
A Handbook for Nursing Home Ministry

Fifth Edition

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A Handbook For Nursing Home Ministry

Fifth Edition

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A Handbook for Nursing Home Ministry - Fifth Edition

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The only exception to this claim is as follows:

For use in care facility ministry see **Section 3**, page 4 for the conditions for our permission to copy parts of this handbook. Thank you for your consideration.

We maintain a current version of this handbook on our website at: www.christianconcourse.org.

The Call to the Church

Greetings in the Name of Jesus Christ. **Christian Concourse Ministries** is honored to bring to you this tool to assist you in your ministry to the residents of our local care facilities. We invite you and your church to use this handbook as a resource to improve your service in this important field of ministry. Nursing home ministry is not an option for the Church of Jesus Christ. The call comes from the teaching of our Master Himself:

And the King shall answer and say unto them, "Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me." Matthew 25: 40 (KJV)

Yes, there are many legitimate areas to which the local congregation may direct its resources and energies . . . but there is a universally accepted responsibility for the strong to see to the care of the weak in their own natural family; **how much more so for our spiritual kin?** The hard, cold reality is that there are many lonely Christian brothers and sisters in care facilities who are neglected and forgotten by the Family of Faith. In some facilities, as many as 60% of the residents never have a friend or family member come to see them! How will we answer God in the last day if we ignore these facts while we enjoy His gift of good health and independence lavished on us daily?

This handbook is our invitation to you and your fellowship to help in meeting the volunteer needs of these precious saints. Financial provision is made for their shelter, their medical needs, and some meaningful activities – but no amount of money can buy them a friend who will share with them in their faith in Christ. It won't happen . . . until someone like you walks voluntarily into their lonely room.

And what of that elderly resident waiting with a heart opened by the suffering and the loss of passing time, who does **not** know our Lord and Savior, Jesus Christ? . . . Will you go, . . . one hour a month?

Pure religion and undefiled before God and the Father is this, To visit the fatherless and widows in their affliction, and to keep oneself unspotted from the world. James 1: 27 (KJV)

Thank you for your interest in this field of Christian service. For all Christian believers of all persuasions within the Body of Christ, we gladly, freely, place this handbook at your disposal. And, on behalf of the thousands of residents of our local care facilities, we invite you to read on.

The Ministry of Christian Concourse

Our Mission

Since our beginning in 1991, the mission of this ministry has been to share the Gospel of Jesus Christ and to see Christian believers of all races and denominations relating and working together as children of the same Father. We seek to equip and empower Christians to encourage, exhort and build each other up in their faith in Jesus Christ – across the spectrum of theological orbits of Christianity. All of our endeavors incorporate tools that bring believers “in the trenches” together in meaningful activities. The single greatest factor in world evangelism is the unifying love that we have for one another. We strongly believe that in God’s eyes, though there are many local assemblies, there is only one Church in each locality. And we are equally convicted that our Heavenly Father wants us to act like it! It is our prayer that these efforts will, in a great way, effect that reality.

The prayer of our Lord just before His crucifixion is the Biblical foundation for this mission:

“Neither pray I for these alone, but for them also which shall believe on me through their word; that they all may be one; as thou, Father, art in me, and I in thee, that they also may be one in us: that the world may believe that thou hast sent me.” John 17:20-21

Our Outreach

We are missionaries called by the Lord to minister in three areas:

Care Facility Ministries

Christian Concourse conducts “*church services*” in many long-term care centers throughout Hampton Roads. Each audience is interdenominational - they are microcosms of the answer to Jesus’ priestly prayer quoted above.

We also offer *inspirational presentations and workshops* for Christian groups who wish to expand their understanding of the volunteer needs of care facilities and their residents. We publish *nursing home ministry aids* in which we attempt to cover the full spectrum of volunteering and ministering needs in all types of care centers with an emphasis on the spiritual dimension of care for the residents.

Our materials are produced and assembled with the help of volunteers and provided without charge. They are not only given to those who attend our workshops for nursing home ministry, but to anyone who requests them from our website, to activity directors of care centers and to other volunteers and ministers we meet. The ministry aids include:

A Handbook for Nursing Home Ministry - this is the book you hold in your hands: a comprehensive collection of ideas, information, guidelines, resources, tools and programs.

Our Hymn Book - 36 timeless hymns and Christmas carols in large print bound in paperback.

Music CD for Our Hymn Book - a two-CD set with all the songs that are in the hymn book.

Our current CD set is an instrumental version. A version with vocal backup is being prepared.

We manage a *computer lending program* for care center residents. With the help of a faithful volunteer, Jeff Hadsell, we are able to receive donations of old computer equipment, reassemble them and place them, free of charge, with activity departments and residents of care facilities. The machines have many games, the Bible, and basic productivity software on them when we send them out.

Accepting donations of items approved by nursing home staff, we distribute “*Care Packages*” that are given to the residents of facilities. For a list of such goods, and a description of this program we refer you to this topic in **Section 10**.

Christian Concourse is participating with the **Christian Fellowship of Care Center Ministries**. This is a growing association of representatives of nursing home ministers from across the United States and Canada. Membership is for those who are ministering in a regional outreach involving more than one congregation and more than one facility. The purpose statement for **CFCCM** is: *As a Christ-centered fellowship, we are committed to gather to provide encouragement for leaders of care center ministries. We do this through spiritual renewal, networking, fellowship and sharing resources.* If you are involved in regional nursing home ministry, please consider participating with **CFCCM**. For more information on membership and upcoming meetings call us at 757-714-3133.

Original Christian Poetry and Testimonies

Christian Concourse Ministries publishes and distributes poems and testimonies of sincere Christians via a booklet titled **The Journal for Jesus’ Sheep**. We print and assemble all publications ourselves. The Journals are given without charge to anyone who requests them. They are also available on our website. Authors are encouraged to share their work with us. If we select a particular piece for publication, our only requirement is that the writer sign a copyright release form. There is no charge to the author for his or her work being published.

Small-group Bible Study and Prayer

Chapter & Verse

We promote and facilitate small-group Bible study in an inductive-study format. Using a system developed by Jerry Johnson called **Chapter & Verse**, we provide the setting and the tools for believers to share their walk with the Lord and their observations from Holy Scripture on topics specifically relevant to their individual lives. **Chapter & Verse** is a “true” inductive study using a “true” seminar-style model. This means that we do not tell you or lead you to draw our conclusions from the Bible and, with oversight by an experienced participant, all members prepare for the same subject and share their work on an equal basis with their peers. This system provides a unique opportunity for Christians to develop personal discipline and integrity in their prayer life, their Bible study habits, and their interaction with fellow believers.

That the World May Know

As our schedule allows, we offer a tremendously rewarding video series by Ray Vander Laan, ***That the World May Know***. Exploring the fascinating geographical and cultural backdrop for scriptural events and personalities, we discover their significance to us today. The video takes us to actual settings in Biblical lands with Ray's teaching illuminating, life-changing "faith lessons."

Prayer Meetings

The impact that the Church has in the secular community, including the nursing home arena, would be greatly enhanced if we worked together on a harmonious, multi-denominational basis. For this reason, and to this end, we promote and facilitate interdenominational, community-based prayer meetings, prayer retreats and ministry leaders' prayer groups.

For more information concerning any of these activities of our ministry, please refer to our website at www.christianconcourse.org or contact us today.

The Leadership of Christian Concourse

Jerry and Dar Johnson – Jerry is the founder, president and Director of Ministry of **Christian Concourse**; an ordained minister in association with the **Evangelical Church Alliance**; and a former Associate Minister with **Churchland Christian Fellowship**. He received a bachelor's degree in Religious Studies from **St. Leo College**. Dar is his dear wife, trusted counselor, administrator, assistant and co-worker in the ministry. As members of **Hampton Roads Activity Professionals Association** we provide a liaison between the Christian community and this organization of area activity directors.

Larry McAdoo – Board member and secretary of **Christian Concourse**; retired Chaplain, U. S. Navy; ordained with **Christian Churches/Churches of Christ**. Larry received a bachelor's degree in Bible/Ministry from **Manhattan Bible College** in Manhattan, Kansas and a Master of Divinity from **Lincoln Christian Seminary**, Lincoln, Illinois. He ministers in local facilities with a true pastor's heart of faithfulness and compassion.

Bob Walker, Sr. – Board member and treasurer of **Christian Concourse**; received a bachelor's degree in Business Administration from **Northwestern University**, Chicago, Illinois; commissioned missionary from Tabernacle Church of Norfolk, VA. Bob is a retired missionary to the military and a faithful community activist for revival within the interdenominational Church.

Our Support

Everything this ministry does and all the materials we publish are provided without charge. The people to whom we minister in nursing homes cannot support us. We do not ask poets to pay us for sharing their work and we do not require others to pay us to read their poems. Our Bible study system, in its entirety, is available without charge on our website.

We rely completely on the support of Christian friends who see the value of what we do and are willing to help us financially.

By God's Grace, the positive difference this ministry makes in the lives of others is significant and real...and eternal! Our expenses are real, too. In addition to our personal support, paper, ink, the raw materials for CD duplication, printing and office equipment, phone and internet service, and vehicle maintenance are all costly. The demand for our materials is increasing exponentially as more learn of the resources we provide. Our production to meet these demands is directly proportional to the financial sustenance we receive. We invite you to prayerfully consider supporting this Christian labor of love.

Christian Concourse Ministries, Inc., is a non-profit corporation registered with the State of Virginia and classified as a 501-C3 tax-exempt charity with the IRS. Your monetary gifts and the fair-market value of goods donated are tax-deductible. References and our financial statement are available upon request.

We sincerely pray that this humble handbook will minister to you. And, we pray that it will aid you in some way to be a greater blessing to the precious care facility residents to whom you minister.

For more information or to get involved in this exciting field of ministry contact us today:



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About This Handbook

The Purpose of This Handbook

In the broadest terms, the goal of *The Nursing Home Ministry of Christian Concourse* is to encourage and assist the interdenominational Christian community to work together to meet all the volunteer needs of every care facility in their geographic area. This handbook has been assembled to aid us in that purpose. Here, you will find tools to advance you and your church group in ministry to residents of care facilities. These tools include general information about care facility ministry, scriptures related to this mission field, forms, programs, suggestions and detailed instructions for many nursing home activities. As the simple product of our experience and what we have gleaned from others, we do not consider this work exhaustive nor authoritative beyond the value it may prove to be to you and your fellowship. In other words, this is not all there is to it, nor are our suggestions and ideas here the only way to do it.

With this manual, we are not trying to rigidly impose on anyone our way of going about the task of ministering in nursing homes. Stated simply, in the use of these tools, we hope and pray the quality of your service in this ministry will be enhanced and expanded, and that your service will be kept from becoming stale and dull to you and the residents. If, even in a small way, you feel this to be the case, we will consider that a great blessing.

We encourage you to adapt these ideas and suggestions to your own way of doing things. Proceed prayerfully and sincerely, absolutely. And, have fun! If you do not find delight in your efforts, how can you expect the residents to? **So, be creative . . . and enjoy yourself!** We hope it is obvious to all that we are doing just that!

The Scope of This Handbook

Geographic Area

The material used in this handbook draws from years of experience of many care facility ministers and staff working within the United States and Canada. But, through our website, we are finding that almost all of the features in this manual are helpful in any country that uses facilities for long-term care. We have supplied earlier editions all over the United States, of course, and to England, New Zealand, Australia, South Africa, Italy, and Canada.

The Interdenominational Christian Community

Whether you live in a large city or a small town, we believe Christian unity to be the only practical way the Church can satisfy the volunteer needs of all the residents in our local facilities. It is our conviction that it would please God greatly were all Christians willing to cooperate in their ministry efforts to the care center population. In spite of any personal convictions and doctrinal understandings that differ among Christians, the love of Jesus Christ will bind us together in our purpose to serve His saints, our elders, in the care facilities nearby. In the name of Jesus Christ, we

encourage all Christian volunteers to work together for that purpose, in that spirit. And, with this thought in mind, we include here a poem that frames a picture of what can happen if we refuse to cooperate with each other for the cause of Christ.

The Cold Within

A Poem On Accord In The Body Of Christ

Six humans trapped by happenstance, in bleak and bitter cold;
Each one possessed a stick of wood, or so the story's told.

Their dying fire in need of logs, the first man held his back,
For of the faces round the fire, he noticed one was black.

The next man looking cross the way, saw no one of his church,
And couldn't bring himself to give the fire his stick of birch.

The third one sat in tattered clothes, he gave his coat a hitch;
Why should his log be put to use to warm the idle rich?

The rich man just sat back and thought of the wealth he had in store,
And how to keep what he had earned from the lazy, shiftless poor.

The black man's face bespoke revenge as the fire passed from his sight.
For all he saw in his stick of wood was a chance to spite the white.

The last man of this forlorn group did naught except for gain,
Giving only to those who gave was how he played the game.

Their logs held tight in death's still hand was proof of human sin:
They didn't die from the cold without - they died from the cold within.

by James Patrick Kenny.

Let us say again: If Christians who worship in a given geographic community will work together, interdenominationally and inter-rationally, this field of ministry responsibility for the Church will be abundantly satisfied! **We hope and pray that you, the reader will join with us to promote this concept.**

“Care Facilities”

As we use the term in this handbook, a “care facility” refers to any institution that provides professional care (on any scale short of a hospice or hospital) to individuals, whether it be a for-profit or non-profit operation, privately run or corporately controlled, large or small, religion-sponsored or secularly managed, long-term care or acute care. **(It should be mentioned that the terms, “care center” and “nursing home” are often used interchangeably with “care facility.”)** In all cases, we work through a relationship with a staff member of the facility who is preferably a professional activity director. We provide and promote Christian ministry and volunteer service to care facilities without regard to race, religion, creed, or social status. In the ministry of **Christian Concourse**, we

render support and service to the following types of care facilities:

Nursing Homes A generic term sometimes used to refer to all care facilities.

Technically, it is divided into these two levels of care:

Skilled Nursing Facilities

Intermediate Care Facilities

Assisted Living Homes

Retirement Communities

Adult Family Homes

Adult Day-Health Care Centers

Multi-Level Care Complexes

For a description of each type of care facility listed here, refer to the next section of this handbook, **Section 4, “A Profile Of The Care Facility Industry.”**

Long-Term In-Home Care

In the United States, the elderly who are given care at home constitute the vast majority of those who receive long-term care, and this number is increasing (see **Section 4, “Overview”**). Though there would obviously be many similarities, this handbook does not specifically address the unique considerations for the needs of these individuals. In most cases, they are cared for by loved ones, and we know they can usually benefit from outside support. Where applicable, in your judgment, in a home-care setting we certainly invite you to use this resource if you are ministering as a caregiver, a friend, or a volunteer. (See **“Copyright Information About this Handbook,”** on the following page.)

The Volunteer Needs of Care Facility Residents

Because nursing, food services, and building maintenance generally require professionally trained and/or licensed specialists, the volunteer needs of care facilities are usually focused on leisure activity programs. However, the long-term care industry is slowly responding to the importance of the emotional, social and spiritual well-being of their residents, and they are utilizing trained activity professionals to assist them in this dimension of care for their residents. It is the responsibility of these activity professionals to know their clients, document their activity capabilities and needs, and provide an adequate, customized answer to those needs for each individual resident. From a practical point of view, it is nearly impossible for the owners of a facility to provide adequate staffing to help the activity professional in such a monumental task. Therefore, volunteerism plays a vital role in meeting the activity needs of care facility residents. This manual attempts to address most of these wholesome volunteer needs identified by activity directors of care facilities. Within the genre of “activities,” the list of tasks that could be or need to be done on a volunteer basis in a care facility is really quite long! Such simple things as reading the newspaper or picking up a pair of socks at a local store become very important in a nursing home. For a list of the types of things you can do in care facilities, please refer to **Section 11, “Games and Activities”** later in this handbook.

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Please distribute copies of these materials to volunteers and residents as you deem necessary and/or helpful to enhance your service in this field of ministry.

Profile of the Care Facility Industry

Overview

The commercial industry of long-term care, as it has developed in our western culture, is unique in the history of the world. At no other time, nor in any other place, has institutionalized care been seen on the scale of what we have today. In localities where nursing homes numbered five or six just a few decades ago, today there are fifteen or twenty. Nationwide, in nursing homes alone, there are 1.5 million residents living in 16,000 facilities (CMS OSCAR Data Survey, December 2003, from the website of the American Health Care Association). As “in-home care” becomes more and more popular (and subsidized by insurance and Federal programs), the percentage of elderly and handicapped who are able to stay in their own residence will significantly increase; but, because of the “baby boomer” phenomenon, the total number of individuals who live in long-term care facilities (especially “retirement communities”) will probably increase in the foreseeable future. Today, about seven million people over the age of 65 need long-term care. By 2005, that number will increase to nine million. By 2020, twelve million older Americans will need long-term care. ***Most will be cared for at home; family and friends are the sole caregivers for 70 percent of the elderly who need “long-term care.”*** But, a study by the U. S. Department of Health and Human Services says that people who live to the age of sixty-five will have a 40 percent chance of entering a nursing home. (www.medicare.gov/LongTermCare, February, 2004) This suggests that at least 10% of our elderly who are cared for at home will eventually reach a stage of needing institutional care.

Nearly one of every two women and one of four men over age 65 will enter a long-term care facility at some time in their lives. More than a third of all nursing facility stays last more than a year, and many last three years or more. About 10 percent of the people who enter nursing homes will stay there five-plus years. (www.nolo.com/lawcenter, J. L. Matthews)

In addition to the numbers, the nature of long-term care has changed too. Fifty years ago there were two basic types of facilities: “old folks’ homes” and “convalescent homes.” Both often looked and smelled more like insane asylums than homes. As described later in this section, today there are different levels of adult care such as “nursing” care facilities, assisted living facilities, retirement homes, adult family homes, adult day-health care centers, and multi-level care complexes. Through education, community involvement and responsible regulation, these long-term care facilities are generally more clean, pleasant, and professionally managed than their predecessors.

Until recently, as the type and number of facilities has increased, so has the number of residents increased in the average facility. Where nursing homes might have housed 20 patients in old, three-story converted homes 70 years ago, today, 120 residents live in sprawling, well maintained commercial buildings designed particularly for that purpose.

We see at least five major factors in the United States affecting the population of care facilities.

Factors In Care Facility Population

1. Modern medicine is more successful in treating major illness and injury. Therefore, more people are surviving serious trauma and disease.
2. The average life-span is increasing. People are just naturally living longer than in past centuries. By the year 2020, more than 200,000 living Americans will be over the age of 100.
3. Due to the “baby boomer” phenomenon, the proportion of elderly people in the general population is increasing. Over fifty percent of our population is 50 years old or older.
4. Since 1964, Medicare and Medicaid have dramatically increased funding available for long-term care.
5. In increasing numbers, disabled people have no family or friends who are able to care for them.

Types of Facilities

The “care facility industry” is the focus of the ministry of **Christian Concourse**. Though the type of ministry that we do is often referred to as “nursing home ministry,” the type of facilities to which we go are actually very diverse. It is safe to say, in all cases (except Adult Day-Health Care Centers) they provide residence and care for the elderly and/or the infirm. The following list is our attempt to identify in laymen’s terms these different types of homes. *[As mentioned in our discussion on the scope of this handbook, please note that the material in this manual does not address the special volunteer needs of hospitals or hospice institutions]*

Augmented by our own observations, resources for this information are [New LifeStyles Guide to Senior Residences and Care Options](#) (listed in our **Bibliography** section) and the **Federal Health Care Financing Administration**.

Nursing Homes – A nursing home is a residence that provides room, meals, recreational activities, help with daily living, and protective supervision to residents. Generally, nursing home residents have physical or mental impairments which keep them from living independently. Nursing homes are certified to provide different levels of care, from custodial to skilled nursing (services that can only be administered by a trained professional).

Occasionally called *convalescent centers*, “nursing homes” is a term often used in general reference to long-term care facilities. Its proper technical use would be to identify facilities which provide some level of 24-hour, professional nursing services to residents. Nursing homes often serve residents needing short-term *rehabilitation* after accidents or illnesses. Though the same facility may house both levels, they are officially divided into two types based on the degree of nursing care they offer:

Skilled Nursing Facilities (SNF) – provide around-the-clock nursing supervision. Many of their residents are completely or partially confined to their bed, and they are often incontinent. Medical treatment is provided under the supervision of licensed nursing professionals. At least one registered nurse must be on duty during the day. An SNF may include a special unit for residents suffering with Alzheimer’s disease and other forms of dementia.

Intermediate Care Facilities (ICF) – residents are able to get out of bed and move about with or without assistance from staff personnel (whether ambulatory – able to walk – or in a wheelchair). These residents may be incontinent and will require intermittent professional care. An ICF may include a special unit for residents suffering with Alzheimer’s disease and other forms of dementia.

Assisted Living Homes – provide an option for full-time, long-term care on a level between ICF nursing homes and retirement communities. They offer assistance with medications, bathing, dressing and usually serve full meals. These homes may include a special unit for residents suffering from Alzheimer’s disease and other forms of dementia.

Retirement Communities – offer retired and elderly individuals the option of living in a community with other seniors in a fairly independent atmosphere. Residents of retirement communities are usually offered organized social programs, meal service, transportation, recreation, and assistance for shopping needs and medical services. Very often, the larger of such facilities will include an “assisted living” section on their premises.

Adult Family Homes (or Residential Care Facilities, or Adult Care Residences) – actual homes usually in residential areas having four or more beds providing care for a small group of seniors and/or mentally or physically challenged persons. Residents may be ambulatory or non-ambulatory and will be supplied room and board as well as supervision and assistance with daily activities such as bathing and dressing. Residents may suffer from Alzheimer’s disease and other forms of dementia. Programs are designed to help the residents be as independent as they can be. Such facilities are staffed around the clock.

Adult Day-Health Care Centers – weekday, daytime-only facilities for seniors and disabled individuals who generally live with relatives or friends during non-working hours. Staff-supervised group activities of a recreational nature are provided throughout the day. Snacks and lunch are usually served. Programs vary widely, but services may also include nursing and rehabilitation.

Multi-Level Care Complexes (or Continuing Care Retirement Communities, CCRC’s) – offer a variety of independent and retirement living options, coupled with full medical and nursing services designed to accommodate the contingencies of progressive aging disabilities. CCRC’s are usually equipped to be self-contained communities that offer a full range of activities, recreational opportunities and services for the active resident.

Rights of a Nursing Home Resident

Rights

Though people may live in an “institution,” or a care facility, they are no less citizens of this great nation. As citizens, they have the same basic civil rights that you do. And, beyond these rights, the national and state governments have legislated some further “rights” that apply specifically to nursing homes that house residents who receive financial assistance from Medicare or Medicaid (according to the latest figures, of 16,000 facilities, only 3% are not Medicare or Medicaid certified). The following description of these rights is provided through the auspices of the **United States Department of Health and Human Services** and is prepared by the **Centers for Medicare & Medicaid Services (CMS)**. CMS and States oversee the quality of nursing homes. State and Federal Government agencies certify nursing homes. The nursing home must provide the resident with a written description of his or her legal rights.

Disclaimer: *The material in this section is provided only to inform and educate our readers. This material is not and should not be considered legal opinions or advice. You do not and cannot have any client-attorney relationship with **Christian Concourse** or any of its employees. You should not take legal action based upon advice you perceive as legal found in **A Handbook for Nursing Home Ministry**. You are advised to seek professional counsel before taking any legal action based upon information found herein.*

At a minimum, Federal law specifies that a resident in a nursing home has rights which include:

- **Freedom from Discrimination:** Nursing homes do not have to accept all applicants, but they must comply with Civil Rights laws that do not allow discrimination based on race, color, national origin, disability, age, or religion under certain conditions.
- **Respect:** The right to be treated with dignity and respect. As long as it fits a resident’s care plan, they have the right to make their own schedule, including when they go to bed, rise in the morning, and eat meals. They have the right to choose the activities they want to go to.
- **Freedom from Abuse and Neglect:** The right to be free from verbal, sexual, physical, and mental abuse, and involuntary seclusion by anyone. This includes, but is not limited to nursing home staff, other residents, consultants, volunteers, staff from other agencies, family members or legal guardians, friends, or other individuals. If abuse or neglect (neglect means the resident’s needs are not met) is suspected, report this to the nursing home, your family, your local Long-Term Care Ombudsman, or State Survey Agency. It may be appropriate to report the incident of abuse to local law enforcement or the Medicaid Fraud Control Unit (their telephone number should be posted in the nursing home).
- **Freedom from Restraints:** Physical restraints are any manual method or physical or mechanical device, material, or equipment attached to or near the body so that a resident can’t remove the restraint easily. They prevent freedom of movement or normal access to one’s own body. A chemical restraint is a drug used to limit freedom of movement and is not needed to treat medical

symptoms. It is against the law for a nursing home to use physical or chemical restraints, unless it is necessary to treat medical symptoms. Restraints may not be used to punish nor for the convenience of the nursing home staff. The resident has the right to refuse restraint use except if they are at risk of harming themselves or others.

- **Information on Services and Fees:** The nursing home resident must be informed in writing about services and fees before they move into the nursing home. The nursing home cannot require a minimum entrance fee as a condition of residence.

- **Money:** The residents have the right to manage their own money or to choose someone they trust to do this for them. If the nursing home is asked by residents to manage their personal funds, they must sign a written statement that allows the nursing home to do this for them. However, the nursing home must allow the residents access to their bank accounts, cash, and other financial records. The nursing home must protect residents' funds from any loss by buying a bond or providing other similar protections.

- **Privacy, Property, and Living Arrangements:** The right to privacy, and to keep and use personal belongings and property as long as they don't interfere with the rights, health, or safety of others. Nursing home staff should never open a resident's mail unless the resident allows it. The resident has the right to use a telephone and talk privately. The nursing home must protect the residents' property from theft. This may include a safe in the facility or cabinets with locked doors in resident rooms. When a married couple lives in the same nursing home, they are entitled to share a room if they so desire.

HIPAA: Congress called on the Department of Health and Human Services to issue patient privacy protections as part of the **Health Insurance Portability and Accountability Act** of 1996 (HIPAA). **HIPAA** included provisions designed to encourage electronic transactions and also required new safeguards to protect the security and confidentiality of health information. The final regulation covers health insurance companies, health care billing companies and health care providers including nursing homes.

Each nursing home is responsible to implement their own plans for observing privacy regulations. And, they may provide residents with even greater rights and protections of their health information and their privacy in general. As a volunteer, you should consult with the appropriate staff of the nursing home to determine how they expect you to help them abide by these rules. In all cases, please show the utmost respect for the personal privacy and personal property of the residents of the facility in which you volunteer. As a ministry, it is the policy of **Christian Concourse** not to take photographs, audio recordings, or video recordings of care facility residents without a signed permission slip from the resident(s) and without the full knowledge and consent of the facility. For a sample of a permission slip see **Section 13, "Tools."**

- **Medical Care:** The resident has the right to be informed about their medical condition, medications, and to see their own doctor. They also have the right to refuse medications and treatments (but this could be harmful to their health). They have the right to take part in developing their plan of care. They have the right to look at their medical records and reports when they ask to do so.

● **Visitors:** The right to spend private time with visitors at any reasonable hour. The nursing home must permit family to visit at any time, as long as the resident wishes to see them. Conversely, the residents don't have to see any visitor they don't wish to see. Any person who gives help with health or legal services may see them at any reasonable time. This includes the resident's doctor, representative from the health department, and their Long-Term Care Ombudsman, among others.

● **Social Services:** The nursing home must provide the residents with any needed social services, including counseling, help solving problems with other residents, help in contacting legal and financial professionals, and discharge planning.

● **Leaving the Nursing Home:** Living in a nursing home is the resident's choice. They can choose to move to another place. However, the nursing home may have a policy that requires the resident to tell them before they plan to leave. If they don't, they may have to pay them an extra fee. If a resident is going to another nursing home, they should make sure that there is a bed available for them.

If the resident's health allows and their doctor agrees, they can spend time away from the nursing home visiting friends or family during the day or overnight. The nursing home staff should be informed a few days ahead of time if the resident wants to do this so medication and care instructions can be prepared.

Caution: If a resident's nursing home care is covered by certain health insurance, they may not be able to leave for visits without losing their coverage.

● **Complaints:** The right to make a complaint to the staff of the nursing home, or any other person, without fear of punishment. The nursing home must resolve the issue promptly.

● **Protection Against Unfair Transfer or Discharge:** A nursing home resident cannot be sent to another nursing home, or made to leave the nursing home unless:

- It is necessary for their welfare, health, or safety of themselves or others.
- Their health has declined to the point that the nursing home can not meet their care needs.
- Their health has improved to the point that nursing home care is no longer necessary.
- The nursing home has not been paid for services received by the resident.
- The nursing home closes.

Except in emergencies, nursing homes must give a 30-day written notice of their plan to discharge or transfer a resident. Residents have the right to appeal a transfer to another facility.

A nursing home cannot make someone leave if they are waiting to get Medicaid. The nursing home should work with other state agencies to get payment if a family member or other individual is holding the resident's money.

● **Family and Friends:** Family members and legal guardians may meet with the families of other residents and may participate in family councils. By law, nursing homes must develop a plan of care

(care plan) for each resident. A good care plan can help make sure that the resident is getting the care they need and help make their stay more pleasant. Health assessments (a review of someone's health condition) must be done within 14 days of admission. A resident should expect to get a health assessment at least every 90 days after their first review, and possibly more often if their medical status changes. The resident has the right to take part in this process, and family members can help with the care plan with the resident's permission. If a relative is the legal guardian, he or she has the right to look at all medical records about the resident and has the right to make important decisions on their behalf.

Family and friends can help make sure the resident gets good quality care. They can visit and get to know the staff and the nursing home's rules.

Family Members Note

Some states enforce the Nursing Home Reform Amendments better than others. *Therefore, family members and friends of nursing home residents still have an important role to play in protecting their loved one's rights.* This fact underlines the need for caring, committed Christian volunteers to help fill the gap in personal love and attention to nursing home residents. *It is estimated that, on a national average, 60% of the residents in nursing homes never have a visitor who comes to see just them!*

Become familiar with both the **Federal Nursing Home Reform Amendments** outlined above and your state's law. Nursing homes must post and make available a copy of the rights of nursing home residents.

