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*An Inter-Lutheran Journal
for Practitioners and
Teachers of Pastoral Care
and Counseling*



CARING CONNECTIONS

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THE PURPOSE OF CARING CONNECTIONS

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing.

Caring Connections seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries, and—not least—concerned congregational pastors and laity. *Caring Connections* also provides news and information about activities, events, and opportunities of interest to diverse constituencies in specialized ministries.

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Editorial

Welcome to another issue of *Caring Connections*. In this issue we will focus on the general topic of “Spiritual Care in Long-Term Care and Rehabilitation.” For a long time chaplains in long-term care facilities and rehabilitation centers have felt themselves to be regarded as the “runt of the litter.” The predominance of chaplaincies in hospital settings has influenced the way many people regard *all* chaplaincies. In particular, I am aware of the use of the medical model in structure of departments and chaplains’ language, even seeing medical language being used in establishing professional standards. Personally, I can recall working in a large metropolitan hospital where CPE supervisors and supervisors-in-training were distinguished from the CPE students by the length of the lab coats they wore: students—lab jackets; supervisory people—knee length lab coats!

However, over the years long-term care and rehabilitation chaplains have become a more significant and recognized component of specialized pastoral care ministries. Part of this occurred as administrators of geriatric centers began to appreciate the wisdom in moving from the use of untrained volunteer clergy from the community to hiring full-time, certified, professional chaplains. Currently there are even several long-term care facilities that offer various levels of Clinical Pastoral Education training.

My own ministry has been a microcosm of this process. In my first parish, in Washington, Illinois, I was a volunteer at the local nursing home once a month. My CPE training then took place in traditional hospital settings, and indeed the largest portion of my career (over 17 years) took place at Overlook Hospital, once recognized as the “premier general hospital in New Jersey.” From there I moved to Milwaukee, Wisconsin, to work for five years at Children’s Hospital of Wisconsin, and then concluded my full-time ministry with nine years in The Village at Manor Park, a geriatric long-term care facility that offered the full spectrum of care, from independent living, to assisted living, to skilled nursing care, to geriatric hospice. I have joked that with this switch I moved from being called, “Gramps,” to being called, “Sonny-boy.” Even now, in retirement (which has become a *semi*-retirement recently), I find myself offering one unit of CPE a year in a similar geriatric

setting, and also working as a *per diem* chaplain for a home-care hospice.

Needless to say, I found myself identifying strongly with each of the writers in this issue of *Caring Connections*. Dave Kylo, a chaplain at the Rehabilitation Institute of Chicago, writes about the links he sees between theology and disability. Ginny Biniek, a chaplain at The Lutheran Home at Topton, a Diakon Senior Living Community in eastern Pennsylvania, reflects on her journey from a traditional parish ministry into a new parish context as a chaplain in geriatric long-term care. Heather Bumstead, a chaplain at Lincoln Homes of Racine, Wisconsin, and member of the editorial board of *Caring Connections*, shares some of the blessings she has gained through her ministry to people with various types of dementia. Jane Geske, R.N., enumerates several suggestions, drawn from her experience as a parish nurse, that can apply to other parish nurses *and* to all chaplains engaged in specialized pastoral care “with God’s oldest friends” (the title of a helpful little book on pastoral visiting in nursing homes: *With God’s Oldest Friends*, by Henry C. Simmons and Mark A. Peters, Wipf and Stock Publishers, 2003).

Mentioning that book reminds me that in our last issue Kevin and I invited people to write book reviews for *Caring Connections*. We are in the process of lining up some of those reviews, and you should be seeing them in the next issue. If you have interest in writing a review, or have a suggestion of a book to be reviewed, contact Kevin at Kevin.Massey@elca.org. We also welcome “Letters to the Editor,” making comments on any of the articles included in this issue. Use Kevin’s email address for those letters, too.

If you have not already done so, we hope you will subscribe online to *Caring Connections*. Remember, subscription is free! By subscribing, you assure that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. You can subscribe by clicking on the subscription link on www.caringconnections.org, or by following the directions given on the masthead (p. 3), or in larger print on page 16.

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We would like to invite anyone interested in writing an article to please contact the editors, Rev. Kevin Massey and Rev. Chuck Weinrich.

Specifically, we wish to invite articles for upcoming issues on the following themes.

Spring 2009 “Disaster Relief and Pastoral Care”

Summer 2009 “The Role of Forgiveness”

Theology and Disability: Pastoral Care

Life does change for one who has experienced a disability.

“I do not know how one can go through the experience of a disability without faith.” I have heard that phrase many times during the years I have worked in physical rehabilitation hospitals. Countless souls have expressed it: those who have endured stroke, spinal cord injury, brain injury, various muscular-skeletal diseases, birth defects, and the weaknesses and problems associated with transplants, cancer, and heart troubles. Faith is often the common element, besides disability, which connects these people together. Research has proven and disproven many theories of the effects between disability and faith, but it is the empirical knowledge I gained through hearing stories of faith during people’s recovery and rehabilitation that helped me find a link.

I have been formulating a correlation between theology and disability. I have heard many chaplains and theologians try to talk about a “Theology of Disability.” I have always felt that there is no “theology of disability.” There is theology and there is disability. Theology is the study of God: who God is, how God relates to human beings, and how human beings relate to God. “Disability” refers to the challenges (or “non-abilities”) due to physical changes or medical conditions that limit function, movement, or ability that may be the norm in society. Claiming a “Theology of Disability” could lead one to conclude that disability comes from the hand of God. My approach is somewhat different, and comes from the following formulation of my thoughts.

