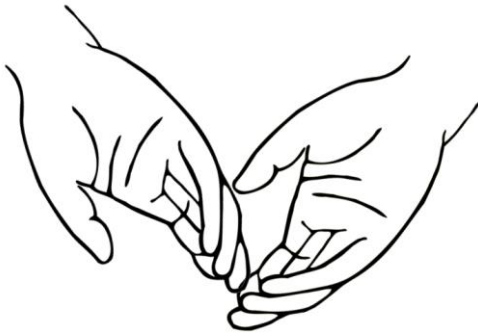
THE RABBI ISAAC N. TRAININ
BIKUR CHOLIM
COORDINATING
COUNCIL

יד ליד

"Yad L'Yad"
(Hand to Hand)

"All Israel Is Responsible One For Another"



כל ישראל
ערבים זה
בזה

A Training Manual for Bikur Cholim Volunteers

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Dedication

The Rabbi Isaac N. Trainin Bikur Cholim Coordinating Council dedicates this volume to The Nathan Cummings Foundation, whose financial support made its publication possible.

PREFACE

The origins of this manual go back to a number of requests from communities across the country for help and guidance in initiating a Bikur Cholim program.

As some readers may know, the Rabbi Isaac N. Trainin Bikur Cholim Coordinating Council offers training for volunteers through its affiliation with the Jewish Board of Family and Children's Services. JBFCS's department of Jewish Family Life Education has done an outstanding job of training volunteers, thus helping a number of synagogues to establish Bikur Cholim groups. Since we are unable to offer this training outside of Greater New York, we have produced this "Guide", which we hope will stimulate synagogues across the country to initiate such programs.

A word about Bikur Cholim. While the term refers to visiting the sick, the word Bikur actually means "examination". It is our religious obligation not only to visit the sick in hospitals and in nursing homes and the homebound, but to determine in what other ways we may be of help.

According to Maimonides, the great medieval rabbi, philosopher, and doctor, the mitzvah (religious obligation) of Bikur Cholim is based on the biblical injunction "And thou shalt love thy neighbor as thyself". This injunction is quite clear. "Thy neighbor" means any neighbor, whether he is a member of your synagogue or group or not. Any Jew in need is "thy neighbor". Maimonides adds that the mitzvah of Bikur Cholim even extends to one's non-Jewish neighbors.

Bikur Cholim is one element of Gemilut Chasadim (acts of loving-kindness). According to the Ethics of Our Fathers (a Talmudic tract), the world exists on three pillars: Torah, *avodah* (service) and Gemilut Chasadim.

Never in modern times has Bikur Cholim been as important as it is today. With government cutbacks for social services, social service agencies across the country are cutting back on staff and thus the need for volunteers has become an urgent priority.

We hope this "Self-Help Guide" will inspire and encourage synagogues across the country to become involved in Bikur Cholim. Some will say that, with so many problems facing American Jewry, Bikur Cholim may not be a priority. May I remind our readers that in Judaism we speak of needs and not priorities. Needs of the sick, the frail, the blind, and the homebound must be met if we are to call ourselves a caring Jewish community.

We wish to extend our heartfelt gratitude to Jonathan Katz, Director of JBFCS's Division of Community Education, and Vicki Rosenstreich, Director of its Jewish Family Life Education Program, for their invaluable help in editing this Guide. Theirs has been a labor of love, and is considered a great mitzvah.

Rabbi Isaac N. Trainin
Executive Vice-President
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INTRODUCTION

This manual is designed as a practical guide for groups seeking to enhance their fulfillment of Bikur Cholim. The manual addresses the questions of "why," "where, "and "how to." The answers are based on Jewish teachings, psychological models, and a common-sense approach. This book can be useful in a number of ways. The set of lesson chapters can be the focus of discussion at regularly scheduled Bikur Cholim group meetings. The manual provides the framework for either setting up a new group or maintaining a group of veteran visitors. Each chapter deals directly with a particular aspect of Bikur Cholim. Chapter One, for example, speaks of the ethical foundations of the Jew's obligation to visit the sick. Chapter Two defines and describes the roles of the group of volunteers and the volunteer coordinator. Chapters Three through Eight emphasize the particulars of Bikur Cholim in different settings: an acute-care or general hospital, nursing home, a children's hospital, the homebound, member of the HIV/AIDS community, and those entrusted to Hospice care.

While drawing the distinctions between the Bikur Cholim experiences in each particular setting, strong note is made of the similarities among different types of Bikur Cholim visiting, no matter what the site.

The final two chapters are devoted to critical issues that arise with regard to the continuity of a Bikur Cholim group: strategies to combat stress and burnout, which often cause volunteers to fall by the wayside, and suggestions for recruiting new members.

A series of role-playing scenarios and experimental exercises follows the text of each chapter. We hope these exercises will increase your basic skills; increased self-awareness, sensitivity to patient needs; and as well as suggestions of organizational strategies. Each chapter also contains a series of questions and an awareness exercise relating to a particular aspect of Bikur Cholim visiting. Suggested answers follow, but the questions have more than one right answer. They are purposely open-ended to encourage discussion and allow for the pooling of experiences.

Remember, too, this book is only a guide. You will come upon your own answers as you go out and visit. We hope you will than come back to your group, talk over your experiences, and share what you have learned.

Nina Dubler Katz

Bikur Cholim Training Manual

Chapter I. THE INSPIRATION: Mitzvah and Mission

"To minister to the sick is to minister to God"

--Abraham Joshua Heschel

Despite the sometimes-overwhelming evidence of evil in our world, there is even greater testimony of benevolence. One of its finest expressions in our democratic society is the tradition off its finest expressions in our democratic society is the tradition of volunteer work.

Because of its recognizable impact in strengthening both community and individual character, volunteerism is actively promoted in many schools and businesses and is often an academic requirement and social credential. As American Jews, however, we have the unique privilege of expressing both secular and religious values when we perform the particular mitzvah of Bikur Cholim.

Historical and Religious Perspective

While we may consider the time we set aside for visiting the sick to be voluntary, it is actually the fulfillment of a mitzvah, a religious imperative incumbent upon us as Jews. In this respect, participating in Bikur Cholim has a spiritual dimension that goes beyond a merely personal expression of caring. Human beings are created in the image of G-d. This compels us to act, as best we can, in G-d-emulating ways. Genesis 16, Verse 1 is traditionally cited as the source for viewing Bikur Cholim as G-d-like act. We are told that "The Lord appeared unto (Abraham) by the Terebinths of Mamre, as he sat in the tent door in the heat of the day," recuperating, according, to the rabbis, from his circumcision. The Talmud draws the lesson that, "As He visited the sick, so shall you visit the sick…"

Thus, in the performance of Bikur Cholim, we model our own actions after G-d's and actively express our respect for Him by caring life as: Chesed Ve'emet (compassion and truth); Kol Yisrael Arevim Zeh Bazeh (each Jew is responsible for every other Jew); Pikuach Nefesh (preservation of life); Shituf Betsa'ar (empathy); and Tikun Olam (repairing an imperfect world). (Rabbi Howard I. Bogot)

Through the ages, Jewish communities have formed societies dedicated to the performance of Bikur Cholim. Indeed, the Shulchan Aruch, the authoritative Code of Jewish Law contains specific suggestions about visiting. More recently the hospitable climate for volunteerism in American society has helped revitalize and encourage the emergence of Bikur Cholim societies throughout this country. When attending the sick in institutions or their homes, you bring with you the message that they are remembered not only by you as an individual, but symbolically, by the entire Jewish community you represent. You are a vital link in a long chain of commitment, representing the unique dimension in the visit of one Jew to another.

Role of Prayer in Bikur Cholim

Traditionally, prayer has been an integral part of a Bikur Cholim visit, with two main purposes: 1) comforting the sick by instilling a hope for Divine compassion and intervention; and 2) helping them experience, in a tangible way, a connection with the Jewish community as a whole.

Jewish sources cite specific prayers to be offered at the bedside of the sick. The Shulchan Aruch prescribes prayers to be recited both with and for the patient (Isserles, 335:4,5- Summers p.36), thus emphasizing the efficacy of prayer inwardly for the patient and outwardly toward G-d. According to Rabbi Isserles, prayers recited in the patient's absence ought to be in Hebrew to enhance their power. Including the prayer emphasizes the connection of the patient with the entire Jewish community, "May G-d have compassion upon you among the sick of Israel" (op. cit.) Similar or more complex recitation of prayers and Psalms is also acceptable. However, even the simple "May G-d grant you a **refuah shlemah** (full recovery)"or even merely saying **"shalom"** can have the power to impart concern, caring, and a community connection.

Contemporary writers have also spoken eloquently of the efficacy of prayer.

> Prayer is one of the ways a person avails himself of the great spiritual resources of religion. What is prayer? Prayer is the magic wand that opens the gates of Heaven to mortal beings. Prayer is the golden chain that unites a person with his spiritual past in an everlasting bond. Prayer is a song whose silent melody has inspired man to conquer the world and reach for the stars. Prayer can endow man with these potent powers because prayer implies that man has not been left all alone in a distant and cold universe. Sickness often makes a person feel unwanted and alone. When sickness clutches at an individual and squeezes the joy of living out of him, prayer can give him the strength and the will to fight back.
>
> *Rabbi I Fred Hollander (Nursing World, 6/55)*

Bikur Cholim visitors and patients will feel varying degrees of comfort with this kind of intense prayer. If unfamiliar with the tradition, a patient may even become frightened or confused by such recitations; e.g., mistakenly assuming they mean that he/she is gravely ill or about to die. Since prayers delivered perfunctorily or self-consciously may not bring solace to a patient, it is important to you, the visitor, to know your own comfort level with prayer and let that be a guiding factor.

As is true with any aspect of Bikur Cholim, the true mitzvah lies not the recitation of prayer alone, but in the degree to which it is in tune with the patient's needs.

Discussion Questions for Chapter I:

Possible concepts for discussion are: the efficacy of prayer, **refuah shlemah, mitzvah, and Shulchan Aruch.**

Question

1. Review the excerpts from the **Shulchan Aruch's** Laws of Visiting the Sick. Which similarities do you see between the rules set down in this text and what you would consider modern medical practice? Where do common sense and consideration for the patients need come into play?

Answer

Consideration for the patient and respect for the hospital routine provide a commonsense approach to visiting the sick. For example, we are taught by the Shulchan Aruch: *****"**…**do not visit the sick during the first three hours of the day … neither do we visit during the last three hours of the day…"(number 4)

We are instructed to visit the patient neither too early in the morning nor too late at night. This provides time for him /her to gather strength for the day and for the hospital personnel to perform whatever tests or procedures are prescribed. Check with the patient or hospital staff as to when your visit might be most welcome and convenient. If the number of visitors is limited, check with family and friends to coordinate your time schedules so the patient can enjoy a maximum of attention with a minimum of confusion.

