



The Complete Life Course



***A faith-based curriculum to
improve end-of-life care to be used with
The Complete Life Guidebook***

©University of Hawaii, Center on Aging
John A. Burns School of Medicine

- Funded by the Hawaii Medical Services Association &
- Project on Death in America (Soros)Foundations





Purpose

To provide end-of-life training and support to faith communities, clergy, caregivers, outreach volunteers, and others who work with the dying.





Goals

- To help individuals gain comfort, knowledge, and skills so they can better care for dying persons.
- To help develop a compassionate and skilled ministry for the dying through the provision of training and ongoing support to laity, faith leaders, and volunteer caregivers.





Goals

- To encourage lay people to look to their clergy for guidance and direction and offer care within the framework of their faith tradition.
- To increase access to spiritually and culturally appropriate resources.





Section 1 Overview

Care of the Dying

- Being with Dying
- The Problem of Pain and Suffering
- What to Do When Death Occurs
- Planning Ahead

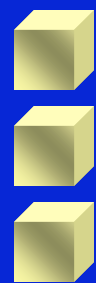




Care of the Dying (cont.)

- Spiritual Foundations of Compassionate Care
- Cultural Beliefs in Death and Dying
- The Practice of Mindful Presence
- Saying Good-bye

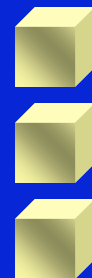


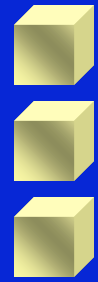


Section 2 Overview

Care of the Bereaved

- The Journey of Grief
- The Path Ahead
- When Grief Becomes Complicated
- Final Gifts
- Financing Your Funeral





Care of the Bereaved (cont.)

- Putting Affairs in Orders
- Cultural and Religious Issues in Mourning
- “Difficult” Deaths
- The Compassionate Conversation





The Format

- **Didactic**
 - Illustrative stories to highlight key points
 - State-of-the-art knowledge on end-of-life care
- **Experiential**
 - Case examples, group exercises
 - Cultural, religious, personal vignettes
 - Role Play
- **Reflective**
 - Questions for deeper inquiry and integration





Part 1

Care of the Dying





Session 1

Being With Dying





Living Until We Die

- We will all die
 - < 10% suddenly
 - > 90% prolonged illness
- Time course is unpredictable
- Most have time to prepare





Transitioning from Life to Death

- Death is the irreversible ending of life.
- Dying is the approach toward that end.
- Every person is unique.





Common Symptoms

- Withdrawal from the external world
- Visions and hallucinations
- Loss of appetite
- Change in bowel and bladder function
- Confusion, restlessness, agitation
- Changes in breathing
- Changes in skin temperature and color

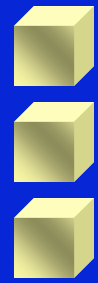




Points to Remember

- You can be a caring presence throughout the dying process.
- Listen, observe, and respect.
- Learn about the illness and the dying process.





Points to Remember (cont.)

- Watch your words.
- Realize your limitations.
- Use this opportunity to grow spiritually.
- Offer practical help.





Session 2

The Problem of Pain and Suffering





“We all must die. But if I can save someone from days of torture, that is what I feel is my great and ever new privilege. Pain is a more terrible lord of mankind than even death itself.”

Albert Schweitzer





Why Do People Die in Pain?

- The disease process itself may be painful.
- Treatment interventions may be painful.
- Not all health professionals have proper training.
- Medications may not be working well.
- Dying persons may be unwilling to take meds.
- Fear of addiction.





Managing Physical Pain

- No one should die in pain when the means to control it are available.
- All persons have the right to have their pain controlled.





Pain Is Real!

Pain is Real.

- Most physical pain can be controlled.
- Always believe the person.
- Perceptions of pain may differ.

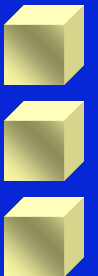




Talking to Your Doctor

People should expect their doctors and nurses to ask these questions about pain:

- Do you have pain?
- Where is it?
- What does it feel like? (Dull, stabbing, throbbing, etc.)
- How intense is the pain on a scale of 0 to 10?
- What makes the pain better or worse?





