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Serenity Point Hospice, LLC



Issue Four

Insight Into All Things Hospice

Celebrating The JOURNEY

current topics >>>

Strategies for Long-Term Caregiving...

VOLUNTEERS

E	D	N	O	I	S	S	A	P	M	O	C	I	R
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P	T	T	R	O	F	M	O	C	E	R	L	I	R
Y	F	R	I	E	N	D	S	S	D	O	U	K	S

Volunteer recognition acknowledges accomplishments, reinforces efforts and is a sign of appreciation. Volunteers can be students, friends, family, retired individuals or even grievers who want to give back.

COMMUNITY
HOSPICE
GIVING
HOPE
KIND
STUDENTS
LOVE
DEDICATED

SUPERHERO
COMPASSION
COMFORT
FRIENDS
PEACE
LISTENER
RETIRED
SERVICE

Matthew 5:16

“Let your light shine before others, that they may see your good deeds and glorify your Father in heaven.”

Strategies for dealing with stress

To help manage caregiver stress:

- **Accept help.** Be prepared with a list of ways that others can help you, and let the helper choose what he or she would like to do.
- **Focus on what you are able to provide.** It's normal to feel guilty sometimes, but understand that no one is a "perfect" caregiver. Believe that you are doing the best you can and making the best decisions you can at any given time.
- **Set realistic goals.** Break large tasks into smaller steps that you can do one at a time. Prioritize, make lists and establish a daily routine. Begin to say no to requests that are draining, such as hosting holiday meals.
- **Get connected.** Find out about caregiving resources in your community. Caregiving services such as transportation, meal delivery and/or housekeeping may be available.
- **Join a support group.** A support group can provide validation and encouragement, as well as problem-solving strategies for difficult situations. A support group can also be a good place to create meaningful friendships.
- **Seek social support.** Make an effort to stay well-connected with family and friends who can offer judgement free emotional support. Set aside time each week for connecting with others, even if it's just a walk with a friend.

- **Set personal health goals.** Set goals to establish a good sleep routine, find time to be physically active on most days of the week, eat a healthy diet and drink plenty of water.
- **See your doctor.** Get recommended vaccinations and screenings. Make sure to tell your doctor that you're a caregiver and don't hesitate to mention any concerns or symptoms you have.

Respite care

It may be hard to imagine leaving your loved one in someone else's care, but taking a break can be one of the best things you do for yourself — as well as the person you're caring for. Most communities have some type of respite care available, such as:

- **In-home respite.** Health care aides may come to your home to provide companionship, and/or nursing services.
- **Adult care centers & programs.** Some centers provide care for both older adults and young children, and the two groups may spend time together.
- **Short-term nursing homes.** Some assisted living homes, memory care homes and nursing homes accept people needing care for short stays while caregivers are away.

set the stage >>>

Caregiver Wellness?

It's one thing to say you should let go of stress and not dwell on things.

It's another matter to put that into practice, especially when caregiving goes on for years and the worries are right in front of you.



So what can you actually do to put down that heavy "glass of water?" We've got 3 suggestions.



1. Have realistic expectations

It's impossible to eliminate all stress, but you can minimize the effect it has on you. Don't let the fact that you're feeling stressed cause you even more stress! The only well-rested, relaxed, on-top-of-everything caregiver in existence will be found sitting between a unicorn and the abominable snowman (ha!).

2. Take micro breaks

Anytime you can put that load of stress down will help, even if it's only for 5 minutes.

If that means taking 2 extra minutes in the bathroom to visualize yourself on a beautiful beach or to do some deep breathing, then do it.

Here are a few more ways to take micro breaks that actually work:

- Close your eyes, slow your breathing, and count slowly to 10
- Take a 5 min walk outside.
- Drink a glass of water. Dehydration makes you tired.
-

3. Get support

You need and deserve real breaks on a regular basis. It might sound impossible to get help with caregiving, but it's possible to put together a team based on the resources available to you. Realistic ways to get regular breaks from caregiving:

- Hire a few hours of in-home help each week
- Tap into local organizations and volunteer resources
- Find local respite care services



On-Call Service

For after-hours needs, Serenity Point Hospice provides 24-hour telephone access to hospice clinicians who can answer questions, support caregivers over the phone or dispatch a team member to the bedside, if needed. Ph 309-435-7050

For more information go to www.serenitypointhospice.care



hospice advice >>> Disinfranchised Grief

Disenfranchised grief occurs when you lack social recognition or societal support of your loss. Many pet owners often feel disenfranchised grief at the loss of their pet, as they grieve deeply but also feel they can't take time off of work, or don't know who or how to talk about the way they feel.