Report violations. If you observe or experience a violation of a nursing home resident's rights, report it to the nursing home. Use the facility's grievance procedures. If you are not satisfied, then, report the violation to the local long-term care ombudsman. Nursing homes must post and make available the name and telephone number of the ombudsman.

Follow up to make sure that action is being taken and the facility is correcting the violation.

Keep informed of movements within your state to introduce legislation that would change nursing home laws or regulations. By making your views known before legislation is voted on, you can help protect the rights of long-term care residents.

Ombudsmen: Who They Are and How They Can Help

Thanks to Prof. Tom McCormick of Toronto, Canada for his research on this topic. Taken from material he presented to the national **Christian Fellowship of Care Center Ministries**, March 2004; his email address: twmc@idirect.com. Resource: http://www.carescout.com/resources/nursing_home/ombudsman.htm

“Every state has an ombudsman program that, for free, acts as an advocate on behalf of nursing home residents. Each state designates individuals to serve as long-term care ‘ombudsmen.’ Nationwide, there are more than 500 local ombudsman programs.

“An ombudsman is responsible for receiving and resolving complaints affecting residents in nursing homes throughout the state. If you have a legitimate complaint about you or your

loved one's nursing home that the administrator of a facility has not resolved to your satisfaction, you may wish to contact the Ombudsman office for help. It is part of an ombudsman's job to help you resolve your nursing home problems and complaints."

The telephone numbers for the Ombudsman in each State are given at the website listed above.

For more information about the rights of nursing home residents, contact:

National Training Project
AARP Foundation
601 E Street, NW
Washington, DC 20049

National Citizens' Coalition for Nursing
Home Reform
1424 16th St., NW, Suite 202
Washington, DC 20036
or call: (202)332-2275

Prevention of Abuse in Care Facilities

Alarming things happen when scores of strangers are placed in a close living environment, often against their will. Sometimes, unfortunately, what occurs to a care facility resident is abusive and wrong. But, as Christian volunteers we must remember that the circumstances and events leading up to any questionable observations made in a facility are mostly unknown to us. Also, the underlying reasons why a given individual is in a care facility are often very complex and hard to understand from the limited viewpoint of a volunteer. Therefore, we must be careful not to quickly assume the role of judge and jury over decisions and actions made by professional social workers, facility staff and family members. Try to maintain the attitude that you are there to be **a blessing, an encouragement, a peacemaker** to the residents, their families and all who care for them. There are almost always two sides to a story, if not more — and there are probably parts of that story that are none of our business!

The Federal definition of abuse is: **"Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish."** (Centers for Medicare & Medicaid Services, 42 CFR 488.301).

Abuse can happen at any care facility. No matter how refined the setting, no matter how professional the staff, abuse may occur. And, **abuse can happen to anyone:** man or woman, young or old, nice or grouchy, lucid or suffering dementia. And **all of us are capable of being abusive,** however so slightly, but still abusive. ***ANY ABUSE OF A CARE FACILITY RESIDENT IS TOO MUCH ABUSE!!!*** Therefore, we feel it is appropriate to, at least, provide some very general information on this highly explosive issue in long-term care. Our intention here is not to create controversy or lay blame. Neither do we deal comprehensively with the subject, but we hope these ideas will help all involved to think positively in the direction of **preventing** elder abuse.

Indicators of Abuse in a Care Facility

Resource: http://www.carescout.com/resources/nursing_home/ombudsman.htm

Unexplained or unexpected death.

Rapid weight loss.

Development of bedsores (“pressure sores” or “decubitus ulcers”).

Heavy medication and sedation is used in place of adequate nursing staff and supervision.

Caretaker cannot adequately explain condition.

Injury resulting from restraining a resident.

The occurrence of a broken bone.

Suddenly and unexpectedly emotionally upset or agitated or withdrawn and non-communicative resident.

Reasons a Resident May Not Mention Their Abuse:

The following is adapted from material compiled by Marci Stocks (tranquility@home.com) on her website, *Elderly Place* (<http://www.geocities.com/~elderly-place/>).

May be too frightened to tell their caregiver.

May be frightened because of threats from the abuser.

May think that this abuse is “normal.”

May not even be aware that they are being abused.

May think that they deserved to be “punished.”

Warning Signs From the Resident

Loved one may report abuse.

Loved one may be afraid of staff; may pull away when certain staff is approaching.

Loved one may have lost his appetite.

Unusual or unexplained marks on the body.

Warning Signs From the Abuser

Caregivers not called when loved one is taken to the emergency room.

Unexplained marks or bruises.

Staff not telling caregivers what has been happening.

Constant emergency room visits without explanations.

Staff not calling caregiver when an “accident” occurs.

Some Reasons Abuse May Occur in a Facility

Caregiver’s burnout.

Overworked staff, long shift hours.

Untrained staff.

Staff underpaid or not enough benefits.

Staff may be frustrated with aggressive or rebellious clients.

Staff in a hurry to leave after a long day.

Preventative Measures for Family Members

Find out how much training the staff has received. If your loved one has dementia, make sure that the staff is properly trained to deal with challenging behaviors. If the staff has not received specific training, ask how well they are qualified, such as how much experience have they had working with Alzheimer’s patients.

Visit your loved one often and ask how they are doing. Find out what workers they like best and what workers they like least. Some residents will have a bond with certain workers while, at the

same time, they may not care for other workers. If this is the case, find out why.

Preventative Measures for the Staff

Take your profession seriously enough to seek out proper training. If you are unfamiliar with certain behaviors, receive training so that you will know how to deal with particular situations. Facilities usually train their employees, especially so in long-term care facilities.

Learn about the elderly, especially if the individual has a dementing disease such as Alzheimer's Disease. Behaviors associated with these diseases can often be difficult to deal with. If you have never worked with a person afflicted with a disease like Alzheimer's, you may feel overwhelmed. Be professional, get yourself informed.

If you are not sure how to deal with a particular situation, ask for help. Think of it as a learning experience. If it should happen again, you will then know what to do.

Profile of the Care Facility Population

Beyond the need for more intense medical care and generally advanced age, it is important not to oversimplify or stereotype the kind of person you will find living in a care facility: they are as diverse as the general population.

Health

In each type of facility, you will find residents with varying degrees of illness and dementia. Depending on the purpose of the care facility, there will be a higher or lower proportion of individuals with serious health problems, but we stress that you will meet people just like you in all of them. (We should note that “adult family homes” often house three or four retarded individuals who are given the greatest degree possible of self-sufficiency in a “home” environment.) In every case, although they may be in wheel chairs or rolling recliners, and though they may be very worn and look very tired, and though they may be very sick or confused, each resident in a care facility has desires and feelings just like you – if anything, they may be even **a little more** sensitive and hungry for friendship than you are! Pay attention to them and get to know them – they are very human.

Disclaimer: Christian Concourse Ministries, Inc. provides this information solely as a general reference for your convenience. This material may not apply to your physical or emotional situation and it is not intended to provide guidelines for diagnosis or treatment. If you have questions about a specific health condition please consult a professional medical provider.

Physical Illness

All of us get sick, so we all can identify with the negative feelings of being ill. As you interact with residents in care facilities you will encounter numberless types of physical sicknesses. Obviously, we cannot list them all, but, there are some special diseases we will mention here due to their unique relationship with the aging process.

This material taken from the web site of the **National Institute on Aging, U. S. Department of Health and Human Services** (<http://www.nih.gov/nia/health/>)

Alcohol Abuse

Anyone at any age can have a drinking problem. Alcohol slows down brain activity. Because alcohol affects alertness, judgment, coordination, and reaction time – drinking increases the risk of falls and accidents. Some research has shown that it takes less alcohol to affect older people than younger ones. Over time, heavy drinking permanently damages the brain and central nervous system, as well as the liver, heart, kidneys, and stomach. Alcohol’s effects can make some medical problems hard to diagnose. For example, alcohol causes changes in the heart and blood vessels that can dull pain that might be a warning sign of a heart attack. It also can cause forgetfulness and confusion, which are symptoms of Alzheimer’s disease.

Arthritis

Arthritis causes pain and loss of movement. It can affect joints in any part of the body. Arthritis is usually chronic, meaning it can occur over a long period of time. The more serious forms can cause swelling, warmth, redness, and pain. The three most common kinds of arthritis in older people are

osteoarthritis, rheumatoid arthritis, and gout. Treatments for arthritis work to reduce pain and swelling, keep joints moving safely, and avoid further damage to joints. Treatments include medicines, special exercise, use of heat or cold, weight control, and surgery.

Constipation

Constipation is a symptom, not a disease. It is defined as having fewer bowel movements than usual, with a long or hard passing of stools. Older people are more likely than younger people to have constipation. But experts agree that older people often worry too much about having a bowel movement every day. There is no right number of daily or weekly bowel movements. “Regularity” may mean bowel movements twice a day for some people or just twice a week for others. Doctors do not always know what causes this problem. Eating a poor diet, drinking too little, or misusing laxatives can be causes. Some medicines can lead to constipation. These include some antidepressants, antacids containing aluminum or calcium, antihistamines, diuretics, and antiparkinsonism drugs.

High Blood Pressure

You may be surprised if your doctor says you have high blood pressure (HBP) because it does not cause symptoms and you can have it even though you feel fine. But HBP is a serious condition that can lead to stroke, heart disease, kidney failure, and other health problems. The good news is that there are simple ways to control it. If you have mild HBP, your doctor may suggest that you lose weight and keep it off, eat less salt, cut down on alcohol, and get more exercise. You may bring your blood pressure down simply by following this advice. Even if medicine is needed, these daily habits may help it work better. Some people think that when their blood pressure comes down, they no longer need treatment. If your doctor has prescribed medicine, you may have to take it for the rest of your life. Later on, though, you may be able to take less of it.

Hyperthermia: A Hot Weather Hazard

Warm weather and outdoor activity generally go hand in hand. However, it is important for older people to take action to avoid the severe health problems often caused by hot weather. “Hyperthermia” is the general name given to a variety of heat-related illnesses. The two most common forms of hyperthermia are heat exhaustion and heat stroke. Of the two, heat stroke is especially dangerous and requires immediate medical attention. Heat-related illnesses can become serious if preventative steps are not taken. Many people die of heat stroke each year; most are over 50 years of age. With good, sound judgment and knowledge of preventive measures the summer can remain safe and enjoyable for everyone.

Osteoporosis: The Bone Thinner

Osteoporosis is a disease that thins and weakens bones to the point where they break easily—especially bones in the hip, spine, and wrist. Osteoporosis is called the “silent disease” because you may not notice any symptoms. People can lose bone over many years but not know they have osteoporosis until a bone breaks. About 25 million Americans have osteoporosis—80 percent are women. Osteoporosis is preventable. A diet that is rich in calcium and vitamin D and a lifestyle that includes regular weight-bearing exercise are the best ways to prevent osteoporosis.

Prostate Problems

Found in men, the prostate is a small organ about the size of a walnut. It lies below the bladder (where urine is stored) and surrounds the urethra (the tube that carries urine from the bladder). Prostate problems are common in men 50 and older. Most can be treated successfully. A urologist (a specialist in diseases of the urinary system) is the kind of doctor most qualified to diagnose and treat many prostate problems.

Stroke

Thanks to new tests that help predict stroke, treatments that help control high blood pressure, and good health habits that many Americans are practicing, the death rate from stroke is down as much as 50 percent since 1970. Still, stroke is the third leading cause of death in the United States and the leading cause of disability among adults.

A stroke is a sudden partial loss of brain function usually caused by a clot that stops the flow of blood to an area of the brain. Without oxygen and important nutrients, the affected brain cells are either damaged or die within a few minutes.

While cell damage can be repaired and the lost function regained, the death of brain cells is permanent. Most strokes are caused by a blood clot or narrowing of a blood vessel (artery) leading to the brain. Other strokes are caused by a hemorrhage (bleeding) from an artery.

A stroke was once viewed as a single damaging attack, but we now know it develops over many years. The risk factors or conditions that may lead to stroke include high blood pressure, smoking, heart disease, and diabetes. The risk of stroke increases with age and is higher in African Americans and Hispanics than in whites.

Mental Illness

Here we list some of the mental diseases that attack care facility residents. Of course, the most well-know is Alzheimer's. Following this basic description of Alzheimer's is a list of other dementing illnesses. For more information on how to interface with a resident suffering with some form of dementia, please refer to our material under "***Mental Impairment - Dementia***" in the section entitled "**How to Volunteer in a Local Care Facility.**"

Alzheimer's Disease

Adapted from material compiled by Marci Stocks (tranquility@home.com) on her website, **Elderly Place** (<http://www.geocities.com/~elderly-place/>).

Below, are listed the Stages of Alzheimer's Disease. Some reading material may break down AD into 3 stages, while others break it into 4 stages. Both philosophies are correct. Please keep in mind that someone may progress at a slower rate while someone else may progress quite rapidly.

Stage 1

The first stage consists of the 2-4 years leading up to and including the actual diagnosis of Alzheimer's Disease. Typical characteristics of Stage 1 are:

Recent Memory Loss (or short-term memory loss) begins to affect job performances.
Confusion in natural environment – gets lost in a known environment.

Mood and personality changes.
Poor judgment; makes bad decisions.
Daily tasks such as cleaning, dressing takes longer.
Trouble handling money and/or paying bills.
Losing items such as keys, purse, wallet in unusual places.
Your loved one doesn't seem interested in life anymore.

Stage 2

The second stage is approximately 2-10 years after diagnosis. This is the longest stage characterized by:

Memory loss increases.
Confusion on a regular basis.
Problems recognizing family and/or friends.
Repeats statements over and over.
Difficult speaking and organizing thoughts- cannot get the words out.
Makes up stories; may feel paranoid.
Reading and writing problems.
May be suspicious, irritable, teary/sad.
Hallucinate.
Major or constant weight loss or gain.

Stage 3

The third stage is also known as the "Terminal Stage." This stage lasts approximately 1-3 years and the following symptoms are increasingly evident:

Cannot recognize family/friends.
Weight loss while eating good, well balanced meals.
Cannot communicate with words.
Bowel/bladder movement problems.
May have seizures.
Difficulty swallowing.
Little ambition for self care.

Alzheimer-like Diseases

There are several dementing diseases that are often confused with Alzheimer's Disease. Here we have listed just a few along with some key similarities of that to Alzheimer's Disease. Please keep in mind that we have only picked "key" similarities. They are not defined thoroughly.

Multi-infarct Dementia (MID)

MID is a breakdown of mental capabilities caused by multiple strokes (infarcts) in the brain. Symptoms include:

Impaired thinking.
Personality changes.
Changes in judgment.
Memory impairment.

Pick's Disease (PD)

PD is characterized by personality disturbances and behavioral changes. It is a rare progressive disease that affects certain areas of the brain. Symptoms include:

Speech impediments.

Repetition of words.
Confusion of surroundings.
Changes in behavior or personality.

Huntington's Disease (HD)

HD is an inherited degenerative brain disorder. Symptoms include:

Irregular involuntary movements of the limbs or facial muscles.
Personality Changes.
Memory Disturbances.
Speech Impediments (i.e. slurring of words)..

Parkinson's Disease (PD)

PD attacks certain nerve cells, causing difficulties in walking, balancing, and speaking. Symptoms include:

Tremors
Walking difficulties.
Balance difficulties.
Speech impediments.

Diffuse Lewy Body Disease

This particular disease is a combination of the symptoms of Alzheimer's Disease and Parkinson's Disease. It is often mistaken for Alzheimer's Disease. Symptoms include:

Gradual memory loss.
Mood or behavior changes.
Walking difficulties.
Balancing difficulties.

Age

Most people who need long-term care are elderly, but this is not always the case. There are many residents in nursing homes and assisted living homes who are in their thirties and forties, some even in their twenties. In fact, one facility in Norfolk, Virginia, **Lake Taylor**, has a children's department. Adult family homes often house individuals in their twenties or thirties. Retirement communities, on the other hand, are almost entirely populated with senior citizens, since they cater to those old enough to have retired from their occupation or profession.

According to the most recent data published by the **American Health Care Association**, among the residents of nursing homes in 1999, 10% are under 65; 12% are between 65 and 74; 32% are between 75 and 84; and 46% are 85 and older.

The Changes That Come With Age

As the human body ages it experiences certain predictable changes. But these changes are not restricted solely to the physical person. The intangible parts of us go through changes also. By being aware of these changes, as Christian volunteers, our ministry to elders can be more effective, more appropriate and more relevant to their specific needs. In the following paragraphs we note several of these changes. Some are the result of a disease and should not be considered as part of the "normal" aging process.

Note: This material on the changes associated with aging is taken from a presentation given to a national meeting of the **Christian Fellowship of Care Center Ministries** in March, 2004, by Paul Falkowski, Executive Director of **Desert Ministries, Inc.** in Omaha, Nebraska. You can email him at: paul@desertministries.org.

Changes in the Senses

[Schieber, F. (1992). *Aging and the Senses*. In: **Handbook of Mental Health and Aging**. Second Ed. Academic Press. 10, 251-306.]

Vision – Light entering the eye becomes scattered (astigmatism).
 Less light gets in the eye due to reduction of the diameter of the pupil (senile miosis).
 The lens has trouble focusing on near objects (presbyopia).
 The rods and cones of the retina deteriorate causing loss of night vision, onset of tunnel vision and eventual blindness (retinitis pigmentosa).
 Loss of contrast sensitivity making it difficult to recognize faces and objects.
 Color sensitivity decreases significantly after the age of 70, especially the recognition of blues, greens and violets.

To compensate for some of these eye limitations here are some suggestions you might consider:

Be sure there is adequate lighting.
 Avoid high gloss surfaces and printed materials that give off a glare.
 Use bold, large, plain sans serif fonts for text in printed materials.

Example: **This is readable text.**

(Arial Unicode MS, bold, 18 pt.)

(For more guidelines refer to **The American Printing House for the Blind** -- <http://www.aph.org>)

Avoid quick movements when speaking.
 Do not use presentation materials that have fine visual details.
 Be aware that the older we get the more difficult it is to see blues, greens and violets.
 [Owsley, C. & Sloane, M. (1990). *Vision in Aging*. In: Nebes, Robert D. (ED); Corkin, S. (Ed); **Handbook of Neuropsychology**, New York, NY, US: Elsevier Science. Vol. 4. pp. 229-249.]

Hearing – Structures in the middle ear become calcified.
 Auditory canal blocked with increased secretion of ear wax.
 Auditory nerve cells and inner ear structures show decline with age.
 Sound localization decreases with age - the ability to tell where a sound came from.
 Elderly have difficulty hearing higher frequencies (e.g.: consonants, d, k, p, s, t, etc.).
 Men are more likely to have hearing loss than women.

We list here some considerations for the volunteer concerning the hearing of seniors:

Some believe that hearing loss can lead to clinical depression!

Rooms with a lot of echo or speakers with a lot of reverberation added will hinder elders' hearing.
 Background noise - chatter, machinery, ice machines, air conditioners, etc. – will hinder speech recognition.
 Adjust recorded and live music to emphasize higher frequency sounds.
 The faster you talk, the less likely the elderly will get your message.

Speaking louder will not help if you are talking too fast.
Speak clearly, slowly and distinctly.

Taste – Interacts with smell: loss of taste may be closely tied to loss of smell. There is disagreement among researchers as to whether the number of tastebuds declines with age. Taste sensitivity may be more associated with tobacco use and medications, especially treatments for hypertension.

Smell – There is a rapid decline of the olfactory process with age. Institutionalized elderly tested poorly for the sense of smell compared to non-institutionalized.

Note: Try experimenting with recipes to bring out “the flavor” of a food to offset this loss of smell and taste. Consult a dietitian.

Touch – The skin becomes less elastic with age. The ability to tell what an object is just by touch alone declines with age. Sensitivity to pain and temperature generally does not change with age. **The importance of touch remains into old age, even though there is a decline in the structure of the skin and nerve pathways.**

Changes in Memory

[Conway, A., Engle, R. (1994). *Working Memory and Retrieval: A Resource-Dependent Inhibition Model*. In: **Journal of Experimental Psychology: General**. 123, 4, pp. 354-373.]

There is some decline in memory but, overall, it is normally not significant. Generally, younger people test better for memory, but this may be due to slower processing time than of memory itself. We repeat: **severe memory loss is not normative with aging**. We encourage you to stimulate the memory of your senior friends through memorization of Bible passages, hymns, poetry, etc. See **Section 11, Games and Activities**.

The enemies of memory include:

The natural tendency to accept the erroneous, self-fulfilling stereotype of “I’m old, therefore, I’m forgetful.”

Some diseases listed previously under “**Mental Illness**” affect our memory.

Poor diet, lack of exercise, lack of mental stimulation and depression adversely affect our memory.

Changes in Personality

[Helson, R., & Stewart, A., (1994). *Personality Change in Adulthood*. In: **Can Personality Change?** Heatherton, T., & Weinberger, J., (Eds.) American Psychology Association, pp. 201-225. Also, see: Costa, P & McCrae, R., (2000), *Revised NEO Personality Inventory*.]

In some ways, our personality remains the same as we age and in other ways our personality changes. If we are cranky when we are young, without an unusual change of heart, we will probably be cranky when we grow old. Some researchers, therefore, identify traits that do not change after the age of 30 (e.g.: anxiety, anger, depression, assertiveness, positive emotions, openness, actions, agreeableness, trust, modesty, order, self-discipline, etc.). On the other hand, other parts of our personality probably change with time: our values, creativity, relationships and self-image. At any length, it is important to remember that we are not rigidly locked into our ways. We can change.

Changes in Intelligence

[Cavanaugh, J. (2002). *Intelligence*. In: **Adult Development and Aging**. Fourth Ed., Wadsworth Publishing Co., 8, pp. 253-296.]

There are two types of intelligence:

Fluid – the ability to think on your feet, allowing you to draw inferences and respond.

Crystallized – knowledge acquired across your life time, your library of experiences and education.

The effects of aging are minimal on intelligence, but there is a correlation between intelligence in later life and certain factors. “Loss” of intelligence is slowed by the following:

Complexity of career.

Lengthy marriage to a well-educated and intelligent spouse.

Exposure to stimulating environments.

Flexible attitudes at mid-life.

Self-motivated individuals protecting themselves from “worthlessness.”

These factors press us as volunteers ministering to the elderly to be sensitive to the level of a person’s education. We should keep in mind the potential of the elderly to be a valuable resource for mentoring, teaching, etc. It is important to remember that the elderly are intelligent. They can learn new skills. This fact holds valuable implications for the programs and the events we seek to involve them in.

Changes in Wisdom

[Baltes, P., Smith, J., Staudinger, U., & Sowarka, D. (1990). *Wisdom: One Facet of Successful Aging?* In: **Late Life Potential**. Perlmutter, M., (Ed.) pp. 64-69.]

Wisdom is defined as: the culmination of all life experiences and intelligence giving the ability to make “good judgments and good advice about difficult but uncertain matters of life.” This faculty that we call “wisdom” increases with age. As Paul Falkowski says, the “hardware” may be breaking down, but the “software” can compensate for those limitations. “In the task of reviewing one’s life, the elderly show a greater understanding of life’s uncertainties than younger adults” (Baltes, et al. 1990). Obviously, not all old people are wise, but a careful observation should show a disproportionately large number of elderly among the wise. The implications of this fact are important: **We should involve older people in mentoring at-risk youth and other difficult family situations; we should tap their experience in the work place; and we should include the enrichment of relationships with older people in our personal lives!**

Gender

By any casual observation, the population of care facilities is substantially more female than male. But, it should be stressed that, contrary to popular stereotypes, we see a large number of men in every facility. According to studies published by the **American Health Care Association**, about 33% of nursing home residents are male, and 67% are female. This is important to remember as you formulate the types of activities you help with in the facility. Men like to do “men” things. Consider sports interests, workshop skills and masculine hobbies as you look for ways to relate to elderly men. And, of course, accommodate the ladies with appropriate activities that would spark memories of their former favorite pastime.

Race and Culture

The racial and cultural diversity of care facilities usually reflects that of the community around it. As a volunteer, you will probably have the opportunity to minister to individuals from all the races and many cultural backgrounds. It has been our experience that some of our most rewarding relationships in care facilities have been with residents of a different race from ours.

Color and cultural differences among the people who live in nursing homes should not be a factor in our availability or our attitude as volunteers. You may disagree about many things, you may have differing preferences on any number of issues with a care facility resident, but your job is to show them the love of Jesus. **Accepting them as someone He loves and died for does not compromise your convictions.** In fact, this is the perfect environment to practice our Master's teaching to love our neighbor as we would love ourselves. Be tolerant and try to understand someone who is different from you — *“Do unto others as you would have them do unto you.”*

The January 18th, 1999 selection from **Our Daily Bread** is a wonderful exhortation on the bigotry that is inclined to rear its awful head in all of us. We have copied it here for your reflection.

“Sin of the Skin”

Do not hold the faith of our Lord Jesus Christ, the Lord of glory, with partiality. James 2:1

Most people hate to be accused of racism. But racial bias is all too prevalent. Even Christians have had a long history of ethnic prejudice. In the first century, Jewish believers were reluctant to accept their Gentile brothers. A few centuries later, Gentile believers were reluctant to accept their Jewish brothers. In recent years, racial discrimination has been a dominant issue.

Prejudice can run so deep that it sometimes takes a tragedy to make a person see how wrong it is to discriminate on the basis of physical differences. Several years ago I read about a bigoted truck driver who had no use for African-Americans. But one early morning, his tanker truck flipped over and burst into flames. A week later, he was lying in a hospital bed and looking into the face of a black man who had saved his life. He learned that the man had used his own coat and bare hands to smother the flames that had turned the trucker into a human torch. He wept as he thanked the man for his act of unselfish heroism.

We shouldn't need a tragedy to open our eyes. We need only look to Calvary. There our Lord gave His life for people of every language, race, and nation. The universal scope of His sacrifice shows His love for every human being.

Have mercy on us, Lord, if we have fanned the fire of prejudice that You died to put out. –MRD II

*Join hands, then, brothers of the faith,
What e'er your race may be;
Who serves my Father as a son
Is surely kin to me. – Oxenham*

Prejudice is a lazy man's substitute for thinking.

Read Ephesians 2:11-22

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Religion

The Spirituality of Seniors

Humans, universally, have a spiritual nature which demands fulfilment. This desire for spiritual fulfilment is often heightened in advanced years. What matters most in the later stage of our existence on earth is one's sense of what life is about, coming to terms with who one is on the inside. (*Lifespan Development*, Holt, Rinehart and Winston, 1983. Jeffrey Turner. P.451)

Thus, when considering the health of our seniors, we should include their "spiritual well-being." Those who care for the elderly are focused on relieving their declining physical conditions. Often, the mental and emotional problems that are associated with aging are easily monitored and treated with drugs. But there is also a great need to address the spiritual health of care facility residents. As in the physical body, the spiritual body needs food and nurture to grow and remain strong. Indicators of the spiritual well-being of any individual, young or old, cannot be observed directly with the five senses. Rather, we study the spirit's indicators, the reflections of it in people's meanings, ultimate concerns, and faith orientations. All of these spiritual indicators in turn give rise to and influence thoughts, beliefs, and actions. It is in this essence of our being, this core of who we are, that we seek "spiritual well-being" regardless of our physical and mental condition. (*Spiritual Well-being Defined* by Rev. J. W. Ellor. From the website of **The San Francisco Ministry to Nursing Homes**, www.sfmnh.org.)

Faith

Approaching the later years of life, we begin to see, with growing certainty, the unavoidable reality of death. Again, this fact naturally presses us to seek the internal fulfilment of spiritual well-being. Christians have often found just such a blossoming fulfilment in God through faith in the person and work of Jesus Christ as He is revealed in Holy Scriptures. Accepting this God-given gift of faith in Christ brings us His sovereign promise of joyful life beyond the grave. We find substance in our faith through the presence of His Holy Spirit in our hearts. And we find vital encouragement for our faith in the faith we see in the lives of fellow believers around us. This is the testimony of the writer of this handbook. And, this is the Gospel that elderly Christians love to share and love to hear again and again because it is more and more the reality of their experience.

This faith, so very priceless to Christian residents, is fed through Bible reading, prayer and discussion of faith issues. Our faith is strengthened when we are reminded of the power and the faithfulness of God. Our faith is strengthened by sharing and listening to others share their faith and hope in Jesus Christ. The Old, Old Story really never gets old – our faith is strengthened each time someone rehearses the Gospel of Jesus Christ with us.

Therefore, as Christian volunteers who conduct and facilitate such religious activities in care facilities, we must keep in mind the importance of our task. **We are a vital resource to the facility for addressing this important dimension of the health of their residents.**

To achieve this goal best, we must perform our service in a way that demonstrates our respect for the residents as human beings, as fellow creations of God. We must use wisdom so as not to offend and frustrate residents who do not share our enthusiasm for our faith. We are there as invited guests. Our audience is not captive. If they ask us to leave and not come back, we will be obliged to do so.

As we have stated, the intangible qualities of faith, religion, prayer, church and spirituality are

interwoven into the fabric of physical, emotional and social well-being. And scientists are documenting that these intangible qualities predictably produce tangible results.

Research shows that religious affiliation and frequent attendance at services are associated with lower death rates, though many experts attribute this partly to the strong social network and healthy behaviors encouraged by religious communities. (Ladies Home Journal; Dec 01, 1997; Frishman, Ronny; Bussani, Tracy)

Jeff Levin, Ph. D., senior research fellow at the privately funded **National Institute for Healthcare Research** has discovered scores of medical studies on the effects of religion on health. Most of these scientific studies support the concept that religious interaction and prayer has a positive physical influence on adherents.

Some highlights from these studies:

--A 1995 study at Dartmouth-Hitchcock Medical Center: one of the best predictors of survival among 232 heart-surgery patients was the degree to which the patients said they drew comfort and strength from religious faith. Those who did not had more than three times the death rate of those who did.