* **“**Those who visit frequently are to be praised, as long as they do not burden the invalid” (number 2). Be sensitive to the patient in judging how long to stay and when to leave, so he/she will not be tired by our visit.

* “He who visits the sick should not sot on the bed **…”** (number 3). The bed, remember, is the patient’s home: bedroom living room, dining room, bathroom. It must be respected as such. To communicate best with the patient we should sit on a chair next to his bed. In this way, we are at eye level and can converse in a most relaxed manner. To sit on a patient’s bed can cause a great deal of discomfort, and should be avoided.

Question

2. In what way does the performance of Bikur Cholim benefit the visitor from a religious point of view?

Answer

The Talmud (Shabbos 127a) describes this mitzvah as one of the “precepts whose fruits a person enjoys in This World but whose principal remain intact…in the World cone.” So although we perform the mitzvah for its own sake, rewards are forthcoming, such as the immeasurable good feelings one gets from bringing comfort to one who might otherwise feel forgotten and abandoned.

Question

3. Discuss the concept of prayer as part of a Bikur Cholim visit. Can you, individually or as a group, compose a prayer with which you would be comfortable?

Answer

The efficacy of prayer in a Bikur Cholim context has certainly been emphasized and expounded upon in traditional sources. For example, in Tractate Shabbat of the Talmud we are told that,

> “When Rabbi Judah visited the sick, he said, ‘May the Almighty have compassion upon you and upon the sick of Israel.’ Rabbi Yose said, ‘May the Almighty have compassion upon you in the midst of the sick of Israel’ …Sometimes Rabbi Elazar would say, ‘The Almighty visit you in peace’. At other times he said, ‘The Almighty remember you in peace.’”

Many siddurim contain special prayers to be recited when visiting the sick. These include the **Siddur of Rav Yaacov Emden,** the **Gesher Hachayim,** the **Maavar Yabok (Sifsei Tzedek),** and the **Sefer Chaim Lonefesh.**

Question

4. How do you feel about Bikur Cholim as a religions obligation as contrasted with an act of volunteerism?

Answer

We are fortunate that the ethos of our secular society honors the value of the spirit of working for a cause "lishma", i.e., for its own sake, rather than for a reward. This enables us to perform the mitzvah of Bikur Cholim not only as Jews, but as Americans.

Awareness Exercise

This "fantasy" activity is designed to increase our awareness of the characteristics of a good helper.

1. Close your eyes and focus your thoughts on a personal concern you have at the present or in the past. The problem can be physical or emotional. Imagine discussing or asking someone for advice or help with this problem. Notice your feelings as you play out this scene in your mind. After a minute or two, open your eyes. You may choose to share your thoughts and feelings with your group. Did your feel there were any barriers to asking?…Relief?…Embarrassed?…Fearful?…Imposing on someone's time? Have someone record these reactions in a board or a large pad in front of the room.
2. Next, close your eyes again and think of someone real or imagined with whom you would feel most comfortable discussing this problem. After a few minutes, think about the characteristics of this person that made you choose him. Is he non-judgmental?…Not likely to laugh at you? Knowledgeable?…Able to keep a confidence?…Record these responses, also.
3. Look over the two lists. Discuss the insights this exercise has given you into the feelings of asking for and receiving help with your problem. How might this affect your reaction to someone asking for your help? Which of positive characteristics of a helper do you think you have? Which would you like to develop further?

(Adapted from Waters, Guide, p.48)

Chapter II. THE CHALLENGE: Hiddur Mitzvah

A holy act strengthens the inward holiness. It is a seed of life growing into more life…

--F.W. Robertson

Hiddur is the enhancement of a mitzvah through beautification. Conventionally, this concept applies to the ritualistic aspects of religious observance—the ornamented kiddush cup, the special holiday tablecloth. In our context, **hiddur** means carrying out a mitzvah like Bikur Cholim in a sensitive and thinking manner.

By educating ourselves to act knowledgeably in the performance of this mitzvah, we reinforce the sick person's interconnectedness with the Jewish community and embrace those who could easily feel disregarded.

How do we achieve **hiddur mitzvah,** the enhancement of Bikur Cholim? That depends on the setting, and also on the vehicle, of the performance.

A story is told:

> "A visitor came to see sick man and asked him what ailed him. After the sick man told him, the visitor said: "Oh, my father died of the same disease." The sick man became extremely distressed, but the visitor said, "Don't worry, I'll pray to G-d to heal you." To which the sick man answered: "And when you pray add that I may be spared visits from any more stupid people." (Path of Good Men : Ethical Stories and Sayings, Klagsbrun, p.222.)

As well intentioned as the apocryphal visitor in this story may have been, his act of Bikur Cholim certainly did not bring comfort to his sick friend! He was focusing on his own experience rather than on the needs and emotional state of the patient.

Our good intentions must be enhanced with skill, grace, and efficiency. The ideal visitor needs to provide optimistic support, assistance toward independence, and a listening ear.

I. The Group

Bikur Cholim can be performed effectively by individuals, but there are many advantages to organizing in a group. That allows tasks to be shared; gives support to each member; increases training possibilities, and the giving and receiving, of information.

The value of studying, discussing, and performing he mitzvah of Bikur Cholim in a group setting is manifold. The group forms a body of support and resources upon which the volunteers

can rely. It provides a network of similarly minded people who will listen to each other's problems, share ideas, and offer helpful suggestions. By accepting rather than judging one another, they find in each other a source of strength and mutual esteem.

Starting a group requires the designation of a single leader /coordinator or a coordinating committee, whose responsibilities are as follows.

Responsibilities of Coordinator(s) or Coordinating Committee

Vital functions of the Coordinator or Committee include:

*** Recruitment**
*** Interviewing prospective volunteers**
*** Making job assignments, i.e., finding the "right place" for each volunteer**
*** Providing orientation for newcomers**
*** Planning and conducting meetings**
*** Maintaining records**
*** Securing adequate supervision, consultation, and clinical back-up.**

Let us now discuss each of these functions in turn.

A. Recruitment

Recruitment is essential to both forming and sustaining a group. (Specific suggestions on recruitment are found in Chapter 10.) Who you are able to recruit will be the main factor in dictating the scope and nature of your group. The type of visiting undertaken by the group and the assignments given to individual members must also be geared to: their skills and strengths; their interests; the level of supervision and professional back-up available.

B. Interviewing

The goal is finding a suitable placement for the visitors so they will able to do their best job for the patients. Most people are aware of their own abilities and preferences.

Sometimes a "match" requires judgment and diplomacy. For instance, one who has lost a loved one to a particular disease might want to volunteer in a related setting because of heightened sensitivity to the needs of those similarly afflicted. Will this sensitivity help or hinder him /her? Sometimes a person hurting from a loss is seeking placement that can comfort and absorb him /her. Will this need strengthen or weaken the visitor's contribution? Please note that volunteers who have difficulty with face-to-face visitation or who are interested in different form

of service might try a clerical or recordkeeping job or planning special events; contact with patients in such assignments will be brief and less personal.

A brief questionnaire filled out by a volunteer can give the interviewer information about that individual's experiences and motivations and also help volunteers begin to think about their own skills and interests.

C. Assignments

When the coordinator or coordinating committee makes the match between the interests and skills of a volunteer and the requirements of the interests and skills of a volunteer and the requirements of the interests and skills of a volunteer and the requirements of the job to be done, written job descriptions are helpful in providing volunteers with an overview of available opportunities and the extent of the necessary commitment. Such descriptions include:

*** Job Title**
*** Duties**
*** Qualification or Special Skills Required**
*** Minimum Time Required**
*** Training Required**
*** Person To Whom The Volunteer Is Responsible**

Additional comments may concern support meetings or benefits accruing, such as uniforms, parking privileges, or social gatherings.

D. Orientation

The purpose of an orientation is for volunteers to share the following information:

*** A broad overview of the Bikur Cholim ethic**
*** The specifics of the group's program**
*** The expectations and demands of the volunteer**

A structured orientation with an agenda is one that includes a checklist of business items, housekeeping concerns, and issues suggested by group members.

Role-playing can be a useful addition to general open-ended discussion. Volunteers are sometimes reluctant to air their questions and concerns, because of anxiety or a wish to appear capable. By encouraging volunteers to "step inside" a visiting situation about which they might be worried and to express negative and positive feelings surrounding these difficult situations,

such role-playing gives them the opportunity to splay-put their solutions and feel more confident when facing the "real-life" experiences.

It's good idea to pair new volunteers with those who have had more experience. If the visiting is to be done in an institution, a preliminary visit can be done in someone's home, the coordinator or another volunteer "buddy" might accompany the new volunteer on an introductory call.

A follow-up meeting to talk over specific assignments gives both coordinator and volunteer an opportunity to reinforce a successful visit, or explore the reasons for any difficulties encountered.

If problems emerge, is a completely different assignment called for? Or is it just a matter of the coordinator stepping in and troubleshooting? (See Chapter X) Periodic evaluations should not be limited to the initial assignment; talks between the coordinator and individual volunteers should take place regularly.

E. Planning and Conducting Meetings

Regular meetings provide in opportunity for communication, education, and support. The commitment initially pledged by a Bikur Cholim volunteer should include time for such meetings.

Caring for people who are sick, frail, or isolated and homebound is a difficult task. Despite the many rewards, expending one's time, energy, and emotions on another human being who is in great physical and/or psychological pain can be extremely upsetting and draining.

Bikur Cholim visitors need to feel:

* **Effective**: they are helping people
* **Recognized**: others see that they are helping
* **Accepted**: others value what they are doing
* **Free to rest**: they can stop when they want /need to

Being part of a well-run group helps provide the support needed to do the work. Meetings boost morale and provide an opportunity to express appreciation for the efforts of the volunteers and coordinator, ensuring participants that their work and experience are valued.

1. Role of Coordinator

When starting a Bikur Cholim Group, the coordinator may have to take an active role at first to set the tone.

Key group leadership skills needed for this position include:

* Establishing a clear and consistent framework for meetings, e.g., making sure they start and on time
* Suggesting topics and/or encouraging group members to bring up topics
* Keeping members focused on topics
* Reflecting, clarifying and summarizing what members have said
* Encouraging open discussion and expression; discouraging negative responses or interactions (see below)
* Suggesting solutions or ways to work on problems and/or encouraging the group to contribute suggestions
* Pulling together the discussion into a clear summary, decision, or statement regarding next steps to be taken.

