



HARBOR GRACE Hospice

The Harbor Grace Hospice Team

Our Team: Harbor Grace Hospice is an interdisciplinary team that meets regularly to discuss the individual needs of our patients and their families. Each member of the team contributes to a holistic approach in coordinated interdisciplinary care. Our loving and caring team of professionals includes:

A Medical Director: An expert in symptom management, the Hospice Medical Director is a physician specially trained in the control of pain and management of symptoms. The Medical Director leads the team in the development and implementation of the individualized plan of care. She is available to work with the patient's attending physician and is involved in community education.

Nurses: Registered Nurses are available 24 hours a day, 7 days a week, and serve as the physician's "eyes and ears" for the patient at home or in our inpatient unit. An R.N. oversees the

entire care of the patient and is skilled in assessment and management of pain and uncomfortable symptoms patients may experience. Nurses may assist in the teaching of caregivers—everything from giving injections to the proper turning of a bed-bound patient.

Certified Nursing Assistants: CNAs provide assistance with patients' day-to-day needs. A CNA visit can include a bath, changing linens, assisting with a meal, and tidying up a patient's area. The nurse will determine the frequency of visits during the admission process.

Social Workers: The hospice Social Worker may provide a wide variety of services, including emotional support and assisting families to connect with other community resources. They are also able to provide counseling for patients and their families, help with the completion of forms and paper-

work, and assist with financial or legal concerns.

Chaplains: Our chaplains are available to help patients and families address spiritual and relational distress, unresolved issues, and how to face death with dignity and hope. They are used as a supportive resource to persons of all faiths, and will work with a patient's clergy if requested to do so.

Volunteers: Our volunteers give the gift of their time to provide support, reprieve, and companionship with patients and their families.

Bereavement Coordinator: Bereavement services are provided to families for thirteen months after the death of their loved one. Harbor Grace support staff remain in contact with family members through phone calls, visits, and informational mailings. Memorial services are led by our Bereavement Coordinator.



Harbor Grace Hospice

Harbor Grace Offers:

- > A 22-bed inpatient facility providing 24-hour care; located across from Atlanta Medical Center
- > Home Care with a full staff of professionals including Nurses, Certified Nursing Assistants, Social Workers, and Chaplains



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Old enough to grieve?



Children pick up on the message the adults give verbally and nonverbally to 'not go there.'



"Mom will never suffer anymore, right?"

Anyone old enough to love is old enough to grieve

A few decades ago, children often didn't attend funerals. The thinking was that they should be sheltered from the pain of losing a loved one. And as Americans started living longer, the need to even broach the subject of death was delayed because many grandparents survived deep into their golden years.

But recently, the opposite view — that children should be as involved in the grieving process as adults are — has been taking hold, reflecting an increasingly common belief that children are better off when their grief is acknowledged and they are allowed to mourn in the company of relatives and peers.

The rise of hospice care, which provides bereavement services for relatives, including children, is actively participating in this approach.

"Twenty-five years ago, children were 'invisible grievers,'" said Vicky Ott, executive director of Fernside, a nonprofit center in Cincinnati that served 1,300 children and adults last year. There was an attitude, she said, that they "are resilient, they will bounce back, we don't need to talk to them about death, they wouldn't understand. I think that's changed a lot."

David Horst's experience bears that out. When his wife, Jennifer, was dying of leukemia in 2010, hospice workers encouraged him to prepare his children for her death. Two months before she died, Mr. Horst, an antiques dealer in Lebanon, Pa., who is now 40, began reading his 5- and 6-year-old books like

"Lifetimes: The Beautiful Way to Explain Death to Children." He didn't hesitate to cry in front of them — in fact, he did it "all the time," he said. And he took them to a support group at Hospice Community Care in Lancaster, Pa.

Without the encouragement of the hospice workers, he would never have prepared his children that way, Mr. Horst said. But he came to believe that avoiding the subject would have been a mistake. "In the long run, it will be detrimental to the kids," said Mr. Horst, who recently created a foundation in his wife's honor. "You have to face it head-on."

On the day of the burial, while he was sitting at his wife's grave with his son on his lap, his son said: "You know, Dad, Mom will never suffer anymore, right? The cancer is gone." That's when Mr. Horst said he understood that his son had absorbed what he had been trying to communicate to him.

"I lost it," he said. "They got all the suffering she was going through, or at least he did, and that now it's over. That's amazing."

Trying to protect children from the pain of the death of a relative can actually make matters worse. Children pick up "on the message the adults give verbally and nonverbally to 'not go there,'" said Patti Anewalt, a hospice grief counselor. "As a result, kids are extremely anxious."

In contrast, a century or more ago, when illness, death and grief all took place at home, children learned to regard them as a natural part of life,

said Alan Wolfelt, a psychologist in Fort Collins, Colorado. "We included children in the experience because someone was dying in your home, next door or across the street," he said.

But America has since become a "mourning avoidant" culture, he added, in part because many 40- and 50-year-olds still have living parents. And that longevity has "resulted in a tendency to overprotect children from the realities of grief and loss." Indeed, death is such a foreign concept to some families, he said, that he has been told, "We just don't do death."

For the last four years, Jerry Goldsmith, a volunteer at New Hope for Kids, a grief center in Maitland, Fla., has listened to children ages 7 to 12 talk about parents and siblings they have lost. It has been a bittersweet experience for Mr. Goldsmith, a retired headhunter for financial services executives, because he lost his father to a heart attack in 1952, when he was 9. And for more than 20 years, he didn't cry, he said. Now Mr. Goldsmith can't help but wonder, he said, "How would my life have been different if I had some of today's resources?"