--A survey of 30 years of research on blood pressure showed that churchgoers have lower blood pressure than non-churchgoers--5 mm lower, according to Larson, even when adjusted to account for smoking and other risk factors.

--Other studies have shown that men and women who attend church regularly have half the risk of dying from coronary-artery disease as those who rarely go to church. Again, smoking and socioeconomic factors were taken into account.

--A 1996 National Institute on Aging study of 4,000 elderly living at home in North Carolina found that those who attend religious services are less depressed and physically healthier than those who don't attend or who worship at home.

--In a study of 30 female patients recovering from hip fractures those who regarded God as a source of strength and comfort and who attended religious services were able to walk farther upon discharge and had lower rates of depression than those who had little faith.

--Numerous studies have found lower rates of depression and anxiety-related illness among the religiously committed. Non-church-goers have been found to have a suicide rate four times higher than church regulars.

(Time; Jun 24, 1996; "Faith and Healing," CLAUDIA WALLIS)

The Christian Attitude

Our point in quoting the above studies is to underline the empirical observations by secular scientists – that there is a connection to physical and psychological well-being and the exercise of one's faith. *As Christians, though, we must be careful in what we are promoting when we say "prayer and religion works."* We do not, in this handbook, advocate the notion that prayer invokes some impersonal "force" which unalterably solves all our problems and woes like some magic potion. Rather, consider the following five passages of scripture:

Go to now, ye that say, Today or tomorrow we will go into such a city, and continue there a year, and buy and sell, and get gain: [14] Whereas ye know not what shall be on the morrow. For what is your life? It is even a vapour, that appeareth for a little time, and then vanisheth away. [15] For that ye ought to say, If the Lord will, we shall live, and do this, or that. [16] But now ye rejoice in your boastings: all such

rejoicing is evil. James 4:13-16

And this is the confidence that we have in him, that, if we ask any thing according to his will, he heareth us... 1 John 5:14

Thy kingdom come. Thy will be done in earth, as it is in heaven. Matthew 6:10

And he went a little farther, and fell on his face, and prayed, saying, O my Father, if it be possible, let this cup pass from me: nevertheless not as I will, but as thou wilt. Matthew 26:39

He went away again the second time, and prayed, saying, O my Father, if this cup may not pass away from me, except I drink it, thy will be done. Matthew 26:42

Christian prayer should be seen as illustrated by the act of a humble child innocently asking their father for something. The loving, generous father knows if granting the request is in the best interest of all concerned. We should pray for our specific needs and for those whose needs have touched our hearts...by all means! But we must do so humbly, readily acknowledging the answer of God to be a function of not just His almighty power, but also of His will and His all-knowing wisdom.

God answers prayer! We are admonished by His written Word to pray; even to pray boldly. But we come to Him as His children in simple faith, not with demanding arrogance as though we were His boss.

Oh, so many of those we minister to in care centers know well the blessing in submissive prayer. It is so much more than making God do what we want Him to do...it is walking in sweet communion with our Lord in the Garden of our heart. There we learn that He, indeed, knows best...that no matter what our circumstances, He will not forsake us or forget about us. *In this fellowship with our Creator we find the spiritual sustenance that affects our whole being, the effect of prayer that scientists are trying to catalog and define.* To those who know Jesus Christ, fellowship with Him in prayer is vital. To those who do not know Him, prayer can become for them the bridge to that sweet relationship.

The Residents' Spiritual Needs

We strongly urge Christian volunteers and staff members to consider these proven facts and the timeless experience of all Christians through the ages: make a commitment in your heart to seek to accommodate the real spiritual needs of the nursing home residents that you strive to serve!

- **Remind them of the faithfulness of Jesus Christ.**
- **Encourage them in their faith in Him.**
- **Tell them the “Old, Old Story” over and over again!**
- **Pray with them.**

Religious Orientations

Definition of Religion

Religion could be best defined as man's attempt to achieve the highest possible good by adjusting his life to the strongest and best power in the universe. This power is usually called God. Most religions are organized systems of beliefs based on traditions and teachings. Religion seeks to discover values and to attract men to them through worship and discipline. Religion has been one of the most powerful forces in history. There has never been a people that did not have some form of religion. (The World Book Encyclopedia, 1977, excerpts from "Religion")

Major Religions of the World

Ranked by Number of Adherents

Last modified 16 August 2001.(Sizes shown are approximate estimates, and are here mainly for the purpose of ordering the groups, not providing a definitive number. This list is sociological/statistical in perspective.)

1. Christianity: 2 billion – 33%
2. Islam: 1.3 billion – 22%
3. Hinduism: 900 million – 15%
4. Secular/Nonreligious/Agnostic/Atheist: 850 mil.-14%
5. Buddhism: 360 million – 6%
6. Chinese traditional religion: 225 million – 4%
7. primal-indigenous: 190 million – 3%
8. Sikhism: 23 million
9. Yoruba religion: 20 million
10. Juche: 19 million
11. Spiritism: 14 million
12. Judaism: 14 million
13. Baha'i: 6 million
14. Jainism: 4 million
15. Shinto: 4 million
16. Cao Dai: 3 million
17. Tenrikyo: 2.4 million
18. Neo-Paganism: 1 million
19. Unitarian-Universalism: 800 thousand.
20. Scientology: 750 thousand
21. Rastafarianism: 700 thousand
22. Zoroastrianism: 150 thousand

Our thanks to **Adherents.com** for this information (www.adherents.com)

Religion in the United States of America

Today the country is overwhelmingly (85%) Christian, but we are no longer simply Catholic, Protestant and Jew. There are more than 200 denominations in this country, and 5 million Muslims, 1 million Hindus, 1 million Buddhists, 275,000 Sikhs, and 133,000 Baha'is. (Gannett News Service, Feb. 1, 1999)

Religion in the State of Virginia

There are more than 3 million practicing Christians in the State. The approximate breakdown of major religious groups in Virginia is as follows:

Baptist - EV (1,200,000)
Methodist - ML (534,000)
Catholic - HC (523,000)
Lutheran - ML (174,000)
Episcopalian/Anglican - HC (149,000)
Presbyterian - ML (130,000)
Pentecostal/Charismatic - EV (145,000)
Jewish (73,000)
Mormon (63,000)
Church of Christ - ML (55,000)
Christian Ch. (Disciples) - ML (42,000)
Brethren - EV (34,000)
Buddhist (28,000)
Orthodox - HC (14,000)
Moslem (14,000)
Nazarene - EV (12,000)
Mennonite - EV (10,000)
Unitarian (6,000)

High Church (HC): 686,000 - 21%. Main Line (ML): 935,000 - 29%. Evangelicals (EV): 1,401,000 - 44%. Other: 184,000 - 6%.

These figures for Virginia do not include unchurched Christians, agnostics, atheists, or very small sects.

Our thanks to **Adherents.com** for this information (www.adherents.com)

Denominations - What difference Does it Make?

Noting some of the differences of beliefs in Christianity below, we present you, the Christian volunteer, with the issue of denominationalism among the residents of care facilities. You may notice that these issues are being dealt with in the greater Christian community – outside nursing homes. We want you to be prepared in your heart and mind to face these issues as you minister in facilities because, as we have stated before, the population of a care center reflects that of the community around it. And you may very well be asked pointed denominational questions and presented with charged sectarian circumstances in the course of your ministry. There are an infinite number of ways these issues may surface and we cannot give you all the answers you may need, but we can stimulate your thinking as a Christian ambassador to this field of mission. ***Remember: every audience in every facility is subject to be interdenominational.***

Four of the major questions of religion that Christianity answers

Who is God?

How has He revealed Himself to man?

What is man's relationship to Him?

What does He want us to do?

The basic answers to these questions are fairly universal throughout the Christian world.

- **Who is God?** God is the Creator.
- **How has God revealed Himself to man?** He has revealed Himself 1) in Holy Scripture, 2) in the person of His Son, Jesus Christ and 3) in the presence of His Holy Spirit in the world today.
- **What is man's relationship to God?** Our proper relationship to Him is founded on humble, child-like faith, recognizing our need for His divine intervention and fellowship in our life.
- **What does He want us to do?** He wants us to love Him and love all others around us.

Beyond these basic tenants there are implications of each one that divide Christians.

How did God create us? Was it some form of evolution over millions of years or was it a literal six-day event?

Has God finished revealing Himself to man? Or is mankind still learning and in need of adjusting our record? What does the Christian Bible mean and how do we apply it to our lives? Are other religions valid in God's eyes?

As humans, are we really born condemned to eternal punishment if it were not for some supernatural intervention or are we basically good inside and able to find our own way if we try?

How do we show our love for God and for our fellow man?

And these basic differences aside, there are a myriad of contentious interpretations and ideas that Christians struggle with:

Are the "gifts of the Spirit" for today? When will Christ return - before, during or after The Tribulation? Can you lose your salvation? Do you have to be baptized to go to heaven? Is it sprinkled or dunked? Should we pay a tithe to the church? Do we meet on Saturday or Sunday? Does the Bible have any mistakes? Can women be ordained? Should we pray to Mary and the Saints? Is it right to have musical instruments in worship services? Is the local church the highest organization or is an overseer of a group of churches the highest authority? What about the Pope? If you are a good person will you go to heaven? Do you have to go to church to be saved? Is sanctification a one-time experience or a process? Is it right to eat out on Sunday?

These questions are still being debated among theologians. You may have strong convictions about

the answer to some of them, if not all. We caution you to be careful when you deal with these subjects in the course of your ministry. Emphasize the major themes of our faith, not the divisive points. Major on the major points of Scripture and minor on the minor...and prayerfully ask the Lord to show you the difference. We all need to consider our need for godly wisdom in the discharge of our ministry responsibilities in the nursing home. Please be careful not to put a stumbling block in the path of one of the residents who may not share your view on some point of doctrine.

Remember John 3:16!

For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life.

Remember Mark 12:30-31!

And thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind, and with all thy strength: this is the first commandment. And the second is like, namely this, Thou shalt love thy neighbour as thyself. There is none other commandment greater than these.

What about the “other” religions showing up in our neighborhood?

While the idea of a cornucopia of human religiosity is very old, our awareness of its challenge to Christian faith is rather new in the United States. We are in a fundamentally different religious environment from what our grandparents or even our parents encountered. We can no longer think and speak in terms confined to Protestant, Catholic, and Jewish categories. The world we live in has changed. (*Christianity Today*; Jan 12, 1998; Clendenin, Daniel B.)

A Little History of the Christian Church.

In order to provide some background on how Christianity got where it is today, we provide below a brief overview of the history of how the Christian Church developed.

The death of Jesus of Nazareth should have put a quick and quiet end to what had been a minor religious disturbance in the smoldering tinderbox of Roman-occupied Palestine. There was no public outcry when the enigmatic Jewish preacher was executed after he challenged the religious authorities by declaring “the kingdom of God” at hand. His demoralized disciples had simply given up and gone home. Whatever it might have become, this tiny dissident sect of Galilean Jews had been decapitated and seemed destined to be quickly forgotten.

But as the New Testament tells it, the broken faith of Jesus’ disciples was restored as they were confronted by the risen Christ and as the Holy Spirit came upon them during the Jewish festival of Pentecost a few weeks later. Suddenly and dramatically, they began preaching boldly in the streets of Jerusalem that the resurrected Jesus was “both Lord and Christ.”

Within a few years, their message would echo through the cities and villages of Jewish Palestine, touching a chord with many but also creating turmoil within Judaism. After a few decades, the movement would begin to take hold in the commercial and cultural centers of the Greco-Roman “world”. And within a few centuries, what began as a grass-roots movement of Jewish peasants would become a powerful institution and a dominant force in Western culture. (*U.S. News & World Report*; Apr 20, 1992; Jeffery L. Sheler)

322 A.D. - Constantine Defeats His Last Rival. Seeks a restoration of the ancient glory of the Empire on the basis of Christianity. Persecution of Christians stops in Western Culture and Christianity becomes the main religion of the State. Seat of power moved from Rome to Constantinople. During most of his political career, Constantine seems to have thought that the Unconquered Sun and the Christian God were compatible - perhaps two views of the same Supreme Deity - and that the other gods, although subordinate, were nevertheless real and relatively powerful. Effects of Constantine on Christianity: an end of persecution; development of “official theology;” for selfish reasons, people flocked to what became the imperial church which many considered sinful and apostate; an age of religious “giants” ensued who shaped the church for centuries to come; pomp and circumstance and imperial protocol pushed the congregation into a less active role in worship; bone relics of martyrs and huge church buildings began to dominate Christian devotion and worship; clergy exempted from taxes. (*The Story of Christianity*, Vol. 1; Harper and Row Publishers, 1984; Justo Gonzalez, pp. 120-126.)

520 A.D. - In the east, under Justinian, the state is seen as the Heaven ordained defender of the Christian faith and the protector of the Holy Catholic and Apostolic Church. In the west, the Pope (“papa”) of Rome has taken this authority. Rome’s religious leaders begin to gain political control. Eastern religious leaders are subservient to the emperor in Constantinople. In coming centuries, debates over theology begin to seriously polarize east and west: they quibbled about one word in the creed; they insisted on different practices for Lent; they disagreed over the type of bread to use in celebrating the Eucharist; they differed over the worship of icons (holy images), seen as windows into the divine by some and as idolatry by others; and of course, the Roman Bishop and the Bishop of Constantinople joust for religious supremacy. (*Church History in Plain Language*, Word Book, 1982; Bruce L. Shelley, pp. 149-169.)

1054 A.D. - The great division between the Eastern (Constantinople) and Western (Rome) Churches: Representatives of the Roman Pope, Leo IX, excommunicate the Patriarch of Constantinople, Cerularius. Underneath this religious competition - Roman thought placed man in a legal posture with God, man is obliged to meet the demands of a just God, thus penance and purgatory develop whereby man makes restitution to God for sins. Eastern thought is dominated by the great theme of the incarnation of God and the re-creation of man in His image (man carries an “icon” of God within himself); hence, sin is not a legal infringement on God, but a reduction of the divine likeness, a wound in the original image of God. In Rome, the church is a formalized institution overseeing religious transactions between God and men’s souls. In the east, the church is seen as the mystical body of Christ invigorated by the Life of the Holy Spirit restoring man in an atmosphere of love to the likeness of God. Center of Eastern Orthodoxy ultimately moves to Moscow. (*Church History In Plain Language*, pp. 159 - 169.)

1500-1650 A.D. - The Age of the Reformation. The New World is explored and colonized while Lutherans, Calvinists, and Anabaptists rise and flourish as religious movements in Europe.

Lutheranism: Salvation by faith in Christ alone; the Scriptures, not popes or councils, are the standard for Christian faith and behavior.

Calvinism: “Reformed” Christianity; Predestination - God is the Governor of all things. In his own wisdom, from the remotest eternity, he decreed what he would do, and by his own power, he executes what he has decreed. No one can be a true Christian without aspiring to holiness in this life. No man, whether pope or king, has any claim to absolute power.

Anabaptism: The Christian experience must go beyond inner experience and doctrines; it must involve a daily walk with God, in which Christ's teachings and example shape a transformed style of life. Pacifists. Love is the Law - mutual aid and redistribution of wealth. All believers are priests and missionaries - very congregationally oriented. Separation of church and state - i.e., the right to join in worship with others of like faith without state support and without state persecution. (*Church History In Plain Language*, pp. 255 - 281.)

1648-1789 A.D. - The Age of Reason and Revival. Reason takes the place of faith in Western Culture. The Methodist movement and "revivals" grow. (*Church History In Plain Language*, pp. 327 - 370.)

1789-1914 A.D. - The Age of Progress. French Revolution, collapse of the Old Regime. The Church faces social unrest and the challenge of intellectual doubts (evolution). In the Roman church, the pope's supremacy and infallibility declared. Modern missions develop. Evangelicalism and Fundamentalism are birthed. (*Church History In Plain Language*, pp. 371 - 436.)

The Orbits of Current Christianity.

Given the preceding history of the Church, what follows is a general breakdown of the major orbits, or divisions of Christianity today with very brief and general descriptors.

High Church - Orthodox, Roman Catholic, Anglican, Episcopal.

Liturgical
Sacramental
Traditional
Hierarchical

Main Line Denominations - Lutheran, Presbyterian, Christian Church, Methodist, some Baptists.

Congregational
Theological
Formal

Evangelicals - Baptists, Brethren, Nazarenes, Pentecostals, Charismatics.

Pastors are strong leader figures.
Authority focused on the local church.
Evangelizing (missions) stressed.
Experience oriented.

What are some of the mutual traits that exist in all the orbits of Christianity?

- **Nominalism** ("name only" Christians) is in every orbit.
- **Fervent** (serious-minded, devoted) adherents to the cause and person of Jesus Christ are in every orbit.

- **Evangelicals** (“soul-winners,” mission oriented) are in every orbit.
- **Charismatics** (energetic exercise of “gifts of the Spirit”) are in every orbit.

The move toward relational and functional unity in Christianity

I have given them the glory that you gave me, that they may be one as we are one: I in them and you in me. May they be brought to complete unity to let the world know that you sent me and have loved them even as you have loved me. THE PRAYER OF JESUS CHRIST ON THE EVE OF HIS PASSION. John 17: 22-23.

We bless God our Father, and our Lord Jesus Christ, Who gathers together in one the children of God that are scattered abroad. . . . We are divided from one another not only in matters of faith, order, and tradition, but also by pride of nation, class, and race. But Christ has made us one, and He is not divided. In seeking Him we find one another. FIRST ASSEMBLY OF THE WORLD COUNCIL OF CHURCHES - August 22, 1948.

The single, most effective tool for evangelism and affecting our world for Christ is for the Church to show them the supernatural love of God flowing between His children: a love that is centered in the practical, experiential work of Christ in each individual’s heart.

A new commandment I give unto you, That ye love one another; as I have loved you, that ye also love one another. By this shall all men know that ye are my disciples, if ye have love one to another.
John 13:34-35

We have found the population of care facilities in which we minister to be interdenominational, without exception. As a Christian who is given the great honor of ministry in these care centers, you also have the opportunity to experience and model this unity of love among a diverse group of His children. In this ministry God entrusts you with a most wonderful gift. Please, carefully steward this precious, priceless endowment.

Pure Religion - Merging ministry and religion for the residents.

It is most important that we bring “religion” and “ministry” together to meet the actual spiritual needs of the residents. A “religious activity” does not always constitute real “ministry” to spiritual needs. Consider the following two quotes:

If love is eliminated from experiments in prayer, they do not work as well. Love - compassion, empathy, a deep sense of caring - is often connected with a sense of oneness and unity between healer and healee. Prayer, then, often goes beyond the religious ideation and formal rituals with which it is often associated. It can be a state of being rather than a matter of doing - what might be called prayerfulness. (Saturday Evening Post; Nov 21, 1997; Dossey, Larry)

Pure religion and undefiled before God and the Father is this: to visit the fatherless and the widows in their affliction, and to keep oneself spotless from the world. (James 1:27)

With the opportunity of nursing home ministry, God also gives you an awesome responsibility as a nursing home minister: encourage the faith in Christ of the residents as they deal with circumstances and struggles they never thought they would have to face. They deeply need the strength of your love for Jesus to show. They deeply need your faith in the promises of God to show.

They deeply need your Christian life to show in your touch, your attitude and your words. Take them the reality of your personal relationship with Christ and trust Him to meet you there!

Accentuating the Central Theme of Christianity – Jesus Christ

In closing this section, we stress again the common ground - the central theme - of Christianity: personal faith in who Jesus Christ is and what He did on our behalf. In all you do, in all you say, in all the time you spend in the course of your functions in the care center, keep the main thing the main thing.

As individuals, when ministering to the residents of a care facility, we certainly cannot possibly be prepared to accommodate each of the denominational and religious groups in their particular doctrines and liturgies, but we should seek to encourage each in their faith in Jesus Christ, a faith which we all share in common. More often than not, this is what the residents want! In “church services” and appropriate opportunities of Christian fellowship, we must seek, as volunteers, to provide activities that focus the residents on Jesus Christ, their faith in Him, and the Word of God, the Bible.

You do not have all the answers to all the questions you will face, but you know who does...and you can point the residents to Him. He knows the way through the wilderness. They are dealing with problems and situations that you can only imagine, at best. Many of the residents have terminal illnesses and they know it. Many of the residents are fighting against the fog of dementia. Many of the residents have no one else alive in their circle of close family and friends...they feel forsaken and alone. Give them Jesus, up close and personal. He has been there! He **WILL** see them through!

A Prayer for the Vulnerable and Their Caregivers

Our gracious Father, today we seek You on behalf of the millions of people who live in care facilities in our country. We pray for the elderly, the mentally retarded, those who have suffered severe injuries, and those ravaged by diseases like MS, cancer and cerebral palsy, all of them vulnerable and with little or no voice in the conditions of their life.

Father, we pray that You would protect them, that You would make Yourself known to them, and that they would feel Your presence. Would You whisper Your love and devotion to those who are helpless. Remind them that You are the Father of true mercy.

Send believers who know Your mercy to minister to them with caring human hands. Lord, we believe that even if we can't communicate with them, You can and You do. Father, give us Your heart and Your eyes that we may see them the way You see them. Lord, send volunteers who will make themselves available to serve care facility residents as You direct.

We pray for the believers who work in these places. Manifest Your strength and endurance in them to bear the burden of caring for these people. May they be as wells, continually pouring out Your life-giving water. May the Light which You have put in them be a great blessing to co-workers, residents and family members alike. Instill Your love for the helpless in their hearts.

Jesus, You wept; may we weep too.

We pray all this in Your holy name, Amen.

(Adapted from a prayer by Paul Falkowski, Director, **Desert Ministries**. <http://www.desertministries.org>)

Activity Professionals

The Activity Director

In each of the care facilities that we work with, there is someone who is responsible for providing a stimulating and challenging activity-based environment for the residents' enjoyment and benefit. The level and type of activity is tailored to the abilities of each person living in the facility. The one who is given this job in most care facilities is called the "activity director" or, sometimes, the "recreation therapist." This person is as important to many of the residents as their medical and nutritional helpers. "Christian ministry" is within this broader scope of "activities." Therefore, from an organizational point of view, Christian volunteering comes under the responsibility of the activity director.

The Volunteer and the Activity Director

When you are in the facility as a volunteer, you are there because the staff, and specifically the activity director, considers your contribution to the well-being of the residents to be necessary and positive. In a sense, you are a guest in the facility. We urge all Christian volunteers to keep this very important fact in mind. The activity director of any given care facility may not see a real need for the specific activity that you would like most to do. Be flexible and seek to fit into the actual needs for volunteering as opposed to your own preconceptions. Also, mold your skills and talents to the facility's population, rather than expecting them to bend around you. Remember, the activity director is there every day, all day, and he or she knows what the residents need **and** what the regulations and policies of the facility are. Therefore, it is important to work with the activity director and to enhance and support their program. You can be assured that the activity director will be as flexible as he/she can be.

Activity directors need Christians to do more than "church services." Consider all the helpful and interesting things you can do as a volunteer. (Please refer to the sections of this handbook labeled "**Programs**" and "**Games and Activities.**") Let the activity director know you would like to help accomplish important tasks for the residents' welfare. Get the activity director's input as to the effectiveness of your service and how you can improve. Be a servant for Christ.

Hampton Roads Activity Professionals' Association (HRAPA)

In Hampton Roads, as in many other areas of the country, there is an association of activity directors. It is called **Hampton Roads Activity Professionals' Association**, or "**HRAPA.**" They define themselves as professionals who plan and coordinate activity programs that meet the intellectual, psychological, spiritual, and physical needs of the geriatric population and persons with special needs in geriatric settings. **HRAPA** provides activity professionals with support through educational seminars and networking, enabling members to enhance the quality of life for the residents in their

facilities. Membership in **HRAPA** is open to individuals employed or interested in the provision of activity programming in long-term health care facilities, retirement homes, adult day care programs and senior centers in Southeastern Virginia. Meetings and training seminars are held monthly on the second Thursday at 1:00 P.M. at various facilities in the greater Hampton Roads area. For information on whom to contact, call **Christian Concourse** at (757) 714-3133.

The poem below was written by a nursing home administrator to all her staff who labor so selflessly and diligently for the welfare of the residents. The next time you go to volunteer in a nursing home, please remember the sacrifice that the staff members there make every day.

From the Desk of the Administrator

by Lori

Used by the author's permission.

“How can you stand all the noise?”, they say.
“How can you work here day after day?”
“They scream and they holler, they fuss and they spit.”
“When you give them a bath they cuss and they hit!”

We can explain and explain but they can't understand
The joy that we know when we touch feeble hands,
The love that we feel when we hear her say,
“Polly Esther, please help me, I don't know the way.”

It's not she who is lost, it's us in the dark,
If we fail to see her eyes still have a spark.
There's life within all for whom “home” is this place.
Let's make it the best; always pray for God's grace
That He'll help us continue to serve those in need,
That each day we'll seek to do a kind deed.
Pray He'll send patience from Heaven above
For us to treat them in kindness and touch them with love.

You all are the best, a true chosen few.
I pray God will bless you for all that you do.
For you do it so kindly, so gently, so well,
The angels in heaven your stories will tell.

Profile of a Volunteer

A person who is interested in volunteering in a care facility is a very special person. Activity directors are always overjoyed to hear from someone who is willing to help. If you are one of those people, what follows are some basic requirements you need to be aware of when you go to serve the residents of the facility.

First of all, volunteers are not superhuman people. Volunteers are folks just like you who are trying to make a difference in others' lives. Volunteers have all of the selfishness and pride to overcome daily that everyone else has. So, do not exclude yourself if you do not feel like an extremely mature saint with a total grip on being sweet, kind and patient. Just consider what you do have to offer, and as you go along volunteering without fanfare, trusting in God, you may very well find Him blessing and empowering you to minister in ways you never dreamed possible! All you can do is the best you can, bringing a cheery attitude and an open mind willing to learn, believing that God will do the rest.

Physical Abilities

You need to be physically fit enough to perform the service you are expected to do. For example, many activities require transporting wheelchair bound residents. Pushing wheelchairs may not sound very strenuous, but the halls of a facility get very long after 5 or 6 trips back and forth to the dining room, and negotiating an occupied chair over a threshold or ramp can be very challenging, even to the young, able body! This challenge is compounded by the weight of some residents. Further, if you have contracted the flu or some other communicable disease, please let the activity department know as soon as possible and stay home until you are completely over it!

Social Abilities

(This material adapted from a volunteer seminar given by Darlene Quiram at **Heritage Hall**, Virginia Beach, VA.)

It is important for the volunteer to know how to respect the personhood of residents. Care facility residents are adults and should be treated accordingly. You must be patient and polite with each resident and stay calm in the event of an accident or emergency. A volunteer needs to be personable, friendly with everyone, because a nursing home is not a factory making widgets. It is a caring home for people who cannot care for themselves! You should be willing to conduct yourself according to the same rules governing the behavior of staff members.

The body of residents is a social reflection of the general population. Therefore, you may encounter circumstances that violate your own personal convictions. If this happens, do not condemn and accuse. Respect the rights of each individual involved and only if necessary bring the matter up discreetly in order to be excused. Remember, you are in their private home as a guest.

An indispensable component in caregiving is relationship. It is impossible to have a relationship with anyone without communication. Communication is two way — for communication to happen there must be at least two active participants. Just saying something is not necessarily communicating.

Communication is composed of the **exchange** of three basic things:

- Information:** For communication to occur, the receiving person must get information from the giver. What are the facts?
- Feelings:** But, not just the raw facts! The receiver must also know the true feelings that the giver has about that information in order to understand what the giver is trying to say.
- Feedback:** Then the giver must get from the receiver feedback in order to validate or modify the impressions about the information and feelings that the receiver got.

The character or nature of this communication process determines the quality of the relationship between the two participants: is it bitter or sweet? For a volunteer's efforts to be effective and meaningful, this process must take place with the residents of the care facility. This is work! And you must learn to **LISTEN** for it to happen. You must learn to **pay attention** to all the little ways a resident communicates - verbal and non-verbal. Listen to their words and watch their actions - it is all part of your relationship with them. Please, **do your part** to make that relationship as good as it can be!

Taking Orders

It is our recommendation that you approach your volunteer job prayerfully. Having prayed and feeling it is God's will for you to volunteer to help in nursing homes, you need to see yourself as being sent by your Heavenly Father to be a servant. This servanthood is an opportunity for you to minister to the residents, their family members, fellow volunteers, and the staff of the care facility. As you are engaged in fulfilling the tasks you have agreed to do, you must be able to do them as directed by the activity director with a cheerful attitude. There will be times when it is necessary for administrative and nursing staff members to give instructions. Accept them willingly – remember, you are there to serve.

Make every effort not to dislike or engage in conflict with any staff member. Do not allow yourself to develop an ugly attitude toward the staff. If you have a problem with a particular person, pray about it and wait for the Lord to work it out: He sent you, remember? So He is with you. Never forget that staff members, regardless of their mistakes, have legitimate authority in their areas of responsibility and God expects you to respect that fact.

A Condition of the Heart

As a Christian volunteer, the most important characteristic in your profile is the spiritual condition of your heart. Your motive must be primarily to serve, to give and to do so without expecting anything in return. The people you minister to cannot pay you and in some cases they cannot even say thanks. And the next time you go to see them, they may not remember your name, much less your last visit. But we know it is clear in Holy Scripture, as quoted in other sections of this handbook, that our Heavenly Father wants us to go to the care facility residents with His love in our heart. If we love Him, that knowledge is motivation enough. It is that simple motivation of the love of God in our heart that makes our efforts in the nursing home a true Christian ministry!

In this light, we include on the following page another poem for your encouragement.

The Forgotten

Author unknown, copied from **Sonshine Society** materials.

She sits there waiting patiently
And wipes away a tear,
Wishing that a visitor
Would suddenly appear.

Someone to say, "How are you?"
And greet her with a smile.
Someone to sit beside her
And chat a little while.

It's hard for her to understand
Just what she's doing there.
What happened to her family
And friends who used to care?

