

CONNECTING

Healthy Information from the Des Moines Pastoral Counseling Center  September/October 2010

At Our Peril: Addressing End-of-Life Care

In our “death-averse” culture, we seldom openly discuss how we wish to be cared for in our end-of-life journey. We put these conversations off at our peril. If we talk with family members too late, they may not be able to implement our wishes or do so in time to make a substantial difference in the quality of our care. It is crucial that we take time now to discuss our wishes with family members, friends, and health care providers.

Because we are spiritual and relational beings, it is important that we attend to these aspects of ourselves throughout our lives. At the end of our lives, it is equally important that others respect these dimensions of us and attend to them.

“*Spiritual care*” is care that attends to when and how we encounter God. For those who don’t believe in God, spiritual care considers how each person experiences a sense of the transcendent. For some, this experience comes through encounters with nature. For others, it may come through a particular Scriptural text, a piece of music, a work of art, or even solitude and silence. Good spiritual care discovers and provides access to each person’s particular spiritual experience and resources.



“*Relational care*” recognizes that personal attachments are central to our sense of well-being, and that they naturally form in many caregiving situations. Our relationships with others give us a sense of comfort and security, help us maintain a sense of who we are, and help us regulate intense emotions we may feel. Good relational care values the contribution every person makes to another individual’s quality of life, respects the significance of the attachments formed, and provides support for the subsequent losses experienced.

In the summer of 2008, the Mid-Iowa Health Foundation provided funding to look at spiritual and relational care at end-of-life and determine what dimensions are central to quality care. The following is a list of actions families and care providers can take to better guarantee quality end-of-life care for ourselves and those we love.

• *It is important for you and your family members to clarify your wishes regarding end-of-life care well in advance of any health problems or crisis, including a discussion of when treatment is to be terminated.* Ideally, this can be a normal, natural conversation. These wishes must then be communicated to the individual’s care team and support network (health care providers, pastor, parish

nurse, chaplain, and other key people). Upon admission to a care setting, families need to initiate a conversation with care providers about the individual’s wants, needs, and intentions regarding the dying process. Do not assume care providers will initiate this conversation, since the common “medical default” is to deny the dying process and continue to press for a “cure.”



• *Take personal responsibility for communicating your wishes about end-of-life care to providers in every care setting.* The exchange of crucial written and verbal information about the wishes of dying individuals is often hampered by any number of institutional hindrances, including: transfers from one care setting to another, job “silos,” increased dependence on part-time and contract workers, lack of staff time, poor communication between shifts, and overly restrictive interpretations of HIPAA regulations. Care providers can facilitate communication of vital end-of-life information by being proactive in asking individuals and their families what their wishes are, and whom they wish to be notified about changes in condition or site of care, especially with individuals who have no immediate family. Become informed about ways to work within HIPAA regulations to facilitate notification and information sharing. Do not allow HIPAA to be used as a barrier to such sharing.

• *Ideally, all professionals involved in end-of-life care will be comfortable and skilled in talking about spiritual concerns.* While respect for individual beliefs and particular religious traditions and rituals is certainly critical, families indicate they value professionals who are able to: open up the subject of spirituality for discussion, ask if the dying individual and family have needs, concerns, or unresolved issues, and convey an attitude of, “We’re here if you need to talk.”

• *Take advantage of the resources and skills of “bridging people.”* Bridging professions include parish nurses, chaplains, and lay spiritual care providers. They have knowledge and skill in more than one discipline, and are often well equipped to facilitate communication and provide care across traditional boundaries without getting bogged down in job “silos.” Some people naturally bridge and do whatever it takes to communicate across boundaries and provide holistic care. Identify those with an interest in end-of-life care and support their bridging efforts toward improving care at this stage of life.

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• *Continually seek information about a dying person's status not only from physicians and nursing staff, but also from others involved in providing intimate and direct care.* Pastors, parish nurses, Certified Nursing Assistants, chaplains, and others often have rich personal, emotional, and spiritual information vital to an individual's care, but this information is often not valued nor solicited. Include those closest to the individual in the care planning and charting processes so their knowledge and insights can be used effectively to provide care.

• *Seek out information about the physical stages of dying and the spiritual aspects of end-of-life care.* Securing good information about the dying process and learning how to recognize the spiritual and relational needs a person has are critical to quality care and peace of mind. This not only includes knowledge, but also a greater degree of skill and comfort in having early, ongoing, clear, two-way conversations about relationship issues and spiritual concerns.