FOUR SPIRITUAL NEEDS

I have identified four basic Spiritual Needs, which every person has, and which are fulfilled in various ways.

BELONGING: Everyone wants to belong to something, whether a group, a sphere of acceptance, a group of similar interest, an age-related group, a religious gathering, or a socio-economic accepting group. As Lutherans, we recognize our kinship with Jesus Christ and with other Lutheran Christians by virtue of our Baptism. We say, “We welcome you into God’s family” to those who are baptized, and recognize that they belong both to the Lord and to the same family as we do.

POWER/CONTROL: A sense of power and/or control is essential for a person to feel autonomous and/or self-important. When disability or changes in health status occur, there is often a loss of power or control. A person in the hospital is told when to wake up, eat, take medications, attend therapies or tests, and go to bed to sleep.



There is little control. Often, one’s spiritual background and expression of that spirituality are the only things over which one feels they have power/control.

PURPOSE/VALUE/MEANING: Human beings need to have purpose, value and meaning to survive. Older adults often talk about life being over when they cannot see any purpose, value, or meaning in their lives. A disability means a change in life, and there is a quest to see how purpose, value and meaning can be different. I am often asked what the purpose is in one’s disability.

There is no “theology of disability.”

ty, as if a purpose for suffering would shed some light on the greater purpose of one’s being from that moment forward.

LOVE: We want to love and be loved. Human beings want to be loved as friends, as lovers, as those who have realized a purpose in life, whether that love comes from God or from others who hold a place of authority in their lives. Christians affirm that God loves us. However, when there is a new challenge in life because of disability, the disabled person may question God’s love for them. I have worked with people who question their very fellowship with God and being loved by God because of their disability. Some wrestle with these questions for years. Through constant reassurance that family and others love them, and gentle reminders that they are remembered in

prayer and loved by God, these people may once again reclaim their awareness of God's love.

AN UNDERSTANDING OF DISABILITY

One can keep these Spiritual Needs in mind and have a vital faith in God, but still have questions about the origin of disabilities. Does God make it happen? How are we to view our loved ones who are disabled? If one had the answers to those questions, one might also be able to answer where evil comes from! However, I do have a view of how God relates to those who are disabled. I find it helpful to look at this situation as if life were like a children's soccer game. A child may be involved in the action of the game and have loving parents running along the sidelines, shouting encouragement, involved in the action, hoping that the child is playing to his or her fullest ability. If the child is then involved in an injury by running into another, tripping in a hole in the field, or having something happen within the body so there is pain, discomfort, or even disability, loving parents don't stop loving that child. Those loving parents will express love, care, and concern over what has happened and be deeply involved in caring for their child. Loving parents did not cause the harm.

In the same way, God loves all humans, including those who are injured, hurt, or disabled. God knows that harm happens, but does not single out any one particular human being to experience the pain. Suffering is the price humans pay for being alive and the result of humanity's overall sin or alienation from God, not particular sins. That is not to say that harm is never the direct result of some individual misjudgment. An auto collision taking place while one has had too much alcohol, being in the presence of those engaging in unhealthy activities, or putting oneself into potentially dangerous situations may have direct consequences, but the total change in life brought about by disability may be far worse than the original incident. God still loves and cares. God even grieves with us when we suffer, hurt, and endure disability. That God loves and cares is theology; that one is disabled is disability.

THE ADOLESCENCE OF LIFE-CHANGING EVENTS

A disabled person experiences a time of recovery and readjustment to life. I call this the "Second Adolescence." It is during this time that one experiences changes in each aspect of life: physical, mental, emotional, sexual, and spiritual. One's body works differently, thoughts about the future have changed, one's emotional stability is shaken, there are questions of sexual functioning, and one wants to know if relating to God is different. As there is rebellion in our pubescent adolescence, so also there is often a rebellion in disability adolescence. Disability is seen as a life-changing event. The progression from medical stabilization and then learning to cope, followed by growing towards independ-

ence once again includes questions about one's life, one's response to change, one's ability to view the body as changing into that which it has not been before. Family members may be the recipients of anger, frustration, or questioning during this time. There is no set time limit for this "adolescence" but it usually moves into "adulthood" within two years, when a person can once again see some normalcy in his or her life.

FANTASY ABOUT THE FUTURE

It is my perception that everyone has hopes and dreams concerning life. The psychologist Virginia Satir once said, "We grieve every time there is loss of a dream." When one experiences a disability, many dreams are lost. So there is much grief.

God loves and cares. God even grieves with us when we suffer, hurt, and endure disability.

I often talk with patients about this issue, saying, "You have had dreams of how you had wanted your life to be, and now you have seen your life changed. Taking a look at your life now, how can you adapt your fantasy? How can your life be different and still fulfilling to you?" Interesting discussions have always ensued.

Life does change for one who has experienced a disability. Theology may be different and a person's view of life changes as well. The presence of family, friends, and other loved ones during the movement from initial disability to independent living may well be the support that one needs. Within the context of faith, fellowship in Christ as a vital part of the journey is often the difference between one merely coping with what has happened and someone actually thriving in the family and living in society. As many have said, "I do not know how one can go through the experience of a disability without faith."