Running a meeting is a challenging task. The following guidelines are helpful when you are running either general meetings or conducting specific awareness exercises.

The leader's task as to highlight each individual's strengths in an open atmosphere that encourages participation by all group members and makes all feel valued.

* Create a safe and open climate in which individuals can relax and risk speaking their minds.
* Let them know there is a strict code of confidentiality. Whatever is said about patients or about group members remains in the room. No tales are to be carried.
* There is no "right "or "wrong" way to participate. This is not a performance!
* Give clear instructions and keep track of time restraints.
* When members share reactions and observations, encourage them to make "I" statements about what they themselves experience, i.e., "I think", "I feel that …", rather than speak in general terms, i.e., "Some people…or "You should…"
* Allow for a diversity of opinions and perceptions. Each person's outlook has value.
* It is helpful to end of the meeting or an exercise by generalizing from the discussions to the actual Bikur Cholim experience.

2. Various Forms of Leadership

One individual can assume the role of leader for all the group's discussions, or you might choose to have a different member lead each meeting. The role of the leader is that of facilitator, not expert. He/she is not there to give information but to encourage group members to share their own thoughts and feelings. The use of such techniques as group discussion, role playing, and

experimental learning will maximize participation by group members. The leader must keep in mind that it takes time for members to feel comfortable with each other and work effectively together.

The coordinator should also aim to stop or modify group members' negative responses and interactions, including:

* Interrupting
* Blaming
* Acting out against negative emotions (e.g., storming out of a meeting)
* Forming a subgroup or clique
* Constantly challenging or criticizing
* Being a "mind-reader" or expecting others to be
* Being dishonest
* Trying to "one-up" other members (e.g., "I did more/had a harder visit than you.")

Leaders learn to handle such negative interactions by developing as great a repertoire of responses as possible, including:

* Pointing the behavior out so that the individual and/or group can change it
* Confronting the behavior, i.e., clearly noting its destructive impact
* Exploring the behavior, i.e., discussing why the individual is dong it
* Responding to the underlying need or feeling rather than the behavior, e.g., praising or comforting the individual whose negative behavior was really an attempt to get attention
* Setting limits, i.e., insisting that the behavior be stopped
* Shifting focus, to minimize the impact of the behavior

Coordinators must also be aware of potential problems with their own leadership styles, so they won't hinder the group. Destructive leadership habits include:

The Dictator	"Be reasonable, do it my way."
The Missionary	"Argument and conflict never solved anything."
The Bureaucrat	"Follow the rules and you'll never go wrong."
The Deserter	"If at first you don't succeed, give up."
The Stone Wall	"If you don't understand it, oppose it."
The Judge	"You're wrong."
The Professor	"And furthermore, let me say this about that."

(adapted from "Helping You Helps Me," *Karen Hill*)

F. Consultation, Training and Clinical Back-Up

Bikur Cholim groups are periodically confronted by complex and challenging situations. Consultation, training, and referral resources provide an invaluable source of support. The coordinator can turn to family service agencies, clinics, hospitals, and private practitioners for these services. Some Bikur Cholim groups find it useful to establish a professional advisory committee.

G. Maintaining Records

The larger your group, the more attention must be paid to formal structures and procedures. The purpose of forms is to ensure that the group is functioning appropriately. For instance, visits to the hospitalized or homebound need to be planned and coordinated so that all those in need or expecting a visit are not disappointed, and all available volunteers are used to best advantage. Record keeping, a sometimes tedious affair, should be attended to regularly in order to prevent a backlog. Documenting visits in writing helps draw up necessary plans and modify schedules as needed.

Volunteer record keeping items also may include:

* Total number of volunteers at any particular time
* Dates and times of their availability
* Total number of hours they have served
* Kinds of visits they have made
* Individual volunteer chards of hours and types of visits
* Their primary motivations and interests in Bikur Cholim
* Growth and attrition of the number of volunteers in the group

Let's turn now to the role of the individual visitor in enhancing Bikur Cholim.

II. Role of the Visitor – Basic Skills

Visits serve the patient at several levels of need – practical and physical, spiritual and emotional – but these levels are closely connected. In attending to the immediate physical and practical needs of a patient, you will comfort him/her. The impact of such care is profoundly underestimated. In building a Bikur Cholim visitor program, it is helpful to keep in mind the following:

* From the patient's perspective, any of the above activities may be most important at any given moment. It is the patient's experience of the visitor's actions that determines their value.

* The less the visitor assumes that he/she knows what the patient needs, and the more the visitor pays attention to the patient's verbal and non-verbal messages, the more likely that it will be that the visitor succeeds in providing a service that "fits".

* The patient's needs may change from visit to visit or even within the course of one visit.

* The more the visitor demonstrates his/her ability to understand, respect, and respond to the patient's needs, the more open the patient will be in asking for what he/she really needs.

Any act, even turning down a blanket, may be of great importance. There is no hierarchy of acts in the patient's perspective. However, from the perspective of the coordinator or visitor, some acts require more skill, training, or supervision than others.

Basic skills of the Bikur Cholim volunteer include:

* Being present/sharing the moment
* Providing physical comfort
* Entertaining
* Listening
* Communicating
* Monitoring
* Advocating
* Guiding

A. Being Present

The most basic task the Bikur Cholim volunteer can perform is simply to "be there". Whether the patient is able or willing to communicate verbally, your presence alone can be a source of comfort. It is not always necessary or helpful to be talkative or active during a visit.

B. Providing Physical Comfort

With permission from the patient, the visitor may fluff or re-position pillows, offer a drink of water, or straighten the blankets. Other activities, such as providing a massage or sponge bath or adjusting his/her bed, may be of great comfort to the patient, but be sure to obtain permission from the staff.

C. Entertaining

Visitors often have talents or interests they can use. Examples include: clowning for children, singing or playing instruments, teaching crafts, or giving dramatic readings.

D. Listening

The visitor can use many levels of listening to allow a patient to express thoughts and feelings and make him/her understood and respected. These are covered in detail in Chapter 3.

E. Communicating

This task takes listening one step further into dialogue and an active response. Communication takes place on both a verbal and non-verbal level.

To foster communication, it is extremely useful to recognize any emotional issues common to people experiencing illness or disability:

Anxiety is often the inevitable result of the uncertainties of illness and hospitalization. The loss of control over one's life may often bring feelings of self-doubt. Regressive and dependent behavior may also be manifested as patients experience feelings of helplessness and fears of losing self-sufficiency. Intense anxiety often reflects fears of being forgotten and abandoned to institutionalization by friends and family. The patient who fears being too dependent may respond by becoming overly demanding or very withdrawn.

Unfortunately, such extreme reactions make it harder for the patient to function an independently as he/she could. The volunteer should not minimize or laugh off fears expressed by patients, even if they seem exaggerated. It is more helpful for the visitor to remember that just listening to the patient's fears and frustrations, anger and bitterness, can, by itself, aid in the healing process. By allowing the patient to vent negative feelings and doubts, and then reflecting them back in a thoughtful and friendly manner, the Bikur Cholim visitor can help the patient evaluate these feelings and put them in perspective. He/she can then decide whether and how to act on those feelings. Such a process can lessen the depression and despair that result from bottled-up emotions.

F. Monitoring

The volunteer may be able to observe a crucial aspect of, or change in, the patient's physical or emotional condition and report it. For example, it is important to recognize and know how to respond to it.

Signs of Depression

Depression can be: a normal and limited emotional response to a current illness; a deep, overwhelming psychological pain left over from childhood that is re-evoked by the current illness; or even a physiological reaction to the stress, depletion, or "chemical imbalance" caused by the illness. The more-limited, or "reactive," type of depression should be monitored carefully, but often responds well to a show of interest by the visitor. It also responds to the opportunity given to the patient to openly express his/her thoughts and feelings (as described above). It is not necessary or helpful to reassure the patient too quickly or unrealistically. If the patient speaks of feeling depressed, it can be useful to get him/her to focus on specifics, such as identifying his/her worst worry.

Warning Signs of Severe Depression

Depression that is a reliving of an early childhood trauma, or is symptoms of a severe depression are:

* Loss of appetite
* Sleeplessness or excessive sleep
* Agitation, anxiety
* Feelings of hopelessness and/or helplessness (feelings that things will never get better)
* Loss of self-esteem (feelings of worthlessness or blame)

If the person you are visiting manifests one or more of these symptoms to a severe degree, or for any extended period of time, bring the situation to the attention of a qualified professional.

G. Advocacy

If the visitor has considerable experience and/or professional backup, he/she may find occasion to advocate for the patient's benefit. The visitor, for example, might help make the

hospital staff aware the patient's religious, social or medical needs or concerns. This must be done with caution and respect for both the patient and institution. The visitor must take care not to join a patient who is using complaints and demands to deny painful facts about his/her condition.

H. Guiding

This involves functioning as a counselor (or friend), helping the patient explore feelings and resolve conflicts, modify attitudes, and set goals. Guiding is an ambitious task, and should be attempted only with professional backup.

Knowing Your Strengths and Limitations

Volunteers must realistically evaluate their personal interests, strengths and weaknesses. For example, our personal experiences with and feelings about illness, disability, aging and death and dying with all influence our reactions and relationships to those whom we visit.

Our ability to tolerate feelings of helplessness and anger with ourselves for not being able to alleviate pain needs to be acknowledged and explored.

It is important to match the volunteer task we choose with the resources we realistically can offer. One way to assess our own capabilities is to explore those times when we have felt helpless, worried, frustrated, unfairly treated, ignored, or forgotten.

Your role as a Bikur Cholim visitor is not that of a medical professional or social worker. Resist the temptation to give advice or criticize the staff. Re-direct questions more appropriate for the medical or social worker with a statement such as, "That would be a good question to ask the nurse – doctor – social worker."

Confidentiality

The Bikur Cholim visitor is obligated to always protect a patient's privacy. Commonly, institutions will even ask for a signed statement of confidentiality from volunteers.

An important distinction must be drawn, however, between tale-bearing and helpful reporting. You must be alert to situations that call for professional intervention. Observations you have made that may be crucial to a patient's well-being should be referred to either your group coordinator or to the institution's staff.

Discussion Questions for Chapter II:

Key words for discussion are: job description, orientation, privacy, depression.

Question

1. As a Bikur Cholim volunteer, to whom do you feel primarily responsible? To your congregational rabbi? The Bikur Cholim coordinator? The patients? The hospital staff? Someone else? What does this feeling of responsibility entail?