...Talking to Your Doctor

*Before the conversation is over,
make sure the dying person and
caregivers understand:*

- **What may be causing the pain**
- **The recommended treatment**
- **The possible side effects**
- **What to do if there are questions or concerns**




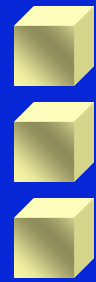


Getting the most from Pain Medications

Medications should be given by the least invasive route, usually by mouth in either pill or liquid form.

Sometimes a “patch” is placed on the skin. For best relief, meds should be scheduled round-the-clock.





Routes of Administration

- *Oral – take effect in 45-60 min., max at 90-120 minutes.*
- *IM – take effect in 15-30 min., max at 60-75 minutes.*
- *Skin patches take 12 hours to be at full strength and last for up to three days.*
- *Trans-mucosal – take effect in 5-30 min., max at 10-60 minutes.*
- *IV – rapid effect, 5-10 minutes*



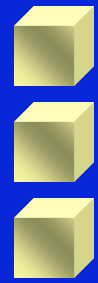


Different Medications for Different Pain

- **Mild Pain** is usually treated by giving medication every 3-4 hours.

This may be difficult for caregivers at home who must wake up to give doses of short-acting medication around-the-clock.





Different Medications for Different Pain

- **Severe Pain** is treated with long-acting medicines lasting 12 hours or more, which means no one has to wake up for pills in the middle of the night.





Different Meds for Different Pain....

“Breakthrough pain” is pain that occurs intermittently.

- ⇒ Sometimes related to activity
- ⇒ Sometimes occurs unpredictably
- ⇒ Treat immediately with short-acting meds
- ⇒ May indicate a need for increased dose of long-acting medication
- ⇒ Indicates that pain has become more severe





Different Meds for Different Pain....

The Goal of good pain management is to *prevent* pain rather than to *chase* pain.





Keeping Track of Pain and Pain Medication

- ✓ Keep a list of the type and amount of each pain medicine taken, the times given, and the pain ratings (on a scale of 0 to 10).
- ✓ Share this with the physician or nurse.
- ✓ Too many “rescue” doses may indicate tolerance to medication and the need for a higher dose.
- ✓ The need for a higher dose does not mean the person is becoming addicted.





Common Side Effects

- **Constipation**

Laxatives and stool softeners are generally prescribed to relieve constipation.

- **Dry Mouth**

Give sips of water or ice chips. Use water-soaked sponge-tipped swabs or a wet clean cloth if the person is unable to swallow.





Common Side Effects

- **Nausea/Vomiting**

Anti-emetic medicines may cause drowsiness.

- **Drowsiness and dizziness**

Seen more often initially. Symptoms generally improve after a few days.





Common Side Effects...

- **Confusion and disorientation.**

Talk to the physician about trying another pain med if the dying person wishes to be more alert and oriented. While our goal should be “zero pain at life’s end, some people want to stay alert until the end and are willing to put up with some pain.





Common Side Effects...

- **Respiratory depression.**

This is a common fear with strong pain medications. If medications are taken as instructed, it usually will not occur.





Common Side Effects ...

- **Itching**

This bothersome symptom can be controlled with medication and typically improves as pain management continues. Itching occurs more commonly with natural opiates such as morphine and less commonly with synthetic medicines.





Common Fears

Fear of Addiction

- Based on lack of knowledge
- Differentiate between tolerance and addiction
- Belief that pain may be deserved or good





Other Fears

- “The presence of pain means my disease is getting worse.”
- “Treating the pain will ‘mask’ the real problem which could be treated.”
- “Taking too much medicine may kill me.”
- “I don’t want to bother the doctor too much.”
- “I don’t want to hurt my doctor’s feelings by reporting that the pain is not controlled.”





Summary

- ✓ Pain is real.
- ✓ Physical pain can be controlled.
- ✓ No one should die in pain when the means to relieve it are available.
- ✓ All persons have the right to have their pain controlled.

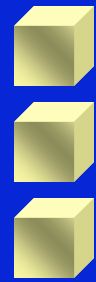




Session 3

What to Do When Death Occurs





The Desires of the Dying

- To be surrounded by loved ones.
- To have spiritual support.
- To be relatively free from pain.
- To die in the setting of their choice, when possible.





The First Few Hours...