David O. Kylo received his M.Div. degree from Pacific Lutheran Theological Seminary (Graduate Theological Union) in Berkeley, California in 1979. He completed a half unit of Clinical Pastoral Education at the Ecumenical Center for Religion and Health, San Antonio and four units of CPE at Austin State Hospital. He has been a Board Certified Chaplain, first in the Association of Mental Health Clergy, then the Association of Professional Chaplains, since 1988. He received a Certificate in Disability Ethics from the University of Illinois at Chicago and the Rehabilitation Institute of Chicago in 2004.

David has been the Director of Chaplaincy at the Rehabilitation Institute of Chicago since 1989. Previously he was Chaplain and Volunteer Director at Warm Springs Rehabilitation Hospital in Gonzales and San Antonio, Texas. He served two parishes in Texas and one in Illinois.

“So How’s It Going?” – From Parish Pastor to Long Term Care Chaplain

Despite what some folks might think, I am still a pastor, still doing ministry, albeit in a very different setting.

After 26 years in the parish, God took charge of my life and my vocation once again, redirecting me to a whole new aspect of my professional life, specifically, into long-term care chaplaincy. Three years ago, when I returned to my home synod after completing my CPE residency in a long-term care facility half-way across the continent, colleagues and friends often asked the question, “So how’s it going?” My usual answer was then, and continues to be, “I have never worked so hard and been so tired, but I love it.” I have never been on my feet so much and, since our health care center is so spread out, I have never walked as much in doing ministry as I have since beginning this position. But I do love what I am doing. I have learned never to say “never” when it comes to God and the church, but I doubt that I would ever willingly return to the parish. Some of my parish pastor friends do not understand this fascination I have for chaplaincy with old people. Some are especially puzzled that I relish working with the folks living with various dementias, who have lost their connection to this world.

Somewhere in one of my readings I came across this quote of Socrates in *Plato’s Republic*, which I now include in my email signature:

“I enjoy talking with very old people. They have gone before us on a road by which we too may have to travel, and I think we do well to learn from them what it is like, easy or difficult, rough or smooth.”

And I *do* enjoy talking with old people. In the parish, the most enjoyable parts of my ministry—after worship—were hospital calls, nursing home visitations and shut-in visits. When I was in my senior year of seminary I used my volunteer chaplaincy work in a local hospital as an independent study course. I continued on and off over the years to do some hospital volunteer on-call chaplaincy, and then it all came together when financial restraints ended my call in my last parish and the door opened to long-term care chaplaincy.

I continue to learn from the residents at The Lutheran Home at Topton, a Diakon Senior Living Community in eastern Pennsylvania almost every day.

Despite what some folks might think, I am still a pastor, still doing ministry, albeit in a very different setting. Although, since most of my parishes were small, family congregations, I also did much of my parish ministry with the elderly.



What are some of the differences I have found?

My sermons are shorter and less complicated, but still strongly related to the scripture for the day. I remember as I studied one of the lections for a particular Sunday, realizing that how I would preach that lesson in the congregation was very different from preaching on it in long-term care context. In fact, I used that kind of a situation for one of my verbatims in my CPE residency to test out some of the differences I thought were present.

I continue to learn from the residents at The Lutheran Home at Topton, a Diakon Senior Living Community in eastern Pennsylvania almost every day.

In long-term care chaplaincy I am required to document, document and document! Each visit should be documented. All visits of consequence are. I am required to document quarterly assessments on each resident of the health care center (skilled nursing) and we can have a census as large as 213!! Spiritual assessments are required within fourteen days of admission for each resident,

whether they are here for short-term rehab or long-term care.

As part of the interdisciplinary team, I take part in admission and quarterly plan-of-care meetings.

And, best of all, I get to spend time with residents as I walk the hallways, when they are in times of emotional distress, nearing death or just plain angry that their lives have brought them to this point, missing their homes, lonely for friends and family. For example, on a regular basis one of our residents stops me to share her fears about her estranged husband coming to hurt her and we pray together for her safety. She then can face the rest of that day assured of God's presence for her.

I am part of a team in a different way than in the parish, and I am accountable in a different way than in the parish. I have several "bosses" – I report directly to the executive director on our campus, but I am also accountable to the administrator of our health center and the administrator of our personal care (assisted living) community. I was "hired" by The Lutheran Home at Topton but my call is from the synod council of the Northeastern Pennsylvania synod of the ELCA, so I also have a relationship with the Vice President for Church and Community Relations of Diakon Lutheran Social Ministries, as well as a relationship with the bishop of the synod. My call is still to a Word and sacrament ministry. Leading worship, administering the sacraments, preparing Bible studies for the various levels of care here at Topton, sitting at bedsides with family and residents as the Lord calls the resident to life eternal, conducting funerals and memorial services—all of these are a large part of my ministry.

Even though I serve in a Lutheran related organization, I have found in the health care setting a difference from parish ministry is not being able to assume members of the community—employees or residents—know what a Lutheran is (well, probably some of the members of the parishes don't know that either...but we expect them to!). Some staff members have no relationship to a community of faith, have never been baptized and maybe never intend to be baptized. Some have no idea what a pastor is or does. Some are suspicious that the chaplain will attempt to convert them. There are others who are faithful and "get" what a chaplain does. I am present for all of them, with a ministry of presence and an emphasis on the care and safety of our residents foremost in mind.

One of the things I miss from the parish is the social network that is inherent in most congregations, but is different in this chaplaincy. I am finding some other ways to network, but it takes time and energy which some days is in short supply.

Another difference that I had not realized when I was in the parish was some of the freedom that parish pastors have in terms of schedule. My accountability and responsibilities here, including team meetings, do not allow some of the same flexibility that I experienced in the parish.