• *Although faith-based organizations traditionally provide a main source of spiritual care at the end-of-life, increasing numbers of people consider themselves spiritual, but not religious.* It is increasingly likely that these individuals will not seek care from faith-based organizations. They may be left without care unless alternatives are developed.

• *More and more people will develop chronic illnesses in which they experience multiple losses over time.* Lay pastoral ministers, including those involved in the Stephen Ministry Program, can

expand their training and skill in the areas of grief and loss to provide care to those with chronic issues that play out over longer periods of time and from which an individual may not recover.

Despite our illusions that life is predictable, we know it is not. Life events can unexpectedly turn in tragic directions. We devote substantial time and energy creating comfortable, nurturing, and enriching environments in which to live with those we love. We develop relationships that help sustain us and add meaning to our lives. We owe it to ourselves and families to devote an equal amount of time discussing and planning what we would like our end-of-life journey to look like – who we want around us, what medical interventions we want and don't want, and where we wish to die. To do less is to leave ourselves and them at peril – confused and out of control at one of life's most vulnerable times.



J. Jeffrey Means, M.Div., Ph.D..

J. Jeffrey Means, M.Div., Ph.D., Director of the Institute for the Practice of Ministry at Des Moines Pastoral Counseling Center, through his position as Chair of the Behavioral Medicine Department at Des Moines University, served as Project Director for "Spiritual & Relational Quality of Care through End-of-Life Care.

Others playing a major role in this project included:

Dr. Norma Hirsch, Chief Medical Director/Vice President of Hospice of Central Iowa; Di Findley, Executive Director of the Iowa CareGivers Association; and Sarai Schmucker Rice, Executive Director of the Des Moines Area Religious Council. Linda Simonton, Hill Simonton Bell, was also a major contributor to this project serving as consultant, focus group facilitator, and writer. This article is a revision of the "Key Findings" document Linda wrote at the conclusion of the project. Funding for this project was made possible by a generous grant from the Mid-Iowa Health Foundation.

C.O.O.L. Corner

Children Overcoming the Obstacles of Life

Children and End of Life

- Use accurate words like "died." Euphemistic language only confuses kids.
- Be honest and thorough, but follow the "Goldilocks Rule," that is, provide enough developmentally appropriate information, but not too much.
- Children need facts and information. When there are "gaps," they will fill in those gaps with information that might be inaccurate or distorted.
- Do not expect children to behave in certain ways. Children express their grief in their own ways. Children at different ages might react in different ways AND they do not do all their grieving at once.
- It is important for children to see adults around them express their grief. This gives the child "permission" to do the same.
- Almost anything can trigger grief reactions. Allow time and space for these reactions when they arise, realizing that the reaction can stop just as quickly as it can start.



CENTER WELCOMES NEW STAFF COUNSELOR

JILL JORDAHL-BALL, Psy.D.

We are very pleased to welcome Jill Jordahl-Ball, Psy.D., to the Center staff. Jill is a licensed clinical psychologist. She graduated with her B.A. in psychology from Grand View College. She earned her masters and doctorate degrees in clinical psychology from the Illinois Professional School of Psychology.

Jill provides therapy and psychological testing for children, adolescents, and adults. She is especially interested in anxiety disorders, mood disorders, and behavioral concerns. Jill is a member of the Iowa Psychological Association and the American Psychological Association. Please call the Center to schedule an appointment with Jill (515-274-4006).

UNITED WAY DONOR CHOICE

As United Way of Central Iowa launches its workplace campaign this fall, please consider directing all or part of your United Way giving to Des Moines Pastoral Counseling Center as a Donor Choice organization. Thank you.



CAMPUS HIGH FIVE RACE TO BENEFIT C.O.O.L.

Register NOW for Sunday, September 19, 2010

The Campus High Five race is just around the corner. Come to Iowa City on a Sunday morning in September and don't worry about coffee to wake you up. This is:

- a loud and social experience
- a community event for all running abilities and attitudes to support a GREAT cause
- a celebration of health with music and a post race party

Athletic events are a great way to allow people to make commitments to themselves through the motivation provided by benefiting others. This event was conceived to fund a nonprofit aimed at empowering children. The Des Moines Pastoral Counseling Center's C.O.O.L.(Children Overcoming the Obstacles of Life) program is the chosen beneficiary of the inaugural Campus High Five Race!

"Campus High Five is stoked to be a benefit for C.O.O.L., an organization focused on channeling the energy of Iowa kids towards great goals and improved awareness of self. What could be C.O.O.L.'er than that?!" declares Michael Zimmerman, race organizer.