- Being with the Body
 - holding
 - touching
 - praying
 - crying
 - sharing stories
 - bathing, dressing, grooming





Who to notify (and when)

- Unattended and unexpected deaths
- At-home and anticipated deaths
- Hospice deaths
- Hospital deaths
- Deaths away from home





The Death Certificate

- Must be signed by the doctor or medical examiner within 24 hours
- Will state the cause of death
- Must be filed within 3 days and before the final disposition of the body
- Is supplied by mortuaries and the Dept. of Health
- Obtain multiple copies (10-12)





State rules and regulations

- The body of the deceased must be buried or cremated within 30 hours after death unless they are embalmed or refrigerated in a state-approved unit.
- Families may serve as their own funeral directors if they so choose.
- State laws may vary.





Session 4

Planning Ahead: Advance Directives





What is an Advance Directive?

- A written or spoken statement about your future medical care.
- Lets your doctor and loved ones know how you want to be treated if you should become seriously ill and can not tell them.
- Allows you, not someone else, to make the choices about your end-of-life care, including prolonging your life.





You may share your wishes about...

- The kind of medical treatment you want or don't want
- The person you want to make health care decisions for you when you cannot
- What you wish to have for comfort care
- Ethical, religious, or spiritual instructions
- Anything else you want your loved ones to and health care providers to know





Talk About It

- Talking now is a gift you give to those close to you.
- Use an example of someone you know.
- Share and review your wishes with your doctor.
- Ask your doctor the right questions.
- Get help, if you need it.

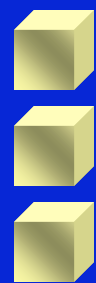




Questions to ask should you become seriously ill

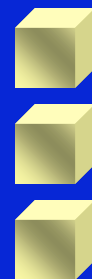
- Is there a possibility I will be well again?
- If there is no cure for my illness, can I still improve?
- What can I expect in the weeks and months ahead?
- How long do others with my condition live?
- Are there treatments to make me well again?
- Are there treatments to make me live longer?





Questions to ask should you become seriously ill...

- If these treatments prolong my life, will they make me feel worse?
- Is comfort care the best choice for me now?
- What kinds of care will I receive if I choose comfort care only?
- What other help is available for my family and loved ones at this time?





Questions to Ask

- What problem or symptom would this treatment or procedure address?
- What is involved?
- What are the side effects?
- What will happen if the treatment or procedure is not done?
- What are the benefits and the risks?
- Will the treatment or procedure improve the quality of life or merely prolong it?

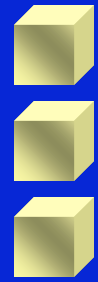




Let Others Know

- Think carefully about what you want and share it with others.
- It is best to write your wishes down.
- **Don't** put your advance directive in a “safe place” where it might not be found.
- Give copies to your doctors, family, and friends who may be involved in your care.
- Be prepared to bring a copy with you, in the event you are hospitalized.





Life Sustaining Treatments

- Cardiopulmonary Resuscitation (CPR)
- Mechanical Ventilation
- Blood Transfusion
- Surgery
- Radiation
- Nutrition and Hydration
- Antibiotics





Session 5

The Spiritual Foundations
of Compassionate Care





Elements of Spiritual Care

- Sanctity of life
- Love and compassion
- Forgiveness and reconciliation
- Service to others
- Meaning of existence





Who Can Be a Spiritual Caregiver?

Anyone who:

- is “present” for another
- demonstrates love
- embodies compassion
- refrains from judgment





Love and Compassion

Definitions:

Love: The benevolent concern for the good of another.

Compassion: The sympathetic consciousness of another's distress, together with the desire to alleviate it.





What to Do

- ♦ Show benevolent concern for the dying person and his/her loved ones.
- ♦ Acknowledge any distress.
- ♦ Ask what can be done.
- ♦ Accept the dying person.
- ♦ Refrain from judgment.





Forgiveness & Reconciliation

- ♦ Allows the dying and loved ones to “let go”
- ♦ Hurts may be long standing
- ♦ Issues surrounding self-forgiveness may surface
- ♦ Important to ease the experience of dying





What to Do

- ♦ Validate the dying person's desire to forgive or seek forgiveness.
- ♦ Assist in resolving past hurts if asked.
- ♦ Acknowledge God's love for all people.
- ♦ Acknowledge all people are imperfect.





Ways to Provide “Service”

- ♦ Acknowledge people need to help each other throughout life.
- ♦ Ask what is needed.
- ♦ Extend help to family members and loved ones.
- ♦ All tasks are important.
- ♦ Service is its own reward.





Helping Others Find Meaning

- ♦ Offer to listen.
- ♦ Validate positive thoughts and feelings.
- ♦ Affirm the beauty of the universe and the person's unique contribution.
- ♦ Refrain from judgment.
- ♦ Refrain from telling your own story and “stealing the show.”