Answer

You are responsible in some way to all these people. To your congregational rabbi, the Bikur Cholim coordinator, and your group members, you bear the responsibility that comes from membership. Your punctuality, competence, and manner reflect positively on your group's image in the community and make your presence welcome.

Above all, you have a personal responsibility to those you are visiting, to be empathetic and non-judgmental, sensitive and caring. Further, you must be discreet and respectful of the patient's right to privacy.

Question

2. What suggestions might a Bikur Cholim coordinator make when he/she perceives a volunteer to be not yet ready or unsuitable for a particular placement?

Answer

Among the many tasks such a volunteer could perform are: writing or editing bulletin articles or a newsletter; designing recruitment flyers; clerical work; record keeping and computerizing; planning and organizing community events; selecting and purchasing token gifts for those to be visited; fundraising; and running errands for the families of patients.

Question

3. The anecdote at the beginning of this chapter carries with it an important lesson about the sensitivity one should have for the feelings of the ailing. What do you think it is?

Answer

His neighbor's plight reminded the visitor of his own painful experience. This is not unusual. However, the visitor showed insensitivity with the following behavior:

* Don't ask the person you are visiting the details of what is wrong with him/her. If the patient wants to share this information with you, he/she will.
* Never recount tales of those who have suffered greatly or died from the same disease.

Activity for Group Meetings

Using this Manual

Each chapter of this manual can be used as the focal point of one or more group meetings. Reading of the chapter can be assigned in advance. Allow several minutes at the beginning of each meeting for the rereading or skimming of this chapter. This helps focus the group and enables those who have not been able to complete the reading beforehand to do so at this time. This technique also keeps the material fresh in the minds of those who have read it.

Introductions

"Ice-breaker" activities at the beginning of the group's early sessions promote a feeling of commonality. Set the tone by reassuring the participants that everyone, including the facilitator, is there to learn, not to judge or be judged.

After some words of welcome, the leader should make a few brief remarks about the purpose of the meeting. Members then introduce themselves to each other, explaining why they are there. An alternative method is to have each person speak to just one other person, and then introduce that person to the group.

Forced-Choice Exercise

The purpose of this exercise is to give your members insight into the way they make decisions. Even if all of the members are well-acquainted, this kind of exercise is not only fun but gets people thinking about the variety of personality styles they have. It is also a good way to explore the potential interactions of temperaments between visitors and patients.

Ask group members to move to an open area in the room. Explain that they will be given a choice of two alternatives. (Each of the two choices will represent a contrasting personality style or trait.) For example, the first choice might be: "Are you more like a placid lake, or a babbling brook? Brooks move to the left side of the room, lakes to the right. No one may remain in the center."

Once everyone has made a choice, ask them to think about how they made that choice. Each member should speak about this choice to one other person on the same side of the room. After a few minutes, ask everyone to stop talking in pairs and invite a few people to share reasons for their choices with the entire group. Relate how these personal choices might be reflected in the individual's style of performing Bikur Cholim, i.e., how being a "brook" or "lake" affects how one enters a sickroom or carries on a conversation with a homebound person.

Chapter III. THE OPPORTUNITY: An Acute or General Care Hospital

> Rabbi Yochanan once fell ill and Rabbi Chenina went in to visit him. He said to him, "Are your sufferings welcome to you?" He replied: "Neither they nor their reward." He said to him: "Give me your hand." He gave his hand and he raised him. Why could not R. Yochanan raise himself: They replied: "The prisoner cannot free himself from jail."
>
> Berachot 5b

> "When you visit a sick man who is without means, do not go to him with empty hands. When he awakes be quick to offer refreshments to him and he will esteem it as though you did uphold and restore his soul."
>
> *Rabbi Eliezer of Worms*

The experience of hospitalization can be very stressful, if not traumatic, particularly for an elderly patient. The reasons for hospitalization may vary, ranging from a series of routine tests to emergency treatment for an acute condition, from surgery to an accident. No matter how acute or how chronic the illness, hospitalization entails many unknowns and uncertainties concerning the outcome of the treatment or tests – even their cost. With uncertainty comes anxiety, which is further increased by a feeling of loss of control.

When a person is sick or confined, he/she is likely to be plagued with self-doubts and may not function up to his/her usual abilities. This influences his/her behavior towards others, making him/her more clinging and dependent. To some extent, this behavior is expected and is, in fact, socially permissible. (This time-honored prescription of "You're sick, stay home, lie down, and have some chicken soup" attests to that.) But it can also stir up uncomfortable feelings, such as embarrassment, at not being able to do something for oneself. The patient may even be certain that he/she can't do something when he/she actually can.

Such feelings are particularly poignant in elderly patients who may have been fully independent and self-sufficient until recently. Hospitalization for them may be a powerful expression of their vulnerability and ultimate mortality.

Each patient brings his/her own personal style in coping with stress to his hospitalization: humor, denial, withdrawal. Be respectful of all these reactions as natural human response.

Old hurts and grievances with family members may surface. "Can I depend on you?" "How much?" "Why can't I?" "Need help? Not from me!" The patient may test family members

by becoming overly demanding or, alternatively, withdrawing from them altogether, afraid to offend or burden them.

A visitor may encounter anger, bitterness or rage, directed toward the medical establishment, society, the patient's family or whoever else he/she feels is to blame for his/her situation. Often, patients are uncomfortable with their own angry reactions and internalize them, becoming depressed, withdrawn, and irritable.

Visitor's Role

The Bikur Cholim volunteer finds himself in a unique position. Because the visitor is not identified with either the patient's family or with the nursing or medical staff, the patient may openly express his/her criticism of the caretakers.

Recent research has demonstrated that offering patients the opportunity – in a warm and caring way – to discuss feelings about their medical treatment can accelerate their recovery. The feelings they find most difficult to discuss to share are anger, worry, and doubts about their treatment or their futures.

Importance of the Visitor's Manner

Like Rabbi Chenina in the above anecdote, we can extend a helping hand to one who is prisoner of illness and despair. Your personal manner can introduce the warmth of human caring into the patient's often "sterile" hospital routine. Even simple gestures can have a powerful impact.

* Always knock before entering a room even if the door is open.
* Enter a room with a pleasant expression and a relaxed bearing.
* Check your coat before visiting, so that you won't appear rushed.
* Dress neatly. Avoid the use of perfume; the sick often have increased sensitivity odors.
* Greet the patient by name if possible.
* Introduce yourself briefly by name as week, and identify your Bikur Cholim group.
* Ask if you may be seated, chair, window sill – NOT ON BED.
* Limit your visits: They should be brief, 8-10 minutes, unless patient clearly expresses interest in continuing. Take your cue from the patient about when to leave, or even

whether a visit is welcome at all. If uncertain, ask, "May I stay for a few more minutes?" or "Would you like me to leave now?"

* Don't approach if the patient is asleep, in consultation with a physician, or undergoing treatment. (Make a note to yourself to try to this patient at a more convenient time.)

Bedside Manner

Bedside behavior – how you sit, look at, and touch the patient – is a particularly important component of "tuning in". Try to be natural relaxed. If you are upset, it may be advisable not to enter.

If invited by a patient to visit, take a chair and sit at the side of the bed. That way you will be on the same eye level, which is generally more comfortable for the patient than standing or sitting at the foot of the bed. Try to ascertain the distance each patient finds comfortable. You must be aware, however, that a fine line exists between "close" and "too close". If you are in doubt, ask, for example, "Shall I move closer so that you don't have to strain your voice?"

Eye contact conveys interest in the patient. Making little or no eye contact, or on the other hand, staring, can produce anxiety or uneasiness. Try to be as natural and relaxed as possible. A handshake or pat on the shoulder can create a bond between the patient and the visitor, but first determine its medical advisability.

What to Say… How to Listen

Knowing what to say and how to listen are human skills we acquire intuitively, but they can be practiced and polished.

Communication is improved by consciously adopting an attitude of empathy, that is, making the effort to experience and understand another's situation from his/her point of view. Feel free to share some of your own feelings and experiences, but take care not to make assumptions about other people's lives or to project your own feelings onto others.

Skills

<u>Active listening</u> makes it possible for us to understand most fully what is being said to us. In doing so we must pay attention both to words and to their non-verbal nuances. Ask

yourselves questions, such as: Are there hints of a deeper meaning beneath the surface of this conversation? Does the speaker's body language convey particular feelings or emotions?

Reflective listening means paraphrasing the thoughts and feelings of the patient and asking for clarification if necessary. Repeating what has been said to you, or using gently encouraging phrases such as, "Do you care to tell me more about that?" is helpful. "It sounds like you are saying you've had a really rough time and your feelings were ignored. Is that you mean?" Reflective statements check out feelings, such as "You seem angry/hurt/sad at what has happened." Your acknowledgement of the patient's feelings may help you break through attitudinal barriers such as the idea that if you cry, "you cry alone." Another barrier is the patient's fear of speaking *lashon hara*, slander (i.e., "This terrible situation must remain unspoken family secret… You don't wash dirty linen in public.")

What Shall We Talk About? Should I Bring A Gift?

Topics of conversation will vary. What distinguishes Bikur Cholim visitors from other such visitors is the focus on the patient as a fellow member of the Jewish community.

Talking about your group, synagogue, or an upcoming holiday revives memories that help the patient communicate. Offer to obtain a *siddur*, *tallis* and *tefillin*, or Sabbath and holiday candles (usually electric, for safety reasons). A Jewish calendar can be a meaningful gift. Holiday ritual items, or foods such as an *etrog* and *lulav* for Sukkoth, *shalach manot* at Purim, and *matzah* on Passover can reconnect the patient to the Jewish cycle of festivals and their message of hope.

The visitor's role is to introduce the topic of religious observance, not to impose it. By initiating a discussion or asking if a patient desires religious materials, the visitor gives the patient an opportunity to attend to his/her spiritual needs. In many settings, a chaplain may be available to fulfill such requests, but he/she may not always have the time to initially seek out each Jewish patient.

The visitor should be prepared, however, to respect a patient's rejection of his/her offer. It may reflect the patient's long-standing lack of religious involvement or may be just a temporary expression of anger at his/her condition. In the latter case, the visitor may be able to re-open the issue at a later time or help the patient further explore his/her feelings about the connection between illness and religious belief.

Bikur Cholim groups often supply visitors with a tangible item to be left with each patient. Something as simple as a calling card, an inspirational message, bearing your organization's name, your name, and a telephone contact number can represent a valued connection to a hospitalized person.

"But What If…" – Visitor's Reactions

The volunteer can expect at times to have very strong reactions to a particular patient. It is helpful to share openly and honestly with your group members.

