



Spiritual Care for Dementia Patients and Families





Scott Eding CT,BCC



July 2013

Spiritual Care for Dementia Patients


Case Study:
A 96 year old patient is diagnosed with debility unspecified and dementia.
She is an Italian Catholic who immigrated to America after WWII.
She resides in a memory care unit.



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Case Study:
As the chaplain slowly approaches the patient – smiling – the patient frowns and says, “Where are my shoes? #!@&*#”
The patient begins to speak in Italian.



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for Dementia Patients**

Case Study:
An aide in the memory unit says to the chaplain, “She thinks you are her cobbler. She has been stuck on that all morning.”

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Case Study:
The chaplain goes around the corner, out of sight of the patient. The chaplain again, slowly approaches the patient while smiling. This time the chaplain crosses himself when the patient looks at him.

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Case Study:
The patient responds, “FATHER!” and smiles and greets the chaplain. The chaplain is able to sit with, give spiritual care to and pray with patient. The patient recites parts of the “Our Father” with the chaplain.

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Why give spiritual care to demented patients?


Research indicates that the memory needed to explore one's spirituality may be spared with the effects of dementia.




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Some studies have found that people with probable Alzheimer's who have higher levels of religiosity show slower rates of mental decline.



-- Paula Spencer Scott




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"The procedural memory component is resistant to the neurological damage caused by AD. Activities that use procedural memory can be used well into the later stages of dementia when activity therapy is more difficult to administer. This approach can be used to mitigate behavioral problems as well as increase the quality of life. Due to the flexibility of this therapy, it can be used within a variety of religious paradigms."

-- D.E. Vance




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Spiritual Care for Dementia Patients

Providing spiritual care for persons with dementia is often challenging owing to the high reliance on explicit, language-based, declarative memory in typical religious organizations. Pastoral care providers can break through this barrier of memory, in part, by a thoughtful and deliberate use of techniques related to implicit memory. This involves using another form of memory that is primarily unconscious, diffused, symbolic, affective and not language-based.

-- Gail and Richard Johnson
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A study by: [Coin A](#), [Perissinotto E](#), [Najjar M](#), [Girardi A](#), [Inelmen EM](#), [Enzi G](#), [Manzato E](#), [Sergi G](#).

found that:

“higher levels of religiosity in Alzheimer’s dementia seem to correlate with a slower cognitive and behavioral decline, with a corresponding significant reduction of the caregiver’s burden.”

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In summary:

Researchers find that **Implicit** memory and **Procedural** memory -- as well as the **Music** Center of the brain -- are resistant to the effects of dementia.

This makes **spiritual care** effective with dementia patients.

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Care Methods

Patients

- May remember routines
- Read non-verbal cues
- Detect kindness
- Know how they feel to be with you
- May make either/or choices

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Care Methods

- Make short, frequent visits
 - Approach from the front
 - Move slowly
- Speak slowly and reassuringly
 - Use low-pitched voice
 - Identify yourself
- Maintain good eye contact

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Care Methods

- Introduce one idea at a time
- Use short familiar words
- Use closed ended questions
- Try reminiscing
- Try using pictures or objects
- Take them outdoors
- Use gestures



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Care Methods

- Use music
- Use symbol
- Be comfortable with silence
- Try showing affection
- Hold hands – palm up
- Be on their level
- Validate their statements




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Spiritual Care Methods

Learn from their family

- Religious activities they liked
- Past rites and gestures
- Religious symbols



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Spiritual Care Methods

Use visual faith gestures

- Sign of the Cross
- Hands in prayer
- Hands lifted up



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Spiritual Care Methods

Recite familiar expressions

- Apostle's Creed
- Our Father – Lord's Prayer
- Hail Mary
- "Now I lay me down to sleep"
- Psalm 23, I Cor 13, 10 Commandments, Beatitudes -- KJV
- Memory verses
- Benediction



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Spiritual Care Methods

Recite familiar expressions

- The patient may not recall any of what you recite
- The patient is likely to recall how they **FELT** whenever they used to hear what you are reciting

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Spiritual Care Methods

Utilize Music



- Have family provide a hymnal
- Find out their favorite hymns
 - Sing or recite hymns
- Collaborate with Social Worker regarding Music Therapy
- Joint visits with Music Therapist