Sticky Issues

- ♦ Those who want to hasten death.
 - ♦ Intense suffering - Painful illness
 - ♦ Tragic or difficult circumstance
- ♦ Those who may not share your faith.
 - ♦ Agnostics
 - ♦ Atheists
 - ♦ Other religions





Spiritual vs. Religious Care

- ♦ Religious care may or may not involve spiritual care.
- ♦ Spiritual care may or may not involve religious care.
- ♦ Dying persons may question their faith and feel abandoned by God.





Spiritual Caregivers...

- ♦ Listen from the heart
- ♦ Embody compassion
- ♦ Demonstrate gentleness, loving-kindness
- ♦ Are spiritually and mindfully present
- ♦ Do not need to have answers

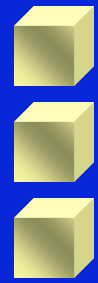




Session 6

Cultural Beliefs in Death and Dying





Cultural Beliefs that Impact Death and Dying

- ♦ Filial Piety
- ♦ Collective vs. Individual Decision Making
- ♦ Not Burdening Others or Asking for Help
- ♦ Talking About or Planning for Death
- ♦ Experience With and Respect for Healthcare
- ♦ Being Buried Whole

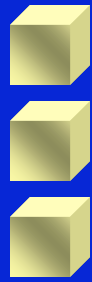




What is Cultural Competence?

- ♦ Respecting differences
- ♦ Recognizing the significance of culturally-based practices, values, beliefs, expectations and experiences
- ♦ Understanding the uniqueness of experience, even within culture





Other Tips

- ♦ Don't fear helping others who are different from you.
- ♦ Be dignified in your caregiving.
- ♦ Rely on "spiritual brothers and sisters."
- ♦ When language is a barrier, use an interpreter.
- ♦ Respect differences in "truth telling."

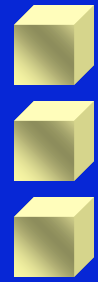




Session 7

The Practice of Mindful Presence





What is Mindful Presence?

- ♦ A mindful way of being, cultivated through awareness and introspection.
- ♦ A necessarily attribute when caring for the dying-where rapid change occurs.
- ♦ Allows the dying person to die “on their own terms.”





Attending the Mystery

- ♦ Death, like birth, is a mystery.
- ♦ Comfort care, words of encouragement and touch are essential.
- ♦ Birth, like death, is the beginning of a new existence.





“Doing Nothing”

- ♦ We are groomed to be “doers.”
- ♦ “Doing” implies caring.
- ♦ “Doing” ultimately dies, “being” remains.
- ♦ Know the difference between being and doing.
- ♦ Barriers-giving up control, feeling comfortable with uncertainty, empty of opinion.





Barriers to Presence

- ♦ Unfinished business
- ♦ Family conflict
- ♦ Fear
- ♦ Guilt
- ♦ Denial
- ♦ Anger
- ♦ Grief





Session 8

Saying Good-Bye





The Five Things

- ♦ Please forgive me
- ♦ I forgive you
- ♦ I love you
- ♦ Thank you
- ♦ Good-bye





Saying Good-bye

The dying want to know...

- ♦ Things they were once responsible for will be taken care of
- ♦ Their loved ones will survive without them
- ♦ All is forgiven
- ♦ Their life had meaning and purpose
- ♦ They will be remembered





Being Present at the Moment of Death

- ♦ Loved ones may choose to be present or to be absent
- ♦ Prayers may be comforting
- ♦ The dying often wait to be alone to die





The Universal Protocol

Your final gifts should be words of loving-kindness and the gift of presence.

- ♦ Refrain from all judgment
- ♦ Treat everyone with dignity and respect
- ♦ Be authentic
- ♦ Listen from the heart
- ♦ Don't take over--this is a sacred experience--watch and learn
- ♦ Use this experience to grow spiritually





Part 2

Care of the Bereaved

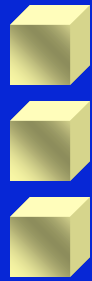




Session 1

The Journey of Grief





Grief Facts

- Grief experiences are individual and unique.
- Gender, culture, personality, early losses, values , beliefs and religion all influence the grieving process.





Defining Terms

- *Grief*
 - *Personal, intimate, intense*
 - *Affects us emotionally, spiritual, socially, mentally, and spiritually*





Defining Terms (cont.)

