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Resource Guide for Older Adult Ministries

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NETWORK

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A MESSAGE FROM THE EDITOR

Good Morning from Oregon,

Coping with Alzheimer's Disease is the theme of this issue of *PNN*. Alzheimer's disease is the most common cause of dementia. Some 5.4 million people in America are currently afflicted with Alzheimer's disease, and many times that number are challenged as they strive to care for a loved one with Alzheimer's.

In this issue of *PNN* you will find several articles written from different vantage points on this heart-breaking topic. These include:

- o POAMN President's Reflection by Michele Hendrix
- o COPING WITH ALZHEIMER'S DISEASE by Quentin Holmes
- o VISITING MEMORY CARE by the late Desri Gilmore
- o RECENT ALZHEIMER'S RESEARCH NEWS
- o THE SEVEN STAGES OF ALZHEIMER'S DISEASE

Each article is a sharing of hard-won information by someone who has a lot at stake trying to find some way to ease the isolation experienced by people afflicted with Alzheimer's.

This issue also contains several other articles designed to tease your thoughts:

- o Memo from Membership by Mike Fonfara
- o *Love Endures* - A THOUGHT-PROVOKING TRIO OF SEMINARS
- o BEREAVEMENT – A Contemplative View –Part II by Rev. Wesley Lachman

We hope this information inspires you to come, and join in, with all of us at POAMN.

PNN is your newsletter. We need you to send us short notes about things you have done, and ideas that your group has found to work. Many older adults are in our Congregations. By the power of God, plus our faithfulness, and our warmth, we can reach out.

Thanks be to God!

Quentin Holmes / Marcola, OR

A leader takes people where they want to go, a great leader takes people where they don't necessarily want to go, but ought to be.

- - Rosalind Carter



Michele Hendrix
POAMN President

POAMN PRESIDENT'S REFLECTION

Dementia is a progressive loss of cognitive function due to certain diseases that affect the brain. Alzheimer's disease accounts for 60 to 80 percent of U.S. dementia cases. The next most common dementias are Vascular Dementia, or tiny strokes in the brain, and Lewy Body Dementia where alpha-synuclein protein lodges in certain regions of the brain. It is difficult and challenging for us to witness the degeneration of our loved ones minds and bodies. Families feel sorrow, confusion and anger. Many don't know where to turn for support or guidance.

Making a decision to transition a parent to an Alzheimer's or Dementia Care community is one of the hardest decisions you may have to make in your life. The 5.4 million people living with Alzheimer's in the United States make it the most common type of dementia, destroying brain cells and causing confusion, agitation, mood swings, language breakdown and long-term memory loss. For most of us making the decision is a first time event and can be an overwhelming process. I know that was the case when it became necessary in 2012 for my older sister and Yours Truly to look for an Alzheimer's/Dementia Care facility for our mom.

My oldest sister, a nurse, believed she could nurture our mom back to health following a serious health scare and healthcare crisis. She kept telling me "she is getting better and stronger." She did nurse her back to health physically, but the reality was she could not nurse her back to health cognitively and emotionally. Mother experienced many of the signs of dementia listed above. However, my youngest sister thought it was an "act or game" mother was playing. She moved as far away as possible and has in her words "washed her hands of the situation".

Unfortunately this disease is very much a reality and impacts every member of the family. Mother has Lewy Body Dementia, which is a condition wherein the person exhibits symptoms of both dementia and Parkinson's. Sometimes she can appear to be so clear minded you believe she is faking it, then at the drop of a hat, she can turn on a dime and not know where she is or what she is to do next. There are extreme ups and downs of caring for someone with dementia, at home or in a nursing facility. It is challenging, perplexing and frustrating at times, and meaningful, joyful and pleasant at others.

Caregiving on your own can be overwhelming, time-consuming and costly. My older sister and I provide financial assistance for our mother's care. She lives the closest to mother, and I function as a long-distance caregiver and do my best to provide support for both of them. Because of the distance (I live in Texas, they live in Alabama) I find my heart is often heavy laden with the emotions that accompany the disease and caregiving from afar. Alzheimer's disease and dementia are emotionally devastating to those with the disease and their loved ones. Emotional and memory problems are only the beginning. Sadly, the brain eventually loses its ability to communicate with the body, resulting in the progressive deterioration and eventual shutdown of basic bodily functions.

We are beginning to experience some of that with mother. For now we cherish the time we do have together, spending as much of it as possible with her when we can. As heartbreaking as this disease can be, we have found moments of hope and understanding. We lean into our faith, our families, and our friends, and through all of this we have become closer with each other and all of them. We find comfort in moments of humor, sometimes laughing through our tears. Laughter is close to tears, but better for you. If you are on this path, I wish you well and pray this Summer Edition of PNN provides insight, answers, resources and hope on the caregiving journey.

Remember to register for the 2015 POAMN/ARMSS Conference in Albuquerque, New Mexico October 13-16, 2015, and renew your membership at www.poamn.org. POAMN Scholarships and Mission in Ministry Grants are still available. Come and join us!