The hospital, nursing home or homebound person's house may evoke memories and feelings – such as anger, helplessness, and fear of isolation and abandonment – related to the volunteer's own medical or family history.

Sometimes a volunteer may become very involved with the patient and even come to share many of the same feelings and reactions as the patient to the doctors or the patient's family. We must work to place these feelings in perspective. Are the doctors really neglecting the patient or does this feeling reflect the patient's frustration at being ill?

On the other hand, the volunteer may feel detached and uninvolved with the patient, especially if the latter is very depressed, withdrawn, or angry. Here again, it's easy to confuse the feelings evoked by the patient with one's own emotional reaction to the situation. For instance, a visitor must be careful not to be too easily discouraged by a patient's anger or withdrawal; the visitor's natural impulse to try even harder to reach out to that patient may be just what he/she needs. However, some visitors may find themselves too frightened by a particular medical condition or procedure to effectively provide close support and comfort. Acknowledge your own abilities and limitations, and set realistic goals and expectations for yourself.

Within the Hospital Framework: Orientation

Visitors are often responsible, individually and as a group, to the Volunteer Services Department of the hospital. The Director of Volunteer Services often holds an orientation meeting, familiarizing the new volunteers with the staff, physical layout, and routines of the hospital.

The hospital orientation may include discussion of:

* Infection control
* Procedures to follow in your particular assignment
* Hospital fire regulations
* Attitudes toward patient's privacy
* Legal standards of confidentiality

You may also be required to precisely document your visits in the designated hospital register as well as in your group's personal diary. Accurate record keeping can help the hospital make informed assessments of its programs and support the designation of awards and letters of recommendation. Compliance with all requests fosters a positive relationship between volunteers and hospital staff.

Do not hesitate to ask questions about the rules and regulations that govern hospital life. Review and discuss hospital materials.

Discussion Questions for Chapter III

Concepts for discussion: Document of confidentiality, dependency, fear of loss of control, non-verbal communication, active listening.

Question

1. Comment on the suggestion of leaving a calling card of other item, such as a booklet of prayers or inspirational reading, with each patient. Of what real benefit can knowing the name of the organization and visitor and telephone contact number be to a patient?

Answer

A card with your name and identification as a representative of a Jewish communal organization can combat the sense of isolation so many hospitalized people have. It is a symbol of a caring community that has not forgotten and abandoned, but rather, has reached out. The telephone number of the card will empower the patient to reach out, if he/she chooses, and remind him there is someone who will listen.

Question

2. What else can a visitor bring that might cheer or entertain a patient?

Answer

A patient will welcome gifts that provide some diversion: magazines, books, puzzles. If you know a patient enjoys a particular handicraft, such as knitting or crocheting, you might bring the materials for a small project. If he/she enjoys music and has a cassette player, you might bring some tapes.

Bring food or snacks only after checking with the nurse of doctor whether these are acceptable items for that particular patient.

Question

3. Discuss whether your group would care to establish a fund for Bikur Cholim gifts.

Answer

Depending on the financial status of your organization, these funds can come from a central organizational budget, individual donations, or the proceeds of a fund raising event.

Question

4. An elderly patient whom you are visiting in hospitalized with a fractured hip. She is concerned her condition may prevent her from attending a grandchild's wedding in three weeks. How do you comfort her?

Answer

As much as you may wish you could reassure this unfortunate woman that she will indeed be able to attend her grandfather's wedding, you cannot and must not. Instead, have her talk about her grandchild and, if possible, show you photographs of her.

Empathize with her situation and let her give cent to her sadness and frustration at possibly missing this momentous event. Reminding her that her family will be thinking of her even if she cannot actually be present, and that through photos and/or videotapes she will be able to witness the happy event, may be comforting to her.

Role-playing: The Bikur Cholim volunteer and the patient issue: Offering advice regarding the hospital

The players: The patient propped up in a bed who is expressing concern over a doctor's recommendations and prescriptions. The visitor who is seated at bedside freely offering advice and gossip.

Following the role-play, discuss and re-enact the situation using more helpful and appropriate responses by the visitor.

Awareness Exercise: Active Listening

You may conduct this exercise with one group of three as a model, or you may divide your entire group into threes. The first participant assumes the role of a hospitalized patient and presents a problem one might face the day before surgery, e.g., Is the doctor responsive? Is the surgery necessary? Will economic difficulty stem from my hospitalization? Are there children at home who need care? The second participant will respond in the role of a helping visitor and reflect back the concerns of the first speaker. The goal is to communication understanding of the feelings and thoughts expressed by the patient through the technique of paraphrasing. The third participant provides feedback to the "helper" about the style and accuracy of his/her reflections.

Awareness Exercises in Sensory Lens

The following exercises sensitize the Bikur Cholim volunteer to the world of the person with sensory or motor losses.

Vision impairment:	Put tape or petroleum jelly over your glasses.
Hearing impairment:	Insert a cotton ball that has been dipped in water, then squeezed out, into each ear.
Arthritis:	Tape tongue depressors to fingers or across knee joints.

Try performing certain tasks while "experiencing" these impairments. For example:

Cross the room and find another seat.

Open and read labels on medicine bottles.

Get a drink of water or a cup of coffee.

Chapter IV: THE OPPORTUNITY: The Elderly in Nursing Homes

Ulysses

… Though much is taken, much abides; and though
We are not now that strength which in old days
Moved earth and heaven, that which we are, we are –
One equal temper of heroic hearts,
Made weak by time and fate, but strong in will
To strive, to seek, to find, and not to yield.

- *Alfred, Lord Tennyson*

Taking up permanent residence in a nursing home is a major step in the life cycle that many resist. It involves a yielding of independence and individuality and an acknowledgement of waning physical or mental abilities. It is a last stop, both symbolically and realistically.

For many, the decision to move into a nursing home facility has not been their own. It has been imposed on them by circumstances of economics or physical disability, the absence of family, or the inability or unwillingness of family to house and care for them. Residents often feel abandoned and discarded; they are separated from familiar surroundings and personal possessions.

Stresses of Nursing Home Residents

On entering a facility for the elderly, one often finds an atmosphere of quiet. Many residents may not be immediately visible because they are physically unable to leave their beds. Some individuals will be seen walking slowly in the halls; others are sitting in the dayroom watching TV, participating in a group activity, or resting in chairs and wheelchairs.

Elderly residents in nursing homes have abundant leisure time and a roof overhead. Food and even entertainment are provided in schedule. They have few surprises or changes to fear, or anticipate. Yet, the boredom and lack of purpose they often experience are themselves major causes of stress.

Newly arrived residents often feel strange and disoriented. Where, only recently, they were independent, responsible adults, now they are institutionalized dependents who must wait for others to fill their needs. It is not hard to comprehend their sadness, even depression, at these changes. Nor is it difficult to imagine a group of strangers with whom they do not necessarily

share common interests or background. These changes can evoke a strong loss of self and self-esteem.

Social and emotional losses are further compounded by the physical and perceptual losses common to the elderly. Sometimes sight and hearing losses occur so gradually the individual may be aware of them. But, increasing deficits can cause adaptive behavior, such as slower movements and proneness to accidents, tripping, or knocking things off a table. Anger and depression may ensue, as life begins to loom as a maze of dangers and threatening situations.

As Bikur Cholim volunteers, we need to be aware of such factors to bring support. However, sensitivity to the many losses and problems of aging nursing home residents should not keep up from remembering that this time in their lives need be not only a depressing or unproductive one.

Visitor's Role

There are many ways in which the Bikur Cholim visitor can help revive and promote interest in life for nursing home residents. A respectful attitude can restore their sense of individuality and dignity. Address the resident as "Mr. …" or "Mrs. …" until you are assured a first-name basis is acceptable. Be sensitive to what might be too personal or painful a topic. While you might be looking to form a deep, on-going relationship, don't forget that providing immediate diversion and entertainment is also an important function.

Look for similarities in your backgrounds or interests so you can establish a friendship. Let the resident choose which activity to pursue with you. A discussion of past hobbies can bring back pleasant memories and provide an opening to your new relationship. "Remember when," or asking about experiences of the resident's youth, can help build his confidence that you are genuinely interested in him. Bringing the outside world in by speaking of current events or your own experiences can provide much-needed intellectual stimulation.

Listen actively, and really take the time to hear what is being said to you. The person you are visiting is lonely and needs your company and warmth, but each resident has unique, individual concerns. Don't rush to give an answer to make a suggestion. Pause and think about how you can best respond to the particular resident you are visiting.

One-on-one attention is an overwhelming need of people in any institutional setting. You can help with letter writing, play cards or board games, read aloud, or go for walks, even if just down the corridor.

You can share your talents, skills and interests. Your enthusiasm might motivate the resident to participate and learn or re-learn something new or long-forgotten. Coordinate your activities with the Director of Recreation. You might be able to teach a craft, lead a sing-a-long, or give a talk about a favorite subject or places you have traveled. You might help conduct Sabbath or Holiday services. Nursing homes sometimes have special interest clubs. You might be interested in leading a club centering on opera, cooking, or Yiddish.

Teenagers are especially welcome visitors in nursing homes. In addition to person-to-person visiting, many young volunteers enjoy assisting with arts and crafts, conducting such group games as Bingo, and aiding individuals who cannot physically participate in these activities without help. Teens particularly enjoy drawing up genealogies and taping personal histories, activities which give residents the chance to enjoy sharing their experiences.

Discussion Questions for Chapter IV

Key words for discussion: disoriented, listening and hearing, "remember when," one-on-one

Question

1. What information would you solicit to write a family history or construct a genealogy?

Answer

The simplest way to begin setting up a genealogy is to "interview" the subject. Ask the obvious questions first. Where was he/she born and when? What was his full name at birth? Did he have a nickname? What is his full name now? How many siblings did he have? What were their names? What were his parents' names? Let the subject elaborate on an answer, but always be sure to get back to your own line of questioning. It is handy to have a basic list of questions in front of you so you can be sure to cover the facts in which you are particularly interested. Objective questions are the easiest to answer.

Starting with "the facts," you can than gather more subjective data, such as the person's memories of his/her childhood and school experiences. Whatever memories the subject wants to share with you are welcome additions. Also, find out if he/she or his/her family members have

original documents, such as naturalization papers or marriage licenses. See if these can be gathered.

Question

2. Someone you are visiting hands you money and asks you to buy candy from the lobby vending machine. What do you do?

Answer

Such a simple request is not only easy to fulfill; it is difficult to refuse. You are certainly able to go freely to and from the lobby, and, what is more, the money is already in your hand. Yet, your desire to comply with the request and make the patient happy must be tempered by caution. Before offering or obtaining any food or candy for a patient, you must verify with a nurse that the item is an acceptable one in that person's diet. Giving a patient a wrong food can trigger an adverse reaction, or delay the performance of necessary tests or distort their results.