For example, as I write this, I am in between the monthly 9:15 p.m. and 11:30 p.m. nurses meetings (the sixth and seventh of the eight meetings held each month). Once each year I attend the full round of staff meetings for that month in order to remind the staff of times to call the chaplain and to tell them how important they are in my ministry as they see needs among the five areas (units) of the health center.

I am present for all of them, with a ministry of presence and an emphasis on the care and safety of our residents foremost in mind.

I am grateful for this change of emphasis in my ministry, and have even been able to express forgiveness to some who helped create the situation in my last parish that then allowed me to explore new avenues of ministry. I am grateful to Diakon Lutheran Social Ministries for continuing to support chaplaincy in all our senior living communities. I am grateful to the CPE program and supervisors where I completed my residency for the growth and learning that has allowed me to flourish in my new ministry setting. I am grateful for my experience in the parish that now allows me to do some kinds of ministries (such as a 'barrel' to pull sermons from and many years of experience in Bible study) without needing a great deal of prep time, because I don't have a great deal of time to prepare sometimes. I am thankful that the Holy Spirit has continued to open doors for me in my continuing journey in this ministry of Word and Sacrament.

Virginia Biniek is an ordained pastor on the roster of the Northeastern Pennsylvania synod of the ELCA. After 26 years in parish ministry, she became chaplain at the Lutheran Home at Topton, a Diakon Lutheran Social Ministries senior living community near Allentown, PA. She did her CPE residency in geriatric ministry at The Village at Manor Park in Milwaukee, WI.

Learning from Those Who Are Unlearning

The chaplain who dreaded beginning a ministry to those with dementia has been transformed by them into one with a passion for that very ministry.

I admit that I can get a little cynical at times. In my defense, though, it's fair to note that many persons would find their optimistic natures tested by some of the vineyards in which I (and many others) have had the occasion to labor. All those years of post-secondary education gave me ample time to spend in the ones commonly known as "the service industry." My friends, let me tell you: it's a challenge NOT to become cynical after an entire summer working rotating shifts at a well-known hotel chain on a busy interstate corridor. That was the summer immediately prior to Seminary and the first time I remember remarking to someone that, as a result of that experience, I'd lost a little bit of my faith in humanity.

It wasn't the last time. There seem to be periods in my life where I am frequently faced with the less flattering aspects of human nature. When those periods are combined with personal stress and overwork, it becomes harder and harder to find time to return to the wellspring that refreshes my spirit and my faith in my fellow human beings. In a sense, I become extremely clear on law, and how we sinful and fallen creatures just don't live up to it; and I have a harder time seeing the gospel of what is good in the creatures that God created and loves. Don't get me wrong, I don't get to the place where I think all people are rotten... but during these occasional bouts I get pretty darn cynical. My vision becomes myopic under stress and, not only don't I return to the wellspring, I even begin to lose track of how to get there. Thankfully, just when I'm about to trip and fall over the cliff, God tends to guide me back to the path.

There was a time, maybe eight years ago, where I was on a short trip to that cynical place, and God lead me back to the path in much the same way he did Jonah...he threw me into what I regarded as "the belly of the beast."

My eldercare organization, Lincoln Lutheran, had downsized one nursing facility and one chaplain (not me) and the consequent shifting around had one of my colleagues set to move to The Becker-Shoop Center, the home which exclusively serves persons with Alzheimer's and other dementias. He, however, went on leave and decided to not return. I, then, was given the news that I would be chaplain at my facility and the one devoted to dementia. This was not good news...and not simply because I was already stressed and about to double my workload. It was not good news because I feared that spending



a great deal of time at Becker Shoop would be emotionally difficult for me.

I've already confessed to you that I can be cynical; now I must confess that I am inordinately fond of my brain...really, really fond. It's not that I think I'm terribly smart. It's more that what intelligence I do possess has served me very well. It's made all

God lead me back to the path in much the same way he did Jonah...he threw me into what I regarded as "the belly of the beast."

the difference in many difficult circumstances of my life, and it's gotten me a lot of positive reinforcement. Let's face it, when you're in the third grade and overhear your teacher telling another (in clearly impressed tones) that you tested as reading on a ninth grade level, it tends to have an impact on you...especially when such affirmations aren't exactly overflowing at home. I remember the time a CPE supervisor turned to me and said "You feel a lot of your value to others comes from what you know, don't you?" It wasn't really news to me. And,

after my pointing out to you that I was reading at the ninth grade level in the third grade, it's probably not news to you, either.

To be perfectly honest, it wasn't just basking in the glow of knowing the answer and impressing grownups that lead me to value my mind so highly. I grew up seeing the elder of my two brothers struggle in the aftermath of a traumatic brain injury with the knowledge that, at the age of seven, he had gone from a gifted and talented child, to one with a diminished IQ. It wasn't the diminishment that was so difficult, but rather the awareness of what had been lost that caused frustration for him and grief for me. So, when I was told I would become the chaplain at a facility for those who were being deprived of their intellect, I was anxious.

It's not that I had never been around folks with these issues. I was a member of the Association for Retarded Citizens in high school and had been active in Special Olympics through college. Indeed, I spent a summer as a camp counselor at a sleep-away camp for retarded citizens, ages 7-70. And it's not as if I hadn't been to Becker Shoop on call, and to substitute at worship. But I'd always thought I didn't want to be there day in and day out because that would put me in daily proximity to people who were living out one of my "worst case scenarios:" fear of losing my intellect. The irrational, wounded child within me feared that if I lost my intellectual acuity I would lose my value to others along with it.