Until next time... Blessings,

Michele Hendrix



Whirlpool Galaxy (M51a aka NGC 5194).
The smaller object on the right is M51b aka NGC 5195
 (Credit: NASA, ESA, The Hubble Telescope Heritage Team)

MEMO FROM MEMBERSHIP

POAMN Members and Friends,

The photo accompanying this note comes from the Hubble Space Telescope. It is the amazing, awe inspiring, and wonderful picture of the Whirlpool Galaxy and Companion located thirty-one (31) million light years away or about 18,228 trillion miles from you right now. God's creation never ceases to astonish!

Today, I invite you to enjoy a closer-to-home phenomena. It is the Presbyterian Older Adult Ministries Network (POAMN), which is amazing in educational opportunities, awe inspiring in service to older adult ministries, and wonderful in friendships developed. POAMN brings to you these promises

in many benefits, such as the informative *POAMN Network News* newsletter, a professional certificate program affiliated with Columbia Theological Seminary, a quality annual conference in October (go to www.poamn.org for information about this year's *The Spirit Sustains: Purpose, Call, Ministry, and Mission* conference), and heart-felt encouragement to those serving older adults. POAMN is the real deal!

If you have not already done so, please join POAMN now and take advantage of all the membership benefits offered. Information and application are found in the above mentioned website (www.poamn.org). Don't miss this "out of-the-world" opportunity!

Rev. Mike Fonfara, HR
 Membership Committee Chair



Rev. Mike Fonfara
 Membership Committee Chair

[NOTE: Rev. Mike Fonfara can be reached at mikefonfara@tampabay.rr.com]

COPING WITH ALZHEIMER'S DISEASE

[Editor's Note: This article is based on, "Coping with Alzheimer's Disease," by Steven Sapp which appeared in the book Dimensions of Older Adult Ministry: A Handbook^{III} edited by Rev. Richard L. Morgan. Initially written in 2006, the principles are still valid today - during editing, we have taken the liberty of updating both the statistics and terminology in order to bring you the best possible information.]

Alzheimer's disease is an irreversible, progressive brain disease that slowly destroys memory and thinking skills and, eventually, ability to carry out daily living tasks. First symptoms usually don't appear until after age 60. Alzheimer's disease is the most common cause of dementia. Some 5.4 million people in America are currently afflicted with Alzheimer's disease, and several times that number are challenged by trying to care for them.

A case can be made that Christianity attained its present position because it provides an answer to the fundamental human problem of death. However, many Christians – like most of their fellow citizens– have trouble

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accepting their own mortality. Programs to help feed the homeless or to provide comfort to people with AIDS – though problematic for other reasons– are relatively “safe” for most churchgoers because they are confident they will never find themselves in such circumstances. A regional director for a company that manages facilities for people with Alzheimer’s disease once told me that he continues to experience frustration because of the difficulty of encouraging clergy to visit facilities like his. He was familiar with many of the factors that seemed operative: lack of time, ignorance of the need, and denial. He feels there needs to be more collaboration between churches and these facilities.

What is Alzheimer’s Disease?

A fundamental fact must be understood: Alzheimer’s disease is *not* a normal result of growing older. Rather, it is an irreversible degenerative disease of the brain characterized by specific identifiable symptoms. The course of the illness varies widely. The time from diagnosis to death ranges from two to twenty years, with an average of about eight. Alzheimer’s is the most prevalent form of dementia. Many types of dementia exist, approximately 10 percent of them resulting from treatable conditions such as depression, dehydration, infection, or prescription medicine problems. Only an examination by a physician experienced in treating dementia can determine what is causing the symptoms.

Despite recent progress in research, the cause of Alzheimer’s remains unknown. The most promising path to this knowledge currently lies in the realm of genetics, but other factors like environmental influences and body chemistry are likely to be implicated.

What are the Symptoms of Alzheimer’s Disease?

Because of the variability of the illness, even a physician cannot tell you “this is *exactly* what to expect.” Still, the symptoms of Alzheimer’s can be described with the caveat that their appearance and severity will vary. Given that the brain is the organ that is failing, it should come as no surprise that the uniqueness that God gives each of us continues to manifest itself.

Memory loss is of course the best-known sign of Alzheimer’s, affecting short-term memory first but gradually progressing to the point that the person cannot recognize or name even a spouse or adult child. Closely related to this is an inability to learn even simple new facts and tasks. Problems with language also appear, with regard both to expressing oneself and to understanding what others are saying. Difficulties with performing actions like eating, dressing, and toileting become common, and eventually incontinence and lack of coordination leading to falls become problems for both persons with Alzheimer’s and their caregivers.

Personality changes and mood swings take place throughout the course of the illness, often causing the caregiver to feel that he or she is living with a total stranger. The person with dementia can become disoriented in relation to time and place, perhaps thinking that the present is a time far in the past or the current home is one from childhood. Impaired judgement also appears and increases, resulting in behavior that can range from the bizarre to the dangerous. Hallucinations and delusions are not uncommon, and may lead to a suspicion and paranoia directed toward even a lifelong spouse.