Question

3. How can you involve residents, who are otherwise uninterested, in attending Sabbath and Holiday services and celebrations? How can you reconnect them with their Jewish roots?

Answer

Some nursing home residents may resist involvement in these services and celebrations because they have lost touch with their warmth and meaning. In their sadness, these patients may withdraw from these as well as other social occasions.

You may be able to repair the situation by calling on the residents' memories of religious events of long ago. Engage them with questions about past experiences; enter into the world of these reminiscences. Did the resident have a Bar/Bat Mitzvah? What was it like? Help the person recall childhood Holiday celebrations. What synagogue affiliation was there, if any, during his/her active adult years? What religious symbols mean the most to him? In what way? What makes him proudest of being a Jew? Be prepared to hear negative as well as positive reactions and to reach non-judgmentally.

Remind this individual that attendance at synagogue services will provide a connection not only with other residents of the home, but, through volunteers, with the local Jewish

community and its spirit. Invite him/her to join in the social comraderie of Kiddush as well. The mention of wine and gefilte fish might accomplish a breakthrough words alone cannot!

Question

4. You have been asked by the nursing home's Director of Volunteers to visit with a lonely or withdrawn resident. What strategies might you use to break the ice?

Answer

When you enter the room of a patient you would like to get to know, look around the room for clues about the person. Are there photographs of family members? Are there vintage pictures of the person and perhaps of a spouse who is now deceased? Asking about these photographs will often trigger a response and stir reminisces. Listen attentively and ask questions. Look for objects that allude to the person's likes and hobbies (past or there present). Are there plants in the room? Pretty pottery? A collection of classical music and records? Special interest books?

If you can find something that's also a particular interest of yours, so much the better. Bonds of common interest or background can make a new relationship flourish. During future visits you might bring personal items and photographs of your own to show the resident.

Awareness Exercise

This will help sensitize participants to feelings the elderly experience as they gradually lose the ability to function in the life roles they once occupied; employer/employee, spouse, child, student.

Divide into groups of four. Have each individual search his/her pockets, wallets, handbags, for three items that are important to him, an I.D., photo, credit cards, keys. Have participants within each group discuss these items and the roles they represent.

Next, each person should list at least five or six roles he/she is currently filling. Let participants now consider and cross out each role they would no longer be involved with if they were 75 years old. Share reactions within the small groups.

Reassemble the entire group and discuss the feelings evoked by their exercise and what participants learned.

(Adapted from Waters' Guide)

Reminiscing Exercise

- Questions such as what "reminiscing" means can be used for one or more persons.
- Ever note how the good stands out?
- People say 40 years ago were better times: How do we feel when we remember the past? Does this affect us today? How?
- This is some of what reminiscing does for us:
    1. We learn from the past, thinking about how things were, what we were like then, and how we lived through it.
    2. We feel better – joy, laughter on how we managed without money or convenience, thinking about positive things makes us feel better.
    3. Positive Aging – healthy body, healthy mind. We exercise our bodies, eat right, take medicines; when we exercise our minds, it helps us keep active and alert mentally: studies shows that though our bodies slow down physically, not necessarily so mentally – healing body, healing mind.
    4. It's fun! Sharing with each other, comparing neighborhoods, lifestyles – we have a lot in common with each other. Sharing brings closeness. Also telling stories to your family – family Rx – lets your kids marvel, "What you didn't have when you were a kid!"

Here are a couple of topics for discussion. With one or more person, try to remember specific incidents. Describe and think of it as if the incident you're talking of is right in front of you; include sensory images: the smell of it, the sound of it.

Topics: Household

Inventions that changed your life

What are some of the things you had in your home that no longer exits?

- How did you manage?
- What was the experience like for you?

What household chores were you responsible for that, due to technology, are no longer necessary?

- Describe the job – its importance, e.g., ice tray
- How did the technology change our lives?

- How does it feel to talk about it now?

Neighborhoods

* What did every neighborhood need – and have – that no longer exists?
* What was your old neighborhood like – peddlers, neighbors, stores? What kinds of memories are attached to this?
* What unique qualities of living then would you like to see in existence now? Negative changes, positive changes?

Amusements

What did you do for fun?

- What was fun about it?
- Who played with you?
- What do you remember most fondly?

What are your favorite recreations or pastimes? – How have your tastes changed over the years?

To the volunteer: Listen, Learn, and Appreciate the continuum in Life.

Chapter V: THE OPPORTUNITY: A Children's Hospital

"The Land of Couterpane"

When I was sick and lay a-bed
I had two pillows at my head,
And all my toys beside me lay
To keep me happy all the day.

And sometimes for an hour or so
I watched my leaden soldiers go,
With different uniforms and drills,
Among the bedclothes, through the hill;

And sometimes sent my ships in fleets
All up and down among the sheets;
Or brought my trees and houses out,
And planted cities all about.

I was the giant great and still
That sits upon the pillow-hill,
And sees before him, dale and plain,
The pleasant land counterpane.

- Robert Louise Stevenson

In this poem, Stevenson describes how, as a young invalid confined to a sickbed, he passed his hours in fantasy and imaginative play. He constructed a make-believe world with toys atop his quilt. By using "counterpane," another word for quilt, the poet plays on the homonym in the last syllable… "pane" = "pain" and, thus, "counter-pain". He is telling us that although his body has been confined to bed, his mind helped him "counter" the pain of his situation by means of creative play. For us, the visitors, this poem provides some insight into the inner resources of a sick child.

Acute- and General-Care Hospitals

The sights, smells, and sounds of hospital life can seem more intense in a children's hospital or pediatric ward: a crying baby who cannot be comforted; the child on a stretcher hooked up to a miniature IV; the toddler in the playpen who has tubes in his nose. Hospitalized children, like hospitalized adults, exercise a multitude of powerful emotional responses to their

vulnerable physical state. What they lack, however, is the adult ability to comprehend and cope with their illness. If you choose to work in this setting, you must be prepared to meet patients who often don't understand what is happening to them, and to act accordingly.

Visitor's Role

Approaching these young patients slowly and respectfully gives them a chance to become comfortable with you. Remember, some of these children are deluged by a stream of strangers and often must undergo frightening and painful procedures. The key to winning their confidence is to treat each one as an individual, with respect and concern, taking cues from them how you should proceed.

The youngest patients, infants and pre-verbal toddlers, are caught in a web of seemingly inexplicable and unexplainable traumas. They have no real idea of what is happening to them, other than the immediate experience of physical pain and separation from parents. These tiny patients need the familiar reassurance of their parents' presence most of all, but can also feel comforted by the interest and attention of a visitor who comes to see them on a regular basis.

As children gain verbal skills, they can start to share their fears and concerns, ask questions, and speak about their feelings. Yet, even at age five or six children generally have only a limited intellectual understanding of their illness. They often feel helpless in the face of physical pain and angry in response to what seems to be their abandonment by parents. They blame themselves for this helplessness and view their illness as a penalty for some unspecified wrong, as though they are participants in a moralistic drama of crime and punishment. If they are not guilty, why should they be afflicted with such pain? Why would they be banished from their home and family? Why would be sent to live among strangers in an institution?

The Bikur Cholim visitor can assist the child to put such thoughts and feelings into words or questions that can be shared with parents and caregivers.

Older children, those between the ages of six and twelve, have a greater intellectual grasp of the situation and the implications of their illness. But listen to their questions as well, encouraging the children to ask them of the doctors and nurses.

Teenagers are most aware of the reality of hospitalization. They understand and worry over their diagnoses, and consider the implications for the future. Allow teenagers to discuss their fears with you if they wish.

There is a great deal of difference between visiting children at an acute-care or general hospital, and at a long-term rehabilitation facility. Understanding these differences might help determine the setting in which you choose to work. The larger teaching hospitals, because of their state-of-the-art facilities such as cardiac, neurology, and oncology units, will have the sickest children. Many of these children, because they have come long distances to make use of the hospital's special services, have few personal visitors. It is not hard to understand that these patients might feel especially frightened, angry, and abandoned. They might, therefore, reject your initial advances.

A Word About Rejection

Sometimes hospitalized children may not be eager to make the acquaintance of yet another adult stranger. If you are initially rejected, accept that reaction, and retreat with the promise of returning. Do not promise to return unless you intend to do so! You may, in that way, win the trust of the child by showing that you have listened and were respectful of his/her wishes. A sullen or withdrawn child may require extra attention, such as one or more follow-up visits, to establish rapport. Certainly, do not take this rejection personally, and don't let it deter you from returning another time.

Age-Appropriate Fashion

If you have been able to learn in advance about the interests and abilities of a particular child, design your visit accordingly. In the poem at the beginning of this chapter, Stevenson suggests the power of fantasy and imagination in passing time while confined to bed. Objects that encourage imagination play are appropriate gifts for a sick child. Depending on the age, interests, and physical capabilities of the child, one can offer dolls, construction sets, puzzles, etc. Introducing the child to an age-appropriate handicraft can be a particularly pleasant way to establish an ongoing relationship, giving him/her a source of accomplishment and pride and providing a focus for each visit. Finger puppets with a young child or musical tapes with a teen can fan curiosity and break down the barriers pain and fear have erected. Once you get to know the patient, you can plan your next visit's activity together.

The activities should be easy to do. A child will often feel less competent when hospitalized because of stress and insecurity. Limiting the use of competitive games is helpful in

minimizing issues of winning and losing, which can have metaphorical implications for a sick child. He/she may magically think winning means getting better, losing means dying. Sharing cooperative projects, such as a jigsaw puzzle or building blocks, can build confidence and communication.

Conversation, too, should be geared to what is suitable and important to the patient. If a child wants to discuss the fear or pain of hospitalization, listen attentively and respectfully. Don't give unrealistic reassurances. Try to remember what it was like when you were the patient's age. Most likely, the child will prefer diversion to serious talk. If so, take the cue and help find that fantasy world of "counter-pain" through games and make believe.

Saying Good-Bye

It is important to prepare the child for your departure. You might say, "In ten minutes I will have to leave, but I'll be back on Thursday…What would you like to do for the next five minutes?…When I leave you will be doing…" Establishing a good-bye routine can be very reassuring and helpful.

You might want to give a child you plan to visit regularly a calendar so that you can prepare for future visits together. You might want to introduce some ongoing activity that carries over from week to week-such as reading a book—which will help the patient accept your leaving within the continuing framework of your relationship.