Of course, if someone suggested that one of our residents (or anyone) somehow had less value because of a loss of brain function I would argue passionately that nothing could be further from the truth! But I have never allowed myself as much grace as I do others; nor have I allowed myself to be the recipient of as much of God's grace as God is willing to give. And, even though I didn't want to go, Becker Shoop was waiting to pull me away from my myopic perspective and teach me some lessons that I will carry with me through the rest of my life.

I was immediately met by the grace of God in the guise of the staff of the Activity Department. Creative, dedicated, and supportive, they were the first people from Becker Shoop to contact me, saying, "Let's talk about this new arrangement and how to make it work." In discussing the current programs and worship services done by Pastoral Care with them, we were able to decide together what would continue to work. Here came my first happy discovery. As the various elements were described to me, I kept thinking, "I can do that." To this day, I enjoy sharing this first experience as a way to help other religious professionals identify the skills and experience they already have which equip them for ministry to those with dementia.

God had already equipped me for the ministry he had in mind. My earlier experience working with people who are (as we now call it) developmentally disabled; aspects of parish work, such as youth work, and distilling the message of the Gospel

Lesson to its most basic elements for an object lesson or Children's Sermon; and even learning to deal with whatever came my way as a Sunday School teacher or worship leader... all these things had prepared me.

Even more elemental and essential than this, Seminary and CPE had prepared me by helping me learn more about Pastoral Theology and the ministry of presence. I quickly learned that the residents of

Becker Shoop was waiting to pull me away from my myopic perspective and teach me some lessons that I will carry with me through the rest of my life.

Becker Shoop consistently identified me as a "God Person" of some sort: "Preacher," "Pastor," "Nun," "Church Lady." Whatever they called me, they had a sense of who I was, even if they couldn't name me as "Chaplain." Never had I been more aware of the power of "the Ministry of Presence." My new residents knew I "worked for God" and one of the most important things I did as that "God Person" was to be consistently loving and accepting of who they were and how I found them. I wasn't disappointed or confused about who they were or were not. I loved them for who they were right then, right in front of me—my prayer being that they gained the sense through this encounter that God meets them where they are and loves them as he finds them.

Indeed, caregivers have a tremendous gift to offer persons with dementia: we literally and figuratively are able to meet them where they are. Because (in most cases) we did not know them, nor have relationships with them prior to their coming into our care, we don't have the painful burdens of disappointed expectations and grief for the loss of who they used to be. We don't meet the person they used to be, the person their friends and family are adjusting to having lost. We meet the person they are in this moment; and we understand when we meet them that their personalities and memories can—and most likely will—change. Because of this we are not looking over their shoulder for the person who used to stand in their place, nor are we attempting to deal with our grief. Circumstance has provided us with the grace to be able to imitate God in that we love and accept them for who they are.

And the tremendous gift they have to offer is that they do the same for us. They meet us where we are, as well. It is true that they are sometimes distracted by anxieties of the moment and they do occasionally mistake us for someone else. But when my residents see me they are as glad to meet me as I am to see them. They do not look over my shoulder for

another, better me. They reciprocate my joy tenfold. Most humbling is the level of trust they have in me. Most of the time they trust who I am and what I tell them; but, when they don't, there is no maneuvering, no subterfuge. When I tell them it will be okay they believe me and, if they don't, they tell me!

The most marvelous discovery for me at Becker Shoop was how easy it was to love the residents. It was, as they say, "as easy as falling off a log." Indeed, it was easier. What would have been difficult would be to NOT love them. Each of them was unique and delightful in their own way. Some folks think of those with dementia as catatonic... immobile, blank canvases staring vacantly into space. Toward the end, folks with dementia can become minimally responsive. But most of the folks at Becker Shoop are far from catatonic! Loving, stubborn, witty, irascible, wide open, grumpy—you name it—they may not have the same personality they did before, but they certainly aren't *lacking* personality. Even how each of them is loving or grumpy or enthusiastic is unique and wonderful. But it's not simply personality. Even folks in the last stages of dementia who barely respond or don't respond at all are still, somehow, *there*. Not as they used to be, but *there* nonetheless. They may lose intellect, but no disease, injury, or neurological event seems capable of robbing them of that which only God can give.

What's more, there is a sense in which many of the folks at Becker Shoop seem closer to their essential, spiritual selves. We who often say, "I can't remember, that was so long ago," probably find it counter-intuitive, but persons with dementia actually lose their most recent memories *first*. In a very real sense, they are traveling back in time. As the memories fall away, so too, do some of the things they've learned along the way that don't make them happier or healthier.

As we live our lives, we add layers of learning and experience, some good, some not. The disappointments and expectations of culture, friends, and family change who we are, how we look at the world, and how we behave. Even positive expectation and experience add layers to our being and change the way we relate to the world. Those are some of the things that have fallen away from the folks at Becker Shoop. So many layers of who they were or who they were supposed to be are now gone. And here's the thing: when all those layers go away, almost all people turn out to be folks who just want to love and be loved.

I recently saw a documentary about "feral children," who spent critical periods of their childhood in the wild, deprived of human contact. In it, a scientist pointed out that what makes us "human" are the things we learn from others and society. Being deprived of that is what made those children wild. The scientist then spoke of the debate about what makes us human and speculated that, stripped of

those things added by society, we all would become wild.