How come she's been abandoned
Like some old worn-out shoe?
What crime has she committed?
What bad thing did she do?

She's only one of many
In an oldster's home today
Who finds the price of longer life
Is much too high to pay.

That picture could be quickly changed
If all of us would spend
Some extra time just visiting
A relative or friend
Who's shut away from all the things
That once were held so dear,
And needs to be reminded
That at least someone is near
To take her by the hand and say,
"How are you?" with a smile,
And then sit close beside her
And just love her for awhile!

How to Volunteer in a Local Care Facility

Step One – Read God’s Word

To begin, seriously consider the scriptures we have included below.

Scriptural Meditations on Ministry to the Elderly

(Taken from the King James Version.)

This is a list of Biblical passages which shed light on God’s perspective on ministry to our elderly neighbors. As you contemplate this area of Christian service, please keep these scriptures in mind. Let the Lord speak to your heart through His written word. Share these passages of scripture with others who may be interested in participating with you in care facility ministry.

With the ancient is wisdom; and in length of days understanding. Job 12: 12

Cast me not off in the time of old age; forsake me not when my strength faileth. Psalm 71: 9

They shall still bring forth fruit in old age; they shall be fat and flourishing. Psalm 92: 14

Then shall the righteous answer him, saying, Lord, when saw we thee an hungered, and fed thee? or thirsty, and gave thee drink? When saw we thee a stranger, and took thee in? or naked, and clothed thee? Or when saw we thee sick, or in prison, and came unto thee? And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me. Matthew 25: 37-40

For if ye love them which love you, what thank have ye? for sinners also love those that love them. And if ye do good to them which do good to you, what thank have ye? for sinners also do even the same. And if ye lend to them of whom ye hope to receive, what thank have ye? for sinners also lend to sinners, to receive as much again. Luke: 6: 32-34

And the eye cannot say unto the hand, I have no need of thee: nor again the head to the feet, I have no need of you. Nay, much more those members of the body, which seem to be more feeble, are necessary: And those members of the body, which we think to be less honorable, upon these we bestow more abundant honor; and our uncomely parts have more abundant comeliness. For our comely parts have no need: but God hath tempered the body together, having given more abundant honor to that part which lacked: That there should be no schism in the body; but that the members should have the same care one for another. And whether one member suffer, all the members suffer with it; or one member be honored, all the members rejoice with it. Now ye are the body of Christ, and members in particular. 1 Corinthians 12: 21-27

If any man or woman that believeth have widows, let them relieve them, and let not the church be charged; that it may relieve them that are widows indeed. 1 Timothy 5: 16

But be ye doers of the word, and not hearers only, deceiving your own selves. For if any be a hearer of the word, and not a doer, he is like unto a man beholding his natural face in a glass: For he beholdeth himself, and goeth his way, and straightway forgetteth what manner of man he was. But whoso looketh

into the perfect law of liberty, and continueth therein, he being not a forgetful hearer, but a doer of the work, this man shall be blessed in his deed. If any man among you seem to be religious, and bridleth not his tongue, but deceiveth his own heart, this man's religion is vain. Pure religion and undefiled before God and the Father is this, To visit the fatherless and widows in their affliction, and to keep himself unspotted from the world. James 1: 22-27

Step Two – Pray

Now, please, do two very important things:

(1) Sincerely pray and ask the Lord Jesus if this is something that He wants you to be involved with.

If you sense that this might be a ministry that you may pursue with His blessing,

(2) Approach your volunteering as a job assignment from Heaven.

Ask Jesus for His leading as you follow the path for this personal ministry. Because it would honor our Lord, volunteer to help the staff and the residents of the facility with a personal commitment to integrity, diligence and faithfulness, having a servant's heart. It can be an unfortunate reproach on our Savior's Name when a Christian volunteer or ministry makes a commitment to a facility and then follows through with tardiness, laziness and unfaithfulness. With these words in mind, prayerfully consider the following passages of scripture. (Taken from the King James Version)

... whatsoever ye do, do all to the glory of God. 1 Corinthians 10: 31

And whatsoever ye do in word or deed, do all in the name of the Lord Jesus, giving thanks to God and the Father by him. Colossians 3: 17

If any man speak, let him speak as the oracles of God; if any man minister, let him do it as of the ability which God giveth: that God in all things may be glorified through Jesus Christ, to whom be praise and dominion for ever and ever. Amen. 1 Peter 4: 11

Step Three – Do the Questionnaire

Referring to the appropriate sections of this manual and the yellow pages of your phone book as needed, make a copy of the worksheet on the following page and thoughtfully answer the basic questions before you call a care facility to volunteer.

Care Facility Volunteer Questionnaire

What do I want to do as a volunteer in the facility? (Make a list, if possible.)

What type(s) of facility do I want to work in?

Within what local geographic area do I want to volunteer?

Which specific facilities meet the previous two criteria? (List them with their phone numbers)

As you consider the following three questions, do NOT over commit yourself!

What day or days of the week — or month — or year — do I want to volunteer?

What time of day would be good for me to be there?

How many hours would I be able to commit to, comfortably, for each visit?

Step Four – Choose a Facility

Now that you have prayerfully filled out your “**Care Facility Volunteer Questionnaire**” . . .

- 1) Call the **Activity Directors** of the facilities of your choice.
- 2) Discuss with them how your interest to be involved would best assist the residents of their facility and fit into their activities calendar.
- 3) After carefully considering the response of each activity director . . .
- 4) Choose your facility.
- 5) Confirm your intentions with that activity director.

Step Five – Go to Your Pastor

Make a copy of the “**Pastor’s Recommendation Form**” on the next page. Go to your Pastor and tell him about your desire and plan to minister in a care facility. After going over your specific intentions with your Pastor, make any adjustments as necessary. You and your Pastor will then fill out the “**Pastor’s Recommendation Form.**”

Pastor's Recommendation Form

Volunteer Candidate:

Full Name (please print): _____

Home Address: _____ Zipcode: _____

Daytime Phone No. _____ Evening Phone No. _____

Care Facility Where I Wish to Volunteer: _____

Address of Facility: _____ Zipcode: _____

Phone Number of Facility: _____ Activity Director's Name: _____

Activities I Wish to Volunteer for: _____

Hours I Anticipate Being Available Each Month: _____

Candidate's Signature: _____ Date _____

Dear Activity Director,

I have been the Pastor of _____

for _____ yrs. / mos. (circle one). I attest to their participation in good standing within the fellowship of our local congregation. In my opinion, this person would be a satisfactory candidate for volunteering at your facility for the above mentioned activities for the hours each month as indicated.

Pastor's Full Name (please print): _____

Ordained / Licensed (Circle one) by Whom? _____

Church Name: _____

Church Address: _____ Zipcode: _____

Phone Number (s): _____

Pastor's Signature: _____ Date: _____

Notes:

Step Six – Go to the Facility

Deliver the completed **Pastor’s Recommendation Form** to the activity director of the facility of your choice.

Fill out the appropriate volunteer application as required by the activity director.

Facility Applications

Most facilities require volunteer evaluations and/or applications to aid them in placing you in the most appropriate role in their program. Often, the activity director offers training and orientation classes for volunteers. Please accept these processes as part of your opportunity to serve. Try not to look at them as obstacles. Remember, the staff of the facility is responsible for what you do while in their facility. Be cooperative and understanding during your orientation procedures. Approach orientation as a valuable learning experience.

Some facilities require yearly medical evaluations and tests such as a PPD test for tuberculosis. These are usually provided at the facility without cost to the volunteer. Cooperate fully with these tests as part of your responsibility - they are for the good of the residents you love and may also benefit you greatly.

Step Seven – Begin Your Ministry

The process that we recommend here is well worth the effort. When you get to know the sweet folks that are waiting for you to brighten up their day, you will fully agree. Study the other material in this handbook, especially **Section 6, “Profile of the Care Facility Population.”**

You could skip the bulk of the first five steps in these procedures, but you would rob yourself of the benefit of really thinking through your interests and level of commitment. The Church will be better served, the Lord’s Name will be better honored, and the residents will enjoy your faithfulness and dedication if you will take the little extra time and effort required to follow our simple steps for volunteering. Do it, and make some hard working activity director’s day! If, along the way, you have any questions, please call us at **Christian Concourse (757- 714-3133)** and we will be glad to help. Thanks, and God bless you.

Special Skills

Many tasks that you will be asked to do as a volunteer will not require special education or training. In some cases, though, you may feel hesitant or find yourself struggling over a certain job or responsibility for which you consider yourself inadequate. Usually, the activity director will be able to provide training in these situations. Your pastor or a more experienced volunteer may be able to help. Please do not hesitate to seek out such instruction. Of course, you are always welcome to call **Christian Concourse (757- 714-3133)** for ideas and information! For even more independent, in-depth guidance, go to your local library. There, you will find books that provide tried and true advice in caregiving. If you prefer, you can purchase some good material from Christian ministries such as we include in **Section 14, “Reference Resources.”**

Hints for the Volunteer

When You Meet a Person with a Disability

(Prepared by the **Mayor's Committee for Persons With Disabilities**, City of Portsmouth, Virginia. Used by permission.)

Offering assistance to someone is only polite behavior. Giving help before it is accepted is rude. Ask how to help. The person with a disability will instruct you.

Offer help but wait until it is accepted before you give it. It is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands (shaking hands with the left hand is an acceptable greeting).

Accept the fact that a disability exists. Not acknowledging a disability is similar to ignoring someone's sex or height. On the other hand, it would be inappropriate to ask personal questions.

Talk directly to a person with a disability, not to someone accompanying them. Address people who have disabilities by their first names only when extending that same familiarity to all others present. (Never patronize people who use wheelchairs by patting them on the head or shoulder.) To ignore a person's existence in a group is insensitive, and it is rude for two people to discuss a third person who is also present.

Don't park your car in a handicapped parking space. These spaces are reserved out of necessity, not convenience. Some people with a disability cannot walk distances; others need extra space in order to get wheelchairs in and out of the car.

Treat a person with a disability as healthy. A person with a functional limitation is not sick.

Listen attentively when you're talking with a person who has a speech impairment. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod, or a shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding. Consider that the individual may have a disability which affects social or motor skills.

Don't exclude or excuse a person with a disability from participating because of their disability. Let the individual make that decision.

Hearing Impairment

When you meet a person with a hearing impairment, speak directly in front of them, clearly and distinctly, don't exaggerate. Use normal speed unless asked to slow down.

Provide a clear view of your mouth. Waving your hands or holding something in front of your lips, thus hiding them, makes lip reading impossible.

Lip reading is at best an educated guess. Expect a person with a hearing impairment to ask to have

information repeated. He/she will often repeat the information back to you for verification.

Use a normal tone unless you are asked to raise your voice. Shouting will be of no help and may distort the sound for a person wearing hearing aids.

Speak expressively. Persons with hearing impairments cannot hear subtle changes in tone which indicate sarcasm or seriousness. They rely on your facial expression, gestures, and body movements to understand you.

Some have the impression that the inability to hear implies inability to speak. Not so! Persons who have lost their hearing as adults will speak normally, although their voices may be harsh. Persons who have been taught to speak without having heard their own voices may be difficult to understand. If you are having a tough time understanding someone with a hearing impairment, ask them to repeat themselves. If that doesn't help, use pen and paper. Communicating is your goal.

If a person with a hearing impairment is with an interpreter, speak directly to the person with a hearing impairment, not the interpreter.

Persons who were born with a hearing impairment think in pictures, not words. Speak in simple sentences, avoid abstract concepts.

Visual Impairment

When you meet a person with a visual impairment, offer help, but wait until it is accepted before you give it. Always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking. If you are not sure exactly what to do, ask the person to instruct you.

To guide a person with a visual impairment, let them take your arm. Don't grab an arm and try to steer. The person with a visual impairment will walk about half a step behind you, following your body motions. If you encounter steps, curbs, or other obstacles, identify them. In narrow places, bring your arms back and let the person follow you.

When talking to a person with a visual impairment, speak directly to them using a normal tone and speed of voice. Blindness does not affect hearing and intelligence.

When you are leaving a person with a visual impairment, say so. Anyone would feel foolish talking to thin air. If you get someone to help the person with a visual impairment, introduce the helper so they can become acquainted.

Don't avoid using words like blind, look or see. People with visual impairments use them too.

When giving directions to a person with a visual impairment, be clear and specific. Make sure to point out obstacles in the direct path of travel.

When guiding a person with a visual impairment to a chair, simply guide their hand to the back of the chair and tell him/her if the chair has arms.

Resist the temptation to pet working guide dogs. They have been trained to work with persons who have a visual impairment, hearing impairment and mobility impairment. If a dog is distracted, its owner can be in danger.

In a restaurant, people with visual impairments usually have no trouble with ordinary table skills. They may need help with ordering from the menu and with placement of utensils and food.

Ninety percent of the persons with a legal visual impairment have some vision. They can see a great deal if you will help them locate the object you are discussing. They will need help with color, line, and fine details.

When giving a description of something, if anything is touchable, say so. Touching will enhance the person's understanding of your description.

When You Meet a Person Who Uses a Wheelchair

Do not automatically hold on to a person's wheelchair. It is part of the person's body space.

Offer assistance, but do not insist. If a person needs help, he/she will accept your offer and tell you what to do.

Talk directly to the person using the wheelchair. Never talk to a third party. A person in a wheelchair is not helpless or unable to talk.

Be alert to the existence of architectural barriers. These would be steps, curbs, narrow or heavy doors, high counters or displays, and bathrooms not equipped for persons with disabilities.

If the conversation is lengthy, sit down. It is uncomfortable for a seated person to look upward for a long period of time.

Do not attempt to **lift** a person in a wheelchair without his/her permission. Tilt the front wheels up and roll the wheelchair backwards up the steps and forward down steps. Be sure to have someone in the front or in back to steady the wheelchair.

Mental Impairment – Dementia

Adapted from material compiled by Marci Stocks (tranquility@home.com) on her website, *Elderly Place* (<http://www.geocities.com/~elderly-place/>).

Dementia is a generic term referring to the emotional and cognitive disorders caused by mental and physical infirmity. Aging is not a direct cause of, and does not necessarily result in, dementia. Dementia is the result of a **disease** of one kind or another. Also, the symptoms of dementia can result from **over-medication**, chronic **lack of stimulation** in daily life, or chronic **over-stimulation**.

Behaviors Associated With Dementia

Wandering

Wandering can occur for many reasons. A resident suffering from dementia may be searching for something or for someone. Unfortunately, in cases where they cannot communicate with words, it may be difficult to find out exactly why they are wandering. Obviously, due to the dementia, they may not know why they are wandering themselves. If wandering is a real danger, the care facility will take measures to make the living area secure. It is important for you to respect these protected boundaries. Always communicate first with facility staff when transporting a demented resident outside secured doors. Safe guarding a nursing home is different from one facility to the next simply because layouts are different, so, ask questions and stay informed of the measures taken by the facility where you volunteer.

Anger/Frustration

Anger and frustration can occur for many reasons. A demented resident may be angry because they cannot remember or because they cannot do certain activities anymore. They may even take this anger out on you. Do not take it personally. Be understanding and listen to their feelings. The resident is probably just as frustrated as you.

Hallucinations/Delusions

Due to dementia, a resident may see people or objects that you do not see. You may find them staring into space. To you, no one is there; to them, someone is there. Ask them what they see or hear. They may be remembering the past, seeing a deceased loved one, or looking at an animal that isn't in the home. Reminiscing can be very helpful, so this may be an opportunity for you to begin.

Depression

Depression occurs for many reasons, many of which you, as a volunteer, cannot control and may not understand. Be patient and peaceful and loving. When you are in a facility for a while and you get to know some of the residents for a longer length of time, you may notice that they aren't as involved with activities as before or they might begin withdrawing from you. Again, just be loving and available as God gives you strength.

Paranoia/Suspicious

This can be extremely difficult for a caregiver or volunteer. Often, the resident will accuse you, the caregiver, of stealing even when they misplaced an item. Look for the item with them. Be prepared that they may still accuse you. Patiently repeat your statement.

Refusal to Bathe

No one wants to be dependent. Depending on someone to help you bathe may be embarrassing. It is better not to push the resident suffering dementia. If possible, let them wash by themselves while the caregiver discreetly provides assistance when needed.

Sundowner's Syndrome

Sundowner's Syndrome occurs at night. This happens when a resident is restless and after "sundown" they are up. They will have problems falling asleep and will be up and about during the night. Wandering is frequent.

Repeat Actions

Repeating actions and sentences is very common in Alzheimer's disease and other causes of dementia. It can happen for many reasons. A resident may have forgotten what activity they were doing before being interrupted or they may have forgotten what they just said. Also, they may feel that you are not listening and think it is necessary to repeat themselves.

Inventing New Words

Sometimes a resident with dementia will forget a word and create their own. Some caregivers and volunteers simply learn the new words, so they will know what their friend is trying to say. Others correct the word. Use your best judgment.

Using Curse Words

This may be difficult to correct, especially if the resident is inclined to violence. Some caregivers ignore the words, as with children. If no one responds to them, they may not curse anymore. Some caregivers will try to change the direction the language is taking. Be sensitive to the resident and be a peace maker.

Language Disturbances

Brain functions slow down with dementia, especially Alzheimer's Disease. A resident may slur words together or may have a tremble in their voice. They may even whisper words. If this happens, repeat what you think is being said. Don't be afraid to ask the resident to repeat themselves.

Please Note: We all lose things, we all forget names, we all become lazy when it comes to self care at one time or another. Therefore, be careful not to try your hand at diagnosing dementia. Let the professionals do that. As for memory, we often hear "But she remembers dates and things from 50 years ago... She remembers the names of her teachers and her first pet." With dementia, it is not uncommon for the person to have a very active long-term memory while short term memory is lost.

Reminiscing is fantastic with an elderly person, even with dementia. People, in general, love to talk about their past. If you try this, it is not uncommon for names and places to be made up. A person might keep talking about their dog. Later, you find out that they never had a dog. But, they are so happy to just talk and **in their mind they really had a dog**. So, listen, nod your head, be interested. The resident feels happy talking about their past and you feel happy because the resident is happy. As mentioned in the next section, **Guidelines for Care Facility Visitation**, this is known as **Validation Therapy**. However, if the resident becomes agitated, change the subject until a later date. With dementia, moods can change in an instant.

Guidelines for Care Facility Visitation

As a volunteer, be mindful that **you are a visitor in the home of private citizens** and you are there by their leave.

Before giving any edibles, **be informed of any health conditions that may restrict a resident's diet.**

Allow residents to be sad or upset. Validate their feelings in respect for them as persons. To cheer them, redirect their thoughts on the same subject rather than trying to change the subject.

Do not presume to know a resident's state of mind; nor confront residents with questions about dementia. If necessary, ask the professional care-giver on staff about a specific resident's lucidness. Personally get to know a resident's level of awareness through a relationship based on your patience and understanding.

Some residents will not remember being told previously about significant events or facts. Their reaction to "old" information will often be as though they are hearing it for the first time. For example, grief over the news that a loved one has passed away may be equally intense each time it is mentioned. Therefore, in such cases, do not lie to them but focus on helping them deal with their **FEELINGS AT THE PRESENT TIME** rather than being sure they have all the information exactly right. This is called **Validation Therapy**.

Speak to each resident by name, making a point to know how each resident wants to be addressed (i.e., Mr. / Mrs. / Dr. / Rev. / etc.).

Do not presume that a resident knows your name. They will often remember your face but they want to talk to you by name. Mention your name early in the conversation.

Touch is an important communicator of genuine concern, personal affirmation and sincere affection.

Due to immobility, poor hearing and reduced peripheral vision, elderly residents have difficulty changing their direction of focus when someone approaches on the side or from the back. Therefore, **draw near to them from the front and speak to them face to face.**

When speaking to a resident, pronounce your words distinctly and with a clear voice. Use no greater volume than is necessary for them to understand you plainly. Do not use babytalk in your conversation.

Ask open-ended questions to encourage conversation.

LISTEN!!! No matter what your role in the facility, be quick to listen to the resident. Give them as much control of the conversation or activity as possible.

Before moving people in a wheelchair, always ask permission while standing in their view, and tell them where they are going. In this way, being polite and considerate, you may also prevent a hand or foot injury.

Most residents consider themselves Christians, and many are stronger in their faith in Jesus than you are. Be careful not to "talk down" to them.

Avoid making a commitment unless you are sure you will be able to keep it. Good intentions count a little but they're not good enough when a resident is devastated with disappointment!

And remember, **older persons are just like you, only, sometimes, a little more so!**

Thanks to Audra Gray for her assistance in compiling this list.

A Prayer for Those in Nursing Home Ministry

Father, thank You for calling me to minister to Your children in nursing homes. I purpose to keep on going by Your power, for You first saved me and then called me to this holy work. It was Your idea, a gift prepared for me in Jesus long before I knew anything about it.

Thank You for Your Word — the entrance of Your Word brings light, and Your light is the life of men. Let the words that I speak be Your Words of spirit and life, and I pray that the light of the Gospel will illumine the minds of those to whom I minister.

Thank You Lord, for those who welcome me, reaching out for prayer, encouragement, and hugs. I pray that the love in my eyes and voice and words will bring joy to their hearts.

Father, You have a purpose for them. You want them to continue bringing forth fruit in their old age. Help me to bring understanding to them. Help me to encourage and teach them to continue in their desire to be useful, thus fulfilling Your purposes in their lives.

Oh, Father, I pray for those who are in fetal positions, not speaking or opening their eyes. I pray for those who struggle with mental and emotional handicaps caused by disease and aging. I pray for those who struggle with pain and disease in their bodies. I pray for those who are weakened by emotional hurt deep in their hearts. Arise, O Son of righteousness, and minister to these souls who will soon meet You face to face. Lord, Your arm is not shortened that You cannot save, and nothing is too hard for You. Give me wisdom tempered with true compassion to minister restoration and hope to these hurting souls in Your Name.

Father, You execute justice for the fatherless and the widow, and You are a Judge and Champion of the widow. You preserve and uphold the fatherless and widow and You set them upright. I pray these promises over all those I minister to, trusting You to watch over Your Word to perform it.

I pray that I not minister in my own strength, but in the divine power which You provide. It is my purpose always to be obedient to James 1: 27, “External religious worship... that is pure and unblemished in the sight of God the Father is this: to visit and help and care for the orphans and widows in their affliction and need...and to reach out to the homeless and loveless in their plight.”

Lord, I desire to serve You with a glad heart and a joyous spirit. Whatever You call me to do, I trust You to equip me with all that I need to accomplish it.

In the name of my Lord and Savior, Jesus Christ, Amen.

(Adapted from *“Prayers That Avail Much, Volume III”* by Word Ministries, Inc., Harrison House, Inc., Publisher. Taken from the website of **Faithful Friends Nursing Home Ministry**, <http://www.faithfulfriends.org>.)

Programs

A program is a regularly scheduled, on-going procedure, service or activity performed for the benefit of care facility residents. Programs are at the heart of ministering to the needs of residents because they are organized and designed and scheduled in advance to do just that. Programs are the most effective and efficient manner for bridging between the community and the facility population. Programs give the volunteer a framework for their service so that time and resource commitments are predictable and manageable. Having a prescribed program in a nursing home helps the organizers when recruiting volunteers. By defining a program of activity, the volunteer, the activity director and the resident are shielded from unrealistic expectations.

All activity directors are skilled in “Programming.” In fact, it is a field of study which some have college degrees in. Go to the activity director at the facility in which you volunteer and get assistance in setting up and improving your program.

In this section we provide a brief definition and some tools for several programs which are popular in care facilities.

Care Package Program

Although normal supplies are adequate, the residents of care facilities, especially nursing homes and assisted living facilities, could often use personal items and clothing. There are many opportunities here for small groups and local churches to be a blessing in a tangible way to these sweet people. On the next page is a flyer you can use to promote the “care package program.” On it is a list of items approved by activity directors to bring to the facility.

There are a number of ways you can go about sharing your gifts. Of course, you will need to contact a local facility to coordinate your intentions with the activity director. You can accumulate them and take them gift wrapped for Christmas or monthly birthday parties. Label each gift-wrapped package with a tag identifying the content. You can deliver them loose to the activity director at a facility near you for them to distribute at their discretion. Also, in the Hampton Roads area, you can call **Christian Concourse** at (757) 714-3133, and we will make arrangements with you to see to their appropriate placement.

Care Packages

For Your Friends At Local Nursing Homes

Help show these sweet people that they are not forgotten!



Pick up some of the items from the list below on your next trip to the store.

Take them to your local care facility . . . or call

Christian Concourse

to deliver them for you: (757) 714-3133

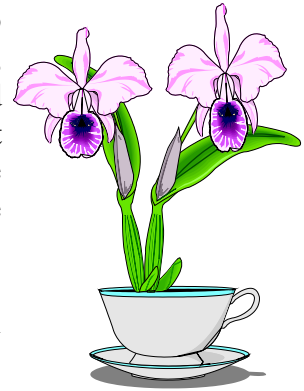
Combs/Brushes	Wrapping Paper	Cellophane Tape	Small Kleenex
Socks	Puzzles	Ribbons	Shampoo/Rinse
Lotion	After Shave	Deodorant	Wallets
Tone/Dove Soap	Small Cologne	Toothpaste	Gloves
Jewelry	Polident	Lap Blankets	Warm Socks
Change Purses	Blush (Rose)	Note Pads	Baby Dolls
Nail Polish	Scarves	Emery Boards	Hair Tonic
Polish Remover	Slumber Caps	Mouth Wash	Lg.Print Bibles
Hair Rollers	Panti-Hose	Knee-hi's	Video and Audio
Stationary	Writing Pens	Powder	Tapes

For more information: _____

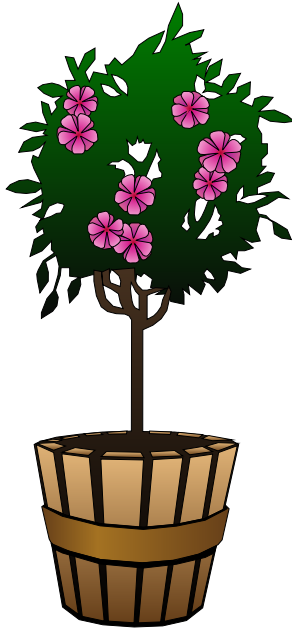
Or call Jerry Johnson at **Christian Concourse Ministries, Inc.:** (757) 714-3133

Horticulture Therapy

Horticulture therapy (or garden therapy) is helping care facility residents to work with or be around living plants and gardens of all sorts and sizes, indoors and outdoors. The range of plants with which the volunteer could work would include small potted vegetables and ornamentals, cut wildflower bouquets, raised planters (for wheelchair access) on outside patios, flower beds in courtyards, and complete vegetable gardens on the grounds of the facility.



It would be best if the volunteer had some education or successful experience in whatever level of horticulture they wish to pursue with the residents. If that is not the case, the volunteer would need, at least, to be willing to read and follow the instructions of a good book on the subject. Let us note here that the type of horticulture therapy should be chosen in the light of the interests of specific residents. In the same vein, it is best when the program is designed to keep the residents closely involved with the complete process, giving them hands-on opportunities as much as possible. There may even be the occasion for the resident to supervise the activity in the light of their past experience with plants.



For training classes, resources and ideas in fashioning a horticulture therapy program, contact your community garden club or a local lawn and garden center or nursery.

In the Hampton Roads area, the “*Master Gardeners*” volunteer program of **Virginia Cooperative Extension** provides excellent training for those seeking more formal instruction. They can be reached at (757) 683-2816. For answers to specific questions concerning gardening, you can call their hotline at (757) 683-2855. Their email address is: www.mg710@vt.edu.

The national organization of “*Master Gardeners*” has a website with a directory of affiliates all over the United States. Their URL is: www.mastergardeners.com.

Pet Therapy

Pet therapy, or animal assisted therapy, is recognized by professional care-givers as a program which has great benefits to residents of care facilities. It is remarkable to see the change come over the elderly nursing home residents' faces when the animals visit. For many of the residents who are limited to a wheelchair and their imaginations, the distractions like the ones the animals provide are the highlights of their day. Think, for a moment, how you would feel, as a lifelong friend to animals, to be bed bound and have no contact with pets of any kind. You would be VERY happy to have someone stop by your bed with their dog or cat that you could look at and pet. Most activity directors would be thrilled to have faithful pet therapy volunteers. Visits can be made any day of the week and at any time of the day except mealtimes. So it is easy to fit this volunteer program into your schedule.



If you have invested in professional obedience school for your dog, it only takes a couple of hours a month to put that training to work bringing good cheer to others. What a great way to let your dog do something besides lying around the house and eating. Most friendly dogs LOVE to be petted by other people and show off their trick repertoire for a treat. Your dog will have fun and SO WILL YOU!!!

Dogs do not have to be purebred; they just have to be well-groomed, clean, controllable, and have an owner who is willing to volunteer some time. Cats are also very popular with the elderly. Baby goats, goslings, rabbits, and even turtles have been brought by children to nursing homes for very successful pet therapy sessions.

If you have a dog, ask yourself these simple questions:

Does my dog love people?

Does my dog like to be petted?

Does my dog have a sweet disposition?

Is my dog well-mannered, not jumping up on people?

If your answer is "Yes" to each of these questions, then there probably is an activity director at a local care facility who would love to talk to you! There is a place in pet therapy for all dogs, both big and small, mixed breed and pure bred, show dog or house dog.

As a practical consideration, pet therapy must always be done with the immediate accompaniment of designated care facility staff. In addition, there are organizations which provide specific training and registration for the therapy dog and its owner. For more information, contact a local canine training center, or communicate directly with the following certifying organizations:

Therapy Dogs, Incorporated
 P.O. Box 5868
 Cheyenne, Wyoming 82003-5868
 1-877-843-7364
therdog@sisna.com

Therapy Dogs International
 88 Bartley Rd.
 Flanders, New Jersey 07836
 1-973-252-9800
www.tdi-dog.org

Caregiving One-On-One

A “One-On-One” program is just that: a volunteer going to see residents one at a time. Sometimes this involves just one resident per visit to the facility, while other volunteers prefer to visit several, one at a time per visit. Sometimes, a volunteer will be involved with only one resident, period. It is important for the volunteer to work closely with the activity director in tailoring this type of program to the needs of specific residents.