Volunteer as Liaison to Staff

If you observed emotional or physical changes during a visit, it is always advisable to speak with a nurse or other staff member before leaving. You may also function as a bridge between the patient and the patient's parents. If they are unable to visit often, you can help calm their distress by telephoning them after your visits and reporting first-hand on their child's activities. Or, you can suggest to parents that your visits could provide some time off for them to rest or attend to other family concerns.

The visitor can also help the staff convey information to the patient, e.g., by starting a discussion or answering questions about an issue. Again, the visitor must distinguish issues he/she can handle, such as, encouraging a patient to get out of bed and exercise, from those he/she can't, such as specific questions about medication.

Consulting with Child-Life Specialist

Speak to a staff person about a patient you are to visit for the first time. If the hospital has a Child-Life Specialist, be sure to meet this person, either privately or together with your extra Bikur Cholim contingent. He/she may have specific recommendations about approaching an individual child. Because of strict regulations surrounding a patient's right to privacy you may not, however, be told everything about the patient's medical condition. In a pediatric setting, where a child you are holding or playing with may be HIV-positive, you must be particularly careful to follow the rules of infection control. Wash your hands before and after the visit, and isolate any toys the child may have put in his/her mouth.

I Would Like To Hold a Child. May I?

Holding and cuddling an infant or young child can be a delightful and valuable act. In some cases parental approval must be given, so the visitor should consult with the staff before picking up a child. Except in the case of an infant who must be fed, the visitor should not attempt to pick up a child without the consent of the child, whether verbal or non-verbal. Until a trusting relationship is established, it's better to start by merely patting a shoulder or touching an arm.

Discussion Questions for Chapter V

Discussion starters: initial rejection; therapeutic play; age-appropriate activities.

Question

1. What are some of the ways a Bikur Cholim volunteer can help a patient's family in a children's hospital setting?

Answer

The families of hospitalized children are often coping with a great deal of stress in addition to their basic anxiety over the child's condition.

Children need, and parents want to provide, as much firsthand comforting and hand-holding as possible. Yet, very often, there are other children at home who also need to be taken care of and who may, in cases of prolonged illness, resent their sibling's command of parental attention.

A Bikur Cholim volunteer can offer such much-needed services as food shopping for those at home and baby-sitting for the well children. They can also provide respite for the parents, so they can rest or spend some time with children at home, by volunteering to sit by the sick child's bed for a few hours.

A story is told:

"Reb Aryeh and his wife said to the parents of a sick child, 'Go to sleep now, both of you…The two of us will stay with your child.' 'You see,' he explained with his own brand of genial, charming apology, 'we have to talk something over, very important, and we cannot do so at home, where the children may eavesdrop." (Levine, p.55).

Through this clever ploy, the child's parents were able to accept the opportunity for a much-needed rest without feeling guilty. This story also illustrates how helpful it can be for a visitor to tell the patient how much benefit he/she derives from visiting.

Question

2. Some schools have organized Bikur Cholim groups among their junior and senior high school students. Do you think these young visitors are likely to be more or less effective because the patients are close to their age? How might their age affect their performance?

Answer

It is often difficult emotionally for junior and senior high school students to visit very sick, hospitalized children. Although the students may think they can handle the task, the reality of seeing young people more or less their own age who are very sick might be overwhelming and too threatening. There are other Bikur Cholim opportunities more suitable for teenage volunteers, such as visiting the elderly in nursing homes or the homebound. They can perform an important related service by running errands or baby-sitting for families who have a hospitalized family member. They may also wish to help behind the scenes of the Bikur Cholim group with clerical work or event planning.

Question

3. Volunteers in a pediatric ward often speak of "leaving" as the most difficult part of their job. How do you say "good-bye" to a clinging child? What about the volunteer who is reluctant to leave a child to whom he has a special attachment?

Answer

Separation can be one of the most painful human experiences, and the only way to completely avoid this pain is to avoid any emotional involvement with other people. However, some of the ways to ease the pain of temporary or permanent separation include:

Temporary

* Establishing a "good-bye routine" of such activities as reading, talking, singing, playing a favorite game, or listening to a "special" song;
* Having telephone contact or written correspondence between visits;
* Exchanging photographs, drawings, or other objects;
* Seeking comfort by sharing feeling with the Bikur Cholim coordinator or group.

Permanent

* Allowing time to prepare for separation, to talk, remember to cry, laugh, and share feelings about each other and about being apart.
* Reading a book, drawing pictures, listening to a tape about separation can either trigger discussions or serve as a more comfortable way to deal with the issue, "at one step removed."
* Planning and carrying out a separation activity, such as a good-bye party or creating good-bye cards or a remembrance book.
* Exchanging photos, drawings, gifts;
* Turning to the coordinator or group for support;
* Giving oneself the time and permission to grieve and then let to.

Role Playing for Chapter V: Approaching a sick child's bed.

Issue: Communicating with an angry, withdrawn child

The players: **The patient** with folded arms is a sullen six year old.

The visitor approaches and engages the child.

Chapter VI. THE OPPORTUNITY: The Homebound

> "The worst sin towards our fellow creatures is not to hate them, but to be indifferent to them; that's the essence of inhumanity."
>
> --George Bernard Shaw

While finding hospital patients to visit is as simple as walking into a room or ward, locating the homebound in great need of visitation is more complicated. Confinement and lack of mobility often makes them invisible to the community. This isolation can produce feelings of depression and shame, making people even less willing to risk appearing needy or being rejected if they reach out on their own for help.

Therefore, be active in your search for this population! To identify the homebound persons in your area, try contacting local service organizations, advertise your interest in the Community Services section of your local newspapers or the bulletins of nearby synagogues and centers, or spread the word of your interest through personal networking with family, friends, co-workers. "Word-of-mouth" is a powerful advertising medium.

Coordinators Role – Making Matches

Arranging for a volunteer to meet with a homebound person sometimes feels like setting up a blind date. The initial meeting can have potential for either love at first sight or disappointment. Much depends on the skill of the "matchmaker," on the care and artistry placed into finding two compatible people. Often, similar interests can form the basis for a congenial relationship. The chemistry between two individuals is also important, though more unpredictable.

The Bikur Cholim coordinator should, if at all possible, try to visit the homebound person, in order to see first hand what kind of situation will greet the volunteer. Is the person outgoing and talkative, or withdrawn and quiet? Is the home neat, or in need of care? Are there pets? Personal details help determine which of your volunteers will make a suitable visitor for a particular shut-in. For instance, one would expect a visitor who is uncomfortable in cluttered or messy surroundings may function better in a well-maintained home. A visitor who is afraid of animals may be distracted by a resident's dog or cat. In-person interviews with the homebound person and visitor can help ensure a successful placement based on such personal preferences.

Visitor's Role

Guidelines for home visitors are different from those in institutional settings because the former type of visit takes place in a more-personal environment and can potentially evolve into a relationship. A minimum visiting schedule, perhaps once a week, helps establish a structure for a growing relationship and gives a homebound person eager for contract a reasonable framework of expectations.

Consider in advance how much time, and to what extent, you intend to devote yourself to visits and activities.

* You are expected to provide companionship, and a link with the Jewish community and the world outside.
* Know the limits of your own capabilities and responsibilities.
* Don't be ashamed say "no" if you are unwilling to fulfill a request; and certainly consult with the coordinator if you are in doubt whether you should perform a certain task. For example, if you are not experienced with handling a wheelchair, don't attempt to do so without instruction.
* You are not expected to clean, or give medication, or make decisions for your homebound friend.

A phone call in between visits can alleviate an otherwise lonely week. Phone calls are also useful as reminders before a visit. If the volunteer cannot avoid canceling a visit, a call as soon as possible may lessen the disappointment the homebound person might feel at a last-minute letdown. It is prudent not to give your own telephone number to the homebound person until you have established a relationship with mutually understood expectations. The coordinator can be helpful in clarifying what reasonable expectations might be and in resolving conflicts about where to set limits on those expectations.

What To Do

Your visits can include a variety of activities. Many homebound persons are content with quiet companionship: a chat over a cup of tea, a shared TV show, or a game of cards. Others seek opportunities to increase their mobility, asking visitors to take them out for a stroll to the grocery store or to the doctor for a check-up.

DOROT, a leading service agency for the homebound elderly in New York City, suggests a wide variety of enjoyable and productive activities:

1. **"Recall"**

Do things that encourage the homebound person to remember and share with you both the events and the flavor of his/her life.

Possibilities include:

- Compiling an oral history
- Making or reviewing a photo album or scrapbook
- Recording interesting recollections on videotape or in a journal
- Discussing historical events or changes in the world during the person's lifetime.

2. **Culture/Creative Activities**

Plan visits that encourage the homebound person to actively use his/her mind and body:

- Learn new skills together, e.g., crocheting, jewelry making, baking
- Make pictures or take photos for and of each other
- Sing, play musical instruments, or listen to music
- Go to the theater, concerts, or movies
- Read to the visually impaired
- Build an indoor garden

3. **Discussion Topics**

For the homebound person who must rely heavily on TV, radio, or newspapers for intellectual stimulation, it can be especially enjoyable to have a two-sided, give-and-take discussion with a visitor. Possible topics include:

- Current events—local, national, international
- Community developments
- Religion
- Art, music, literature
- Jokes
- Social and cultural issues
- Recent and past personal experiences

4. **Games**

- Crossword puzzles
- Card games (large-faced cards may be helpful)

- Board games, e.g., checkers, chess, Chinese checkers, dominoes, Scrabble, monopoly, Trivial Pursuit

5. **Other**

Visitors can enrich the lives of homebound people by doing errands for them or by helping them write letters or even learn another language.

Monitoring

With regular visits, you may also be able to monitor the well-being of the homebound person. Is there adequate food in the refrigerator? Does there seem to be an overabundance or confusing array of medications? Is the apartment clean? Is there an obvious deterioration of the person's physical or emotional condition? Since your role as a Bikur Cholim visitor is not that of doctor, counselor, or social worker, any of these observations should be reported to your group's leader for follow-up.

May I Bring a Gift?

Some visitors enjoy bringing a small gift, occasionally. Flowers from the garden, a favored book to share, challah for Shabbat, or some festive specialty offered at a holiday time are most welcome and appropriate. Your group may choose to set up a fund to cover the expense of such token gifts. Of course, the exchange of expensive gifts is absolutely discouraged.

Importance of Establishing Limits

The visitor may be asked to run an errand or to assist with the preparation of a meal. Whether you do these tasks is up to you. It is helpful to determine and clearly state the limits of your availability. You will not be giving your best by overextending yourself, because you're likely to soon feel tired and exploited.