Go immediately to the website, www.campushighfive.com, register for a race, and help support the work of C.O.O.L. therapists counseling C.O.O.L. kids!

PERSONAL GROWTH and DEVELOPMENT PRESENTATIONS

In today's fast-paced world, it is difficult to escape from the pressures and perplexities of daily living. Career demands, personal relationships, and family situations often contribute to depression, grief, stress, anxiety, and other emotional hurdles. At the Des Moines Pastoral Counseling Center, we have the resources to address these problems through individual therapy and/or illuminate the issues through a group educational presentation by a licensed counselor.

The Des Moines Pastoral Counseling Center offers presentations on mental, emotional, and spiritual health topics presented in seminar style by various Center clinical staff. Counselors hold advanced degrees in counseling, psychology, social work, marriage and family therapy, child therapy, and other human service fields.

Parenting

Building Self-Esteem in Children
 Beyond Time Out
 A Father's Role in Child Development
 Early Childhood Development
 Autism Spectrum Disorders
 Grief in Children
 Teen Suicide and Depression
 Proactive Parenting
 Developmental Disabilities
 Identification and Treatment of Attention Deficit Disorders
 Understanding and Communicating With Your Teen

Relationships

Caring for Aging Parents
 How to Enrich, Nurture, and Sustain Your Marriage
 Understanding Male and Female Communication Styles
 Family Issues in Chemical Dependency
 Traits of a Healthy Family
 Domestic Violence and Families

Communication

Improving Basic Skills: How to Talk/
 How to Listen
 Mediation: Resolving Disputes Peacefully
 Dad: A Son's Road Map
 A Father's Love, a Daughter's Power
 Emotional Health
 The Nature and Practice of Helping Others
 Adjusting to a Significant Loss

Keeping the Balance

"What's a Man To Do?" The Rules Have Changed: Male/Female Roles
 Making Sense of Life's Changes (Transitions)
 Work and Worth: What happens when you lose your job?

Spiritual Health

Exercises for Spiritual Health
 The Art and Practice of Forgiveness
 Spiritual Practices for Busy People
 Touching the Holy: Exploring the Ministry of Healing Touch
 Health as a Spiritual Task
 Writing: A Way of Praying, Healing, and Celebrating Our Lives



COUNSELING ASSISTANCE FOR THOSE WHO NEED IT

The economic downturn is adding significant pressure to already fragile lives. In this troubling and uncertain time, those in our community struggling with life's issues on very limited resources are experiencing pain, confusion and despair beyond what they can handle alone. For 38 years the Des Moines Pastoral Counseling Center has helped people come through difficult times in their lives by offering **high-quality, affordable mental health counseling to all.**

Your gift today can help:

- calm the panic and fear in a distressed child,
- bring a sense of clarity to a confused teenager, and
- offer renewed hope to someone whose prior experience has taught them to give up on finding help or healing.

Two clients helped because subsidized counseling was available are "Amy" and "Zach."

- **"Amy"** is a 30-year-old woman disabled with Multiple Sclerosis. All physical functioning and most relationship effectiveness are limited for her. Every aspect of her life is an effort. The accompanying depression leads her to question the meaning of her life and if it is worth the effort to go on.

- **"Zach"** is a veteran who is heavily medicated to control his depression, suicidal urges, and flashbacks related to what he experienced as a soldier. Having a place where he has learned to trust that he can talk about his memories, works against his urges to act them out on himself or others. When stabilized, he functions effectively as an architect. Counseling helps him maintain his stability.

These are two instances of hundreds at the Center in which lives were improved, relationships were helped, and vulnerable people were able to look to the future with hope and a sense of confidence. These are the people who appreciate more than words can say your financial support, which allows us to help the "Amys" and "Zachs" of our community and so many others.

Your support can make a very real difference in someone's life. Send a gift today to: DMPCC, 2929 Westown Pkwy., Suite 110, West Des Moines, 50266.

Or contact Kathleen Murrin (274-4006 or kmurrin@dmpcc.org) to ask about other ways to make a gift that will make a real difference.

www.dmpcc.org

Visit the Center's website for more information on the Center's counseling services and staff, special events and classes.

CONNECTING

is a publication of the Des Moines Pastoral Counseling Center, an independent, not-for-profit organization. Celebrating 38 years of service to adults, families, adolescents, and children for the purpose of enhancing emotional, spiritual, and relationship health. The Center has satellite offices in Ankeny, Lamoni, Leon, Mt. Ayr and Osceola.
Editor: Kathleen Murrin

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