- Grieving
 - Internal process
 - Expressed and experienced differently throughout the grieving process
 - Carries the potential for transformation





Defining Terms (cont.)

- Mourning
 - Outer expression of an inner state
 - May include religious or cultural ritual
 - Gives “voice” to one’s inner feelings
 - Grieving and mourning often used interchangeably





Common Expressions of Grief

- Sadness
 - May initially seem overwhelming
 - Often comes unexpectedly
 - Intensity lessens over time





Loneliness

- Loneliness
 - Triggers include:
 - An empty house
 - Being alone in the evening & weekends
 - Difficulty to be social as “one”





Anger

- Anger
 - May include anger toward
 - God
 - Doctors
 - Family and friends
 - Clergy
 - Oneself
 - The deceased





Guilt and Blame

- *Guilt and blame*
 - *“If only’s”*
 - *May be directed at self or others*
 - *May result in a lack of self-forgiveness and complicate grief*





Anxiety

- Loss of hope for a future may result in feeling “ungrounded.”
- May have intense anxiety over what the future may hold.

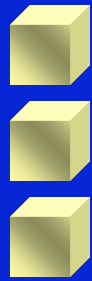




Relief

- It's not uncommon to feel a sense of relief, especially when the caregiver role has been prolonged or suffering has been great.





Thankfulness

- It's OK for the bereaved to feel a sense of thankfulness for a death that was a long time in coming.
- People need “permission” to feel OK.
- Gratitude and thankfulness are great healers.





Session 2

The Path Ahead





The Tasks of Mourning

- **TASK 1: Accepting the reality of the loss**
 - Disbelief, denial and bargaining are common
 - Talking about it can help to acknowledge the loss
 - Be present and listen
 - Offer practical help





The Tasks of Mourning

- **TASK 2: Working through the pain of grief**
 - Grieving is hard work and is painful
 - Suppressing feelings can delay the grieving process
 - Pain must be acknowledged to be released
 - Don't distract the mourner from this important task by providing "comfort"
 - Discourage major decision-making during this time





The Tasks of Mourning

- TASK 3: Adjusting to an environment without the deceased.
 - Over time, the reality of living without the deceased sinks in.
 - New roles can be burdensome and frightening
 - Feelings of helplessness may arise
 - Again, no major decisions now





The Tasks of Mourning

- TASK 4: Beginning a new life--emotionally “relocating” the deceased and investing in new relationships.
 - Difficult for some people to do
 - Feelings of guilt and allegiance to the deceased may surface
 - Remember, the loss is “integrated” into the survivor’s life, not dismissed or minimized





The Tasks of Mourning

- TASK 5: Reconstructing belief systems challenged by the loss.
 - Even a secure faith may be shaken
 - Beliefs about life and death may be challenged
 - Reconstructing meaning is an important task
 - Remember spiritual distress can be a part of grieving. Listen without judgment.

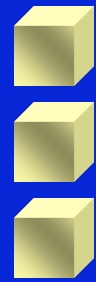




A Timetable for Grief

- No distinct length of time
- Each person's grief journey is unique
- Grief has no "time limit"

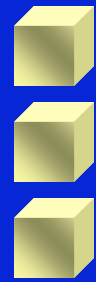




A Timetable for Grief: The First 2 Years

- Month 1
 - Busy with funeral and burial arrangements
 - Visitors, paperwork and other immediate tasks take up much of the time
 - Numbness and shock are experienced. The death may seem “unreal”

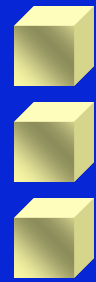




A Timetable for Grief: The First 2 Years

- Month 3
 - The activities of months 1 and 2 cease
 - Survivors may feel alone
 - There may be pressure to “get back to normal”
 - Beginning to understand what the loss really means





A Timetable for Grief: The First 2 Years

- Months 4 - 12
 - More good days than bad
 - Difficult periods with intense emotions may arise unexpectedly
 - Help the survivor to understand these are “normal” periods, not setbacks





A Timetable for Grief: The First 2 Years

- First Anniversary of the Death
 - May begin days or weeks before the actual date
 - Some describe “reliving” the last days
 - Individual reactions vary. Some are surprised at how intense this period is
 - Remember to acknowledge survivors during this time





A Timetable for Grief: The First 2 Years

- The Second Year
 - Most survivors report it takes about 2 years to start feeling like themselves again
 - Second-year tasks include re-assessing goals, discovering a new identity, and creating a meaningful life





Tips

- Don't be afraid to talk about the deceased.
- Most grieving people need to be acknowledged special days.
- Don't assume all grieving people will have difficulty during these times.
- Assess family/social support!