“One-On-Ones” is the program of choice for many Christian volunteers. It seems that some are specially gifted in this type of intimacy . . . they thrive on giving it and the residents greatly appreciate getting it. As Christians, we know that this is mature love, or charity, in its purest form. It is an unselfish, thoughtful sharing of time, attention, compassion, respect, touch, patience and kindness.



A volunteer giving residents personal concern and compassion, specifically directed toward them as individuals, is at the center of all care facility ministry. Entertaining a group is good. Performing for audiences in care facilities is meaningful and meets a need. Whatever the skills and talents are that we take to a care facility, our presence provides valuable, irreplaceable input. And the exercise of the skills and talents on behalf of those who are hurting and lonely should be a function of our empathy and feeling for their needs.

No matter what type of volunteering we do in a care facility, we will inevitably find ourselves in circumstances where we are one-on-one with a resident. Whether we are comfortable or not with this type of interaction, there are several things we will benefit from if reminded of them. In the following paragraphs is information from other sources which deal with many of the issues and circumstances faced in one-on-one settings.

Tips On Visiting Friends and Relatives

(This section copied from a pamphlet published by the **American Health Care Association**.)

What do you think life would be like if you were living in a nursing home? You might be conscious of being physically removed from your familiar home and community. You might feel lost, unsure of how you will adjust to this new place. You may feel that you’ve somehow been rejected.

During this time of transition, the need for human interaction is especially important. Maintaining ties with friends and family helps to assure the new resident that he or she has not been abandoned, that important relationships will continue just as they did outside the nursing home.

You, as the visitor, may feel anxious at the thought of visiting the nursing home. “Nursing homes depress me,” many people say.

At first, the sight of so many elderly people who have suffered some form of disability may be upsetting. But you must learn to look beyond the physical appearances. Think of each resident as an important individual who has lived a long and full life, and whose uniqueness does not depend on physical appearance.

You may be bothered by those who appear to be confused or disoriented. Keep in mind that these people can be reached by simply holding their hands and looking into their eyes. Even a person in the later stages of Alzheimer's Disease will still respond to tenderness and affection.

As you make plans to visit someone living in a nursing home, remember that the facility is that person's home, and you should show the same sort of respect you showed when the resident lived outside the facility. Call and ask what time is convenient for you to pay a visit. A resident may feel more energetic or sociable at certain times of the day. Or he/she may simply have other plans. In addition, he/she will have that visit to look forward to, which extends the pleasure. Most facilities have very liberal visiting hours lasting 10 to 12 hours during the day. Be sure to check on these hours before you visit so you don't interrupt meals, bathtimes or other regularly scheduled events. Some nursing homes encourage visitors to join residents at mealtimes. If you decide to do so, you should expect to pay for your meal.

One word of caution about visiting: there is a tendency to "promise a rose garden" and be unable to deliver. Do not promise to visit and not come. If you cannot keep an appointment, call in advance and immediately suggest an alternate time.

When you and your friend or relative are planning your visiting times together, look over your schedule carefully and realistically. Decide how much time you can spend each week or month. Realistic planning avoids disappointment for the resident and feelings of guilt or anger for you.

Who Should Visit?

Anyone who was important to the resident outside the facility [*as well as willing volunteers*], should visit him/her in the nursing home, children included. Young children rarely react negatively to aging or sick individuals. On the other hand, teenagers and older children may need some time to adjust. Staff members, particularly activity directors, can be helpful in aiding this process.

Planning for the Visit

Some people feel that they don't know what to do during a visit to a nursing home. In this case, simply ask yourself what activities you enjoyed with this person outside the nursing home. Did you listen to music together? Did you play cards? Did you watch old movies? There is no reason you can't continue to share these same activities in the facility. And there are many other activities that you can try to help make visits rich and interesting.

One idea which is always very therapeutic is to bring the family pet to the nursing home. The benefits to the elderly of contact with animals is widely acknowledged. Seeing the family pet would be especially uplifting. Be sure to contact the administrator in advance to make arrangements.

If you videotape family events – graduation ceremonies, little league games, school plays, and the like – make arrangements to show the videos to the resident if he/she cannot attend these events. This will give him/her a better sense of contact with family and the outside world. Showing the resident family photographs will serve the same purpose.

Or why not treat the new resident (female) to a manicure or fix her hair? This sort of physical contact is very important to the nursing home resident. And your acknowledgment of her concerns about her physical appearance will mean a great deal as well.

Elderly people often have difficulty writing letters. You can have a very productive visit by taking

dictation from the resident. And the resident will most certainly receive mail in return, which he/she will cherish more than you can imagine.

If the resident is a fan of games, bring along your checkers or chess set, scrabble board, or deck of cards.

And when you're at a loss for ideas, check with the facility's activity director. They will likely provide you with a whole list of ideas and possibly materials with which to work. (See the "**Games and Activities**" section in this handbook.)

The Visit

When people come to visit you, they come to the door and knock or ring the bell. A resident room in a nursing home is an individual's home. Knock before entering and ask permission to enter. If the resident is unable to respond, then announce yourself before walking in.

Greetings usually involve some sort of physical contact. You shake hands or hug or kiss. Touching tells us that we are accepted, human, and desirable. Staff members try, of course, to provide affection, but they can never fill the shoes of the family and friends of the resident. Once in the room, make some form of physical contact unless it is absolutely inappropriate.

A Note on Visiting a Comatose Resident

There are some instances in which you may think visiting is pointless. Visiting is never pointless. Even if a resident is comatose, you should continue visiting. No one knows exactly what senses remain in a comatose person; however, we do know that hearing is the last sense to disappear. Visit, announce yourself, and touch the comatose person as you always have. Then you can sit by the bedside and hold the resident's hand, stroke the forehead or whatever is comfortable for you. You can even talk quietly, or read the Bible, since the resident may hear exactly what you are saying.

Visits Outside the Nursing Home

Many residents are able to leave the facility for a meal, a day, a weekend, or a vacation. And these sorts of outings mean a great deal to them. Visits outside the nursing home reinforce the fact that the resident is still a vital part of family and community. In addition, it may reinforce the benefits the nursing home affords. The difficulty of bathrooms and steps that are not designed for handicapped people will become readily apparent.

If you are considering taking a resident out of the nursing home, plan first with the resident. Then be sure to tell the staff, so they can have medicines and special equipment ready. It is wise to give a week's notice if any special arrangements need to be made.

Visiting should be pleasant and enjoyable for family, friends and nursing home resident. Plan ahead, involve the resident, and above all: don't let his/her "nursing home resident" status interfere in the wonderful relationship you have always enjoyed.

Ideas for One-On-One Activities with Residents.

(Taken from the web site of the **American Health Care Association** and from material compiled by Phyl Gordan in “*The Adopt-A-Grandparent Girl Scout Patch Program*,” used by permission.)

Take note of special occasions like Saint Valentine’s Day, Mother’s and Father’s Days, holidays, and birthdays. Mail can double as decorations for the resident’s room. Select bright, colorful note cards, scenic postcards or page-a-day calendar classics they will enjoy seeing on their walls.

Choose one topic concerning the elderly and read newspaper articles and/or magazine articles on this topic. Discuss this topic with the resident.

Find out what country the resident comes from (or his/her ancestors) and plan a discussion around that country.

Discuss your family name and share interesting findings about it. If possible, ask the resident to share the story of his/her family name.

Teach a resident a craft, e.g., drawing, painting, clay sculpture, pottery, graphics, macrame. Consider their physical and mental limitations.

Make a grocery list including prices for one meal. Discuss cost of food now and “back then” with the resident.

Ask the resident what invention during his/her time meant the most to him/her. Discuss with them what the world might be like after the year 2050.

Learn several songs from the period between 1920 and 1960. Sing them and/or play them on an instrument for the resident. Encourage them to join in singing. Ask him/her to name some of his/her favorite songs.

Ask the resident about his/her childhood Christmases.

Have a picnic indoors with an outdoor centerpiece.

Learn some exercises that the resident can do and teach him/her to do them.

Make a time capsule and give it to him or her to be opened in a year. Be sure the resident contributes to the capsule.

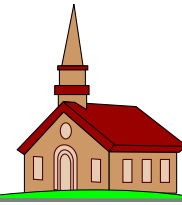
With the resident, invent and make a toy that will teach a small child to count or learn his ABC’S.

Find out what his/her hobbies or special interests were/are, and discuss them.

Bring large print books from the public or church library and return them (a great way to help the confined reader!).



For more ideas, see **Section 11, “Games & Activities.”**



“Church Services”

Many care facility residents feel deeply the need for gathering with other believers in a fashion similar to the memories they hold dear from their experiences in their home church. They want to sing the old hymns and choruses they learned years ago. They want someone to pray with them for their needs and concerns. They want someone to share with them encouragement and exhortation from God’s Word. In simple terms, they usually feel like they have “been to church” if the program provided by volunteers includes a song service, a prayer and a short sermon. Solo singing is especially enjoyed.

We have witnessed many different styles of conducting care facility church services. Most are rewarding and enriching to the spiritual lives of the residents. And most conform to the basics listed in the previous paragraph. We encourage you to be creative and enthusiastic in your efforts to meet this great need in the lives of the residents to whom you minister. Here is a description of how we, at **Christian Concourse**, do a church service in a nursing home, realizing that many other formats will serve just as well.

Our Goal

As we discuss in **Section 6, *Profile of a Care Facility Resident***, Christian nursing home residents share a spiritual need with everyone else: they need encouragement in their faith in Jesus Christ. To this end (using songs, poems, Bible readings, prayers, exhortations and sermonettes) we try to include in our “Church Services” the following four ingredients:

- **Remind them of the faithfulness of Jesus Christ.**
- **Encourage them in their faith in Him.**
- **Tell them the “Old, Old Story” over and over again!**
- **Pray with them.**

Setting Up

My wife and I conduct the services together whenever possible. It is good to get to the facility early, in order to help assemble residents whom you know want to participate. On weekends, often there are no facility staff members available to assemble the residents for you. Therefore, it is good if you minister with a group, several of whom are assigned this task. **It is also important** to have a staff member (preferably) or several in your group who sit among the residents and tend to their needs during the service.

We carry into the facility a portable “Karaoke Box,” a briefcase, and a music stand.

Our choice for the “Karaoke Box” is a lightweight **Radio Shack Karaoke System**. It has a dual

cassette tape player/recorder, a CD player, twin microphone jacks, all the necessary controls and plenty of amplification for any care facility room. One hand-held microphone comes with the unit, and we purchased a lapel mike for my wife to use in her energetic leading of songs. My natural voice carries fine in most settings, so I just use the karaoke box for backup music.

The briefcase contains the materials which we use during the service: songbooks, volumes of inspirational poetry, Bibles, devotional materials, an extension cord, two hand-held microphones, and the lapel mike.

The music stand folds up into its own carrying case and serves in the place of a podium to hold songbooks so our hands will be free. Some facilities have podiums, but most do not.

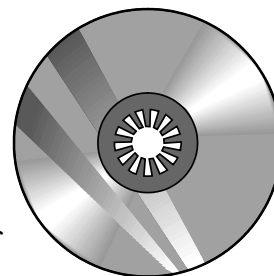
Opening the Service

We always begin the service with an enthusiastic greeting. We introduce ourselves and the ministry of **Christian Concourse** briefly for new residents and for those who have met us but may not remember our names. We tell the residents what it is we have come to do: **to encourage them in their faith in Jesus Christ**. And encourage them in their faith in Jesus Christ is precisely what it is we do in the process of the service, because *most of those who willingly participate in a care facility church service have already, according to their understanding, placed their faith in Jesus Christ*. At the same time, somewhere in the course of every service we conduct, I will quote John 3:16, encouraging anyone who has not already done so, to ask the Lord to forgive them of their sins and place their faith in Him.

In the opening of every service, we pray. In the prayer we thank God for the opportunity of being there. We thank the Lord for our friends who have gathered with us; we ask the Lord to encourage each one in their faith in Him and minister to each one of us according to our needs.

The Song Service

Following the opening of the service, we begin singing. We use a two-CD set called "*Our Hymn Book*" produced by **Christian Concourse**. The CDs, with 36 old fashioned hymns and carols, come with a song booklet which is designed specifically for use with them in nursing home ministry.



A word about the songs you select: though the residents enjoy any type of singing, our experience is that they greatly appreciate the old hymns which they are most likely to remember the words to. No matter what style of music you prefer to use, it will be a blessing, but we suggest that you not forget to include some of the old songs for them to sing along with too. If you give songbooks to the residents, they should be large print, and you will need to wait patiently for each one to find the next selection. Remember this, your tastes are not as important as the residents' needs.



When we sing, we do so with much **feeling** and **enthusiasm** and **energy**. We do everything we can to encourage the residents to sing with us and clap their hands to the faster tunes if they are able and are so inclined. Often, we comment on the songs, before or after singing them, regarding their message and their relevance to them in their situation. As often as possible, we try to tie together our sermonette with the message in the song on the tape that we use to precede or follow it.

Occasionally, a facility will have songbooks which their residents are accustomed to using. You can offer them choices, keeping in mind, though, that it is better to allow them to decide for themselves what to use for their song service. Sometimes, a facility has a resident who is expected to play the piano for the service. Sometimes, you will be asked to lead songs which you did not prepare for. In every case, you will need to be as obliging and good natured about it all as possible. We try to think of it this way: it is the Lord who does the blessing and the ministry in our service; and we don't want to get between Him and the residents' hearts with our inflexibility.

As mentioned previously, **Christian Concourse Ministries, Inc.** publishes a large-print booklet called "**Our Hymn Book.**" It includes 31 all-time favorite gospel hymns and 5 Christmas carols. With the hymn book, we have produced a 2 CD set of instrumental accompaniment compact disks that have on them all the songs in the booklet. As our resources allow, they are provided without charge to anyone requesting them. If you are interested, call, write or email us today: **Phone: (757) 714-3133 Email: chco@christianconcourse.org Mail: 1543 Norcova Ave., Norfolk, VA 23502**

Another source for sing-along tapes and large-print songbooks is **The Sonshine Society**, P.O. Box 327, Lynnwood, WA 98046-0327, phone (425) 353-4732. There are other cassette tape and CD recordings available that may meet your needs just fine. Some are a "split-track" recording with which you can use just instrumental music or have singing backup by adjusting the left and right speaker output on your player.

Poetry

Often, strategically placed between songs, we will read a poem or a short inspirational devotion which enhances the sermonette in some way. Many residents look forward to this with keen appreciation for the poetry and its message. A good source for Christian poetry is **Salesian Missions Publications**, 2 Lefevre Lane, New Rochelle, NY 10801, phone: (914) 633-8344.

Prayer

As mentioned above, we pray in the opening of each church service we conduct in care facilities. This is formally called an invocation. At the end of each church service we also pray. This is formally called a benediction in which we again ask the Lord to touch and strengthen hearts and thank Him for the blessings we have received. In our prayers, we often ask the Lord to forgive us of our sins, to lift suffering off those who are hurting and to save the souls of those we each may know who are lost. We consider these prayers to be vital "bookends" to our efforts.



On occasion, it is obviously appropriate to pray in the middle of the service. This prayer may be a way to draw the audience back into a worshipful attitude after some disruption or distraction. Or we may pray for specific needs that we are aware of in our group. In some cases, residents will pass along to us prayer requests and the names of those in the hospital or those very ill and in bed.

At some point in our prayers during the service, we are careful to pray for the staff of the facility and for the residents who were not able to make it to the service. God is good, and He gracefully responds to the prayerful faith in our cry, and the faith in the hearts of our audience, for His intervention on their behalf.

Sermonette

After prayer and singing and poetry, we preach. The message is not a long, drawn out dissertation on systematic theology, but rather a short sermonette that varies in length from 5 to 20 minutes long, depending on the type of audience and the situation. We use down to earth illustrations of Biblical truths that are universal yet relevant to the circumstances and experiences unique to the group we minister to. This takes some consideration . . . experience is the best teacher. We try to look at our audience. We consider what they have been through in their lives. We consider the state in which they find themselves now. We consider how long many of them have been faithfully walking with Jesus! **In this light, we make a concerted, determined effort to strengthen their faith in Him with our words – from our heart.**

The following are three examples of the type of material we use in the sermonette.

Sermonette Sample One: “God Strengthens!”

“At my first answer no man stood with me, but all men forsook me: I pray God that it may not be laid to their charge. Notwithstanding the Lord stood with me, and strengthened me,”

2 Timothy 4: 16-17 (KJV).

Often, we feel deserted and betrayed by others. Paul certainly felt this way. He is writing this letter to Timothy, a beloved student. From a dark, damp, cold Roman prison cell, Paul awaits execution. During the trial he had no one to help him defend himself before the Emperor. The charge, the verdict, and the sentence were unjust. He was going to pay with his head for trying to help folks avoid hell! And he was just being obedient to what the Lord had called him to do! Think about it . . . after all Paul had done for so many people . . . and how faithfully he had served Jesus for all those years! Now he was going to be executed for it. If anyone ever had a reason to get mad at God, Paul did. BUT, instead of getting mad at God, he leaned more heavily upon Him. And what did the Lord do? Commute the death sentence? Destroy the Emperor? Confuse Paul’s accusers? Help Paul escape from prison? No. What DID the Lord do? **He stood with Paul**, because Paul kept his heart open to Jesus. He loved Jesus. And he never stopped loving Jesus, no matter what. And what else did the Lord do? **He strengthened Paul!** The God of the universe not only kept Paul company through his trial, He also gave him the possession of strength inside, of personal fortitude, of supernatural calm in the storm!

Oh! How often this is unlike my response to the troubles of life! I’m subject to get upset with God and everyone around me if things get too bad. But, like Paul, when I lean on Jesus in the storm, when I call on Him, instead of blame Him, He always comforts me with the reassurance of His presence and with the strength to keep my peace and joy in the thick of it all. This is not theory or cold theology. This is not fables and dreams. The experience of His strength imparted to us is real and vital and available to us all, all the time! May we be evermore encouraged to seek the Lord, not run from Him and blame Him and get bitter in trials. And if we could talk to Paul now, I’m sure he would say it was worth it all.

Sermonette Sample Two: “How Much Rat Poison Is Too Much?”

Imagine with me being at a delicious July 4th cookout in your back yard. Roasted silver queen corn, a baked potato right out of the coals, and corn bread from your grandmother’s special recipe baked in a dutch oven over the open fire . . . all of it floating in real country, hand-churned butter. And right in the middle of the huge platter on which this feast is served, is a **great big, thick, juicy T-Bone Steak!**

And your next door neighbor’s rambunctious little boy comes over and sprinkles rat poison over this scrumptious meal while you’re up to get a refill of ice tea before you get started!

The foaming white ooze on your T-Bone immediately alerts you to the prank and your neighbor’s belly laugh over the fence tells you who’s to blame. You stomp over to the edge of your yard and start to vent your anger when your neighbor defensively blurts out, “Hey, wait a minute, my little boy only put a sprinkle of the stuff on your plate. It won’t hurt you!” Relieved you calm down and settle back into your chaise lounge to enjoy your banquet.

WRONG! You wouldn’t touch the stuff would you? Why not? Because you don’t want ANY rat poison on your T-Bone. None, zero, zilch, right?

Ezekiel 18: 4 quotes God as saying, ***“The soul that sins shall surely die.”*** God doesn’t want any rat poison on His plate either!

And in Romans 3:23, Paul states that ***“all have sinned and come short of the glory of God.”*** So we have a very big problem! We all live under a death sentence. But, unlike your neighbor, our Heavenly Father doesn’t think it’s funny. In fact, He was the only one who could justly do anything about it . . . He was the only one who could clean that lovely meal of its contamination. **And He did!** Praise God!

“For God so loved the world, that He gave His only begotten Son, that whosoever believes in Him, shall not perish, but have everlasting life.” John 3: 16 (KJV).

May each of us NEVER FORGET this simple message. A lot follows our faith in Jesus Christ because it releases to us an **eternity of wonderful, growing life**, but without that uncomplicated faith we are DEAD!

Sermonette Sample Three: “The Power of Love”

“Beloved, let us love one another: for love is of God; and every one that loveth is born of God, and knoweth God. He that loveth not knoweth not God; for God is love. In this was manifested the love of God toward us, because that God sent his only begotten Son into the world, that we might live through him.” 1 John 4: 7-9 (KJV).

The following is a true story. In the early days of aviation, a small postal service company was trying to establish air mail over the Andes mountains between Peru and Argentina. They hired a young, brave pilot who was newly wed. The couple was deeply in love. Not long after taking the job, due to unexpected problems, the young man ran out of gas in the middle of the huge mountain range. He crash landed in a frozen, jagged wasteland in the middle of the Andes. For days he waited for rescuers to find him. He saw one plane searching for him, but they did not see him or the flare he fired. A few hours later a blizzard swept into the mountains and he realized that the search would be called off.

Though the usual rule is for survivors to stay at the crash site, it became clear to the downed flyer that his only hope was to find his way out of the mountains before he starved or froze to death. Most of his thoughts were absorbed by the vision of his little wife waiting and praying patiently, as she did on each of his flights, for him to come home. Scaling peak after peak, the prospects of success diminished each time he broke the next crest just to see more of the forbidding wasteland stretching as far as he could see in every direction. After many days of struggle, fighting frostbite and overwhelmed with the hopelessness of his situation, he finally decided in his frozen delirium to lay down and die. He built a pillar of rocks around him to mark his body and began to say goodbye to his beloved wife. But the thought of her tormented despair . . . the longing in his heart to comfort her . . . Deep within his being he could hear her calling, “Don’t give up! I love you! I need you!”

Somehow, somehow, the lost pilot’s stiffened limbs moved. The rocks piled to mark his death slowly rolled away. He dragged his body erect with determination, ignoring the agony, ignoring the hopelessness. A few hours later, exhausted and frostbitten, the lost young man crumbled off a shelf of snow on a mountainside into a valley of grass where a shepherd found him and brought the rescuers to his aid.

As soon as the delivered newlywed, warm and recovering, could get to a phone, he called his precious wife. All he said was: “I love you, thank you for saving my life!”

Each of us, in our own situation is much like that pilot. We find ourselves often in desperate circumstances, enduring hardship and pain. Christians are all on a spiritual trek over hostile territory, struggling with our own weakness in the face of insurmountable odds. How many times have we felt like giving up? The lost pilot found strength in the love he and his wife shared for each other. May God grant us such a vision of His love for us, that no matter what comes our way, the love He has for us and the love we have for Him will keep us faithful until we hear our name on His lips calling us home! When we are tempted to give up, let us remember how He loves us.

A Word About Bible Translations

Because most of the dear souls in the facilities to whom you will be ministering are elderly, we would remind you that the majority of them were raised with either the **King James Version** being used in the church and in the home or the **Revised Standard Version**. We know that, today, there are many newer versions which have advantages for many different reasons. But, if you use them, it may not make a big difference to most, but a few in your audience will not think you are reading from Holy Scripture unless it is the “**KJV**” or the “**RSV.**” For this reason, if you are really uncomfortable with the wording of these classic translations, we suggest you try the excellent work of the **New King James Version** or the **New Revised Standard Version**. For clarity, it may often be appropriate to read a verse or two from more than one translation.

Memorial Services

How to Do a Memorial Service

In the event of the death of a resident, the care facility may choose to offer a memorial service for the staff, residents and family members to participate in. On the following pages a sample invocation and benediction is included, along with a generic announcement to be used on the bulletin boards of the facility, a *“Sample Letter to Friends and Family,”* and generic **Memorial Service Programs**. The programs (or service bulletins) offer a format for a service including an invocation, a popular hymn, a responsive reading, a time of reflection on the lives of those who have passed, an appropriate poem and a benediction.

By using these materials and following the simple programs provided, a staff member, a capable resident or a volunteer from the Christian community can conduct the memorial service. The *“Sample Notice to Staff and Residents”* can be used to invite them to join in the memorial. Use the *“Sample Letter to Friends and Family”* to invite the loved ones of the deceased to the service.

Memorial Service Invocation Prayer:

Heavenly Father,
We set ourselves aside in these moments,
Before Your Presence,
To commemorate the lives of these, our friends and family.

We ask you for comfort in this time of loss.
May the good memories of our loved ones who have gone before us
Serve to inspire us here to a better life in Your sight and before our fellow man.

Thank you Lord,

Amen.

Memorial Service Benediction Prayer:

Father God,
Truly, You are the Hope of life
And we acknowledge Your Providence and Care
In the lives of these our loved ones.
We thank you for letting us be near them
And to know them.
We thank You for their lives.
And we now commit them into your loving Hands.

Amen.

Sample Notice To Staff and Residents for Memorial Service

TO: All Staff and Residents

FROM: Activities Department

DATE:

R. E: Memorial Service

A brief Memorial Service will be conducted in the dining room, Tuesday, August 19, XXXX at 2:00 PM. This will be a time of reflection on the memories of those residents who have passed away recently.

This commemoration will be conducted by the Activities Department. The service will last approximately fifteen minutes. All residents, staff members, and friends and family of the deceased are encouraged to attend.

Thank you.

Activity Director

Sample Letter to Friends and Family for Memorial Service

August 5, XXXX

Dear (friend or relative of deceased):

_____ facility name _____ will hold a brief memorial service for all the residents that have passed away in the recent months. _____ resident's name _____ will be remembered on Tuesday, August 19, XXXX at 2:00 PM in the dining room. This service is conducted by the Activities Department.

We know that it helps to share with others who understand and care about your sorrow; therefore, friends, residents and staff will be encouraged to attend. Please let me know how many family members and friends you are aware of that would like to attend. Call me at (757) XXX-XXXX.

Sincerely,

John or Jane Doe
Activity Director

Memorial Service Programs

The following eight pages are actually four “service programs” (front and back) which provide an easy format for a memorial service. Each program includes an invocation, a popular hymn, a responsive reading, a time of reflection on the lives of those who have passed, an appropriate poem and a benediction. Please remove and copy the double-sided sheets as needed in your facility. Be sure to return the original to its proper place in this notebook!

Responsive Reading

As we cry You do not shun us, O God,
In our need, precious Father, You come to us,
Not as a lofty ruler, gazing from on high,
Not as a ghost, gigantic in its outlines!
Father, You come to us as protector of our soul.
You come to us in meekness and tenderness of heart.
As You share our tears You strengthen our hope.
We marvel at Your faithfulness,
For Your Word and Your mercy endure forever.
Only Your Grace is a sufficient answer to our weakness.
You come and teach us love and humble rest
Bringing with You encouragement to our frail faith.
We praise You for Your constant presence in our lives!

Be Forever Mine

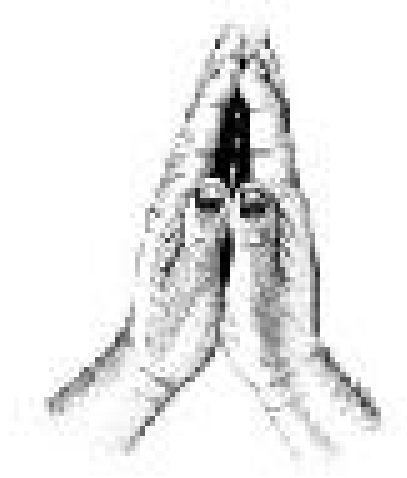
by John Newton

The Lord has promised good to me,
His Word my hope secures;
He will my shield and portion be
As long as life endures.

Yes, when this heart and flesh shall fail,
And mortal life shall cease,
I shall possess within the veil,
A life of joy and peace.

The earth shall soon dissolve like snow,
The sun forbear to shine;
But God, who called me here below,
Will be forever mine.

Memorial Service



Order of Service

Amazing Grace

by John Newton

Amazing grace! How sweet the sound,
That saved a wretch like me!
I once was lost but now am found,
Was blind, but now I see.

'Twas grace that taught my heart to fear,
And grace my fears relieved;
How precious did that grace appear
The hour I first believed!

Thro' many dangers, toils and snares,
I have already come;
'Tis grace hath brought me safe thus far,
And grace will lead me home.

When we've been there ten thousand years
Bright shining as the sun,
We've no less days to sing God's praise
Than when we first begun.

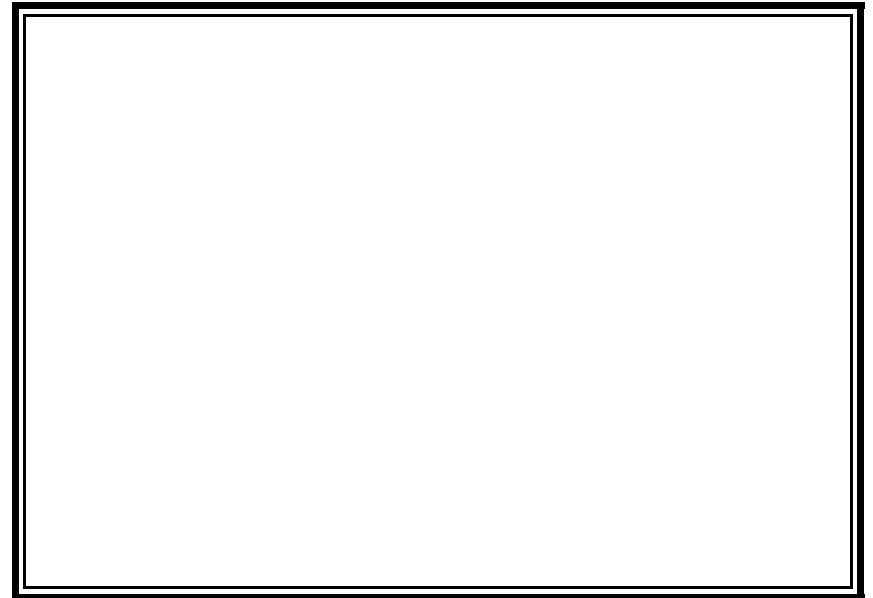
Amen.