With most terminal illnesses physical decline is marked, and though caregivers may have to provide almost total care, the recipient is relatively immobile. With Alzheimer’s the problems occasioned by the loss of cognitive function are not accompanied by an initial loss of mobility and strength. This often considerably complicates the caregiving task. The most troubling symptoms for caregivers are agitation, restlessness, and wandering, often accompanied by physical exhaustion of the caregiver. Studies have found the depression rate among those caring for a person with dementia to be over 50 percent.

What does Alzheimer’s Disease do to Families?

Almost 3/4th of people with Alzheimer’s disease live at home, and about the same proportion of their care is
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provided by family and friends. Both those with the disease and their caregivers consistently affirm that this is the way they want it. But no serious illness – least of all one that is progressively debilitating and invariably terminal – leaves unscathed those who interact closely with the patient. Alzheimer’s is especially pernicious for several reasons.

First, one of the most frustrating things for caregivers is that persons with Alzheimer’s remain physically robust and very active, even if they are less and less able to meaningfully interact with others. Often the patient knows that they should “do something” but cannot remember or discern what it is. Part of the person’s cognitive machinery is working, while other parts are not. Thus it is complicated both emotionally and ethically to decide if –and to what extent– a caregiver should “take over” the person’s life

Second, related to this mix of abilities is another difficulty: changes brought about by the disease take place in different people at an extremely variable rate, making it impossible determine at any given moment exactly what the person’s cognitive capacity is or even what particular behavioral manifestations will appear. Although the overall direction of the illness is downward, a person may plateau for a period of time or even show temporary improvements, further confusing the situation by evoking false hopes that these improvements will continue.

Third, These problems are compounded still more by the loss of contact with reality (or perhaps existence in a different reality) that characterizes Alzheimer’s disease. Because the person may appear otherwise normal, caregivers are constantly tempted to try to “bring the person back” into reality, provoking further confusion and sometimes even anger and hostility. Today the preferred approach is to “live into” the reality of the person with dementia as much as possible (if no danger is involved in doing so) and allow the person to enjoy whatever he or she is experiencing.

Beyond these general comments, a number of other specific issues arise that caring clergy or congregations need to be aware of if they are to truly be supportive. The most significant of these issues can be summarized.

Critical Issues faced by Caregivers

Role Changes and Family Conflicts

As Alzheimer’s progresses, the ill person can no longer fulfill their normal responsibilities, and the caregiver – most commonly the spouse – has to assume more and more of formerly shared tasks. This reorientation in patterns of living developed over decades is hard on everybody involved. Even more difficulties may arise if an adult child is the caregiver as the “child” must gradually become more the “parent,” particularly with regard to matters like dressing, toileting, and bathing. Christian spouses frequently wrestle with the meaning of their wedding vows to love and honor the partner “for better, for worse, in sickness and in health.” Adult children may struggle with the Fifth Commandment’s admonition to “honor your father and mother.” If the situation is truly impossible for everybody, then loving and honoring a spouse or parent with dementia may mean moving them to a facility that can provide the needed care.

Sibling conflicts can also create problems when decisions about parents arise, especially if one adult child is the primary caregiver and the others periodically offer “suggestions,” often without awareness of what the caregiver faces day-in and day-out. Clergy who stay aware of caregiving situations among their members can often offer valuable assistance by offering to mediate family conferences.

Grief

If a single word summarizes the impact of Alzheimer’s on families, it is loss. And loss inevitably occasions grief. With Alzheimer’s the condition causing the grief can go on for years, during which the loved one gradually slips away. In addition, caring for a person with Alzheimer’s disease forces caregiving spouses (and children and grandchildren) to come face-to-face with their own aging –another kind of loss for many people. Acknowledging one’s mortality as the first step toward spiritual fulfillment is a basic principle of Christianity.

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A sensitive minister can help a family caregiver struggling with this particular kind of grief to understand this.

Guilt

Guilt is one thing Christian faith is well equipped to address, and when it comes to Alzheimer's, offering caregivers help in this difficult area is desperately needed. I am astonished when I hear family members who are expending themselves in almost unbelievable ways in caring for a loved one say that they are not doing enough, or that they must have had some role in causing the person to have Alzheimer's, or that sometimes they wish for the person's death. In some cases the guilt may have a basis, such as when the burden of caregiving leads to verbal or even physical abuse of the ill person. Elder abuse is increasing in the United States, and clergy or congregational visitors have an important role in insuring the safety of those at risk.

A major source of guilt is the agonizing decision to move the ill person to institutional care. Alert clergy and congregational visitors can detect the need for such action. Perhaps they can even begin to broach the issue with the caregiver, who will almost always be resistant. If the caregiver has made a promise never to institutionalize the loved one, the guilt at having to do so may delay the decision far beyond when it should have been made.

