

QUAKER AGING RESOURCES

More information is available through our website:

www.quakeragingresources.org

ADDITIONAL SUGGESTED RESOURCES:

Rosalynn Carter, Helping Someone with Mental Illness, 1999, Three Rivers Press, New York, NY

Hank Dunn, Hard Choices, Fifth Edition 2009, A&A Publishers, Inc., Lansdowne, VA or order online <http://www.hardchoices.com/order/>

Naomi Feil, M.S.W., A.C.S.W., The Validation Breakthrough- Simple Techniques for Communicating with People with Alzheimer's-Type Dementia, Health Professionals Press, Baltimore, Sydney, London

James E. Miller with Susan C. Cutshall, The Art of Being a Healing Presence- A Guide for Those in Caring Relationships, 2001, Willowgreen Publishing, Fort Wayne, Indiana

Pat McBee (editor), Grounded in God: Care and Nurture in Friends Meetings, Philadelphia, Quaker Press of FGC

Difficult Conversations Amongst Friends



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Q: *What will this newfound present of old age and its unknown future demand of us? Where is dignity to be found in it? How shall we find ourselves the dignity we see is needed?"*

— Mary Morrison, *Without Nightfall Upon the Spirit*, Pendle Hill Pamphlet 31

Difficult Conversations Amongst Friends

For pastoral care providers working with Friends experiencing the difficulties and challenges of aging, beginning a conversation about these issues with the Friend and/or their family members or other concerned persons can be extremely difficult.

Yet, as trusted members of the Meeting community, Friends providing pastoral care play an important role in ensuring that members are aware of and informed about the most appropriate care and support available to them. Supporting aging Friends so that they may continue to actively engage in the life of the Meeting is a goal for all involved. First, know it is okay to talk about the needs of someone you care about:

- It doesn't mean there's nothing else that can be done,
- It doesn't mean there is no hope,
- It doesn't have to be scary; it can actually be comforting, and
- It can be the right thing to do.

When should I talk about signs of dementia?

- When the person, their family members or friends express a concern about behavioral changes.
- After observing repeated episodes of forgetfulness or confusion.
- When you see a consistent decline in cognitive function.

When should I talk about signs of declining in independent functioning?

- When the person, family or friends express concern about their health or safety.
- When you notice signs that the person is not able to care for themselves or their home as they normally would.
- When you learn the person has had accidents at home or in the car, such as falls or frequent fender benders, or you have a sense that they are at risk.

When should I talk about signs of withdrawal, depression, or other behavioral health concerns?

- When you notice a consistent decline in the person's participation in once-loved activities.
- When the person expresses a lack of self worth
- When the person's behavior changes significantly from their usual, without apparent cause.

Starting the conversation: Choose a private, relaxed time when you can have a one on one discussion with the Friend and/or their family members without distractions. Be sure the setting is familiar and comfortable to the Friend, and that you allow an hour or two to have time for a meaningful conversation. Having an established relationship with the person will of course be helpful.

Look for an opening in the conversation, such as when the person refers to his or her condition, talks about current challenges, or when a family member refers to the loved one's condition. Try to remember to ask and then *listen*. Ask open-ended questions without a yes or no answer. Let the Friend respond. Of course, your silence is always ok. If need be, prompt the Friend with additional questions. If there is resistance, you may need to postpone the conversation. Accept the person's response, and don't judge. Remember that your opinions and their wishes may be different.

Keep in mind that people's symptoms vary and avoid making assumptions if a person has not had a specific diagnosis. Medication side effects, illness, infection, or depression for example may cause symptoms that may be acute, not chronic.

Q: When difficulties arise, do we make shared, prayerful and determined efforts to seek God's will to gain better understanding? Does the Meeting recognize its limitations when it is appropriate to seek help and support elsewhere?"

Queries Adapted from PYM Faith and Practice, 2002