The people I work with at Becker-Shoop are being deprived of much of what society has taught them and it does not make them wild. They are not distracted by the expectations and neuroses by which we are all affected every day. In a sense, it makes them more essential, more themselves...in a way more human. God is still there, and so are they, as the children of God.

The residents at Becker Shoop taught me that, without [knowledge], there is still joy and goodness and love, because there is still God—and the essence of what God created is still there.

That is not to say everything we learn is bad, or to lose it is good. The texture of what we become as we learn and grow is a wonderful thing—as is knowledge. But the residents at Becker Shoop taught me that, without it, there is still joy and goodness and love, because there is still God—and the essence of what God created is still there.

Sure they can be cranky and demanding at times. After all, they don't become perfect. But, closer to the bedrock of their souls, they are pretty good folks. Even the fellow whose embarrassed wife whispered to me, "I don't know why he uses all those swear words! He never cursed in his life before," still responded to kindness and affection, often by returning them in kind.

Observing this caused a fundamental shift in my view of humanity. Once I saw what the people at Becker Shoop became in spite of (or even because of) their loss I came to understand something truly important about my fellow human beings on an emotional level (as opposed to my prior intellectual understanding and belief). I realized that, though we are born part of a fallen humanity, we are also still the children of God by creation and adoption. As sinners we're certainly going to test the boundaries of one another's patience, but as creatures of God we also have within us something more important: that soul-deep essence that wants to love and be loved. I can have faith in that.

The people I was initially afraid to minister to have done me a service I can never repay. I can see that, in a sense, they became God's grace to me. As often happens, each time I minister to them, they return the favor. So, the chaplain who dreaded beginning a ministry to those with dementia has been transformed by them into one with a passion for that very ministry.

As for my brain: I still value it and all the enjoyment I get using it to learn, to solve, and to create.

If you told me tomorrow I was going to lose it, I would grieve but I would not despair. My residents remind me in a fundamental way that my value doesn't come from my brain. It comes from what I am...a person created, redeemed and sustained by God.

It's been years since I even thought, "I'm losing my faith in humanity." That's not to say that I don't occasionally turn a jaundiced eye on my fellow citizens (for example, those days when so many other drivers cut me off that I wonder if my car has somehow turned invisible). But at those times I don't feel myself inching toward that general cynicism. I know better now. My residents taught me better...and I am grateful.

Heather Bumstead was ordained as a pastor in the Evangelical Lutheran Church of America in 1993, endorsed for Specialized Ministry in 2003 and certified by the Association of Professional Chaplains in 2005. She has served as Chaplain and Director of Pastoral Care at Lincoln Lutheran Homes in Racine, WI since 2003. She is also Chair of the Lutheran Services in America Chaplains' Network Steering Committee since 2005. She is a member of the Publication Committee of the Inter-Lutheran Coordinating Committee, which is the Editorial Board of Caring Connections.

Spiritual Care In Long Term Care and Rehabilitation: the Parish Nurse Connection

Ask the Lord to help you to live in such a way that your very presence will speak of God's love and forgiving grace.

Reverend Granger Westberg conceived the idea of parish nursing in the 1940's, when as a young pastor he substituted for a hospital chaplain who was on vacation. He found that in making rounds with interns, the nurses knew the patients better than the doctors or the clergy. He thought that teaching the concept of mind, body and spirit to doctors, nurses and clergy would be beneficial to patients. I heard him tell this story when I took my parish nurse training in 1995. It wasn't until 1985 that he piloted the parish nurse program in six congregations with support from Lutheran General Hospital in Park Ridge, Illinois. Today there are hundreds of parish nurses in every denomination, some paid by a congregation or an institution and some unpaid. A parish nurse is a registered nurse who has taken a basic parish nurse course at an accredited institution. A course like this is generally about 35 hours, but may also be offered as a master's degree.

An effective way to think about our ministry to the ill, the dying, or the recovering is this: **My presence is God's presence.** How can I best represent God to such people? What will delight their spirit? Maybe they just want me to sit and hold their hand. Perhaps praying with them is the most helpful. Sometimes family photos can trigger pleasant memories. Bringing their parents or children or grandchildren into the conversation can spark a memory of a highlight in their life. Ask what flowers or dances or sports trigger joy in their spirit. Read from favorite books or magazines or newspapers. Print their confirmation verse or another favorite Bible passage on a 3 by 5 card to put on their bedside table. Bring special foods or bring your pets. Make puzzles or play games. Offer to write cards or letters.

Older people have knowledge and wisdom from their years of experiencing every day living. But do they have an audience? When they speak, do we listen? When we speak, do we direct our conversation to them, or over their heads? Offer to write down some of their memories or make a scrapbook. When they express the wish to die, reassure them that God still has a plan for their life here on earth. Guide their prayer thoughts to their loved ones and to their caregivers, showing them how they can still be of service to others. **"Keep yourselves in God's love as you wait for the mercy of our Lord Jesus Christ to bring you to eternal life. Be merciful to those who doubt."** Jude 21 – 22 (NIV)



The seventh decade can be compared to the seventh day of creation: The Sabbath. Older persons must make the shift from **DOING to BEING**, from **BUSY-NESS to REFLECTIVENESS**. How do we help them make this transition? A parish nurse may be the person to nurture their spirit during this tran-

Unable to speak, the man was able to make guttural sounds in cadence with the Lord's Prayer.

sition. She can remind the person that she has been a child of God since her baptism. God is still holding her in His loving arms. Hymns of comfort and joy are sung or read from the hymnal. Even a person with severe dementia will sing along with familiar hymns or recite the Lord's Prayer. I witnessed a pastor on his deathbed while his own pastor gave him communion. Unable to speak, the dying man was able to make gestures and guttural sounds in cadence with the Lord's Prayer that indicated his understanding & appreciation of the communion service.