Clergy are especially suited to help caregivers understand that though they cannot avoid guilt feelings in their situation, their love, compassion, and self-sacrifice more than compensate for any shortcomings—real or imagined—in the care they provide. This cannot be overstressed: *Caregivers must take care of themselves without feeling guilty for doing so.*

Anger

The nature of Alzheimer's increasingly precludes expressions of gratitude that we normally expect, and often the person with dementia blames various problems on the caregiver or even accuses that person of mistreatment. Given what the caregiver goes through to assure the person's well-being, such behavior will evoke hurt and anger. Because the person with dementia may appear normal outwardly, it is sometimes difficult to accept that the individual cannot be held responsible, and then when that forces its way back into consciousness, guilt over being angry arises. Clergy who maintain regular contact with caregivers can find ways to offer gentle reminders that the illness is causing the person's slights and are not really "personal."

Often anger is directed not at the ill person, but at others—including family members—who do not help, physicians who have no cure, friends who abandon the family in their time of greatest need, and God—who may be seen as letting a very bad thing happen to good people.

Embarrassment

Although not as serious as guilt and anger, many family caregivers feel acute embarrassment when people with dementia behave in ways that range from bizarre to offensive. Because they do not *look* sick, there is a tendency to think they should *know better*, which of course they do not. When the elderly mother who has always been prim and proper starts cursing the visiting pastor or making sexual advances, the caregiving daughter cannot help but cringe, try to explain and or apologize. Sadly, a common response is simply to try to avoid situations in which embarrassment might occur, thus isolating the person, to the detriment of both that individual and the caregiver. Knowledgeable visitors can reassure caregivers that they understand and are not offended by such behavior.

I encourage continuing to include persons with Alzheimer's in religious observances, even when it seems that they no longer comprehend what is happening, and may not always behave "appropriately."

Isolation

Alzheimer's caregivers often comment that their friends are uncomfortable interacting with someone who is

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cognitively impaired. Moreover, because the disease allows no hope for recovery or even improvement, many people choose to avoid the caregiver as well because they do not know what to say. The isolation caregivers feel is also increased because they find it so hard to leave their loved ones, a situation that gets worse as the disease progresses. One way to combat isolation is to encourage caregivers to join a support group.

Fear

Fear is an element in many of the issues already discussed, but it deserves special consideration. Diseases like Alzheimer's evoke myriad fears: fear of the loved one's death; fear of one's own death first –leaving no one to care for the ill person– fear of financial disaster; fear of inability to continue to care for the person at home – thus requiring institutionalization; and even fear of loss of friends. These fears are very serious and provisions need to be made to address them.

Clergy and congregational visitors can remind caregivers of the role faith can play as a resource in dealing with fear. In the Old Testament familiar Psalms like 23, 27, and 46, as well as others, can provide comfort by showing the timeless nature of the fears that caregivers experience. For Christians the New Testament contains numerous familiar expressions of Christ's comforting love and presence, such as John 14:1, 27, and Philippians 4:11-13. Clergy and congregational visitors should encourage caregivers to make use of one of the greatest resources they have to cope with the terrible stress of caring for a person with dementia: prayer. In the words of English poet Alfred Tennyson, "*More things are wrought by prayer than the world dreams of.*"

Helplessness and Loss of Hope

Among the worst effects of dementia are the sense of helplessness and the loss of hope that almost all caregivers feel at one time or another, and with good reason. Caring for a person with dementia has been described as "the funeral that never ends," with no chance of the positive outcome – recovery. In our culture, hope is understood to mean "getting better," but Alzheimer's is a *hopeless* situation. When a caregiver is struggling they should heed the words of poet-statesman Vaclav Havel who said, "*Hope is not about believing you can change things, hope is about believing you make a difference.*" No one can change the ultimate outcome of the situation, but they can find comfort in the fact that they are making a difference in the lives of their loved ones.

The basic message of the Christian faith can be a source of genuine hope in the face of despair, recognizing as it does the full reality of the suffering caregiver's experience. Recall Paul's statement in Romans 5:3-5 that we "boast in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us." However, as Paul makes clear, before the resurrection was the *cross*. So Christian hope is never an unrealistic refusal to accept the negativities of life but a realization that even those negativities, even a whole world "groaning in labor pains"(Romans 8:22), even something as vicious and damnable as Alzheimer's disease, cannot prevail against the power of God.

The Role of the Church

Now that you know something about Alzheimer's disease and what it does to families, we need to explore the church's role in this important area a little further.

First, the church is uniquely situated to help families living with Alzheimer's. Jesus made clear his expectation that his disciples must care for those in need. Jesus did not make such assistance optional (see Matthew 25). The early church followed its Master's example and command, as illustrated in Paul's admonition in Galatians 6:2, "Bear one another's burdens, and in this way you will fulfill the law of Christ."

Christians today carry this same obligation, and it is simply a fact that people with Alzheimer's reach the point at which they cannot fend for themselves, where they become the "needy" persons that our religious tradition has always affirmed demand the selfless attention of those who stand in that tradition.