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Spiritual Care Methods

Utilize Objects

- Cross or Crucifix
- Rosary
- Icons
- Religious Art

They may want to hold objects



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Spiritual Care Methods

Utilize Rites

- Communion
- Anointing of the Sick
- Clerical Collar




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Spiritual Care Methods

Explore Memories of Church

- Church of Childhood
- Sunday School
- Facility
- Choir




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Spiritual Care Methods

Explore Memories of Church

Sunday School Coloring Pages
from their childhood



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Spiritual Care Methods

Pray

- Spirit
- Soul
- Immune to dementia
- Romans 8

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Spiritual Care Methods


Back to our Case Study:

The patient responds, "FATHER!" and smiles and greets the chaplain. The chaplain is able to sit with, give spiritual care to and pray with patient. The patient recites parts of the "Our Father" with the chaplain.

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Spiritual Care Methods

How did the chaplain use some of the lessons we just learned?



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Spiritual Care Methods

How have you been able to help dementia patients' spirituality in other ways?

How will you change what you do because of this class?

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Spiritual Care for the Family

- Dementia impacts the entire family of a patient.
- We will explore appropriate ways for chaplains to help families cope with dementia.

Consider the following:

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Spiritual Care for the Family

Prayer is the most used “alternate therapy” of caregivers.



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Spiritual Care for the Family

Care giving of dementia patients is often viewed as an opportunity for reciprocity.

Caregivers find emotional healing, offer forgiveness, and reconcile memories of parents.

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Spiritual Care for the Family

Caregivers can develop a greater appreciation for the small things in life.



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Spiritual Care for the Family

Caregivers must learn to integrate a theology of suffering.



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Spiritual Care for the Family




Caregivers may suffer from guilt from wanting relief.



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Spiritual Care for the Family


A Case Study:
The Patient is 93 years old, has advanced Alzheimer's Disease and lives at home. Her daughter was active in her Christian church until she quit her job and moved to Fort Myers to care for the patient. The siblings accuse the daughter of living off her mother.



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Spiritual Care for the Family

How would you give spiritual care to the daughter who gave up her church, job and home to care for this patient?



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Spiritual Care for the Family

How have these and other issues with caregivers arose in your experience?

How have you been able to help caregivers?

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Spiritual Care for Dementia Patients and their Families

What if you became more effective in providing spiritual care to dementia patients and their families?

What would you need to learn more about?

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Spiritual Care for Dementia Patients and their Families

What if we help each other provide more effective spiritual care for our dementia patients and their families?
What must we do?


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Spiritual Care for Dementia Patients and their Families

For further study:

Vance, David E. PhD. *Spiritual Activities for Adults with Alzheimer's Disease: The Cognitive Components of Dementia and Religion.* Journal of Religion, Spirituality & Aging. The Haworth Press. Binghamton, New York. 2004.

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Other Classes

- Spiritual Care in Hospice
- Jewish Hospice Care
- Religious Practices Affecting Hospice Care
- A Clinician's Guide to the Christian Mindset
- Spiritual Care for Catholic Patients at EOL
- Forgiveness in Hospice

Make Suggestions

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Thank you

Questions/Comments?

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Lesson Plan: Spiritual Care for Dementia Patients and Families **Instructor(s):** Scott Eding CT, BCC

Date: July 18, 2013

Title of Class

Name

Date Prepared

Length of Class: 2. hours

Date(s): August 2013/ **Audience(s):** All Internal staff- RN, LPN, SW, PC, CM, MT, AT, LMT

To be Presented

Population

Facility

Room Set-up/AV/Handouts: Power Point and TV/VCR

Contact hour(s): 2.

Please note any special needs for room set-up and/or AV. Please attach any handouts.