Invocation

Song: "Amazing Grace"

Responsive Reading

In Loving Memory of:



Poem: "Be Forever Mine"

Benediction

Responsive Reading

Taken From Psalms 28

Unto thee we will cry, O Lord our rock;

Hear the voice of our supplications, when we cry to Thee.

In times of trouble the Lord is our strength and shield.

We lift our wounded hearts to Him in His presence:

Save Thy people, and bless Thine inheritance, O Lord,

For You are the saving strength of Your anointed.

We trust in You with our heart: You are our only help.

We regard Your works and the operations of Your hands;

Blessed be the Lord, for He hath heard our prayer!

The Lord is our strength!

Surely, the Lord doth build us up!

Therefore, our heart greatly rejoices!

With melodies from our soul we do praise Him!

Don't Worry, But Pray

by Lissie DeArmond

God knows every heartache, each burden and care,

The troubles and trials often you bear,

His presence is with you each swift passing day

Then trust in His goodness, don't worry, but pray.

The clouds may hang heavy, no sunshine appear,

Amid the dark shadows the Comforter's near,

"Fear not, I am with you," I hear the voice say,

Then trust in His goodness, don't worry, but pray.

Just pray when you're weary at heart and oppressed,

Look unto the Savior and you will be blessed,

He knows ev'ry struggle, along the life-way,

Then trust in His goodness, don't worry, but pray.

Memorial Service



What A Friend

by Joseph Scriven

What a friend we have in Jesus,
All our sins and griefs to bear!
What a privilege to carry
Ev'rything to God in prayer!
O What peace we often forfeit,
O what needless pain we bear,
All because we do not carry
Ev'rything to God in prayer!

Have we trials and temptations?
Is there trouble anywhere?
We should never be discouraged,
Take it to the Lord in prayer.
Can we find a friend so faithful
Who will all our sorrows share?
Jesus knows our every weakness,
Take it to the Lord in prayer.

Are we weak and heavy-laden,
Cumbered with a load of care?
Precious Savior, still our refuge,
Take it to the Lord in prayer.
Do they friends despise, forsake, thee?
Take it to the Lord in prayer.
In His arms He'll take and shield thee,
Thou wilt find a solace there.

Order of Service

Song: "What A Friend"

Invocation

Responsive Reading

Poem: "Don't Worry, But Pray"

In Loving Memory of:



Benediction

Responsive Reading

Dear Lord, in our changing world we seek your face;
Through the ages you have proven you are ever the same.
Our hope and trust is answered by your everpresent hand.
Through the ages you have proven you are ever the same.
Our breath and our lives are testimonies of your mercy.
Through the ages you have proven you are ever the same.
Though we wander and waver in our faith you find us.
Through the ages you have proven you are ever the same.
With renewed comfort we commit our lives to your grace.

Thy Wings Of Love

by Thomas Moore

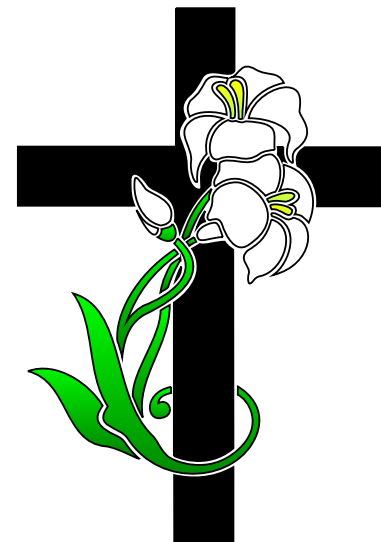
O Thou who driest the mourner's tear,
How dark this world would be,
If, when deceived and wounded here,
We could not fly to thee!

But, thou wilt heal that broken heart,
Which, like the plants that throw
Their fragrance from the wounded part,
Breathes sweetness out of woe.

O who could bear life's stormy doom
Did not thy wings of love
Come brightly wafting through the gloom
Our peace-branch from above!

Then sorrow, touched by thee, grows bright,
With more than rapture's ray;
As darkness shows us worlds of light
We never saw by day.

Memorial Service



Order of Service

In The Garden

by C. Austin Miles

**I come to the garden alone,
While the dew is still on the roses;
And the voice I hear
Falling on my ear
The Son of God discloses.**

**He speaks, and the sound of His voice
Is so sweet, the birds hush their singing
And the melody
That He gave to me,
Within my heart is ringing.**

Chorus

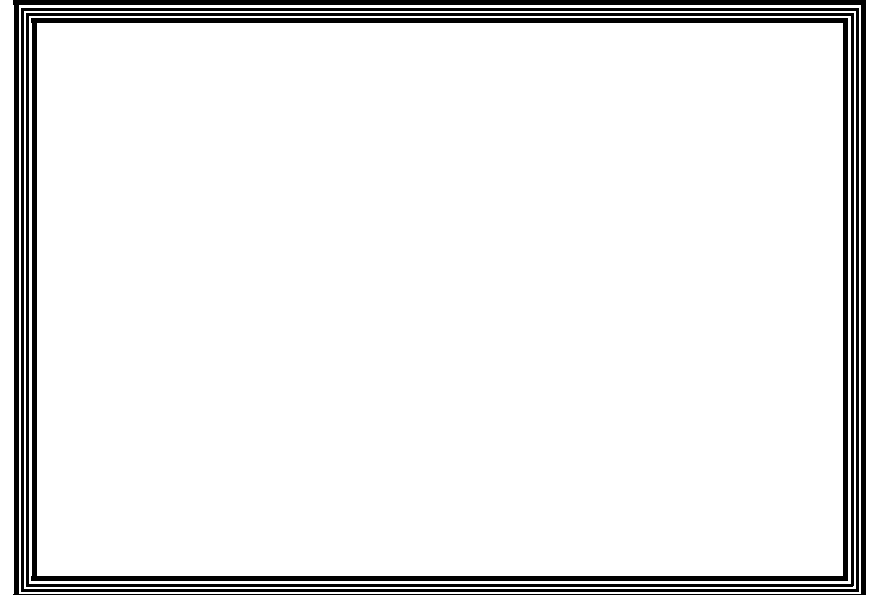
**And He walks with me and He talks with me,
And He tells me I am His own;
And the joy we share, as we tarry there,
None other has ever known.**

Invocation

Song: “In The Garden”

Responsive Reading

In Loving Memory of:



Poem: “Thy Wings Of Love”

Benediction

Responsive Reading

The 23rd Psalm

The Lord is my Shepherd; I shall not want.

He maketh me to lie down in green pastures;

He leadeth me beside the still waters.

He restoreth my soul:

He leadeth me in the paths of righteousness for His name's sake.

Yea, though I walk through the valley of the shadow of death, I will fear no evil:

For thou art with me; thy rod and thy staff they comfort me.

Thou preparest a table before me in the presence of mine enemies:

Thou anointest my head with oil; my cup runneth over.

Surely goodness and mercy shall follow me all the days of my life:

And I will dwell in the house of the Lord for ever.

O God, Our Help In Ages Past

by Isaac Watts

O God, our help in ages past,
My hope for years to come,
My shelter from the stormy blast;
And my eternal home!

Under the shadow of thy throne,
Still may I dwell secure;
Sufficient is Thine arm alone,
And my defense is sure.

O God, our help in ages past,
My hope for years to come,
Be thou my guide while life shall last,
And my eternal home.

Memorial Service



Order of Service

Invocation

'Tis So Sweet To Trust In Jesus

by Louisa Stead and W. J. Kirkpatrick

'Tis so sweet to trust in Jesus,
Just to take Him at His Word;
Just to rest upon His promise;
Just to know, "Thus saith the Lord."

I'm so glad I learned to trust Thee,
Precious Jesus, Savior, Friend;
And I know that Thou art with me,
Wilt be with me to the end.

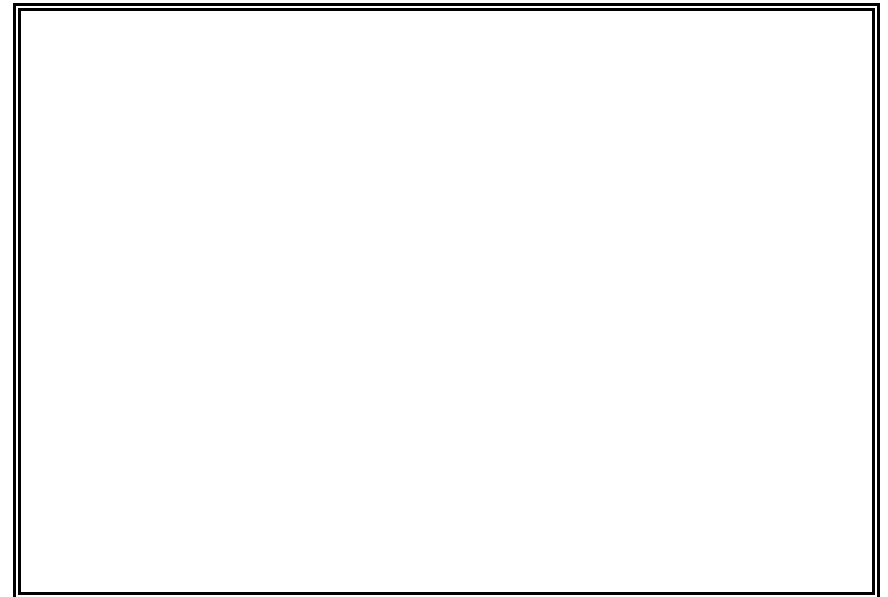
Chorus

Jesus, Jesus, how I trust Him!
How I've proved Him o'er and o'er!
Jesus, Jesus, precious Jesus
O for grace to trust Him more!

Song: "'Tis So Sweet To Trust in Jesus"

Responsive Reading

In Loving Memory of:



Poem: "O God, Our Help In Ages Past"

Benediction

Volunteer Chaplaincy Program

Introduction

As discussed elsewhere in this handbook, increasing numbers of elderly citizens are being cared for in long-term care facilities. Unique challenges to pastors are brought about as many of these elderly parishioners and family members are forced to make decisions that place the elderly far from their home church. Also, it is not unusual for a care facility resident to have lost contact with their church because they are of a previous generation and few of their contemporaries are still alive. Thus, clergy and lay people from the home church cannot or do not always effectively minister to the spiritual needs of seniors belonging to their congregation who now live in nursing homes.

In the light of this growing need for chaplain ministries in care facilities, **Christian Concourse** encourages qualified volunteers to consider helping to fill the void of this vital Christian service. Our suggestions around which you can fashion your own chaplaincy program with a specific facility are described in the following paragraphs. Our special thanks goes to Rev. Ed Strange for his assistance in formulating this program.

The purpose of a volunteer chaplaincy program is to provide Christian pastoral services for elderly residents. Occasionally, their family and the staff of the facility caring for them will request such ministry. The activities a care facility chaplain offers could include Christian encouragement, serving communion, conducting baptism, Bible reading, hospital visitation, funeral services, bereavement support and prayer. If possible, the chaplain would be on call for emergencies and deaths.

Though it is a matter of the policy of each care facility, we recommend that a chaplain be a licensed minister. We should immediately note that there may be exceptions to this rule and each candidate for this program should be considered on the basis of their specific skills and qualifications.

Chaplain's Pastoral Visitation

In order to establish a meaningful pastoral relationship with the residents, it is recommended that visitation to care facilities be a minimum of **twice weekly**. During these visitation periods, which should be scheduled with the facility activity director, residents may be seen upon request or by referral from staff or family members, but never without the residents' expressed consent. A general availability of pastoral care to encourage residents is also important. Allowing for specific facility regulations on privacy, the "*Chaplain's Information Form*" (which follows this article) should be provided to the minister for each resident that is referred to him or her for a pastoral visit. These forms must be kept in the facility in a special notebook for the minister to refer to and annotate as necessary. The only ones with access to this notebook would be the minister, the staff of the facility, and the resident (upon their request).

Hospital Visitation

There is a special need for regular visits from the familiar chaplain for residents when they are hospitalized. Often, family members will need assistance during this critical period. It is necessary to establish good communication procedures with the care facility in order to effectively provide services when residents are hospitalized. Families should also be informed of the availability of

pastoral care as part of the facility's commitment to the spiritual needs of the resident and their family. It should be noted that the hospital stay for elderly patients is often longer than most because the elderly are prone to complications due to their age and chronic medical conditions. Family members appreciate visits and receive much needed support when pastoral care is readily available and frequent.

It should be noted that a resident's recovery from hospitalization may require several weeks or months in rehabilitation at a nursing facility and they may not return to their original facility. Pastoral care should be continued if possible to encourage these residents, and they should be referred to another pastoral care giver when necessary.

Family Bereavement Support And Funeral Services

Bereavement support may be extended to family members in the event of a resident's death. This service may be optional where pastoral care is limited or the minister is unavailable to perform such services for the family. When bereavement support is available, the care facility should inform the family upon notification of the resident's death and provide information for contacting the minister concerning his/her availability for pastoral bereavement support (and funeral services if desired). The facility should notify the chaplain of the death of a resident as soon as the information is available in order for the minister to offer his condolences and support to the family.

Family support may also include a written sympathy card from the minister which reflects the chaplaincy program of the care facility. This should be done as expediently as possible and with the support of the care facility administration.

Bereavement Support for Facility Residents and Staff

In most cases, facility residents and staff are unable to attend funeral services for those residents who have died. Bereavement support within the facility itself then becomes an effective way to allow residents and staff to express their feelings and loss. It is also a comfort for them to know that they will be remembered by their extended family when they themselves die.

This support can be accomplished by the resident chaplain in two ways: First, individuals who were close to the deceased resident can be referred to the minister for visitation when the staff feels it would be appropriate or helpful. Second, a memorial service may be held within the facility for those residents, staff and family members who wish to attend. For ideas and materials for performing Memorial services refer to that heading in this section of the handbook.

It can be noted that where closure is provided and when bereavement support is available, residents suffer less depression and express less behavior that serves to act out their own anxiety and fear. This allows the facility staff to focus more of their attention on present needs rather than the continued anxious behavior of residents who are left with unresolved grief at the death of others.

Chaplain's Information Form

Resident's Name: _____ Room No.: _____

Age: _____ Circle One: Male / Female

Religious Preference: _____

Referred By (facility staff member): _____ Date: _____

Physical Concerns: _____

Reason For Referral: _____

Comments:

Chaplain: _____ Date of Initial Visit: _____

Comments:



Computer Lending Program

As equipment is made available to us through donations from the community, **Christian Concourse** places computers in care facilities in the Hampton Roads region of Virginia. These machines are on loan to the activities department or to individual residents. There is no charge to the facility or the individual for this service. We have some public domain software which we load on each unit, including a comprehensive Bible study program, a word processor, database, spreadsheet, calendar, and games.

For care facility staff and residents: To avail yourself of this opportunity, simply call **Christian Concourse Ministries** and share your need with us. As soon as we have the equipment that would answer your specific conditions, we will inform you. It is that simple. All we will need is a signed, completed copy of our **Computer Loan Agreement** which we provide when we deliver the equipment. A sample of this agreement is on the next page.

For Christian volunteers: If you have practical skills in computer assembly and/or you could help someone learn how to use a computer, we would be happy to hear from you. You may be able to help us in this very rewarding service to care facility residents.

For equipment donations: If you would like to donate useable computer equipment (486/VGA or better) or Windows® compatible software (3.1 or better) we would be delighted to hear from you. In the event that you are not sure what you have, we will take it anyway. Just call us and we will pick up your gift. **Christian Concourse Ministries, Inc.** is a tax-exempt, non-profit corporation registered with the State of Virginia and the Internal Revenue Service of the United States. Therefore, the fair market value of your tangible property donation is tax deductible.

Computer Equipment Loan Agreement

I, _____, accept the loan of the computer equipment listed below from **Christian Concourse Ministries, Inc.**

I am a resident or staff member of: _____

Address: _____

Phone: _____

Contact Person: _____

I understand that my only responsibility for the below listed equipment is that I may not sell or give away or loan this equipment and I (or the above contact person) am expected to contact **Christian Concourse** as soon as I no longer have use of it. I understand that **Christian Concourse** takes no responsibility as to the condition of the equipment or its performance and that **Christian Concourse** takes no responsibility for software being run on the machine, nor do we provide training for its use.

Equipment on Loan From **Christian Concourse**:

Received by: _____ Date: _____

Delivered by: _____ Date: _____

Returned Equipment Received by: _____ Date: _____

Transportation

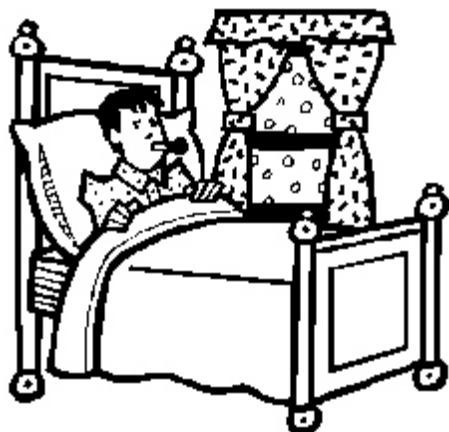
Though some facilities have a van or small bus, just about all long-term care facilities could use assistance transporting their residents. It is not unusual for an activity director to have to leave behind some residents when going on an outing. If you have a spacious vehicle or a church bus, you may be able to help. Call your local care facility for the possibility of meeting a great need.

If you do not have a vehicle, you may still be able to aid in transportation by being a chaperone. The more able-bodied volunteers that attend an outing, the greater the number of residents will be that are able to participate. Help is needed with boarding the vehicle, holding doors, pushing wheelchairs, and many other tasks.

Depending on the kind of facility under consideration, the types of trips might include museum tours, sightseeing, movies, shopping mall visits, attending concerts, doctor and clinic visits, going to amusement and theme parks, state fairs, sports events, fishing trips, church services and special religious events . . . to name only a few.



Church Shut-In Visitation Program



On the following pages are the tools for a Pastor or leader within a local congregation to use in developing a “Visitation Committee.” Those who would be “recipients” of the ministry of the group would include shut-ins, hospitalized individuals, and care facility residents.

Such a program within the church helps to insure that all members and friends of the congregation who should receive phone calls, visits and postcards will get them from people who care enough to do it. This type of activity in a local congregation greatly increases the effectiveness of the ministry and outreach of the church.

Visitation Committee — Leader’s Worksheet

Study this outline, filling in your ideas where applicable. Then, just follow the outline in the first meeting with the members of the group, getting their input and adjusting where necessary.

Use the forms for documenting and organizing your activities:

***Privacy Note:** Please be careful to respect the privacy of all the individuals you visit. Never visit in a private home or a care facility or a hospital without the individual’s expressed consent. Be careful to maintain their privacy in filling out these forms and sharing them with others. Also, you must familiarize yourself with and observe all the privacy rules of the institutions in which you minister.*

Regular Visitation Recipient

Use this form to build a notebook of individuals who will receive phone calls, personal visits, or postcards from members of the committee. This will keep all the necessary contact information in one place.

Visitation Report Slip

The committee leader will fill out this slip for each one who is to receive a visit, etc., and give them to the appropriate committee members. They are to be completed by the committee members and returned at the next meeting of the committee to report their activities to the group.

Individual Visitation Record

Blanks of these forms are to be placed behind each of the informational “Regular Visitation Recipient” forms in the notebook. The leader will fill these out using the “Visitation Report Slips” handed in by committee members. From this information, the committee leader can make detailed reports to the Pastor and leadership of the church on who is visiting, who they are visiting, and how often.

Visitation Committee — Leader's Worksheet

A. General

1. PURPOSE -- What is the Biblical reason for the Visitation Committee?
2. OBJECTIVE -- What are the practical objectives to be accomplished by this group?
3. DURATION -- How long will this group plan to exist?

B. Meetings

1. Monthly/Bi-Monthly? (Week, Day, Time) – How often and when will the group meet?
2. Length – How long will each meeting last?
3. Meeting notes – Who will keep the notes of each meeting?
4. Format – The following 4 point format is suggested for each group meeting:
 - i. Devotional.
 - ii. Prayer.
 - iii. Visitation reports.
 - iv. Visitation assignments.

C. Coordinator – the person who will lead or facilitate the group.

1. Term of Office – how long will each Coordinator hold office?
2. Responsibilities – The following responsibilities of the Coordinator are suggested:
 - i. Make monthly reports to pastor or church leadership.
 - ii. Recruit members for group.
 - iii. Determine who needs visitation on an ongoing basis.
 - iv. Maintain records of recipients of visitation.
 - v. Prepare meeting agendas.
 - vi. Assign visitation responsibilities to caregivers.

D. Membership

1. Requirements for participation.
2. Length of commitment.

E. Covenant – each member of the group should be able to commit to the following:

1. Attend each scheduled meeting.
2. Get to know one another better.
3. Encourage each other in faith in Christ.
4. Mature in Christ by developing the discipline to:
 - i. Pray regularly for each other.
 - ii. Pray regularly for assigned care facility resident(s).
 - iii. Visit, call or write – monthly – assigned care facility resident(s).

F. Documentation of actions of the committee:

1. Notes kept for all meetings of the group.
2. Monthly visit reports.
 - i. Number of visits.
 - ii. Hours of visitation.
 - iii. Individual residents visited.
 - iv. Special needs of residents.

Regular Visitation Recipient

Beginning Month: _____ Of Year: _____

Recipient's Name: _____

Home Address: _____

Home Phone: _____

Family Contact: _____ Phone: _____

Facility Name: _____

Facility Address: _____

Room Phone: _____

Facility Contact: _____ Phone: _____

Condition:

Special Notes:

Visitation Report Slip

Name of Person to Visit: _____ Date Assigned: _____

Information:

Action (circle): Call Visit Card

Date of Action: _____ Length of Visit: _____ Hr. _____ Minutes.

Caregiver(s): _____

Comments About Visit:

Visitation Report Slip

Name of Person to Visit: _____ Date Assigned: _____

Information:

Action (circle): Call Visit Card

Date of Action: _____ Length of Visit: _____ Hr. _____ Minutes.

Caregiver(s): _____

Comments About Visit:

Games and Activities

There are many enjoyable, wholesome things that a volunteer can do at a care facility to be a blessing to the residents and help the activity director too. If you see something here that sparks your imagination or interest, suggest it to someone in the activities department at a local facility and see if they think it would work with their residents. For youth groups and homeschoolers, some of these ideas would be entertaining and therapeutic to the elderly and, at the same time, educational for the young.

Games and Activities List

Here is a list, though incomplete, of some volunteer activities needed in care facilities:

- activities bulletin board helper**
- activity director's helper (gopher)**
- adopt-a-grandparent programs**
- art therapy**
- audio tape programs**
- balloon volleyball**
- beach ball toss**
- bingo**
- board games**
- bowling**
- care packages (general/holiday/birthday)**
- celebrity impersonations**
- clothing**
 - mending
 - thrift store shopping
 - clothing donations
- clowning**
- Christian ministry**
 - Bible games
 - Bible trivia*
 - Christian board games*
 - complete-the-verse*
 - name-that-hymn*
 - Bible reading
 - Bible studies
 - Christian concerts
 - group*
 - individual*
 - instrumental*
 - vocal*
 - “church services”
 - dramatic reading of Christian stories
 - Eucharist/Communion/Lord's Supper/Mass
 - hymn and chorus sing-alongs

large print Christian reading materials
memorial services
pastoral counseling
plays
transportation to and from a local church
skits

concerts

groups
individuals
instrumental
vocal

crafts

beads (of course)
centerpieces
holiday decorations
plastic model airplane and ship assembly

current events**dramatic reading****entertainment events (miscellaneous, in-house)****garden therapy****holiday facility decorations****hostess cart - distribute juice, fruit and snacks****large print reading materials****leading special body exercises****monthly calendar maker****music therapy****newsletter helper****one-on-ones**

board games
cleaning and straightening belongings
computer loans or purchases
computer training
doing chores for the bed-ridden
doing fingernails
doing makeup for ladies
greeting cards, preparing and sending
just being a friend
laundry
library materials
audio tapes
books
video tapes
making store runs
meal-time helper
outside walker/wheelchair strolls
pet therapy
reading and writing letters

outings

- chaperones
- museum trips
- transportation
- tours of local landmarks
- shopping trips
- walking outdoors

pass out fresh water and towels to residents**pet therapy****plays****popcorn popping and delivery****quilting (simplified, if necessary)****reminiscence discussions****sing-alongs****skits****slide and video shows**

- family vacations
- old home movies
- travelogues
- local landmarks

snack time delivery**sports discussions****video tape programs**

- cartoons
- feature presentations
- old movies

Ideas for Games and Activities

Ted Baehr's Top 20 Movies of the Last Century

Everybody likes a good, decent movie; and just such a movie is a great past-time to help care facility residents get their minds off their troubles. But, you can wander through the maze of racks at a video store for ages and have serious questions of the quality or the moral worthiness of most of what you see. To help you, if you would like to furnish some superior movie viewing for residents in a facility, we provide the following list. These are the top twenty movies of the last century, in alphabetical order, rated by Dr. Ted Baehr, former actor, lawyer, minister and movie producer. Dr. Baehr's work now is focused on reforming the entertainment industry.

BABETTE'S FEAST (1987): Set in Sweden during the 1800s, this Oscar-winning adaptation of the Isek Dineson story features two sisters who spend their lives helping the needy, sick and poor. They get a young French cook named Babette who spends her entire life's earnings on a masterful dinner for them. Symbolizing the Lord's banquet table, it is a wonderful tale of grace and sacrifice.

BEN-HUR (1959): Subtitled A TALE OF THE CHRIST, this is an epic story of a young Jewish man, Judah Ben-Hur, played by Charlton Heston, who lives at the time of Christ. Ben-Hur goes from wealth and prominence to being a galley slave in a Roman war ship, to being adopted by a wealthy Roman, and to faith in Jesus Christ. When his sisters contract leprosy, he can either choose to hate the Romans or find healing and forgiveness through the blood of Christ. It is one of the finest Christian movies of all time.

CHARIOTS OF FIRE (1981): Academy Award winner for Best Picture, it also demonstrates how a man, Eric Liddell, maintains his Christian convictions. An Olympic runner in the 1924 games, Liddell refuses to race on Sunday, the Lord's day. Liddell eventually went to China as a missionary and died in a prisoner of war camp, true to his faith to the very end.

GONE WITH THE WIND (1939): As classic an American tale as they come, this Panoramic epic starring Clark Gable and Vivian Leigh will forever reign as the king of Hollywood productions. Not only does it feature some of the most intricate plotting and masterful acting ever portrayed on screen, it documents America's greatest tragedy and greatest victory, the Civil War. Incomparable in scope and depth, it traverses the entire range of the human condition.

THE HIDING PLACE (1975): The only movie on the list by a Christian-owned film company, World Wide Pictures, it is a powerful examination of the faith of one family in the midst of horrible circumstances. Corrie Ten Boom and her family hide Jews in Amsterdam during WWII. When they are caught, they face unbelievable horrors in National Socialist concentration camps. Thematically very Christian, it is a splendid example of Christian courage.

HIGH NOON (1952): Our only Western on the list, it is a masterful, heroic movie filmed in real time. Every minute of screen time equals a minute of actual time. It is one of the best examples of suspense and serves as a great, wholesome example that Westerns don't have to depict bloodletting. It also embodies a remnant theology about a sheriff, played by Gary Cooper, who commits himself to doing the right thing even though everyone else abandons him. Grace Kelly stars as the sheriff's wife in this exceptional movie.

IT'S A WONDERFUL LIFE (1946): The classic Christmas movie that is treasured by all

Americans, it stars the beloved Jimmy Stewart and Donna Reed. This movie demonstrates the value that one man can have on his world. As that man, Jimmy Stewart delivers one of the most powerful performances of all time in a role that was made for him. Superbly crafted by director Frank Capra at the top of his game, it is a vivid, unforgettable testimony to answered prayer.

LES MISÉÉRABLES (1935): Based on the redemptive novel by Victor Hugo, *LES MISÉÉRABLES* tells the redeeming story of Jean Valjean who goes to prison for stealing a loaf of bread to feed his sister's child and then comes to Jesus Christ through the sacrificial love of a poor bishop. Jean becomes a new man and dedicates his life to helping others. *LES MISÉÉRABLES* is a positive, uplifting Christian story of the struggle between love and hate.

A MAN FOR ALL SEASONS (1966): Winning the Academy Award in 1966 for Best Picture, this movie portrays the life of a man of great courage, Sir Thomas More, played by Oscar winner Paul Scofield. A Catholic statesman in England, More rebelled against Henry VIII's self-proclaimed status as the head of the Church of England. This absorbing drama demonstrates the strength and faith of sticking to one man's religious convictions, no matter what the consequences.

MANCHURIAN CANDIDATE (1962): John Frankenheimer's Cold War thriller about a Korean War prisoner of war who is brainwashed into becoming a coldly efficient assassin by his Communist captors. One of the best insights into the nefarious nature of evil. It is a classic thriller starring Frank Sinatra and Laurence Harvey.

MR. SMITH GOES TO WASHINGTON (1939): Another Frank Capra classic starring with Jimmy Stewart, this movie demonstrates that the little guy can stand up to big government. A watershed movie for the common man, it serves as an example that the human spirit will not be crushed by big government. It continues to sound a call for ethics, morality and integrity in our highest offices.

PLACES IN THE HEART (1984): Winning an Academy award for Sally Field, this movie shows that faith in Jesus Christ overcomes all obstacles- even death. In the movie, a widow's determination triumphs over adversity, including the Great Depression, tornadoes and family tragedy. In the last scene, all the townspeople, even those who have died, come together to share communion in the church. It is an enduring and endearing vision of small-town America.

REPENTANCE (1987): Banned for years in the Soviet Union, *REPENTANCE* is the one movie that helped destroy Communism. This subtitled, magnificent movie exposes the evils of communism, statism and totalitarianism while lifting up the suffering Church and the triumphant, eternal Church of Christ Jesus. *REPENTANCE* is an allegory about Russia under Stalin. God is the center of this film, and it shows that His people cannot be defeated by the Devil or petty Marxist tyrants. *REPENTANCE* is required viewing for anyone confused about God and State.