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Second, because of this theological/ethical commitment, churches were providing what we know today as “social services” long before governments began doing so. Support for those affected by Alzheimer’s disease is in keeping with this practice, and in this era of downsizing of public programs this tradition needs to continue.

Third, some families are reluctant to access the public resources that are available, especially if they have always seen themselves as independent and “able to make it on our own.” This reluctance may be compounded by our society’s longstanding prejudice against “mental illness” and a “blame the victim” attitude.

Fourth, because of the nature of Alzheimer’s disease and the unrelenting burden of caring for someone living with it, caregivers always reach the point that spiritual support is necessary. The church is where they should feel comfortable turning for such assistance, and programs should be in place to reach out to caregivers in case they do not take the initiative.

Fifth, congregations bring together people who possess a wide variety of expertise, experience, and connections. Thus congregations possess resources for the kind of creativity needed in this area, the fresh “outside the box” perspectives that might not be found among those trained in a specific discipline, even gerontology.

The “Hypocognitive Culture”

With a mandate to help those in need and with the resources at its disposal, what is keeping the church from being in the forefront of developing creative and innovative ways to help families struggling under the burden of Alzheimer’s disease? Earlier I said American Christians, clergy and lay alike, have a great deal of difficulty accepting their mortality in general, and acknowledging and responding to dementias like Alzheimer’s in particular. As ethicist Stephen Post puts it, we have become a “hypocognitive culture,” one in which “clarity of mind and economic productivity determine the value of a human life.” Although we do not do a very good job of accepting people with any kind of disability, dementia generates a particularly malignant response from most people, probably because it evokes some of the worst anxieties that Americans can face. Here in one package – even more than in normal aging – we see the loss of virtually everything our society says gives us value: youth and all the physical attributes we associate with it, cognitive function and rational control of our actions, economic productivity, and most terrifying of all, the loss of our autonomy and *independence*, the ability to “do it our way.” Moreover, unlike other conditions such as being homeless or HIV positive, we cannot really get away with saying, “it will never happen to me.” Because the odds are high that if we live long enough we *will* get dementia or be close to someone who does.

The Way Forward

By congregations insistence on not allowing even something like Alzheimer’s disease to remove a person from the community, they witness to the truth that nothing can separate us from the love of God, incarnated and made manifest in the body of Christ – not even an illness that robs us of that aspect of our being that many in our society say is precisely what gives us our value as persons!

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REFERENCES

[1] Steven Sapp, *Coping with Alzheimer’s Disease*, in *Dimensions of Older Adult Ministry: A Handbook*, Witherspoon Press, Presbyterian Church (U.S.A.). Louisville, KY (2006)



VISITING IN A MEMORY CARE UNIT

by Desri Gilmore (1935-2015), Central Presbyterian Church, Eugene, Oregon

I want to briefly tell you a few things that work for me when I visit folk with memory issues. I NEVER say, “Hi Jane, do you remember me?” She may well remember me but be unable to sort through in her head an answer. So I never speak to her in the form of a question. Instead I greet her, *“Hi Jane, I am here from our church. I was just thinking on the way here what fun we had in Bible Study, and Circle. And I am still using the book you gave me on Prayer.”*

When in a lucid moment she says, “Why am I still here? I am no good to anyone.” I tell her, *“You are here to continue teaching us to serve the way you served us so many years.”*

If it appears that Jane is open to wanting to be touched (this generation and folk in this situation almost always do) then I will ask her permission to hold her hand gently, I make good eye contact and tell her what a joy it is for me to spend time with her. And if there are side rails up I ask, and almost always receive permission to lower them for my visit. ALWAYS making sure they are in place when I leave.

I never stand to visit. I like to sit close and not seem like I am in a hurry. And again discuss the things that I know bring her joy.

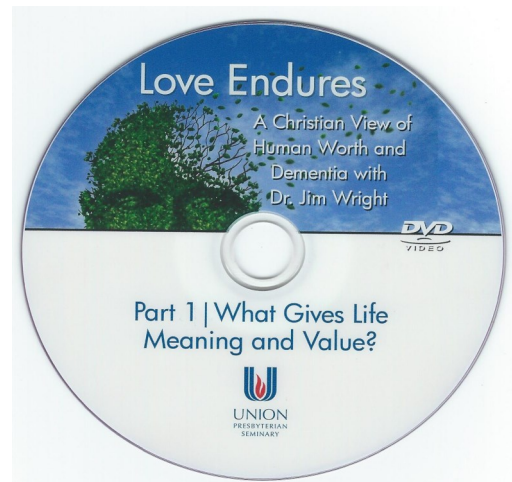
A frequent and very frustrating comment I often get from very nice and well-meaning, folk is, “What motivates you? Why do you bother? They probably don’t know even know who you are.” This is a rude bodacious comment. I reply, *“Honey, they don’t know my name if that is what you mean. Truth is, we don’t know what they don’t know. I picture each of us as having 52 playing cards inside our head. Their playing cards have gotten all jumbled up preventing them from finding the one they want. When I visit the Memory Care Unit I always dress in purple and wear lavender perfume. And the God in me reaches out to the God in them. God is simply amazing! They may not know my name, but they know I’m a friend from church - and that we love them.”*

Every Wednesday afternoon I visit the Memory Care Unit at Cascade Manor because I want to serve those who have served.

