volunteer Needs Assessment form so it can no longer be accessed as no more changes will need to be made to the form. That is why some of you receive an email notification from the HVA that says something similar to CLOSED: "05 - Volunteer Needs." When you get this notification know that a patient has passed or is no longer on services.

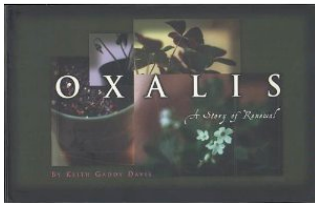


The Book Nook

Recommended Books, CDs, and Media

If your patient or the patient's family is dealing with "psychological distress" or feeling discouraged or disheartened, you might like to share a special book or CD with them. Here are some gentle resources.

Oxalis: A Story of Renewal by Keith Geddy Davis. 30 pages. 1998.



This small book is a beautifully told tale of how one man learned that we all benefit by accepting the help of others as well as by giving help to others when we are lonely, discouraged, or depressed--a tiny, neglected oxalis plant serving as his teacher. It's a

thoughtful story of renewal and restoration to share with a patient, family member or others who are feeling down. You might even find a little oxalis plant to accompany the book. ***Oxalis*** is carried in many church bookstores. It is also available at amazon.com or by calling the publisher at 1-888-585-8909

Up

The protagonist Carl becomes an elderly widower when his wife Ellie passes away. This forces Carl to find a new normal and a new adventure in life. The show brilliantly shows the emotions of Carl going through the psychological process of grief and letting go. This film is available in many local stores. Go to [Up \(2009 film\) - Wikipedia](http://Up (2009 film) - Wikipedia) for additional information about this wonderful movie.



The Next Place by Warren Hason. 1997.

This book is an inspirational journey of light and hope to a place where earthly hurts are left behind. Lose yourself in the uplifting sense of comfort and serenity. ***The Next Place*** is above all a celebration of life. Hear the music. Feel the warmth. This book is available in local bookstores.



Quaint Quips & Funnies... to bring a smile

REMEMBER....everyone seems normal until you get to know them.

And then there is the old English version....

Everyone is daft except thee and meand sometimes I am not certain about thee!

Helpful Hospice Hints

What is Psychological Distress?

Uneasy feelings of anxiety or depression in response to a specific demand that results in temporary or permanent harm.

What are the Signs and Symptoms of Psychological Distress?

- *Feelings of anxiety, sadness, anger
- *Feeling "out of control" much of the time
- *Difficulty coping with every day problems
- *Unable to talk about ways to solve problems or talk about fears
- *Needing the help of others to make decisions
- *Wanting to be alone

- * Trouble sleeping
- * Not taking care of self
- * Looking sad, frowning. Crying easily
- * Laughing at odd times
- * Loss of hope or sense of comfort
- * Aches and pain
- * Feeling that your heart is racing
- * Thoughts of suicide or hastening death
- * Not wanting to follow the advice of the team



What can be done for Psychological Distress?

Psychological distress is common with terminal diseases, especially if physical symptoms are present.

We want you to be physically comfortable. There is a direct link between how one feels physically and how one feels psychologically and emotionally.

Volunteers

- ✓ Provide calm, relaxing setting
- ✓ Be flexible. The patient may want to talk one day. The next day he/she may need quiet and calm
- ✓ Be willing to be with them without having to “do” something
- ✓ Report any behaviors that are different
- ✓ Treat the patient with dignity and respect
- ✓ Don’t be afraid to ask for help. Do not be hard on yourself with comments like “I should have done this or that” or “I should have known that”
- ✓ As much as you can, enjoy this time together and look for ways to make memories

You can find other HPNA Patient Teaching Sheets on end-of-life care at <http://www.hpna.org/PatientEducation.asp>.

Approved by the HPNA Board of Directors October of 2005



Interview Insights

Kathy Risser, R.N. is an Aseracare Case Manager who found time in her busy schedule to share her insights with us about helping hospice patients who experience psychological distress. Her first-hand experience and training offer valuable suggestions and information for volunteers. In summary form, here is what Kathy shared with us.

How long have you been working with Aseracare Hospice?

Kathy has been a Case Manager with Aseracare for a year and a half and says that it is the most rewarding work she has done in her varied career.

What is the role of the R.N. Case Manager and how do you work with other team members?

As Case Manager, Kathy has a variable-sized case load of hospice patients. Her role is to oversee the Aseracare health aides, the provision of spiritual care, and the social worker. She also interacts with staff at nursing homes and attends to the needs of family members. She sees her patients often, depending on each patient’s needs, visiting some of them as often as once a day. Once a week she meets with the entire Aseracare hospice team to assess each patient’s ongoing needs. Kathy noted that she reviews the notes that volunteers submit to the HVA website as well as any information a volunteer reports to Renee or other team members. She wants volunteers to know that our entries provide valuable information for serving Aseracare’s patients.