Trying to avoid dealing with the loss of his father nearly kept him from becoming one, he added. "I was not going to get that close to anyone," he said. And while he eventually had three children, he said, "I would have loved the opportunity to have fully grieved and started the healing process at age 9 instead of 28," when he married.

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Hospice centers are a good place to get help early on. They not only focus on the needs of dying patients, but also offer bereavement services for up to a year after the patient's death.

In 2010, 1.6 million patients received hospice care in the United States, up from 25,000 in 1982, when the Medicare hospice benefit was created. It used to be that after a death, children's needs were not addressed, said J. Donald Schumacher, the president of the National Hospice and Palliative Care Organization. "But now they are identified as part of the care plan in hospice."

As Rabbi Grollman, 87, who wrote the influential 1967 book

"Explaining Death to Children," said, "Thirty years ago, there was the idea that children couldn't understand." But now, after a death in the family, many parents allow children to see their grief, he added. "We try to avoid fairy tales and half-truths."

Still, for many parents, death is an overwhelming experience, one that is difficult to discuss with their children. Andy McNeil, the first executive director of the National Alliance for Grieving Children said, "We don't give them honest information," in part because of a sincere desire to protect our children.

But even if a child in kindergarten is excluded from a grandfa-

ther's funeral, or a teenager isn't told that a mother died by suicide, they often know more than their parents give them credit for. And as Mr. McNeil said he often asks parents, "If they already know the reality of what's going on, would you prefer they deal with it with you — or alone?"

Alan Wolfelt, a grief counselor and author of dozens of books about loss, likes to say, "Anyone old enough to love is old enough to grieve."

Edited from September 20, 2012, article on page D1 of the New York edition with the headline: Letting Children Share in Grief.



"Would you prefer they deal with it with you — or alone?"

"... unresolved conflicts were linked with greater depressive symptoms"

"More than 4 of every 10 respondents reported at least some level of anger with God."



Home Hospice Study Examines Family Struggles With Anger And Forgiveness

Watching a loved one die tests some family members' relationships with God or the higher being of one's faith. And the spiritual anger and resentment grow with the level of pain and suffering their family member endures, according to researchers at Case Western Reserve University.

More than four of every 10 respondents reported at least some level of anger with God, a major source of which was watching a loved one suffering great pain.

The study showed that if family members saw forgiveness issues as important but had not completed the process, these unresolved conflicts were linked with greater depressive symptoms. The study

also showed that anger toward God was linked with higher levels of depressive symptoms among family members.

Respondents in the study were asked about which coping strategies they would prefer if they were feeling angry toward God. The most popular strategy was prayer. Other common strategies included reading sacred texts, handling feelings on their own and discussions with friends, family, clergy or hospice team members. Self-help resources and therapies were less popular, respondents said.

Researchers concluded that finding ways to overcome anger with God - and being able to seek and grant forgiveness in relationships with family members - can be important

for both families and patients in the dying process.

"People have difficulties when they struggle to find meaning in their lives during stressful events," explains Exline. "If people feel guilty about mistakes they have made, or if they feel alienated from God or a family member, these issues can make it more difficult for them to cope." Such issues may loom especially large in end-of-life contexts, when repair of close relationships can take on great importance.

In the forgiveness study, family members wrote about the significance of expressing love and gratitude, but also felt that clearing up unresolved issues was important before the patient died.



A safe harbor in your time of need

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We're on the web!

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"Thanks" - A tiny word for an enormous sentiment

A year ago I took a vacation to visit my parents. It was a two-week summer vacation for my two daughters. The day after we arrived, my father got word his cancer had spread and was terminal.

The doctor immediately contacted hospice, and they called on us at home. Of course we had no idea at the time that my dad would die at home in a matter of only sixteen days, but we were supported daily by the hospice workers.

Nurses visited, monitored everything, and offered phone advice. Volunteers filled in

providing respite and time to run errands. The social worker provided emotional support and helped with funeral planning. Nursing assistants helped daily with personal care. And the chaplain taught us that there is life and dignity in this process by helping us with our good-byes.

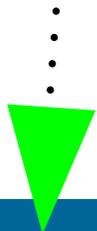
When he died so quickly, the hospice workers were gentle with my mom, who herself had serious health issues. Although we children came from thousands of miles for a family funeral, we worried about Mom's continuing care and support during her grief. Hos-

pice continued to serve her even after my dad's death.

Three weeks later, when Mom suddenly died, I discovered how much I needed hospice for myself. I called them from my home several states away, just for the comfort of talking with someone who knew my parents and the sadness that enveloped me those weeks and months after my parents' deaths.

I hope others will benefit from hospice as much as I have. "Thanks" is such a tiny word for such an enormous sentiment.

Anonymous



CONSIDER VOLUNTEERING

Volunteers are vital to the work of hospice.

Perhaps you have a specific skill to offer, or perhaps you can be someone's friend in a difficult time.

Is there space in your heart and your life for this kind of work?

If more than a year has passed since your loss, and if hospice was helpful to your family, consider volunteering with Harbor Grace Hospice.

You may call Rachel Randall at 404-941-1742 at any time to investigate whether this is a good option for you.