A DISCUSSION-PROVOKING TRIO OF LECTURES

Jim Wright is a geriatric physician who gave a trio of discussion-provoking seminars entitled *Love Endures* as part of the Communities of Learning Program at Union Presbyterian Seminary. Years of caring for patients residing in Geriatric Nursing Care Centers and afflicted with dementia led “Dr. Jim” to enter seminary and synthesize a Christian view of human worth and dementia. In addition to M.D. after his name, Jim Wright also bears the title MATS – Master of Arts in Theological Studies. His three presentations are very interesting, informative, and discussion-provoking.

Seminar 1 deals with “What Gives Life Meaning and Value?” In this lecture he presents society’s view of what gives a human life worth, and presents two actual instances wherein an individual experiencing dementia is on the verge of declaring their current life “not worth living.” He contrasts this with the Christian view that it is God’s Grace and Love that give human life worth and meaning, and then opens up the lecture for discussion by the audience.



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Seminar 2 deals with “Medical Ethics for Clergy.” In this lecture he discusses the evolution of medical decisions in America from “Doctor knows best” in the 1950’s to “Patient knows best” in the 1970’s. Dr. Jim presents 3 actual cases wherein responsible caregivers have to decide whether to follow –or not follow– their loved one’s Advance Directive which was set up before they developed dementia. He then opens the lecture up for discussion by the audience.

Seminar 3 deals with “Neuroanatomy for Theologians: The importance of being mortal.” After presenting the medical understanding of different parts of the human brain, he describes the role of the Hippocampus portion in dementia. Dr. Jim then tackles the age-old issue of body and soul from the standpoint of both the bible and modern medical science. His thesis is that “Love Endures.”

The three-Part Seminar can be viewed online under Communities of Learning at Union Presbyterian Seminary’s website. For more information, please contact Sandy Irby, Director of the Communities of Learning Program at sirby@upsem.edu

THE SEVEN STAGES OF ALZHEIMER’S DISEASE

A useful framework for Alzheimer’s Disease was developed by Barry Reisberg, M.D. at New York University School of Medicine's Silberstein Aging and Dementia Research Center. The seven stages^[1] below provide a general idea of how abilities change during the course of the disease. However, because Alzheimer’s symptoms vary, not everyone will experience the same symptoms or progress at the same rate.

o **Stage 1: No impairment** (normal function)

The person does not experience any memory problems. An interview with a medical professional does not show any evidence of symptoms of dementia.

o **Stage 2: Very mild decline** (may be normal age-related changes or earliest signs of Alzheimer’s disease)

The person may feel as if he or she is having memory lapses - forgetting familiar words or the location of everyday objects. But no symptoms of dementia can be detected by friends, family or co-workers or during a medical examination.

o **Stage 3: Mild decline** (early-stage Alzheimer’s can be diagnosed in some, but not all, individuals)

Friends, family or co-workers begin to notice difficulties. During a detailed medical interview, doctors may be able to detect problems in memory or concentration. Common stage 3 difficulties include:

- Noticeable problems coming up with the right word or name;
- Trouble remembering names when introduced to new people;
- Having noticeably greater difficulty performing tasks in social or work settings. Forgetting material that one has just read;
- Losing or misplacing a valuable object;
- Increasing trouble with planning or organizing.

[Learn more: [Know the 10 Signs, Steps to Diagnosis](#) and [Related Dementias](#). Understand how stages of Alzheimer’s relate to physical changes within the brain. [Inside the Brain: An Interactive Tour](#)]

o **Stage 4: Moderate decline** (Mild or early-stage Alzheimer’s disease)

At this point, a careful medical interview should be able to detect clear-cut symptoms in several areas:

- Forgetfulness of recent events;
- Impaired ability to perform challenging mental arithmetic - for example, counting backward from 100 by 7s;
- Greater difficulty performing complex tasks, such as planning dinner for guests, paying bills or managing finances;

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- Forgetfulness about one's own personal history;
- Becoming moody or withdrawn, especially in socially or mentally challenging situations.

[Help is available: Your local Alzheimer's Association can connect you with the resources you need to cope with the symptoms and challenges of Alzheimer's. [Find a chapter in your community.](#) Their free [24/7 Helpline](#) provides information, referral and care consultation by professionals. Their Greenfield Library houses more than 5,000 books, journals and resources. [Access it online.](#) Their [Alzheimer's Navigator](#) helps guide you to answers by creating customized action plans and by providing access to information, support and local resources.]

o Stage 5: Moderately severe decline (Moderate or mid-stage Alzheimer's disease)

Gaps in memory and thinking are noticeable, and individuals begin to need help with day-to-day activities. At this stage, those with Alzheimer's may:

- Be unable to recall their own address or telephone number or the high school or college from which they graduated;
- Become confused about where they are or what day it is;
- Have trouble with less challenging mental arithmetic; such as counting backward from 40 by subtracting 4s;
- Need help choosing proper clothing for the season or the occasion;
- Still remember significant details about themselves and their family;
- Still require no assistance with eating or using the toilet.