Case Example Exercise





Session 3

When Grief Becomes
Complicated





Signs of Complicated Grief

- Grief that continues to be unresolved over a long period of time
- Grief that is unexpressed
- Inability to “let go” of the deceased

MUST PERSIST OVER TIME





Physical Signs & Symptoms

- Persistent weight loss
- Alcohol or drug abuse
- Depression
- Prolonged sleep disturbance
- Prolonged neglect of personal hygiene and health

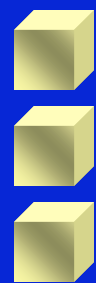




Emotional Signs & Symptoms

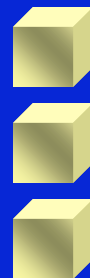
- Persistent disbelief about the death
- Preoccupations with thoughts about the deceased
- Prolonged feelings of numbness or hopelessness
- Searching and longing
- Behavioral problems
- Talk of suicide
- Persistent hostility
- Persistent disinterest in everyone and everything

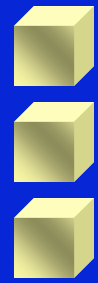




Functional Signs & Symptoms

- Continued inability to care for oneself
- Continued inability to care for one's family
- Continued inability to function in society





Factors that Complicate Grieving

- Lack of understanding of what grief is
- The cause and circumstances of the death
- The relationship to the deceased
- Adapting to “new” world -- families may be separated geographically
- Additional stressors at work or at home





Factors that Complicate Grieving

- Concern for other survivors
- Presence of recent multiple losses
- Low self-esteem
- Health problems
- Uncertainty about the death





High Risk Groups

- Young widowed adults
- Children without support in grieving
- Parents who have had a child die
- People of low socio-economic status
- People who are vulnerable and dependent





When to Seek Help

- You see signs and symptoms of complicated grieving
- You are uncomfortable during a visit
- Your intuition signals something is “not quite right”
- You feel unskilled in handling a particular situation

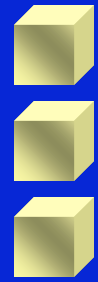




Sources of Support

- The bereaved person's physician
- Clergy
- Close family members
- Community resources





Case Example Exercise





Session 4

Final Gifts: Creating a Meaningful
Service





Why make plans now?

- It helps to ease the stress and burden on loved ones
- It reduces uncertainty about decisions
- It is a gift you give to your loved ones
- It can bring families closer together





A Funeral Service

- Usually follows religious or cultural traditions and is considered formal
- The body is normally present
- There may be a viewing
- Churches, temples, and mortuaries are common sites
- Funeral services can take place prior to cremation





A Memorial Service

- Can be as elaborate or as simple as you choose
- Held without the body
- Usually less expensive than funerals
- May be held simultaneously at different places in the country to accommodate friends and families who can't travel
- Can be scheduled days or weeks after the death
- Order of service is flexible and untraditional
- Can be held most anywhere

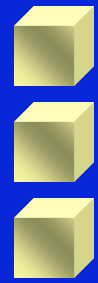




Preparation of the Body

- Embalming
 - A chemical treatment to temporarily preserve a life-like appearance
 - Services with a viewing require embalming
 - Rarely required by law
 - You may forgo embalming with immediate burial or direct cremation

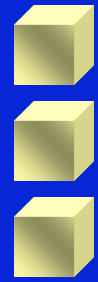




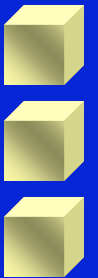
Other things to consider....

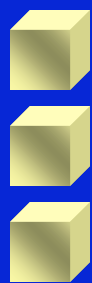
- Additional costs may include
 - Transportation (hearse, limousine, etc)
 - Attendants may include pallbearers, organist, soloist, clergy, drivers, burial attendants, etc.
 - Reception





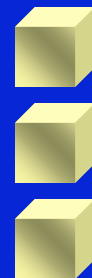
Activity: Planning a Meaningful Service





Session 5

Financing Your Funeral





Funerals Can Be Expensive

- The average funeral is around \$7,000 and may run much higher
- Planning in advance can save money
- There are advantages and disadvantages to prepaying

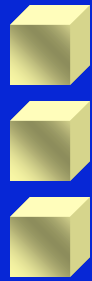




Preplanning

- Preplanning simply means “planning in advance”
- It does not necessarily involve paying in advance
- Compare prices before you purchase a plan
- Consider joining a local memorial society for tips on affordable funerals and preplanning





Should I Prepay?