THE ROBE (1953): Starring Richard Burton, Jean Simmons and Victor Mature, this Hollywood Cinemascope spectacle is the story of a slave under the rule of Rome, who turns to Christianity when embracing the robe of Christ. Majestic, huge, stirring, and magnetic, this is an impressive movie that presents a wonderful depiction of the world-changing faith of the early Christian martyrs.

SERGEANT YORK (1941): Based on the diary of Alvin York, the most decorated soldier in World War I, this moving story tells about a willful man, played by Oscar winner Gary Cooper, who comes to Jesus Christ and comes to terms with war. After his conversion, Alvin is deeply troubled about fighting in the war because he cannot reconcile the Bible's teaching against killing with participating in a war to defend his country. Before making his final decision about filing for conscientious

objector status, Alvin spends time reading the Bible and being alone with God on the mountain. There it becomes clear what God wants him to do.

THE SOUND OF MUSIC (1965): An American family classic, this is the only musical on our list. Who can forget the lovable Maria Von Trapp played winningly by Julie Andrews as she sings about the hills being alive with music? Demonstrating moral courage and humor honed by a deep Christian faith, Maria becomes a model woman both to her youthful charges, the Baron and all of Austria.

A TALE OF TWO CITIES (1935): The causes and effects of the French Revolution come alive through this richly textured cinematic rendering of the classic novel by Charles Dickens published in 1859. It could also be called *A Tale of Two Worldviews*. France's revolution of bloodshed and the deification of man, the "citizen" and "the people," were in stark contrast to a Christian moral order. The movie closes with Jesus Christ's words: "I am the Resurrection and the Life; he who believes in Me shall live even if he dies" (John 11:25).

TENDER MERCIES (1982): Starring Robert Duvall in an Oscar-winning performance as a down-on-his-luck Country music singer, this movie is written by Horton Foote, one of America's best writers. With a favorable representation of Christian faith and baptism, it shows a lost man turning to Christ and finding new hope, and love. It is a simple, elegant movie, with unforgettable characters.

THE TEN COMMANDMENTS (1956): A re-make from a film he did many years previously, this Cecil B. DeMille biblical epic remains a favorite today. Christians like it because it is a Bible story. Jews like it because Moses is one of their heroes. Everybody likes it because it is masterful, engrossing filmmaking. Though not entirely biblically correct, it gives a powerful examination of one of mankind's greatest leaders, superbly portrayed by Charlton Heston.

THE WAR OF THE WORLDS (1953): Adapted from H. G. Wells' classic science fiction novel, this movie posits the ultimate alien invasion and yet has a very clear biblical perspective. The minister and the Christian faith are portrayed in a very positive light throughout the movie. It is clear that the victory over the alien invaders comes only as a result of God's grace. In fact, the last line tells us, "It is the littlest things that God in His wisdom had put upon the Earth that save mankind." **THE WAR OF THE WORLDS** is just as exciting as any of the science fiction films being released today, and it is biblical. It is a movie well worth seeing- several times.

Dr. Baehr's comments: "These 20 movies represent the best-crafted, most-worthwhile movies of the century. These movies have given people a deeper awareness as well as a better understanding of life. Most have imparted to the audience a heightened sense of devotion and love, and a great increase in either man's love of God or in man's understanding of God."

MOVIEGUIDE® offers an online subscription to its magazine, at www.movieguide.org. The magazine, which comes out 12 times a year, provides articles and reviews that can help us to be media-wise consumers. Contact the editor: Dr. Ted Baehr at (805) 383-2000.

Some “Thinking” Games

Do You Remember?

Count how many you remember, then check the bottom.

1. Blackjack chewing gum
2. Wax Coke-shaped bottles with colored sugar water
3. Candy cigarettes
4. Soda pop machines that dispense bottles
5. Coffee shops with tableside jukeboxes
6. Home milk delivery in glass bottles with cardboard stoppers
7. Party lines
8. Newsreels before the movie
9. P.F. Flyers
10. Butch wax
11. Telephone numbers with a word prefix (Garfield 1-2323)
12. Peashooters
13. Howdy Doody
14. 45 RPM records
15. S&H Green Stamps
16. Hi-fi's
17. Metal ice trays with levers
18. Mimeograph paper
19. Blue flashbulbs
20. Beanie and Cecil
21. Roller skate keys
22. Cork popguns
23. Drive-ins
24. Studebakers
25. Wash tub wringers
26. Outhouses and honey-dippers
27. Charlie Chip man
28. Returnable glass milk bottles with a wopping 5 cents refund
29. Getting a cheeseburger, fries and a coke for 78 cents at McDonalds
30. Gas wars with prices at 23 cents a gallon
31. Not having to lock your doors

If you remembered 0-5:	Young'un
If you remembered 6-10:	Whipper Snapper
If you remembered 11-15:	Just Startin' Out In Life
If you remembered 16-25:	Baby Boomer
If you remembered 26-30:	Mature Adult
If you remembered 31:	World Class Citizen

In the following “memory games” read the phrase or sentence leaving out the underlined word or words and let the residents fill in the blanks. These sayings go back a ways and will be a lot of fun for the residents as well as spur them to reminisce a bit. Ask if anyone can think of any other clichés that date back when they were younger. Write the new ones down and add them to the list for next time. (Special thanks to the **Sonshine Society** for many of these ideas.)

“Memory Jogger” Game

As fit as a fiddle.
 As sharp as a tack.
 As flat as a pancake.
 As smart as a whip.
 As slow as molasses in January.
 As busy as a bee.
 As plain as the nose on your face.
 As fresh as a daisy.
 As light as a feather.
 As blind as a bat.
 As high as a kite.
 As hard as a rock.
 As white as snow.
 As sweet as honey.
 As quiet as a mouse.
 As clear as a bell.
 As fine as frog hair.
 As big as all outdoors.

Do’s and Don’t’s

The first set of these old sayings are “do’s” and the last set are “don’t’s.”

DO...

...stand on your own two feet.
 ...pull yourself up by your boot straps.
 ...hold your horses.
 ...look before you leap.
 ...mind your p’s and q’s.
 ...roll with the punches.
 ...stand up and be counted.

DON’T...

...burn the candle at both ends.
 ...cry over spilt milk.
 ...count your chickens before they hatch.
 ...put the cart before the horse.
 ...toot your own horn.
 ...put all your eggs in the same basket.
 ...let the cat out of the bag.

“Complete the Sentence” Game

If someone is quite naive, we often say they are just a babe in the woods.

If someone is real warm and comfortable, we might say they are as snug as a bug in a rug.

If someone were to accuse us of something and it wasn’t so, we might say they are barking up the wrong tree.

If we want to refer to someone as being young or immature, we say they are still wet behind the ears.

An embarrassing situation is funny when it happens to someone else, but when it happens to us, it’s a horse of a different color.

Tom just got a raise in pay and the extra money is burning a hole in his pocket.

When someone undertakes more than they can handle, we say they have bitten off more than they can chew.

Young lovers aren’t in the real world, they are on cloud nine.

He made a verbal blunder. He’s always putting his foot in his mouth.

There’s no doubt about it, I got it straight from the horse’s mouth.

I may have heard it before, but it doesn’t ring a bell.

“Name That Hymn”

Using the hymns in the booklet produced by **Christian Concourse** called ***“Our Hymn Book”*** (or any old hymn book, for that matter), hum or whistle or play on an instrument the melodies of one of these old favorites until someone guesses the name of it. Also, you can show one of the players the name of a hymn and let them hum it until one of the other players guesses the name of it. Then let the one who guessed it try humming the tune of the next one. Or, you can begin reading the first verse of a hymn until someone starts humming the tune or, alternately, until someone calls out the name of the hymn. Have fun!

Show Me

(Adapted from *Creating a Successful Senior Adult Ministry*, published by **Thomas Road Baptist Church**.)

Divide the audience by tables or small groups of individuals. Give each a pile of newspapers and magazines. Prepare in advance a list of pictures typically found in newspapers. Call out the name of one picture such as a house, a store, an office building, someone playing any kind of ball game, a car, a pickup truck, a boy, a girl, a man, a woman, etc. The team that can locate that item first in their pile, tear out the picture with no more than a two inch border, and hold it high gets a point. A variation of this would be to have a “runner” at each table to bring the picture to the leader rather than just showing it at the table.

“Complete the Verse”

Read the following well known verses loud and clear, leaving the underlined word or phrase out for the residents to fill in. Of course, as a variation, you can leave any key word or phrase out for the residents to guess. An alternative game would be to give everyone a Bible, then call out the passage and let them see who can find and read the passage the fastest. All scriptures are taken from the *King James Version* of the Holy Bible. Words in italics are ours for clarification.

In the beginning God created the heaven and the earth. Genesis 1: 1

And God saw every thing that he had made, and, behold, it was very good. Genesis 1: 31

And the Lord God formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul. Genesis 2: 7

And the Lord said unto Cain, Where is Abel thy brother? And he said, I know not: Am I my brother's keeper? Genesis 4: 9

And the Lord said unto Noah, Come thou and all thy house into the ark; for thee have I seen righteous before me in this generation. Gen 7: 1

And he (*Abram, he was not yet renamed Abraham by God*) believed in the Lord; and he counted it to him for righteousness. Genesis 15: 6

And his (*Lot's*) wife looked back from behind him, and she became a pillar of salt. Genesis 19: 26

Now Israel loved Joseph more than all his children, because he was the son of his old age: and he made him a coat of many colors. Genesis 37: 3

And the Lord spake unto Moses, Go unto Pharaoh, and say unto him, Thus saith the Lord, Let my people go, that they may serve me. Exodus 8: 1

For the cloud of the Lord was upon the tabernacle by day, and fire was on it by night, in the sight of all the house of Israel, throughout all their journeys. Exodus 40: 38

Thou shalt have none other gods before me. Deuteronomy 5: 7

Thou shalt not take the name of the Lord thy God in vain. Deuteronomy 5: 11

Keep the sabbath day to sanctify it, as the Lord thy God hath commanded thee. Deuteronomy 5: 12

Honor thy father and thy mother, as the Lord thy God hath commanded thee; that thy days may be prolonged, and that it may go well with thee, in the land which the Lord thy God giveth thee. Deuteronomy 5: 16

And David said moreover, The Lord that delivered me out of the paw of the lion, and out of the paw of the bear, he will deliver me out of the hand of this Philistine. 1 Samuel 17: 37

Blessed is the man that walketh not in the counsel of the ungodly, nor standeth in the way of sinners, nor sitteth in the seat of the scornful. Psalm 1: 1

The fool hath said in his heart, There is no God. Psalm 14: 1

The Lord is my shepherd; I shall not want. Psalm 23: 1

Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the Lord for ever. Psalm 23: 6

Make a joyful noise unto the Lord, all ye lands. Serve the Lord with gladness: come before his presence with singing. Psalm 100: 1 - 2

The fear of the Lord is the beginning of wisdom. Psalm 111: 10

It is better to trust in the Lord than to put confidence in man. Psalm 118: 8

Thy word is a lamp unto my feet, and a light unto my path. Psalm 119: 105

The angel of the Lord appeared unto him in a dream, saying, Joseph, thou son of David, fear not to take unto thee Mary thy wife: for that which is conceived in her is of the Holy Ghost. And she shall bring forth a son, and thou shalt call his name Jesus: for he shall save his people from their sins. Matthew 1: 20 - 21.

Let you light so shine before men, that they may see your good works, and glorify your Father which is in heaven. Matthew 5: 16

Our Father which art in heaven, Hallowed be thy name. Matthew 6: 9

Come unto me, all ye that labor and are heavy laden, and I will give you rest. Matthew 11: 28

But Jesus said, Suffer little children, and forbid them not, to come unto me: for of such is the kingdom of heaven. Matthew 19: 14

His lord said unto him, Well done, thou good and faithful servant: thou hast been faithful over a few things, I will make thee ruler over many things: enter thou into the joy of thy lord. Matthew 25: 21

Watch and pray, that ye enter not into temptation: the spirit indeed is willing, but the flesh is weak. Matthew 26: 41

And Jesus came and spake unto them saying, All power is given unto me in heaven and in earth. Matthew 28: 19

For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life. John 3: 16

A new commandment I give unto you, That ye love one another; as I have loved you. John 13: 34

Let not your heart be troubled: ye believe in God, believe also in me. John 14: 1

Jesus saith unto him, I am the way, the truth, and the life: no man cometh unto the Father, but by me. John 14: 6

Therefore being justified by faith, we have peace with God through our Lord Jesus Christ. Romans 5: 1

For the wages of sin is death; but the gift of God is eternal life through Jesus Christ our Lord. Romans 6: 23

And we know that all things work together for good to them that love God. Romans 8: 28

If thou shalt confess with thy mouth the Lord Jesus, and shalt believe in thine heart that God hath raised him from the dead, thou shalt be saved. Romans 10: 9

So then faith cometh by hearing, and hearing by the word of God. Romans 10: 17

I beseech you therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy, acceptable unto God, which is your reasonable service. Romans 12: 1

For the kingdom of God is not meat and drink; But righteousness, and peace, and joy in the Holy Ghost. Romans 14: 17

What? know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own? 1 Corinthians 6: 17

There hath no temptation taken you but such as is common to man: but God is faithful, who will not suffer you to be tempted above that ye are able; but will with the temptation also make a way to escape, that ye may be able to bear it. 1 Corinthians 10: 13

Though I speak with the tongues of men and of angels, and have not charity (*love*), I am become as sounding brass, or a tinkling cymbal. 1 Corinthians 13: 1

Therefore if any man be in Christ, he is a new creature: old things are passed away; behold, all things are become new. 2 Corinthians 5: 17

I am crucified with Christ: nevertheless I live; yet not I, but Christ liveth in me: and the life which I now live in the flesh I live by the faith of the Son of God, who loved me, and gave himself for me. Galatians : 2: 20

For by grace are ye saved through faith; and that not of yourselves: it is the gift of God: Not of works, lest any man should boast. Ephesians 2: 8 - 9

I can do all things through Christ which strengtheneth me. Philippians 4: 13

But my God shall supply all your need according to his riches in glory by Christ Jesus. Philippians 4: 19

Set your affection on things above, not on things on the earth. Colossians 3: 2

Rejoice evermore. 1 Thessalonians 5: 16

Pray without ceasing. 1 Thessalonians 5: 17

In every thing give thanks: for this is the will of God in Christ Jesus concerning you.
1 Thessalonians 5: 18

Quench not the Spirit. 1 Thessalonians 5: 19

For there is one God, and one mediator between God and men, the man Christ Jesus; Who gave himself a ransom for all, 1 Timothy 2: 5 - 6a

Study (*be careful*) to show thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the word of truth. 2 Timothy 2: 15

All scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness: That the man of God may be perfect (*mature*), thoroughly furnished unto all good works. 2 Timothy 3: 16 - 17

Now faith is the substance of things hoped for, the evidence of things not seen. Hebrews 11: 1

But without faith it is impossible to please him: for he that cometh to God must believe that he is, and that he is a rewarder of them that diligently seek him. Hebrews 11: 6

If we confess our sins, he is faithful and just to forgive us our sins, and to cleanse us from all unrighteousness. 1 John 1: 9

Behold, I stand at the door, and knock: if any man hear my voice, and open the door, I will come in to him and will sup with him, and he with me. Revelation 3:20

For More:

(Ideas adapted from *Creating a Successful Senior Adult Ministry*, published by **Thomas Road Baptist Church**.)

Check your local public library and Christian bookstore for a variety of available books for children and youth with **game ideas** that can be adapted to senior adults.

Contact your local Christian bookstore for **inspirational music and sound tracks** on tape and/or CD. A large local church library or the public library may have some music you can check out.

Obtain musical assistance for organizing residents into **singing groups** from your choir director or high school music department.

Contact your city recreation director or an elementary music teacher for ideas on starting a **“Kitchen,” Kazoo or Rhythm band**.

Poems

Poetry holds a special place in the hearts of many residents of care facilities. The following works of art include tools for use in “Church Services” or activities. Some are appropriate for volunteer recruitment events, some are good for residents, and some are there just for your reflection. Please use them liberally, and as you see fit.

When you share the poems, we encourage you to read them aloud. Practice, if you need to, so that you will not sound sing-songy, mispronounce words or misinterpret the meaning of a line. For best results, your reading should reflect the care the author originally put in the poem’s composition.

Needless to say, this compilation is by no means comprehensive. You will find great poetry in old hymnbooks. Sometimes, reading a hymn will help bring out the meaning behind the wonderful, familiar tune. Though far too few, in our opinion, you may find Christian poetry books in your local Christian bookstore. The **Salesian Missions** series of Christian poetry books and pamphlets is a great resource at a reasonable price. You can contact them at Salesian Missions, 2 Lefevre Lane, New Rochelle, New York 10801-5710. Issues of **The Journal for Jesus’ Sheep**, a free, periodic publication of Christian poetry published by **Christian Concourse Ministries, Inc.**, is another resource for poetry.

Also, please remember this: some care facility residents are people of high educational backgrounds with an excellent, wholesome taste for poetry. These residents would love to hear great poetry they read and studied in the past. There are vast amounts of classic inspirational poetry to be found in most general poetry anthologies. Of course, the exercise of good judgement and discretion is a must.

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I'm Fine, Thank You!

Author unknown, copied from **Sonshine Society** materials

There is nothing the matter with me
I'm as healthy as I can be.
I have arthritis in both my knees,
And when I talk I talk with a wheeze.
My pulse is weak, and my blood is thin,
But I'm awfully well for the shape I'm in.
Arch supports I have for my feet,
Or I wouldn't be able to be on the street.
Sleep is denied me night after night,
But every morning I find I'm all right.
My memory is failing, my head's in a spin
But I'm awfully well for the shape I'm in.
How do I know that my youth is all spent?
Well, my "get up and go" has got up and went!
But I really don't mind when I think again
Of all the grand places that my "get up" has been.
Old age is golden, I've heard it said,
But sometimes I wonder as I get into bed,
With my ears in the drawer, my teeth in a cup,
My eyes on the table until I wake up,
Ere sleep overtakes me, I say to myself,
"Is there anything else I could lay on the shelf?"
I get up each morning and dust off my wits,
And pick up the paper and read the "Obits".
If my name is missing, I know I'm not dead,
So I have a good breakfast and go back to bed!

Little Ones of the Master

by Jerry Johnson

I had the honor of getting to know a dear sweet lady a few years ago. Though a precious, weathered saint of God, she never preached great flowery sermons; never won a city full of heathens to Jesus; she never impressed anyone that I know of with being all that spiritually mighty. But what I learned from knowing her was God's perspective of His little children. He doesn't keep score the way we do...He's looking on the heart. No one took note as she faithfully read her little devotional book and kneeled beside her bed most every morning for fifty years to ask God to somehow get her through each day. She was never the Bible teacher at church; she always went to learn. But the Lord gave me the honor of seeing into this magnanimous soul. There I found a rare, solid-iron, death-defying faith in her Savior. The time came for me to stand, shocked, beside what I knew to be her deathbed. I asked God what I could say. I felt He didn't want ME to say anything. I asked HIM what HE wanted to say. He replied in His tender way to my heart, "Suffer my little child to come unto me." I wrote this poem that night.

They're precious, innocent, trusting, sublime:
Little ones of the Master,
Unaged by the passing of time.
Believing beyond any hope of reason:
Little ones of the Master,
Warmed from within, this winter season.

Passing their mem'ries, their faults and cares,
Little ones of the Master
Feel pain only their Father shares.
A moment's suffering a lifetime long,
Little Ones of the Master
Bear their cross with a silent song.

Touching everyone, holding no one firm,
Little ones of the Master
Lean on Him their hopes to confirm.
Wordless, they defy the doubts of mankind:
Little ones of the Master
Are a shout of eternal rhyme!

Bold at the threshold of Destiny's door:
Little ones of the Master,
Childlike, embark from mortal shore;
For they, most clearly, hear the call from across the sea
To the little ones of the Master:
"Suffer My little children to come unto me."

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A Dear Old Dame

Adapted by Herm Haakenson – Author Unknown

In yesteryear when things moved slow
And life was simple here below,
There lived nearby a country town
A dear old dame named Betty Brown.

She had not much, but anyhow
She got along, she and her cow,
This bovine beast could oft annoy
But still was Betty's pride and joy.

On Sundays it was off to town
In feathered hat and finest gown,
She loved God's word and naught would do
But Sunday find her in her pew.

She loved to hear the pastor preach
And listened breathless when he'd teach
But the thing that really made her day
Was when she'd hear her pastor pray.

His words of warning and earnest pleas
Could bring a sinner to his knees
But the crowning moment of Betty's day
Was when the pastor said, "Let's pray."

When strangers she would chance to meet
While walking down her hometown street
She'd smile, greet them, and always say,
"Come, hear my pastor preach and pray."

One wild and windy winter night
Poor Betty's heart was filled with fright.
Her cow got tangled in her rope,
Almost strangled, little hope!

She called her pastor, the good man came
Wishing to please this dear old dame.
He viewed the scene that before him lay,
While Betty pleaded, "Pastor, pray!"

Now Pastor knew not what to do,
Praying for cows was something new,
But as she put him to the test
He promised her he'd do his best.

He closed his eyes and bent his head

And these are the words the pastor said:
"You poor old beast, you look so bad
And your poor old Mrs. looks so sad.
If you live, you live; if you die, you do,
And that will be the end of you."

The pastor left, the cow got well
And ever after Betty would tell
Of that winter night, explaining how
Her pastor's prayer had saved that cow.

Time marched on and then one day
No pastor at church – to Betty's dismay!
He had an abscess, very bad,
Poor old Betty, felt so sad.

She made her way to Pastor's house,
Where she was met by Pastor's spouse,
Who led the way to Pastor's bed
Where Betty grasped his hand and said,

"Oh, Pastor, I remember now
When I needed you for my sick cow,
I never really learned to pray
But I learned the words you said that day.

"They worked for my cow and saw her thru
I'd like to say them now for you."
She cleared her throat and bent her head
And these are the words that Betty said,

"You poor old beast, you look so bad
Your poor old Mrs. looks so sad.
If you live, you live – if you die, you do,
And that will be the end of you!"

A chuckle started in his belly
His whole frame shook like a bowl of jelly.
He laughed until he thought he'd choke
And all at once his abscess broke!

Betty left – Pastor got well
And ever after he would tell
How in his hour of pain and strife
Betty's prayer had saved his life!

A Young Girl Still Dwells

Copied from **Focus On The Family** magazine, Sep. 1985.

This poem was written by a woman who died in the geriatric ward of Ashludie Hospital near Dundee, England. It was found among her possessions and so impressed the staff that copies were made and distributed to every nurse in the hospital. It is addressed to the nurses who surrounded the woman in her last days. But because it cries for recognition of a common humanity, it could have been written to all of us.

What do you see, nurse, what do you see?
 Are you thinking when you look at me –
 A crabbed old woman, not very wise,
 Uncertain of habit with far away eyes,
 Who dribbles her food and makes no reply
 When you say in a loud voice – “I do wish
 you’d try.”
 Who seems not to notice the things that you
 do
 And forever is losing a stocking or shoe,
 Who resisting or not, lets you do as you will
 With bathing and feeding, the long day to fill.
 Is that what you’re thinking, is that what you
 see?
 Then open your eyes, nurse. You’re not
 looking at me.

I’ll tell you who I am as I sit here so still.
 As I move at your bidding, eat at your will.

I’m a small child of ten with a father and
 mother,
 Brothers and sisters who love one another;

A young girl of sixteen with wings on her feet.
 Dreaming that soon a love she’ll meet;

A bride at twenty, my heart gives a leap,
 Remembering the vows that I promised to
 keep;

At twenty-five now I have young of my own
 Who need me to build a secure, happy home.

A woman of thirty, my young now grow fast,

Bound together with ties that should last.

At forty, my young sons have grown up and
 gone,
 But my man’s beside me to see I don’t mourn.

At fifty once more babies play round my
 knee –
 Again we know children, my loved one and
 me.

Dark days are upon me, my husband is dead.
 I look at the future, I shudder with dread.
 For my young are all rearing young of their
 own,
 And I think of the years and the love that I’ve
 known.

I’m an old woman now and nature is cruel,
 ’Tis her jest to make old age look like a fool.
 The body it crumbles, grace and vigor depart.
 There is a stone where I once had a heart.
 But inside this old carcass a young girl still
 dwells,

And now again my bittered heart swells.
 I remember the joys, I remember the pain
 And I’m loving and living life over again.
 I think of the years, all too few, gone too fast,
 And accept the stark fact that nothing can last.

So open your eyes, nurse, open and see
 Not a crabbed old woman,
 Look closer – see me!

You Say I Have No Choices?

by Jerry Johnson

A few years ago I attended a meeting related to care facility work, and the young speaker made the comment that she had no intention of ever living in a nursing home. Her reasoning was that all of a person's choices are taken away when they go through the doors of the facility. At that moment, a vision burst into my mind of so many of the nursing home residents whom I have come to know and love in the course of my ministry. They feel all of their losses deeply, but they maintain their high character and grace, even in the worst of circumstances. Invariably, I find that their strength lies in the many years they have labored faithfully for the Lord. As the speaker made her point, the first few lines of this poem began to flow in my mind. While she continued her speech, I quickly penned this poem to honor these sweet, faithful Christians.

It is the cry of my heart to see the Christian community . . . all Christians . . . take up their responsibility and do their part to encourage and strengthen the hands of these precious saints now living in care facilities, often forgotten by the religious public.

I don't set my own alarm clock,
 Haven't seen it for many days.
 The open curtain at my window
 Lets in unwanted rays.
 I guess my roommate is a sweetie
 But she sure does have her ways.
 I've forgotten my dear home address:
 Good memories now a haze.
 A lotta neat people pop in to visit
 But no one ever stays.
 No need to fuss about the noise at night,
 I found it never pays;
 And the rigmarole to get my prune juice
 Is a daily, tangled maze.

Oh yes! I let go of many things:
 Choices . . . and control of my own
 fate!
 But there's choices I won't surrender
 In this lonely, forgotten state:

I choose to keep my smiling face:
 Won't let depression take my heart.
 I'll pray for the crying souls at night:

While nurses struggle I can do my part.
 When my children call, I'll make small talk
 When they don't have much to say;
 I'll make them laugh and giggle;
 I'll understand when they cannot stay.
 I'll choose to keep my patience
 When the shower is too cold.
 I'll not complain or grumble
 When the burger's three days old.
 I'll talk to poor Miss Sally in the hall
 Though she never talks to me.
 I'll wait with a real sweet smile for that nurse
 Who comes so grudgingly.

And, so don't you see ?

I still have my choices!
 This power you cannot take.
 My attitude is still mine to mold . . .
 And I'll mold it for Heaven's Sake

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The Morning is Still Dawning Now

by Jerry Johnson

I stand, quivering child, and peer
Into this sea of loss and fear
To strain my eye, "Oh, are You near?"
Your voice would soothe my longing ear:
Strength to my doubt, a blot to my tear.

'Tis stronger than life this loss that I feel
Though no open wound, no less to me real.
How I need your touch my pain to heal!

Look! I can see you, coming...there!
I hear your comfort, I feel your care...
...As my friend bows for me in prayer
My tear, my loss, my wound to share.
Thus, I know you feel the pain I bear:
A dear friend's love has made it clear:
You, too, know the loss of one held dear:
You lost your Son when He was here.

But, though gone He did not stay away.
You raised Him up on that third day.
And in my heart I can see somehow,
That resurrection morning is still dawning now;
For my hope is resting solid in You
That my loss now is but temporary, too!

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Blessings

by Nelta Brock

I knelt to pray when day was done
And prayed, "O Lord, bless everyone,
Lift from each saddened heart the pain
And let the sick be well again."

And then I woke another day
And carelessly went upon my way,
The whole day long I did not try
To wipe a tear from any eye.

I did not try to share the load
Of any brother on the road.
I did not even go to see
The sick man just next door to me.

Yet once again when day was done
I prayed, "O Lord, bless everyone."
But as I prayed, into my ear
There came a voice that whispered clear,
"Pause now, my son, before you pray.
Whom have you tried to bless today?"

God's sweetest blessings always go
By hands that serve him here below."
And then I hid my face and cried,
"Forgive me, God, I have not tired.
But let me live another day
And I will live the way I pray."

I'm a Senior Citizen

Author Unknown

(from the website of the **Christian Association of Senior Adults**)

I'm the life of the party...even when it lasts until 8 p.m.
I'm very good at opening child-proof caps with a hammer.
I'm usually interested in going home before I get to where I'm going.
I'm good on a trip for at least an hour without my aspirin, beano and antacid.
I'm the first one to find the bathroom wherever I go.
I'm awake many hours before my body allows me to get up.
I'm smiling all the time because I can't hear a word you are saying.
I'm very good at telling stories...over and over and over and over.
I'm aware that other people's grandchildren are not as bright as mine.
I'm so cared for: long-term care, eye care, private care, dental care....
I'm not grouchy, I just don't like traffic, waiting, crowds, children, politicians....
I'm positive I did housework correctly before my mate retired.
I'm sure everything I can't find is in a secure place.
I'm wrinkled, saggy and lumpy, and that's just my left leg.
I'm having trouble remembering simple words like....
I'm now spending more time with my pillows than with my mate.
I'm realizing that aging is not for sissies.
I'm anti-everything now: anti-fat, anti-smoke, anti-noise, anti-inflammation....
I'm walking more (to the bathroom) and enjoying it less.
I'm sure they are making adults much younger these days.
I'm in the initial state of my golden years: SS, CDs, IRAs, AARP....
I'm wondering...if you're only as old as you feel, how could I be alive at 135?
I'm supporting all movements now...by eating bran, prunes and raisins.
I'm a walking storeroom of facts...I've just lost the storeroom.
I'm a Senior Citizen and I think I am having the time of my life!