[Learn More: [Daily Care](#) and [Behaviors](#)]

o Stage 6: Severe decline (Moderately severe or mid-stage Alzheimer's disease)

Memory continues to worsen, personality changes may take place and individuals need extensive help with daily activities. At this stage, individuals may:

- Lose awareness of recent experiences as well as of their surroundings;
- Remember their own name but have difficulty with their personal history;
- Distinguish familiar and unfamiliar faces but have trouble remembering the name of a spouse;
- Need help dressing properly and may, without supervision, make mistakes such as putting pajamas over daytime clothes or shoes on the wrong feet;
- Experience major changes in sleep patterns - sleeping during daytime and becoming restless at night;
- Need help handling details of toileting (for example, flushing the toilet, or disposing of tissues);
- Have increasingly frequent trouble controlling their bladder or bowels;
- Experience major personality and behavioral changes, including suspiciousness and delusions (such as believing that their caregiver is an impostor) or compulsive, repetitive behavior like hand-wringing or tissue shredding;
- Tend to wander or become lost.

[Remember: It is difficult to place a person with Alzheimer's in a specific stage as stages may overlap.]

o Stage 7: Very severe decline (Severe or late-stage Alzheimer's disease)

In the final stage of this disease, individuals lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement. They may still say words or phrases. Individuals need help with much of their daily personal care, including eating or using the toilet. They may also lose the ability to smile, to sit without support and to hold their heads up. Reflexes become abnormal. Muscles grow rigid. Swallowing impaired.

[Learn more: [Late-Stage Care](#)]

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REFERENCES

^[1] This seven-stage framework is based on a system developed by Barry Reisberg, M.D., clinical director of the New York University School of Medicine's Silberstein Aging and Dementia Research Center.

BEREAVEMENT Part II – A Contemplative View

by Rev. Wesley Lachman, Central Presbyterian Church / Eugene, Oregon

[Editor's NOTE: Rev. Wesley Lachman shares yet a different contemplative view of bereavement.]

A contemplative view

In the Spring issue of PNN we looked at what we remember about the loved one who has died. A collection of such memories forms a story. Our story plus one present moment is all we ever had of them, so we still have almost all of that right now. But there is more. Let us look at consciousness, the space where our remembering and everything else take place.

Our consciousness, or awareness, is the very deepest part of ourselves. For no matter what we are thinking or doing, consciousness is always there, the empty space that holds it all. If something does not appear in our consciousness, then it is not existing for us. It is nowhere in our universe, you could say.



When you and your loved one were together, you shared through this deep awareness. You knew your loved one only by means of consciousness. When you last had a cup of tea with them, you saw and heard them in this awareness. If you sit in a room across from a friend, you both are conscious of the room, each from a different angle. But you both share the same spacious container in which room, furnishings, and thoughts appear. If you were to exchange your space of consciousness with that of your friend, nothing would change. Your friends' open, empty awareness is the same as yours. Only the contents are different.

In fact, there is no way to separate one person's consciousness from that of another. For consciousness itself is an empty space of awareness. To divide that space into two spaces you would have to build an impossible partition as high as the stars, and you would have to put up some sort of boundary between this moment and the last one. The consciousness of Jesus and that of your beloved is the same space of awareness as yours. There is just one such space. And so we cannot say that you are truly separated from your beloved. At this level we are all one. At center, you and they are this pure spaciousness in which everything appears. There is no way for this to pass away. When you feel it, you touch the mystery of God.

Last month we saw that almost all of your relationship with your loved one was in the form of memories, some of which remain today. It is only the single present, moment-by-moment encounter that you have lost. Yet today, right now, if you stand still for a moment, you can feel the space of consciousness. This is the true nature that you and your beloved one share. It cannot be divided. Thus you have not only the memories but also this moment of deep encounter with your loved one.

Surprisingly, it is something like some movies about heaven. We "die," we become still, and then we go to meet our loved ones in heaven. The divine depth of our own awareness becomes heaven when we become quite still and look.

A smile is a smile, no matter where you are.