- Dependent on personal situation, preferences, and finances
- Laws protecting consumers differ from state to state
- Fully understand the contract *before* signing it
- Make sure your investment is protected and the money will be available when you need it





Examples of Prepayment Methods

- Pay-on-death account
 - An individual savings plan or trust set aside for one's funeral/burial
 - The account holder has complete control over funds while alive
 - A sum to cover expenses is set aside, payable to a beneficiary of choice
 - Upon death, funds will be immediately available to the beneficiary





Examples of Prepayment Methods

- Regular life insurance
 - A family member is usually designated as the beneficiary
 - Can use all or part of the money for funeral/burial expenses
 - Allows survivors to purchase goods and services they want without paying ahead of time





Examples of Prepayment Methods

- Bank trust
 - You designate a beneficiary of the trust upon your death
 - Revocable trusts allow you to remove money at any time before death
 - Irrevocable trusts allow no one--not even you--to use funds for any other purpose than what is stated





Examples of Prepayment Methods

- Regulated trusts
 - Most all states have regulated trust laws that protect consumers
 - Most states require 100% trusting
 - Unless “irrevocable,” individual savings and regulated trusts must be claimed as an asset
 - State laws vary





Examples of Prepayment Methods

- Insurance-funded plans
 - Life insurance or annuity contract may include a death benefit that accounts for inflation
 - Some mortuaries may expect to be named the beneficiary
 - Other plans allow you to choose the beneficiary





Important Questions if Prepaying with a Funeral Home

- What happens to the money I prepay?
- How much time do I have to change my mind and receive a full refund?
- What happens to my money if the funeral home goes out of business or changes ownership?
- What happens if I die away from home?
- Are there any expenses my survivors will have to pay for later on? What isn't covered?





Advantages of Prepaying

- Insures your money is available to pay for your funeral, burial, or cremation
- Provides peace of mind
- Prepaid plans are considered separately if you are applying for certain benefits such as Medicaid (anything over \$1,500 is considered an asset--burial plot excepted)





Drawbacks of Prepaying

- If you move, some contracts can be cancelled, but you may be charged a transfer fee
- You may be charge a cancellation fee if you cancel your plan
- The money you pay today may not cover future funeral costs
- You will not have the money to use for other possible expenses





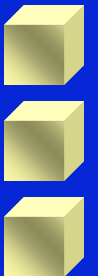
Financial Assistance

- Look at:
 - Trade unions
 - Credit unions
 - Fraternal organizations
 - Social Security
 - Veterans Administration





Activity: Planning Ahead





Session 6

Putting Affairs in Order





Checklist

- Notify lawyer and/or executor of the estate
- Other matters
 - Re-record property deeds
 - Disposition of stocks and bonds, investments, saving, checking accounts
 - Disposition of business assets
 - Conservation and disbursement of estate

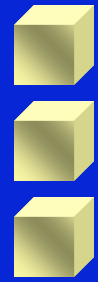




Other Matters

- Obtain at least 10 certified copies of the death certificate—you will need them every time you need proof of death and apply for benefits
- Obtain a copy of the marriage certificate
- Contact the local life insurance agent/company
- Contact the local Social Security office
- Explore eligibility for civil service benefits
- Locate military discharge papers to apply for Veterans benefits





Activity: Where are your Vital Documents?





Session 7

Religious and Cultural Traditions
in Mourning





Why Have Rituals?

- They help us death with our grief
- They help to release the person who has died
- They allow reflection on the past, help with the present moment, and hope for the future
- They bind us with others who grieve





Common Rituals

- Buddhist (most)
 - Reincarnation
 - 49 day period of spiritual primacy after death
 - Observances held every 7th day for 7 weeks
 - Observances on the 100th day after death and 1 and 3 year anniversaries
 - Prefer cremation to burial
 - Many have home altars/shrines to ancestors





Common Rituals

- Christian
 - Specific to denomination
 - Catholics hold a 9-day Novena ending with a feast
 - Burial is common, although cremation is gaining popularity
 - All Saints Day recognizes and prays for the souls of the dead
 - Protestants generally do not hold post-funeral services
 - What does your faith teach?