Number granted

Behavioral Objectives Describe the expected learner outcomes in behavioral terms that are attainable, measurable and relevant to current nursing, social work, massage, and hospice clinical practice. Clearly indicate what the learner will do and by when . At the end of this presentation, participants will be able to:	Subject Matter Adjacent to each objective, OUTLINE the subject matter that corresponds to the objective. Content should be current, accurate and listed in logical order. List subject matter on attached References/Bibliography Page using APA format.	Time List time spent on each topic.	Teaching Strategies List methodologies and learning activities. Utilize principles of adult education.	Evaluation Methods Attach a sample of a post-test (no less than 10 questions) addressing key points in the behavioral objectives or other example of measurable outcomes. (For example, Likkert scale addressing specific, demonstratable skills). A standard course evaluation will also be used.
1- Recall Research findings regarding spiritual care for Dementia Patients	I. Introduction to Spiritual Suffering A. A Case Study B. Research Conclusions	15	PowerPoint Presentation/handouts A Case Study	Education Department's Evaluation form given to all participants
2- Integrate Spiritual Care for Dementia Patients	II. Care Methods A. For any Caregiver B. For Spiritual Care C. Case Study	45	PowerPoint Presentation/handouts Case Study Group Discussion	
3- Describe specific Spiritual needs that Families of Dementia Patients Encounter	III. Spiritual Care for the Family A. Prayer B. Reciprocity C. Appreciation D. Theology of Suffering E. Guilt F. A Case Study	45	PowerPoint Presentation/handouts Case Study	
4. Select Learning Goals	IV. Learning Goals A. For Individuals B. For the Whole Group	15	Power Point Presentation/Handouts Staff write responses and discuss	

<p align="center">Title of Program <u>SPIRITUAL CARE IN HOSPICE</u></p>	<p align="center">MESSAGE CONTINUING EDUCATION PROVIDER APPLICATION - FORM C: INSTRUCTOR QUALIFICATIONS FORM</p>		<p align="center">Name of Organization: <u>Hope Hospice</u></p>	
<p>NAME/JOB/TITLE: List name(s) of each person applying as an INSTRUCTOR. List current job title to correspond with each person.</p>	<p>EDUCATIONAL PREPARATION: List educational institution attended, academic degrees earned, and any State licenses held. Be specific as to program of study for which any degree or certification was awarded. BE SURE TO INCLUDE THE DATE license was granted, degrees awarded, certification awarded, etc. Education of CE Instructors must be in compliance with Florida Rule Chapter 64B7-28.010(2)(c), Florida Administrative Code.</p>		<p>EXPERIENTIAL DATA: List position(s) held that identify experience in the subject matter. Specify dates, hours worked, and specific job duties. Note any previous experience teaching the subject matter of this program. SPECIFY BEGINNING AND ENDING DATE FOR EACH POSITION HELD.</p>	
<p>Name: <u>Scott Eding;</u> <u>Spiritual Care Advisor</u></p>	<p align="center">DATE</p>		<p align="center">DATE</p>	
	<p>2011- Present</p>	<p>Association of Professional Chaplains, Board Certified Chaplain</p>	<p>2008-2013</p>	<p>Chaplain, Hope Hospice Fort Myers, Florida</p>
	<p>2010</p>	<p>Certified in Thanatology: Death, Dying and Bereavement Association for Death Education and Counseling Deerfield, IL 60015</p>	<p>2007-2007</p>	<p>National Refocusing Team Member, Church Resource Ministries (Training church leaders in leading transitions)</p>
	<p>2002- 2005</p>	<p>Courses toward DMin. Western Seminary, Portland, OR</p>	<p>2000-2005</p>	<p>Pastor, Warwick Reformed Church Warwick, New York</p>
	<p>1986- 1987</p>	<p>Required Course Work Fuller Theological Seminary, Pasadena, CA</p>	<p>1989-1999</p>	<p>Pastor, Bayshore Gardens Community Church Bradenton, Florida</p>
	<p>1983- 1987</p>	<p>M. Div. with Pastoral Care Emphasis Western Theological Seminary, Holland, MI</p>	<p>1987-1988</p>	<p>Associate Pastor, Bismarck Reformed Church Bismarck, North Dakota (ND)</p>
	<p>1980- 1983</p>	<p>A.B. Religion Major and Psychology Minor Hope College, Holland, MI</p>	<p>1985-1986</p>	<p>Intern in Clinical Pastoral Education, Crystal Cathedral Congregation Garden Grove, California</p>

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