Kenneth Doka wrote a book on disenfranchised grief in the 1980s. In it, he describes disenfranchised grief as what occurs anytime someone feels that society has denied their "need, right, role, or capacity to grieve."

Symptoms of disenfranchised grief

Sometimes, our body will tell us something is wrong before our brain can. While many of the symptoms of disenfranchised grief overlap with symptoms of normal or uncomplicated grief, it's important to be attentive. Be aware of the physical and emotional changes as it can lead to health issues and contact your healthcare provider for help.

Here are some physical and emotional symptoms you may experience as a result of any type of grief or loss:

- **Changes to eating or sleeping patterns**
- **Weight gain or loss**
- **Lethargy and lack of energy**
- **Increased anxiety**
- **Decreased confidence**
- **Anger, sadness, numbness, shock, guilt**
- **Decreased ability to focus at work**
- **Changes in capacity to deal with stress**
- **Loss of interest in things that used to bring joy**
- **An intensified version of the symptoms listed above**



Starting the End-Of-Life Conversation

Dying is a universal experience. Nearly everyone has a story about a good death or a hard death among those they love. The difference between these experiences may rest on whether we have shared our wishes for how we want to spend our final days.

How we want to die is the most important and costly conversation Americans aren't having. Consider these facts:

The person is still a person and alive—your friend, spouse, child, relative—the person he or she was before the terminal illness. They may not be able to do things they used to, but they are still the same person. The focus may shift to be more on you physically going to visit the person and spending time wherever he or she calls home, like a private residence or nursing home. According to a 2021 study published in the *Journal of Psychosocial Nursing and Mental Health Services*, ninety percent of people think it is important to talk about end-of-life wishes with their loved ones, but only 27 percent have done so.

In a 2018 survey by the Conversation Project, one in five respondents said they've avoided the subject out of worry about upsetting their loved ones.

Planning your final days is never easy, but it's an invaluable gift to your loved ones. These discussions can be among the richest and most intimate that friends and family share. Studies show that when there is a meaningful conversation about end-of-life choices, survivors report feeling less guilt and less depression and having an easier process of grieving.

Thinking through these issues before a medical crisis — at the kitchen table rather than in the intensive care unit — will help you and your loved ones make decisions based on what you value most, without the influence of stress and fear.

Get ready

It's fine to spend some time thinking about the conversation before you dive in. As you prepare, ask yourself these questions:

1. What do I need to think about or do before I feel ready to have the conversation?
2. What particular concerns do I want to be sure to bring up? (Examples might be getting finances in order or making sure a particular family member is taken care of.)

Consider having a practice conversation with a trusted friend, writing a letter to a loved one (or even to yourself). Remember that the conversation might reveal disagreements. That's OK. You'll want to discuss those issues now, not during a medical crisis.

Get set

Finish this sentence or ask your aging loved one to do it:

“What matters to me at the end of life is ...”

An example might be “that I am comfortable and at home”, “that no one has to disrupt their whole life to care for me”, “that my kids all work together in making decisions.” It might also be, “if doctors recommend palliative care, no one pushes for more treatment.”

Sharing a “what matters to me” statement with your family can help them communicate to your doctors what abilities are most important to you and what treatments are and aren't worth pursuing. It can also give your loved ones reassurance that they're following your wishes. Give some thought ahead of time to these care issues for yourself or for a loved one you serve as a caregiver.



Breaking the ice..

Here are some ways the Conversation Project suggests starting a talk about end-of-life care.

"I need your help with something."

"I need to think about the future. Will you help me?"

"I was thinking about what happened to _____, and it made me realize ..."

"Even though I'm OK right now, I'm worried about _____, and I want to be prepared."

"Remember how _____ died? Was that a 'good' death or 'hard' death? How will

Go!

Once you feel ready to share your end-of-life wishes, or have asked your loved one their wishes, think about the basics: who, what, where and when.

Who should be part of the discussion? The list could include not just particular family members but also friends, doctors, caregivers, members of our church or others.

When would be a good time to talk? Do you want to broach the subject at a family gathering, for example — around the holidays. Ahead of major life events like the birth of a child or grandchild, or a kid leaving for college? At the first sign of a significant health problem?