Common Rituals

- Hindu
 - MANY sects with differing views
 - Anointing with “holy ash” or sandal paste
 - Sacred reading from the Vedas
 - Embalming or organ donation not accepted
 - Cremation vs. burial
 - Men go to the funeral pyre
 - Observances at the 1 month and 1 year anniversary
 - Other practices?





Common Rituals

- Islamic
 - Qur'aan is considered the holy book of the Muslims
 - Cremation is unacceptable to most Muslims
 - Whole body resurrection
 - Deceased is washed and shrouded in white
 - non-Muslims may not do this
 - Viewing is permitted but not embalming
 - Prayers for the dead may be recited and observances are repeated
 - Mourning is kept quiet---wailing and excessive outbursts are inappropriate
 - Other practices?

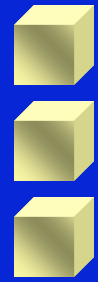




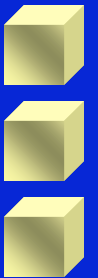
Common Rituals

- Jewish
 - Burial takes place quickly
 - Funerals are simple
 - *Shiv'a* – a 7-day mourning period begins immediately after the funeral
 - Formal mourning for immediate family
 - *Kaddish* (prayer) may be recited daily for the deceased for a year
 - *Yahrzeit* celebrates the yearly anniversary of the death. A candle is burned for 24 hours in memory of the deceased.





Activity: Rituals in your culture or religion





Session 8

Difficult Deaths

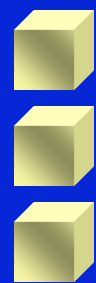




“Difficult Deaths”

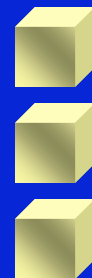
- These include deaths that are:
- “off-time” – out of the natural order of things
- Due to suicide
- Abortions and miscarriages
- Associated with a disease carrying stigma
- Sudden or unexpected





Talking About Death

- Create an environment where it is “safe” for the bereaved to talk about the difficult death
- Don’t be afraid to mention the deceased or talk about him/her
- Remember that others in the faith community may be avoiding the topic AND the survivor



Activity





Session 9

The Compassionate Conversation





The 5 Steps

- Stop
- Look
- Listen
- Respond
- Maintain Confidentiality





Stop

- Stop what you are doing
- Give the bereaved your full attention
- No phones, cells, pagers, interruptions
- Make sure you have enough time
- Set limits of time upfront





Look

- Look at the person, not around the room
- Be at the same eye and body level.
- Sit down if you are standing.





Listen

- Listen from the heart, not just with the ears.
- Hear “behind” the words to what the person is feeling.
- Do not judge the person for what they are saying or feeling.
- Do not talk just to talk.
- Do not attempt to solve the bereaved person’s problems.





Respond

- Respond with empathy.
- Your job is to allow the survivor to talk.
- Respond in ways that validate, clarify, and extend the conversation.





Maintain Confidentiality

- Do not share what you have heard with others (unless person is in danger of hurting themselves or others).
- Maintaining confidentiality increases the trust relationship and encourages further sharing.

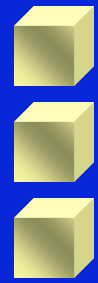




Examples of Validation

- “It’s normal to feel this way when you’ve lost a loved one.”
- “If this happened to me, I would be devastated too.”
- “It’s not unusual to feel this way.”





Clarifying--restating what you've hear, see, or feel

- “It sounds to me like you’re very angry.”
- “ I hear sadness in your voice.”
- “You’re up early. Have you been sleeping OK?”
- “I notice that you haven’t eaten.”





Asking Open-Ended Questions

- What kinds of things have been helpful during this time?”
- What are some things that I can do to help?”
- “What are you feeling now?”





Whatever you do...

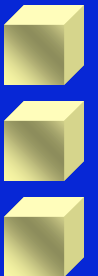
- Do it naturally and do it from the heart.
- Let the discussion be spontaneous, not contrived.
- Your sincerity and empathy will be felt foremost.
- Don't share your problems with the bereaved!

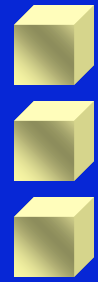




Barriers to Compassionate Conversations

- One's own unresolved grief including feelings of
 - Anger
 - Guilt
 - Fear
 - Loneliness





Activity: Compassionate Conversations