One time I ministered to a friend with dementia. Her husband was afraid that I would not recognize

the person she had become. Nevertheless, as I spoke to her and reminisced about our teenage years when we first met, she giggled for the first time in months, which delighted her husband.

A person need not be elderly to be in rehabilitation. He or she may have a short-term recovery, or perhaps need to adjust to a totally different lifestyle due to illness or injury. Either way, the active, independent person is at least temporarily dependent. He may feel loss of productivity, meaningful relationships, and the ability to socialize, or even lose the ability to care for his own physical needs. Keep him focused on one day at a time, while God does the healing. ***“I am the Lord who heals you.”*** Exodus 15:26

In addition, the family of the patient needs to be considered. Do they have support in the form of emotional and spiritual care? Do they need meals brought to their home? Do they have resources for sharing the burden of physical care for a loved one? The parish nurse has resources at her fingertips when families don’t know where to begin. ***“Share with God’s people who are in need. Practice hospitality.”*** Romans 12:13

Comfort takes all kinds of forms. Physical comfort is primary. A parish nurse can assess physical and functional needs, as well as review medications. If a parish nurse questions the functional level of a patient, the staff at the long-term care facility can incorporate her concerns into a Care Plan and/or notify the physician, with the consent of the patient. This is especially true if the patient seems too sedated or too agitated to maintain her best level of functioning. The parish nurse, the patient, and her family can work together to promote quality of life. Above all, the parish nurse is a patient advocate: That is, she is an advocate FOR patients as well as an ADVOCATE with patience. ***“Therefore, as God’s chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness, and patience.”*** Colossians 3:13

Residents of long-term care may lose patience with their progress or with their caregivers. This is no time to stand in judgment of people who are having a bad day. ***“Mercy triumphs over judgment!”*** James 2:23 Offer to take people outside for fresh air and sunshine, if possible. Take them out for ice cream, or bring a treat to their room. Listen with all of your senses:

- Do you see a smile—or pain in their face?
- Do you hear a calm voice—or anguish in their conversation?
- Do you smell a sweet fragrance—or bad odors?
- Do their words convey satisfaction—or complaints?
- Do they need your hug? Ask them.
- Are they confused? Tune in to their feelings.
- Do they crave a favorite food? Bring it to them, after checking their diet restrictions.

Pray with them for specific needs. Pray for them between visits. Recruit prayer partners from the

congregation. ***“Be joyful in hope, patient in affliction, and faithful in prayer.”*** Romans 12:12

A prayer shawl can be a tangible reminder of God’s presence. Place it around the shoulders of either the patient or the family member while you pray with them. Encourage them to wear it as they pray for others. At a recent Lutheran Women’s Missionary League Northern Illinois District—

*The parish nurse is a patient advocate:
That is, she is an advocate FOR patients as
well as an ADVOCATE with patience.*

LCMS Convention, I spoke with Barb Etter, who was the recipient of a prayer shawl. Her husband had died suddenly as she and her husband were traveling to the LWML National Convention in Sioux Falls, South Dakota in 2007. Pastor Terry McReynolds and his wife Diane had ministered to Barb at that time and gave her a prayer shawl, praying with her and assuring her of the prayers of the many women of LWML. Barbara reported that she still keeps the shawl on her bed as a reminder of those prayers and ***of God’s continuing comfort in sorrow. “The Lord is near to all who call on him, to all who call on him in truth.”*** Psalm 145:18 For more information on Prayer Shawls, visit www.shawlministry.com.

People who are confined to long-term or rehabilitation care need to feel attractive. Ask the family to bring serviceable but nice looking clothing, makeup, shaving kits, and other personal hygiene items. Make sure the staff make appointments for the beauty or barber shop. Find a volunteer to do a manicure. Give a sincere compliment where appropriate.

A parish nurse can accompany a patient to a chapel service at a nursing home or even to his or her own church. Also, people who are confined often want to give back in the form of contributions. Even those with minimal income often give a tithe of their money. At the Lutheran Home in Arlington Heights, IL, Chaplain Larry Rockemann once asked a group of residents if they would like to help a mission church. Someone suggested they raise \$3,000.00. Another resident asked, “Why not \$5,000.00?” So \$5,000.00 was what they raised!

Take your children or grandchildren along when you make a visit. I remember going with my mother to visit shut-ins when I was a child. That was my initiation to geriatrics, although I surely was not aware of it at the time. Plant the seed in the hearts of children to serve one another.

Above all, ***“A cheerful heart is good medicine.”*** Proverbs 17:22 Spend time with the Lord Jesus every day in reading his Word and in prayer. Listen for his direction. Follow his orders. Ask the Lord to

help you to live in such a way that your very presence will speak of God's love and forgiving grace.

“May the words of my mouth and the meditation of my heart be pleasing in your sight, O Lord, my Rock and my Redeemer.” Psalm 19:14

Jane Geske is currently a parish nurse at The Lutheran Church of St. Luke in Itasca, Illinois. She recently retired as Parish Nurse Coordinator at Lutheran Home & Services in Arlington Heights, Illinois. She graduated from the Lutheran Hospital School of Nursing in 1957 and took additional courses at Valparaiso University. She is certified in geriatric nursing, earned one unit of Clinical Pastoral Education, and trained as both parish nurse and parish nurse coordinator through the International Parish Nurse Resource Center. In 2005 Jane was the recipient of Seeds of Hope, awarded by Wheat Ridge Ministries for her life-long Christian service to God's people in need of health and healing. She is married to Roger, and they have 4 children and 8 grandchildren.