Where would you feel comfortable talking? Around the kitchen table? At a favorite restaurant or park? On a hike or at your place of worship? Choose a setting you think will be conducive to an intimate and open conversation.

What do you want to be sure to say? List the three most important things you want family, friends or doctors to know about your end-of-life wishes and incorporate them into the discussion. Keep in mind that you don't have to steer the conversation — just let it happen. You don't have to cover everyone and everything right off the bat. Be patient and give others time to think about what's being said.

Remember that nothing is set in stone.



final thoughts....

Hospice Volunteer Rewards Program.....

Why do people volunteer for hospice work? What do the volunteers get in return?

- **Personal connection:** One volunteer stated that, as she got older, she valued “real” conversations, and found them in the hospice setting.
- **A sense of purpose:** Some say that they like being useful, and using their talents..
- **A way to give back:** Many have had relatives die in hospice care. They may feel the desire to give back for that reason.
- **Making a difference:** The idea that they can make someone’s life better at the very end is often a driving motivation.
- **Connecting patients with nature:** Nature is a great boon to both the dying and their relatives, and enhancing that setting is satisfying.



coming soon >>>

Volunteers offer the gift of time and company.

Time is often a precious gift in and of itself. Volunteers may roll beds outside on a sunny day, or even just sit and listen to stories, confessions, memories, or fears. They learn to just “be”, in a rushed world where everyone has a job to do. At the end of life, the days may be short, but the minutes and hours can be long. It can be so much better to talk to a willing listener, than to watch daytime TV! These helpers are often around at times where there are fewer visitors. Many have the patience to simply sit in silence, or to be a cheerful face when a patient wakes up from a nap.

Volunteers can focus on specific needs.

Volunteers don’t have to do the everyday tasks, so they can go above and beyond for patients and visitors. One of the most popular assignments is something called a “loving whisperer”—a person who sits by a dying patient, who has no relative present, holding a hand or giving comfort in other ways. People who like to drive, and who might bring a family member who doesn’t have a car to visit, or pick up a prescription and deliver it to a homebound patient, are like gold to a stretched paid staff.

Pastoral care volunteers are another special group.

Many have no experience, or are youth groups, with an interest in spirituality of all kinds, and a desire to offer that to those requesting it. Even those without formal religious views can find solace in discussing some of life’s biggest questions with these dedicated helpers. In the vein of the old saying “the best way to learn something is to teach it.” They feel enriched by experiencing the faith, and doubts of others.

Students find volunteering a transformative part of their education.

Many students, whether training for medical careers, doing community service, or just giving some extra time, find that they are amazed by everything that they learn while volunteering. Some say it was the most transformative part of their education. Others are moved to search for a career in hospice or a related field. Students who undergo technological projects may not be taking care of patients, but they are certainly exposed to the philosophy of palliative and hospice care. For those who are in medical, nursing, or paraprofessional schools, it may be very different than what they are taught in settings where curative care is the guiding principle. Here at Serenity Point Hospice we not only provide the opportunity to fulfill school required community service hours but also help provide patients, caregivers, and families with the most peaceful and comfortable end-of-life experience possible.

Hospice volunteers find work to be joyous, gratifying, and rewarding.

Hospice work for them is anything but depressing. They speak of it as “joyous”, gratifying, and rewarding. All value the human connections they find in those settings. In doing their important work, they find meaning. They are grateful—for health, for life, and for every day. What more could a volunteer or anyone, ask?

Becoming a Hospice Volunteer is easy.

Alongside making a difference in the lives of others individuals who volunteer with Serenity Point Hospice are emotionally strengthened and often find meaning in their own lives. Stop by our office or give us a call today to learn more about becoming a Volunteer.

In The Next Issue

- *Getting Through The Sadness*
- *Canine Connection*
- *Helping Grieving Children*
- *Wish We Had Known Sooner*

Patients & Family Reviews:
serenitypointhospicereviews.com/reviews

When life feels out of control and your heart is aching, “Finding Serenity Grief Support Group” helps you find spiritual peace, strength, and encouragement while celebrating life’s journey.

**Meets Every Wednesday 4pm
Evangelical Free Church
1300 E Chestnut St Canton IL 61520
for more information
Call 309-435-7050**

**It is a FREE service provided by
Serenity Point Hospice
and is open to the public.**



Contact us at 309-453-7050 / www.serenitypointhospice.care