Kathy noted that she thinks the most efficient way for a volunteer to report concerns about a patient is to report them to Renee because Renee can get the information most quickly to the appropriate team member.

What is the most important thing you have learned about serving hospice patients who might be in psychological distress?

Kathy emphasized “the value of listening.” She has found that the most important thing we can do for hospice patients is to **listen to what the patient says** as well as being aware of the patient’s mood and affect. If your patient seems sad or anxious, you can ask him an open question about what’s on his mind. But don’t try to “fix it” yourself. Most important is to affirm that you are truly listening. If the patient shares her distress with you, be sure to pass on that information to Renee. Psychological distress can come in many forms; be aware of denial, fear, forced laughter of cheerfulness, and anger as well as sadness or withdrawal.

Kathy also emphasized that it is not just the patient who can experience psychological distress, but also family members and nursing home staff who have known the patient for some time. Remember to be to distress in family members and to report those to Renee also. Aseracare team members work together to serve both the patient and the family.

Kathy noted that sometimes when a patient first comes onto hospice care, the patient or family might not yet be ready to think in terms of “hospice care.” For instance, family members might tell Kathy or others that they want services but ask that the patient not be told they are receiving “hospice” care. Or the family itself might not be ready to think in terms of the end of a parent’s life.

Kathy suggested that volunteers should check with Renee to determine whether to use the word “hospice” with a patient or the family, especially if the patient has just begun services.

Do women and men experience the dying process differently?

No, they don’t. The process varies for each patient, but the differences Kathy has seen depend not on gender,

but on the person. Those who are having a particularly difficult experience often benefit over time by their participation in the services of all Aseracare team members; the Case Manager, the Spiritual Director, the Social Worker, the health care providers and the volunteers.

Does the experience of dealing with death vary by age?

Again, each patient is unique in how they handle the end of life. As to age, Kathy has observed that the oldest patients, those in their 80s and 90s are often quite ready to go, but those who are not so old usually experience greater psychological distress.

What suggestions do you have for companion and vigil volunteers on how to handle signs of psychological distress in their patients?

As to companion volunteers:

Listen to them—carefully, attentively, and respectfully. Look them in the eyes and let them know by body language that you are attentive and you are truly there with them. Remember it is all right to ask follow up questions to better understand what is troubling the patient; it might be physical pain or a need for company or to talk about a memory or an issue rather than psychological distress.

As to vigil volunteers:

At this stage you are more likely to see psychological distress in family members because the patient is often minimally responsive. Be a listener for them too. A reminder: Be sure to ask if the family wants alone time with their loved one when you are a vigil volunteer and to leave the room easily and graciously.



Do you have any particular story you can share about how the Aseracare hospice team’s services made a difference for a patient?

Kathy and the Aseracare team were providing vigil care for a gentleman and it was Kathy’s first experience of going through vigil and death with a patient. She had been with the patient all day and finally had to leave. Tom was there to provide spiritual care and Tracy, the social worker, was also there. Kathy didn’t get very far when she got the feeling that she needed to return so she turned back and rejoined the team. On her return, the three team members joined together to sing to the patient. Then Kathy began to read her favorite book to him, *The Next Place*. Just before she got to the last page, the patient stopped breathing and they thought he had died. But as they sat there together, he began to breathe again. Kathy read the last page, the conclusion of the story about the next place. When she had finished the book, the patient stopped breathing and then did die. It was a very moving and meaningful experience for the team and one they still remember and treasure.

Thanks to Kathy Risser for sharing her time, expertise, and suggestions.

Note: *The Next Place* sounds like a wonderful resource for volunteers and is highly recommended by Kathy. Hope you can check it out.

Monday Night Monthly Meetings

May 3, 2010
7:00 p.m. – 8:00 p.m.

Location: Bloomington office

Topic: Candle Light Remembrance Service

Please join JoAnn, Bereavement Coordinator, in honoring the patients and families whom volunteers have served. For the patients that have passed away we light a candle in their memory and we are grateful that we shared their life for a time.



Class Objectives:

- Honor** our patients that have passed; Please share your memories of patients with others
- Observe** and **experience** the healing of group grief therapy
- Discuss** how funerals and memorial services have evolved over the last decades in order to meet the needs of families in the 21st century.

All volunteers are encouraged to come.

“Watching a peaceful death of a human being reminds us of a falling star; one of a million lights in a vast sky that flares up for a brief moment only to disappear into the endless night forever.”

Elisabeth Kubler-Ross