Notes

For more information on Parish Nursing, see *PARISH NURSING: Development, Education, and Administration*, Edited by Phyllis Ann Solari-Twadell and Mary Ann Mc Dermott.

New and noteworthy

Judith Simonson Is New Assistant Director for MCPCCE

We are delighted to announce that Pastor Judith Simonson has accepted the position as ELCA Assistant Director for Ministries in Chaplaincy, Pastoral Counseling and Clinical Education (MCPCCE). She began this quarter-time work October 16, 2008. Judith will continue to reside in Pennsylvania, where she is currently living.

Pastor Simonson was ordained in 1980 in the Virginia Synod of the Lutheran Church of America. Her most recent call was as Assistant to the Bishop of the Metropolitan Washington, DC Synod. Prior to that she served almost twelve years as Chaplain at the National Lutheran Home for the Aged in Rockville, Maryland. It was while serving there that Pastor Simonson was appointed to the Standing Advisory Committee for Specialized Pastoral Care and Clinical Education after the formation of the ELCA. She also served on the Inter-Lutheran Coordinating Committee for Specialized Pastoral Care and Clinical Education (ILCC-SPCCE). She served on these two committees for six years. Judith has also served as a convener for an Inter-Lutheran Ministries in Chaplaincy, Pastoral Counseling and Clinical Education Endorsement Consultation Committee. Pastor Simonson is presently rostered in the Allegheny Synod and is serving as a part-time interim pastor. She is looking forward to once again becoming directly and actively involved in specialized ministries. We welcome her as a contributing member of the Editorial Board of *Caring Connections*, and pray God's blessings on her in these new aspects of her ministry.

We also wish to acknowledge the many years of service given to the Inter-Lutheran Coordinating Committee for Specialized Pastoral Care and Clinical Education (ILCC-SPCCE) by Chaplain Bryn Carlson. Bryn has served the ELCA and specialized ministries in a variety of capacities, particularly as Interim Assistant Director until Pastor Simonson took over those responsibilities in October. We thank God for his ministry to God's people, and are grateful that Bryn will continue as a member of the Editorial Board of *Caring Connections*.

We want to acknowledge and appreciate the wisdom and counsel that Janet Ramsey has given to this journal since its inception, as a member of the Editorial Board. We will miss her input, and wish her well as she leaves the Board. We hope to have her contribute an article or a book review or two in

future issues. May God bless her ministry of teaching at Luther Seminary!

Contributions to the Lutheran Scholarship Fund

Many of you have made contributions to the Lutheran Scholarship fund, "Give Something Back." Many others have benefited from the scholarships made available over the years. Here's another way that you can continue to help support Lutherans wanting to be certified in specialized pastoral care. The next time you update your will, designate a percentage of your assets to "Give Something Back." Some who have done so have expressed their pleasure at finding a way to promote chaplaincy ministry even after they die!

Give Something Back Scholarship

The next deadline for this joint Lutheran scholarship fund is August 15th. The awards will then be made in November. Scholarship funds are awarded to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education. The fund has a corpus of \$146,896.44 with grants totaling \$6000.00 per year (\$3000.00 semi-annually.) More information and application forms are available on both the ELCA and LCMS web-pages.

Chaplains, Pastoral Counselors: Save Date for Zion XIV

Lutheran chaplains, pastoral counselors, and others who work in specialized ministry settings are urged to save Oct. 21-24, 2010, for the Zion XIV Conference, the 14th triennial gathering hosted by the Inter-Lutheran Coordinating Committee for Ministries in Chaplaincy, Pastoral Counseling, and Clinical Education. The conference will be held at The Lodge at Simpsonwood, Atlanta, Ga.

The conference will explore the theme "Firm Foundations: Theological Challenges of Pastoral Care in Contemporary Specialized Ministries." It offers an opportunity to celebrate the importance of ministries in chaplaincy, pastoral counseling, and clinical education in the Lutheran church, a tradition that began with the first Zion conference in 1968.

For more information, contact Judy Ladage, LCMS World Relief and Human Care's Specialized Pastoral Ministry coordinator, at 800-248-1930, ext. 1388, or judy.ladage@lcms.org.

Recent and upcoming events

Inter-Lutheran

- February 1-4, 2009 Spiritual Care Collaborative Summit '09 conference takes place at Walt Disney World in Orlando, Florida
- March 27-28, 2009 Inter-Lutheran Coordinating Committee meets in Chicago, Illinois

How to Subscribe

Subscribers to future issues of *Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling* will be notified by e-mail when each issue is published. We hope you will subscribe. The process is simple: go to www.lutheranservices.org, select *Networks*, then select *Affinity Networks*, then select *Chaplains' Network*, then select *Resources*, then select *Caring Connections* and register on that page. You will need to provide your name, your organization's name, your e-mail address, and your ZIP code. Subscribers and nonsubscribers alike will also be able to access this issue of *Caring Connections* electronically by visiting the LSA website.

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling welcomes your submissions of news germane to specialized ministries as well as announcements of forthcoming events. You may e-mail news items and announcements to one of the Caring Connections news editors: John Fale at John.Fale@lcms.org or Judith Simonson at jsimonson@pennswoods.net