- - A Russian woman – circa 1990

2015 JOINT ARMSS/POAMN CONFERENCE

THE SPIRIT SUSTAINS:

PURPOSE, CALL, MISSION & MINISTRY

NOW WE HAVE RECEIVED...THE SPIRIT THAT IS FROM GOD, SO THAT WE MAY UNDERSTAND THE GIFTS BESTOWED ON US BY GOD. 1 CORINTHIANS 2:12 (NRSV)

OCTOBER 13-16, 2015

CROWNE PLAZA, 1901 UNIVERSITY BLVD, ALBUQUERQUE NM 87102



SCHEDULE - (subject to change)

Tuesday, October 13

- 9:00 AM - 2 PM Golf Tournament (optional, extra fee)
- 2:00 - 5:00 PM Registration
- 4:00 - 5:30 PM OAM 101
- 7:00 PM Conference Opening - Dessert Reception / Ice Breakers
- 8:00 PM Opening Worship

Wednesday, October 14

- 6:00 AM Water Aerobics
- 7:30 AM ARMSS Presbytery Reps meet
- 8:30 AM Morning Worship
- 9:00 AM Plenary Session
- 10:30 AM Break
- 11:00 AM - noon Q&A Session
- 11:00 AM - 12:30 Workshops
- 12:30 PM Lunch (on your own)
- 2:00 PM Mission Tour & Local Dinner (choose one of three, extra fee)
- 8:00 PM Mission Presentations
- 8:00 PM Sharing Our Stuff

Thursday, October 15

- 6:00 AM Water Aerobics
- 7:30 AM ARMSS Presbytery Reps meet
- 8:30 AM Morning Worship
- 9:00 AM Plenary Session
- 10:30 AM Break
- 11:00 AM - noon Q&A Session
- 11:00 AM - 12:30 Workshops
- 12:30 PM Lunch & Business Meetings
- 2:30 PM Workshops
- 3:30 PM Break
- 4:00 PM Workshops
- 6:30 PM Banquet
- Installation of Officers
- Entertainment

Friday, October 16

- 9:00 AM Closing Worship & Communion
- 11:00 AM Close of Conference

To receive more conference details and a registration brochure go to <http://www.poamn.org/index.php/association-events/>, or call Ginny at (615) 426-1545.

MEMBERSHIP FOR 2015

Membership fees for 2015 are now being accepted. Thank you to those that have already joined or renewed their membership for 2015! See page 15 for a membership application.

Individual Members

David Aaronson Matthews, NC	Lynn Fonfara Beverly Hills, FL	Elaine Northcutt Spring Valley, CA	Greg & Anne Tarbutton Bowling Rock, NC
Anne Adams Vero Beach, FL	Mike Fonfara Beverly Hills, FL	Dick & Sue Neelly Dalton, GA	Jennifer Thorstad Cocoa Beach, FL
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	Helen Morrison Grosse Ile, MI	Charles Sutton Richmond, VA	

CONTRIBUTIONS

We are grateful for the extra contributions which we have received in support of POAMN.
The following persons contributed in support of POAMN since publishing the last newsletter:

- | | | |
|------------------|--------------------|-----------------------------|
| David Aaronson | | Agnes Peebles |
| Stephen Aschmann | Dennis & Leta Kopp | Robert & Rose Marie Ridgway |

THANK YOU!

NOTE: If we have failed to recognize you as a contributor for this quarter, please contact Ginny Nyhuis at: gnyhuis@frontier.com or: 615-426-1545.

POAMN 2015 MEMBERSHIP APPLICATION (please print all information)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Synod: _____ Presbytery: _____

Church: _____ Other (Organization): _____

*** I would like to receive future *PNN* issues by: email hard copy

Membership Type:

- | | |
|--|--|
| <input type="checkbox"/> \$50 Individual | <input type="checkbox"/> \$75 Couple |
| <input type="checkbox"/> \$35 Affiliate (non-voting) | <input type="checkbox"/> \$125 Institutional, Church & Judicatory Membership |

To continue POAMN's ministry to older adults and those engaged in ministries for older adults, additional gifts are welcome including those in honor or memory of someone.

Extra gift of \$ _____ to POAMN

Gift of \$ _____ enclosed in honor / memory of: _____

(include address if you would like family notified of gift): _____

Gift to support membership of another person or church: _____

Make checks payable to: POAMN, c/o Cindy Wright
120 Stevens Avenue, Solana Beach, CA 92075

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RETURN SERVICE REQUESTED

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POAMN NETWORK NEWS

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RECENT RESEARCH NEWS ABOUT ALZHEIMER'S DISEASE

Must Watch: [A May 26, 2015 AP video](#) (via USA Today) highlighted Georgetown University Alzheimer's research focused on healthy but at-risk individuals. According to the description, "In addition to brain scans checking for amyloid build up, researchers are looking for tangles of a protein named tau."

[A May 26, 2015 Associated Press article](#) (via ABC News) highlighted the A4 study and efforts to "peek" into healthy brains to detect Alzheimer's. According to the article, "No one knows what actually causes Alzheimer's, but the suspects are its two hallmarks - the gunky amyloid in those brain plaques, or tangles of a protein named tau that clog dying brain cells. New methods of imaging can spot those tangles in living brains, providing a chance to finally better understand what triggers dementia. Now researchers are adding tau brain scans to an ambitious study that's testing if an experimental drug might help healthy but at-risk people stave off Alzheimer's. Whether that medication works or not, it's the first drug study where scientists can track how both of Alzheimer's signature markers begin building up in older adults before memory ever slips."

GOD BLESS OUR FRIENDSHIP

It is in loving, not being loved
The heart finds its quest;
It is in giving, not in getting
Our lives are blest.

- - Author Unknown