Prescription For A Laugh

Author unknown

Just a line to say I'm living
That I'm not among the dead,
Though I'm getting more forgetful
And more mixed up in the head.
For sometimes I can't remember
When I stand at the foot of the stairs
If I must go up for something,
Or I've just come down from there.
Standing before the frig' so often
My poor mind is filled with doubt-
Have I just put food away, or
Have I come to take some out?
With my night cap on my head,
I don't know if I am retiring
Or just getting out of bed.
So, if it is my turn to write you
There's no need in getting sore.
I may think I've already written
And don't want to be a bore.
So remember, I do love you
And I wish that you were here,
But now it's nearly mail time,
So I must say "Goodbye, dear."
There I stood beside the mailbox
With my face so very red
Instead of mailing you the letter,
I opened it instead.

A Chaplain's Thought – “Yes Lord”

Author Unknown

This morning I asked, “How much more can I take;
What else must I do for Your name's sake?”
I'm running this race to get closer to You.
But, my God, I can't believe the things I go through.

The stress and struggles of this thing called life.
The unknowns: will I marry and find a good wife?
What school shall I attend; Masters, Doctorate, then what?
Am I even in the right profession or just stuck in a rut?

Did I mail off that payment? Did I pick up my suit?
I know I'm forgetting something. Is patience part of the fruit?
We have rehearsal tonight?! But, I have other plans.
Help the needy and greedy? Lord, I've only got two hands.

There's Bible Study on Wednesdays and meetings on Monday.
I am practically at Church from Sunday to Sunday.
You've burned my insides like a craftsman with gold.
Flames set hot and long enough, gave newness to the old.

My old friends are gone and some family members too.
You've got my attention, now what must I do?
Dedicate my whole being to focus on You?
Put aside my plans and desires and give what is due?

Should I think of You each second and meditate each day?
Should I fast and pray and watch what I say?
Should I be humble and obedient and forget about myself?
Shall I, Your vessel, just sit here on a shelf?

Waiting to be used by You, is that my only goal?
Have You the rights to my spirit and the papers to my soul?
Pray harder, listen better, study more and sin less?
And my God silenced me, as I felt Him say. . .”Yes”.

Whatever I command, you should do with no delay.
You must study My Words and walk in My Way.
I will cleanse you from all you have done to yourself.
For you know not the time, you'll be pulled from the shelf.

Like a glass that is dirty, with smudges and spots.
You must be presentable, having minimal blots.
For My Living Water must be sweet to the taste.

Therefore, I must prepare the container in which it is placed.

Your life is not yours, it belongs to Me.
I knew you before you knew, now I want you to see.
Your true purpose in life is based on My plans.
So, I'll mold you and shape you with My own hands.

Yes, pain you feel and experience loss.
But it's not as though I asked you to carry The Cross.
Who has stretched you wide and speared you deep?
Who has nailed your hands and pierced your feet?

Are there stripes on your back or bruises on your face?
When was the last time you saved the human race?
Have you died lately and arisen from the dead?
Did I ask you to adorn a crown of thorns upon your head?

My Son wore that crown, so that yours may be one of glory.
Now, all I'm asking of you, is to tell the story.
Tell them where you were when you heard the Good News.
How you came to know that Jesus paid all your dues.

So, yes, you owe Me. But your life is not the fine.
As a matter of fact, you're only giving Me back, what's already Mine.
Just do what you must and give it your best.
Don't worry, just have faith and I'll take care of the rest.

I love you and want you to trust and choose Me.
You must My dear child, if you want to be free.
Free from the powers and bondage of sin.
Able to choose eternal life instead of an eternal end.

I want Us to be close and in one accord.
Then His eyes asked if I understood. And I humbly replied. . .
"Yes, Lord."

Unfolding a Rose

Author Unknown

It is only a tiny rosebud,
A flower of GOD's design;
But I cannot unfold the petals
With these clumsy hands of mine.
The secret of unfolding flowers
Is not known to such as I.
GOD opens this flower so sweetly,
When in my hands they fade and die.
If I cannot unfold a rosebud,
This flower of GOD's design,
Then how can I think I have wisdom
To unfold this life of mine?
So I'll trust in Him for His leading
Each moment of every day.
I will look to him for His guidance
Each step of the pilgrim way.
The pathway that lies before me,
Only my Heavenly Father knows.
I'll trust Him to unfold the moments,
Just as He unfolds the rose.

Old Grandma Shoes

Author Unknown

When I was very little
All the Grandmas that I knew
Were wearing the same kind
Of ugly grandma shoes.

You know the kind I mean. . .
Clunky heeled, black, lace-up kind,
They just looked so very awful
That it weighed upon my mind,

For I knew, when I grew old,
I'd have to wear those shoes.
I'd think of that, from time to time
It seemed like such bad news.

I never was a rebel,
I wore saddle shoes to school,
And next came ballerinas
Then the sandals, pretty cool.

And then came spikes with pointed toes
Then platforms, very tall,
As each new fashion came along
I wore them, one and all.

But always, in the distance,
Looming in my future, there,
Was that awful pair of ugly shoes,
The kind that Grandmas wear.

I eventually got married
And then I became a Mom.
Our kids grew up and left,
And when their children came along,

I knew I was a Grandma
And the time was drawing near
When those clunky, black, old lace up shoes
Was what I'd have to wear.

How would I do my gardening
Or take my morning hike?
I couldn't even think about
How I would ride my bike!

But fashions kept evolving
And one day I realized
That the shape of things to come
Was changing, right before my eyes.

And now, when I go shopping
What I see fills me with glee.
For, in my jeans and Reeboks
I'm as comfy as can be.

And I look at all these little girls
And there, upon their feet
Are clunky, black, old Grandma shoes,
And I really think that's neat.

The following ten poems are by Betty Jo Mathis. She is a long-time nursing home minister, a Bible teacher, a pastor's wife, and matriarch for seven children and 22 grandchildren. Mrs. Mathis is the author of many booklets of articles, poems, and devotionals. Much of her work is included in materials published by **The Sonshine Society** and she continues to write for them today. If you would like more information on any of her poems or articles, or for permission to copy any of the ones we have printed here, please contact her via email at pdonbj0@actcom.net.

Latest Update On Mom's Will

By Betty Jo Mathis

I had hoped to leave you children
A tidy little sum of dough.
I'd hoped when I was dead and gone
That you could reap what I did sow.

I'd dreamed of futures bright for you-
Each one retiring in the south;
But I just got my dentist's bill
And all your money's in my mouth!

So, Jimmy gets my gold eye tooth
And Tedd receives my lower plate.
Bill will get my upper partial
My plat'num molar's Scotty's fate.

Your future's looking bleak, my boys.
There'll be no posh adventures;
But surely you won't mind at all,
For you'll really like my dentures!

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Blessings

By Betty Jo Mathis

Oh, I've lots of blessings! Come and take a look.
'Count them one by one', it says in the Sunday hymnal book.

Where should I begin? I'll start with home and friend,
Then I'll mention lands and houses and the riches that I spend.

There are cars and cycles, pleasure boats and planes.
I overflow with blessings (thanks to beauty and to brains!)

I'm just full of blessings, running o'er the sides!
(Of course they're not all paid for; But you know, 'the Lord provides!')

Blessings! Are they really? All these things I prize?
The things my hands can fondle, that bring pleasure to my eyes?
Glitter is not gold; it could go tomorrow.
The things I set my heart on may only bring me sorrow.

What if God should quickly take away my wealth,
Like Job the tried and tested, I'd also lose my health?

Would I still consider I was being blest?
What would I be thinking then? Could I handle such distress?

Joy and peace and inner strength; such blessings can't be gleaned
From this old passing world. They're neither touched nor seen.

The Blessing of the Lord stills that 'inner itch'.
His blessing brings no sorrow; it alone can make one rich.

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How Can I Sing?

By Betty Jo Mathis

How can I sing the Lord's songs
In this confusing land?
How can I ever be on top
When nothing goes as planned?

How can I keep on going when
I simply want to quit?
How can I be at peace when in
This dark and awful pit?

Am I supposed to learn from this?
Are there lessons for my soul?
Is all this just a happenstance?
Who's really in control?

Look up, dear one; He's leaning down,
List'ning to your prayer
He'll lift you from the miry clay;
He doesn't want you there.

Look up! God has great plans for you.
Your cry He'll never mock.
Don't wallow in that awful pit!
He wants you on the Rock!

And once upon that Rock, you'll see
A new and diff'rent view,
For then you'll know it was His love
That taught and chastened you.

A brand new song you then will sing
'tis praise to Him alone,
The One who planned each circumstance,
The One Who's on the throne.

That Rock, who is our Savior, Christ,
A refuge strong will prove;
And though you tremble on the Rock,
That Rock will never move.

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Four In The Fire

By Betty Jo Mathis

There were four in the fire - not three alone
When the Hebrew lads in the fire were thrown -
Those boys who refused to idols to turn,
And were cast in the cruel furnace to burn.

Four in the fire - and the fourth was no less
Than the Son of God - Who was there to bless
And protect His brethren from smoke and flame,
And bring them all forth to extol His name.

Yes, four in the fire, and when they returned
They smelled not of smoke, neither were they burned.
And all that they lost in that fiery blast,
Were the fetters that bound and held them fast.

Another's in the flame, God's child, with you
When the fiery trials you're called to go thru'.
He'll stay thru' the heat, and then lead you out
With no hurt, no bonds, the vic'try to shout.

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A Bit Of "Sonshine"

By Betty Jo Mathis

I see her in her tiny room
And taking notice of the gloom,
I call her name, but she hears not;
This lonely one who's been forgot
By busy folks like you and me
Whose ears can hear, whose eyes can see.

But she's dozing in her morning nap,
One withered hand within her lap;
Her useless foot just drooping there,
A lap robe tucked about her chair.

I hesitate this one to rouse,
Perhaps she's dreaming of her spouse,
And days gone by with children young
When games were played and songs were sung,
When back was strong - hands were able,
Mind was clear and limbs were stable.

But then she wakens - bless her heart,
And finding me, she gives a start,
"It's you!" she cries, "O friend of mine,
You've brought a bit of God's sunshine!"

We chat a bit and reminisce.
(Why do I slight such times as this?)
She's so delighted by my call
And shows me pictures on her wall
Of sons and daughters far away;
Like me, they're thoughtless day by day,
Forgetting how the minutes drag,
The helplessness and sorrows nag.

We speak of Heaven, then we pray.
I rise to be upon my way.
She begs me soon to come again,
"You've brought sunshine - you are my friend!"
I cringe with shame. It cost me not
To cheer a lonely soul forgot.
In fact, the benefit was mine.
'Twas me who needed her Sonshine!

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The Trail's Not Home

By Betty Jo Mathis

When settlers crossed this barren land
In covered wagons, band on band;
Behind them all their bridges burning -
To homes ahead their wheels were turning.

Upon the trail no spot was found
To sink their roots, to settle down -
A better place their hearts were yearning
And all the while the wheels kept turning.

The dusty trail was not to be
Their journey's end, their destiny -
Home lay beyond the desert burning
So wagon wheels just kept on turning.

Tho' marked by joy or scarred by fears,
Hallowed by graves or soaked by tears;
Our fathers knew what we'd be learning -
The trail's not Home - wheels must keep turning.

So dry the tears and leave the grave
Nor revel in what fortune gave;
Our Home's ahead - the trail we're spurning -
Just passing thru', the wheels keep turning.

And Pilgrim, when we've ceased to roam
And reached at last our Heavenly home,
No more the weary trail a-churning -
How glad we'll be the wheels kept turning.

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How Do You Tell A Gramma When You See One?

By Betty Jo Mathis

How do you know she's a gramma?
She looks too young for that!
She hasn't got a speck of gray
She's not the least bit fat.

Oh, I know she's a gramma, tho'
She doesn't look the part
I can see it plainly in her ways
And know she's one at heart.

Have you not heard her catch her breath
When little ones get spanked,
Or how she often overlooks
A childish lack of thanks?

She trims the bread in tidy squares
For one who can't stand crusts,
And says it matters not a bit
When floors get tracked with dust.

She winks at lots of little pranks
Her own kids used to pull
That got them into trouble when
She held to stricter rule.

She never seems too busy now
To hear of youth-ful feats,
Nor does she seem to mind at all
If stories are repeats.

You can't always tell the grammas
By looks or height or weight.
They're known by smiles, not styles
And by the stuff they tolerate!

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The Parent Becomes The Child

By Betty Jo Mathis

She knows his frame.
Mindful of his years;
She excuses spills,
Tousled hair,
Mis-matched sox.
Listens to grandiose, glowing plans,
Disciplines erratic behavior.
He's nine.
He'll grow up.
She understands.
She's his mom.

He knows her frame.
Mindful of her years,
He excuses spills, unkempt hair,
Mis-matched clothes,
Listens to repeated fading memories,
Overlooks erratic behavior.
She's ninety.
She'll not grow up.
He understands.
He's her son.

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Bloom Where You're Planted

By Betty Jo Mathis

“Bloom where you're planted!”
That's what I always sing
To transplants in my flower bed
When I've moved them in the spring.

They look so droopy and forlorn,
So fragile and forsaken;
Will they withstand the shocking change
As from the warmth they're taken?

I leave them in their earthy nest
And I know it won't be long.
In spite of setbacks for awhile,
Thirsty roots will grow quite strong.

“Bloom where you're planted!”
Though it be dark or bright,
Some blossoms give their fragrance best
In the darkest hours of night.

“Bloom where you're planted!”
Be strong, be not afraid.
The winds may blow and sun may beat
And your spirits droop and fade.

“Bloom where you're planted!”
You will withstand the strain.
God's life within will guarantee
That His plants will remain.

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Watch The Signs, Stay In Your Lane!

By Betty Jo Mathis

I'm heading north on I-25,
Wanting to get home safe and alive.
Husband's words are clear and plain:
"Go 55, stay in your lane."

Hands on the wheel, knuckles turned white,
Semis on left, cars on the right;
Cycles ahead, pickups behind,
Strung way out, an impatient line.

Husband's words, clear and plain,
"Go 55, stay in your lane."
"Drivers may glare and truckers jaw,
"But 'twasn't you who made the law.

"You'll not get caught, you'll pay no fines
"By keeping rules and watching signs."
I clenched my teeth, looked straight ahead,
Glad not to know what truckers said:

"Watch that old gal in the Cadillac;
"She's headin' north and not lookin' back"
Husband beside me kept me calm,
His presence there a soothing balm,

His words again, clear and plain,
"Go 55 and stay in your lane."
I did just that, nor looked around
And got us home all safe and sound.

All God's kids are headed 'up there'
Midst folks who race, they know not where.
They whiz on past, some shake a fist
Or glare as they pass, groan and hiss,

"You hold us up- you slow us down.
You make us mad, you make us frown".
But the Lord is there, beside, within;
We'll not go wrong if we mind Him.

You want to get HOME safe and sound?
Then don't be looking all around.
His signs are clear, His way is plain:
Look ahead and stay in His lane.

People may fret and think us fools,
But He's the ONE who wrote the rules!

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Tools

In this section of the handbook we include various printed implements for use in activities related to care facility volunteerism. Feel free to copy them and distribute them in your church or care facility for that purpose.

Talk Board

On the next page you will find what we call a “Talk Board.” We saw this idea in use with a quadriplegic in a nursing home. The resident could not speak and visitors would communicate with her by using a chart similar to this one as a guide. This idea has application in many settings as long as the patient is alert and able to move their eyes, raise a finger or toe, or grip a hand. Often, people in intensive care units at hospitals have ventilators in their throats, and this would be a useful way of talking with them.

As the directions on the chart indicate, looking up means “Yes” and looking down means “No.” No response can mean, “I don’t know.” This method can be modified to the abilities of the individual.

It works this way: the visitor calls out, or points to, one row at a time, going slow enough for the resident to respond or not. When the row number is called out that has the first letter of the word the resident wants to “say,” the resident will look up. Then the visitor will begin calling out the letters on that row until the resident raises his or her eyes again. When the visitor gets good at it, he or she can begin to intuitively “guess” the next line number, the next letter in the word, or the word itself . . . something like the game “Charades.” You may want to have your copies of the “Talk Board” laminated at a local copy shop to keep it usable.

PLEASE TALK TO ME

When I look up it means "YES." When I look down it means "NO."

Neither "UP" or "DOWN" means "I don't know."

Please ask about Room Temperature, Television (on/off?, Volume?, Channel?), and Nursing Assistance.
I can spell out what I want to say. Call out each line number below, then call out each letter in that line.

1		A	B	C	D	E	F
2	▼	G	H	I	J	K	L
3	▼	M	N	O	P	Q	R
4	▼	S	T	U	V	W	X
5	▼	Y	Z	TH	ED	LY	ING
	▼						

Five-week Master Calendar

Use the Master Calendar to note the events and activities you schedule on the basis of the day and the week. (e.g., second Tuesday of each month, fifth Sunday of each month, etc.) Then you can use this calendar as a key to fill out your monthly calendars, helping to insure that you have not forgotten to carry over a regular happening from last month's calendar.

SUN	MON	TUE	WED	THU	FRI	SAT
1 st SUN	1 st MON	1 st TUE	1 st WED	1 st THU	1 st FRI	1 st SAT
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
2 nd SUN	2 nd MON	2 nd TUE	2 nd WED	2 nd THU	2 nd FRI	2 nd SAT
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
3 rd SUN	3 rd MON	3 rd TUE	3 rd WED	3 rd THU	3 rd FRI	3 rd SAT
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
4 th SUN	4 th MON	4 th TUES	4 th WED	4 th THU	4 th FRI	4 th SAT
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
5 th SUN	5 th MON	5 th TUE	5 th WED	5 th THU	5 th FRI	5 th SAT
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8

Consent To Photograph, Video, or Record Form

Requesting Organization/Individual: _____

Address: _____

City, State, Zipcode: _____

Phone: _____

Organization Representative/Individual Signature: _____

Date: _____

I, _____, a current resident at/of _____ hereby authorize the above organization or individual to:

photograph me

video me (Check the ones that apply)

record my voice

for the purpose of promoting to the community at large their work and the volunteer needs and the cause of residents and staff of care facilities.

Resident Signature: _____ Date: _____

Responsible Party Signature (if applicable): _____

Relationship to Resident: _____ Date: _____

Staff Signature: _____ Title: _____ Date: _____

Care Facility Questionnaire

Dear Activity Director:

We request the following information to facilitate our efforts to assist you in your volunteer needs. Thank you sincerely for your consideration.

Activity Director's Name: _____

Facility Name: _____

Facility Address: _____

Facility Phone: _____

1) Average number of residents in your facility? _____

2) Average percentage of men compared to women in your facility? _____

3) How many residents do you have that could benefit from daily one-on-ones? _____

4) How many volunteers do you currently average a day? _____

5) Considering your staff and facility situation, how many volunteers would you **like** to average every day? _____

6) What activities do you currently do in your facility (please be specific)?

(Include how many volunteers you have to actually help with each activity and how many you would like to have for each activity.)

Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____
Activity _____	Current Vols. _____	Optimal Vols. _____

7) If you had the volunteers, what activities would you like to do that you cannot do now?

(Include how many volunteers each activity would require.)

New Activity _____	Vols. Needed _____
New Activity _____	Vols. Needed _____
New Activity _____	Vols. Needed _____
New Activity _____	Vols. Needed _____

Comments: _____

Please mail to: Christian Concourse Ministries, Inc., 1543 Norcova Ave., Norfolk, VA 23502

For Info Call: (757) 714-3133 **Thank You!**

Our Hymn Book

Christian Concourse prints and distributes a large print “hymnal” specially for use in care facility ministry. They are lightweight paperbacks that include the words to 31 old-time favorites and 5 Christmas carols listed below. (The music score is not included.) There is a page with a brief description of the Gospel and two pages of favorite, large print scriptures taken from the King James Version.

To provide musical accompaniment for the hymn book, we have produced a set of two instrumental CDs. At the time of this printing, a CD set with vocal backup is being developed and should be ready for distribution soon.

The hymn books and the CDs are available to the volunteers and activity directors of care facilities by simply filling out a form and writing us a note.

For a care facility volunteer: send us a memo telling us how many you can use reasonably, along with a completed **Pastor’s Recommendation Form** (Section 9, page 5).

Or, for a care facility activity director: send us a memo telling us how many you can reasonably use, along with a completed **Care Facility Questionnaire** (see previous page).

As our resources allow we will send them at no charge to you via U.S. Mail.

CD Disk 1

1. Count Your Blessings
2. Love Lifted Me
3. O How I Love Jesus
4. God Leads Us Along
5. When the Roll is Called
6. Open Mine Eyes
7. His Eye is On the Sparrow
8. The Old Rugged Cross
9. Near The Cross
10. Were You There?
11. The Everlasting Arms
12. He Leadeth Me
13. In the Garden
14. I Must Tell Jesus
15. Amazing Grace
16. Just a Closer Walk With Thee
17. Blessed Be The Name
18. Higher Ground

CD Disk 2

19. Rock of Ages
20. Showers of Blessings
21. Standing on the Promises
22. Whispering Hope
23. When we All Get to Heaven
24. Revive Us Again
25. What a Friend
26. Have Thine Own Way
27. Just As I Am
28. To God Be the Glory
29. Lily of the Valley
30. At the Cross
31. My Jesus, I Love Thee
32. Hark The Herald Angels Sing
33. Joy to the World
34. Silent Night
35. O Little Town of Bethlehem
36. O Come, All Ye Faithful

Reference Resources

Bibliography

The following books and resources may be of significant interest and assistance to those involved in some way with care facility ministry. Several of these listed were recommended to us on the website of **Faithful Friends Nursing Home Ministry** (<http://www.faithfulfriends.org>).

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Bolton, Joy L. Ideas for Nursing Home Ministries. Birmingham, Alabama: Woman's Missionary Union, 1990.

Carson, Margaret. Who's Taking Care of Mom and Dad? Michael S. Andrews Publishing, 2001, 7122 S. Sheridan Rd., Suite 2, Number 102, Tulsa, Oklahoma 74133. michaelsandrews.com. A very readable and informative resource, equally suitable for family and professional caregivers.

Creating a Successful Senior Adult Ministry, produced by the *Senior Saints Ministry* of **Thomas Road Baptist Church**, 701 Thomas Road, Lynchburg, Virginia 24502. A comprehensive, 290 page guide for the local church doing ministry with and for seniors, including nursing home visitation and outreach.

Dymski, J. Daniel. A Caregiver's Companion - Ministering to Older Adults. Notre Dame, Indiana: Ave Maria Press, 1997.

Eppinga, Jacob D. As Long as I Live. Grand Rapids, Michigan: CRC Publications, 1993.

Goodrich, Bill & McCormick, Tom. Nursing Home Ministry. Published by **God Cares Ministry**, 33399 Walker Rd., Suite A, Avon Lake, OH, 44012. Phone: (440) 930-2173. A comprehensive tool for nursing home ministry. Recommended for volunteers, pastors, nurses, and activity directors. Drawing from many years of personal involvement in long-term care ministry, the authors offer a wealth of practical advice along with many moving stories. Based on a strong Biblical foundation.

Gospel of John- In Large Print, NIV, **Lutheran Braille Workers, Inc.**, P.O. Box 5000, Yucaipa, California 92399. Many other great resources for the blind and those with poor eyesight. Email: LBWGus@aol.com

The Sonshine Society. P.O. Box 327, Lynnwood, Washington 98046-0327 (Founded 1976). Phone: (425)-353-4732. A great source for affordable nursing home ministry resources! Large print hymn books, large print devotional books, a book of Bible lesson plans, large print scripture books and pamphlets, large print tracts and greeting cards.

Haugk, Kenneth C. Christian Caregiving- A Way of Life. Minneapolis, Minnesota: Augsburg Publishing House, 1984.

- Hauser, Roger L. Activities with Senior Adults. Nashville, Tennessee: Broadman Press, 1987. Provides unique programming ideas for activities and services for a creative senior adults' ministry. May be especially helpful for the population of a retirement facility.
- Kinman, Chaplin Dwight L. Love Thy Neighbor Ministries. P.O. Box 386, Canby, Oregon 97013.
- Miller, Dorothy. A Song for Grandmother. Hemet, California: Jeremiah Books, 1990. Also available in video form. Phone: 1-800-828-2290.
- Montgomery, Herb & Mary. Beyond Sorrow - Christian Reflections on Death and Grief. Montgomery Press, 1991, P.O. Box 24124, Minneapolis, MN 55424. "Though death has shattered our lives, we can pick up the pieces." This book is an attempt at helping the grieving survivor to resume life with new wisdom and beauty of spirit.
- Morgan, Richard L. No Wrinkles On the Soul, order # 610, Upper Room Books, 1908 Grand Ave., Nashville, TN 37212. A book of devotional readings specifically for older adults, chiseling away at the subject of aging, bringing shiny new faces to older adult life, currently \$10.00 each. Toll-free order line: 800-972-0433.
- Morgan, Richard L. With Faces to the Evening Sun, order # 826, Upper Room Books, 1908 Grand Ave., Nashville, TN 37212. 54 meditations written especially for nursing home residents and their families, offering a new vision of the nursing home, "where living is something more than dying," currently \$12.00 each. Toll-free order line: 800-972-0433.
- New LifeStyles. Corporate Communicators, Inc. 4144 North Central Expressway, Suite 1000, Dallas, Texas 75204. An area directory to senior residences and care options in pamphlet form. Various issues, updated semi-annually, tailored to specific localities throughout the United States. For a free copy call them at 800-820-3013 or visit their web site at www.NewLifeStyles.com.
- Seniors' Devotional Bible, New International Version. Grand Rapids, Michigan: Zondervan Publishing House, 1995.
- The Upper Room – Large Print, bimonthly, daily devotional publication; P.O. Box 37153, Boone, IA 50037 - 2153; yearly subscription currently \$8.95. Phone: 800-972-0433.
- Williams, James D. In the Company of Others. Nashville, Tennessee: Convention Press, 1988.
- Wright, Norman H. Recovering from the Losses of Life. Fleming H. Revell, 1995. Encouragement and practical guidance for anyone who has experienced profound loss in their life.

Related Web Sites

Administration on Aging (AoA) — <http://www.aoa.gov/>

The *Administration on Aging* (AoA) web site is designed to provide a comprehensive overview of a wide variety of topics, programs and services related to aging. Whether you are an older individual, a caregiver, a community service provider, a researcher, or a student, you will find valuable information provided in a user-friendly way. A government agency. Excellent information.

American Health Care Association — “AHCA” — <http://www.ahca.org>

The American Health Care Association (AHCA) is a federation of 50 state health organizations, together representing nearly 12,000 non-profit and for-profit assisted living, nursing facility, long term care, and subacute care providers that care for more than one million elderly and disabled individuals nationally.

CareGuide — <http://www.careguide.com>

The company was founded to provide a comprehensive free resource of national care solutions to meet the needs of caregivers, whether they are searching for local or long-distance care. More than a listing of providers, *CareGuide* also provides valuable information and resources related to child and elder care. Through tools and content, *CareGuide* seeks to educate and empower caregivers about issues related to finding care and enable them to make the best possible decisions based on their needs.

Christian Association of Senior Adults – “CASA” — <http://www.gocasa.org/about.htm>

Christian Association of Senior Adults’ vision is to develop and provide ministry resources and leadership training for pastors and leaders of seniors ministries; and to encourage outreach and evangelism, service and assimilation, fellowship and spiritual/personal growth for all middle [50-69] and mature [70+] adults.

Desert Ministries – <http://www.desertministries.org>

Desert Ministries is a non-profit organization that reaches into care facilities such as elderly nursing homes, intermediate care facilities for the mentally retarded (ICFMR), rehabilitation units and psychiatric units for children. Since August 1992, *Desert Ministries* has worked to give hope and love to people who feel like they are in a desert-like condition: hopeless, isolated and discarded by society because of Alzheimer’s disease, advanced age, terminal illness, depression and other maladies.

ElderSource – <http://www.dobsonministries.org/eldersource/>

As a free service to elder care facilities in the United States and Canada, *ElderSource* partners with facility activity directors to develop effective volunteer-based one-to-one and group ministries, featuring a Resource Pack of Christian-based audio/video materials. If you are an activity director, contact *ElderSource* today for their excellent, free materials!

Faithful Friends Nursing Home Ministry — <http://www.faithfulfriends.org>

Faithful Friends’ mission is to spread the love and message of Jesus Christ in the nursing home environment, providing support and encouragement by regular visits of caring Christians. They support other interested groups and churches with training, multimedia ministry materials, and

assistance in recruiting volunteers. This is the patriarch of nursing home ministries on the web. To this site all others are compared!

Love Your Neighbor Ministries – <http://www.lyn.org/>

Love Your Neighbor Ministries exists to equip the church to reach out in compassion to people in care settings . . . including hospitals, nursing homes, retirement communities, hospice care and private homes.

Nursing Home Ministries – <http://www.nursinghomeministries.com/>

The goal of *Nursing Home Ministries* is to reach out to adult care facilities in America with the love of the Lord. Through commissioned chaplains and volunteers, they are gaining access to and ministering in hundreds of adult care facilities throughout the USA.

Sharing Jesus Ministries – <http://www.sharingjesusministry.org/>

Nursing home ministers doing non-denominational services to meet the spiritual needs of a diverse population. Many good links.

Sonshine Society – <http://www.sonshinesociety.org/>

“The Sonshine Society is an interdenominational organization for the purpose of challenging local churches and individual Christians to provide a consistent and effective Christian witness to people who, due to age or physical impairment, are unable to participate in the worship and instructional services of the Christian church.” This is the premier nursing home ministry in America! They have the most comprehensive battery of resources and tools for care facility ministry in the world! And they are really humble children of the King.

The National Institute on Aging (NIA) — <http://www.nih.gov/nia/health/>

The *NIA*, one of the 25 institutes and centers of the *National Institutes of Health*, leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. In 1974, Congress granted authority to form the *National Institute on Aging* to provide leadership in aging research, training, health information dissemination, and other programs relevant to aging and older people. Subsequent amendments to this legislation designated the *NIA* as the primary federal agency on Alzheimer’s Disease research. Excellent information on illnesses specific to aging.