Leaving – Saying Goodbyes

Experienced visitors have found that setting a time limit for each particular visit helps prevent what one visitor has called "Door-knob Syndrome." This syndrome describes delaying tactics that can keep you visiting longer than you might wish because it's sometimes difficult to

say goodbye. Try this when the visit starts, "I'm so happy to see you today. I'm glad that I have until three o'clock to be with you –Then I must go."

You need not feel shy or ungracious for establishing this somewhat contractual relationship. Again, being clear and setting limits is good for the visitor and the visited. Some groups do actually formalize the contract concerning obligations and term of service, of the visitor. (See Chapter VII) Setting guidelines actually frees you to form a lasting relationship, one in which you can truly perform the mitzvah of Bikur Cholim.

Daily Hotline

Another way to keep in touch with the day-to-day status of the homebound is through the establishment of a "hotline," an organized program of telephone calls usually made in the afternoon or early evening. A daily, friendly "Hello, how are you today?" can be an important part of a shut-in's day. The hotline need not be viewed solely as a passive benefit for the homebound. These confined to their homes can be engaged as participants in helping others, making calls to other homebound people within the community. In this way, they not only keep active, but derive the satisfaction of performing the mitzvah of Bikur Cholim themselves.

Discussion questions for Chapter VI

Discussion starters: door-knob syndrome; hotline; token gifts; setting limits; isolation.

Question

1. How would you go about "breaking the ice" with someone you are visiting at home for the first time?

Answer

Introduce yourself first, and, as a model, share some personal information. Look around the room for clues to the person's interests and personality. Try to find some common ground to spark a conversation. Admire photographs of family and friends, and ask about these people. This will show your interest in getting to know the person as an individual, beyond his/her present confinement. At the same time, show interest in the person's presence routines and daily concerns.

Question

2. Discuss possible anxieties a homebound individual and visitor might experience prior to a first visit.

Answer

There are many shared feelings! Just as you, the visitor, might be apprehensive before visiting, so might the homebound person. You both may be worried whether you will "take to" this person immediately; or nervous over what to talk about. The homebound individual might be concerned his house is not clean, tidy, or up-to-date enough.

If things go well on the first visit, anxieties will be lessened before the second visit. But the person might still worry whether it will go as well this time. It may take several visits before a comfortable level of trust is established.

Role Playing: Saying "good-bye"

Issue: Overcoming door-knob syndrome

The Players: A Bikur Cholim Visitor who is trying to send a visit.

A homebound host who is reluctant to end the visit.

Awareness Exercise for Chapter VI: Reflective Listening

Participants divide into pairs. The first partner in each pair discusses an incident or situation. The second listens and responds by identifying the feelings expressed by the first person and summarizing the content of his/her statement. The second partner then checks out with the speaker the accuracy of this statement.

I hear you saying "You feel……..because……."

(Based on a 1972 model by Carkhuff)

Exchange the roles of speaker and respondent. This can be done in round-robin form so everyone has the opportunity to practice both roles with everyone else present. Observers can listen or contribute comments. Discuss with the entire group the reactions of each participant to both roles. What did they learn from this activity?

Chapter VII. THE OPPORTUNITY: The HIV/AIDS-Affected Community

Said the Alexander:

> "There is only a hair's breadth between sadness and bitterness, and bitterness leads to heartbreak."
>
> (Chassidic Anthology, p.243)

The physical and emotional pain and societal stigma experienced by people with AIDS or the HIV virus has motivated some Bikur Cholim groups to dedicate themselves with compassionate outreach specifically to this population.

Your group can be available to people with HIV/AIDS ("PWA") with practical, day-to-day help, as well as with spiritual and emotional support. You can also serve the community at large, by sensitizing it to the needs of this population and alleviating fears that the AIDS virus can be spread by casual, friendly contact.

Your availability to the PWA strongly expresses **gemilut chasadim**.

Visits to hospitalized PWAs require adherence to the protocols of infection control outlined by the hospital, both for the well-being of the patient whose immune system has been severely compromised, as well as your own.

You may experience stress and anxiety not only because of the social aspect of the PWA's illness but because of its chronic nature. A gradually weakening physical condition and morbid diagnosis heighten the intensity of suffering.

Help keep hope alive. Remind those you work with of many PWAs whose lives have been prolonged by treatment and engaging in proven exercise and nutrition regimens; encourage their participation in support groups. Endure the low days and celebrate the good ones. One must also be willing to face dark thoughts and fears together with the PWA, to speak of death if he/she wants to, and try to bring the spiritual comfort and consolation from the Jewish community to the patient and his/her family.

Bikur Cholim groups have found it helpful to organize themselves into a "buddy" program establishing a one-to-one ongoing relationship in which the Bikur Cholim volunteer assumes the responsibility to "be there" for his buddy at home or in hospital – through the course of the illness. It can be helpful to make these long-term relationships "contractual": short-term at

first, and renewable at time intervals. As with any visiting, each buddy needs to understand what is expected of the relationship and either can withdraw after the specified time.

Because of the overwhelming special and medical implications of AIDS, two aspects of Bikur Cholim ethics are especially pertinent when serving PWAs: confidentiality and non-judgmentalism. The visitor must respect the patient's privacy by neither asking intimate questions nor sharing with others personal information that may come his way. The identities of these patients and their families are to remain privileged information, unless specifically indicated. In some circumstances, visitors have wanted to keep their own identities confidential.

A judgmental attitude must be overcome before one sets out to perform Bikur Cholim, particularly with PWAs. The visitor's role is not to assign a reason or responsibility for the illness. Before visiting an AIDS ward, the visitor should feel he/she can handle possible feelings of discomfort with the alternative lifestyle the patient has chosen, or with the fact the patient may, as is common, also have been addicted to drugs.

Additionally, the volunteer has to be aware that many people with AIDS are from racial and socio-economic groups other than his/her own. The decision to visit these patients must be an educated one, coming from strength and compassion. The rewards are many.

Need for Support

Because of the heavy emotional burdens on volunteers working with PWAs, attendance at support meetings is especially helpful. They give you the opportunity to discuss the trials and frustrations, as well as the emotional rewards, of your visits, and to compare experiences. They help you validate your feelings and energize yourself toward renewed efforts.

Discussion Questions for Chapter VII

Discussion starters: non-judgmental; confidentiality; buddy; hope; stigma

Question

1. What is your opinion of the suggestion to form a contractual arrangement with a PWA? Might this affect your relationship adversely? Positively? Is it a proper requirement, or should the performance of a mitzvah be unconditional?

Answer

Some may feel a contractual arrangement and the performance of a mitzvah are mutually exclusive. They may believe the ethical meaning of the act would somehow be diminished by the existence of such a contract.

The value of a "contract" in a Bikur Cholim situation, however, should be understood as a maximizing rather than minimizing instrument. For example, setting an initial time limit on the buddy relationship helps a visitor maintain a reasonable level of involvement and ensures that an incompatible relationship does not have to continue. By spelling out the obligations of the buddy relationship, the contract prevents frustration and unreasonable demands. Seen in this light, a contract can, in appropriate Bikur Cholim settings, be an aid rather than a hindrance to success. Renewing a contract can even be an occasion for celebration and an acknowledgment of the positive aspects of the experience.

Question

2. Might some individuals from your group be interested in visiting PWAs? What resistance, if any, do you anticipate with your families or the community?

Answer

Those who don't know the facts about HIV/AIDS infection and the course of the illness may be frightened that a family member or friend is going to visit PWAs. Because of the unrealistic fear of catching the disease through casual social contact, they may try to dissuade him/her. There may also be disapproval on the part of those who believe Bikur Cholim efforts should be aimed solely at mainstream Jewish populations.

Question

3. Why do you think some people are reluctant to be identified as visitors of PWAs? What might you do to reduce the stigma of association with these patients?

Answer

Because of the drug-related and sexual connotations of AIDS, some volunteers fear that being identified as a visitor to a PWA may lead others to associate them with this population, and result in social or professional discrimination. Many volunteers, therefore, prefer to remain

anonymous to the community at large. Education and sensitivity training of the general population regarding the facts of HIV/AIDS are imperative to reduce this stigma.

Question

4. Gemilut Chasadim is an all-encompassing term for acts of loving-kindness. Name some such acts a PWA might welcome.

Answer

On the one hand, the kindnesses you'd show any ill person: listening sensitively to his/her story; offering him/her something to eat or dink; helping to write and mail letters.

On the other hand, considering the isolation and loneliness experienced by many PWAs, companionship would be particularly valued. If the person is bedridden, try playing a board game, cards, even watching TV together. If the person is mobile and able to go on outings, you might suggest a movie, ballgame, or concert.

Whatever the condition of the PWA, regular phone calls offer much-needed contact with a caring person.

Stress Management Through Visualization

Visiting PWAs can be particularly stressful. The following visualization technique is one volunteers can practice and also share with PWAs. Begin with a preparatory relaxation exercise involving the tensing and relaxing of all muscle groups of your body.

Visualization is a technique in which you use the powers of your imagination to lead to positive, measurable physical reactions. The goal is to take you away mentally from the place where you are, a place associated with a lot of stress, to another place that represents peace and calm for you. It can be somewhere you have really been, such as a favorite vacation spot, or totally imaginary. In a safe place and in a relaxed position with your eyes closed, try forming positive visual images, as if you were painting a picture, paying attention to the details of the scene. Spend a few minutes visiting there. Breathe comfortably. Notice and enjoy the good feelings.

Chapter VIII: THE OPPORTUNITY: A Hospice

> "What tormented Ivan Ilych most was the deception, the lie, which for some reason they all accepted, that he was not dying, but was simply ill, and that he only need to keep quiet, and undergo a treatment and then something very good would result. He however knew that do what they would nothing would come of it, only still more agonizing suffering and death. This deception tortured him—their not wishing to admit what they all knew and what he knew, but wanting to lie to him concerning his terrible condition, and wishing and forcing him to participate in that lie. Those lies—lies enacted over him on the eve of his death and destined to degrade this awful, solemn act to the level of their visitings, their curtains, their sturgeon for dinner—were terrible agony for Ivan Ilych…The awful, terrible act of his dying was, he could see, reduced by those about him to the level of a casual, unpleasant, and almost indecorous incident. He saw that no one felt for him, because no one even wished to grasp his position… (The) falsity around him and within him did more than anything else to poison his last days."
>
> The Death of Ivan Ilych, Leo Tolstoy

The description of the dying Ivan Ilych conveys a powerful message. The cruelest pain of his last days comes as a result of the mutual deception played out between him and his visitors. In truth, both he and his acquaintances know he is mortally ill. But even though he has arrived at the emotional stage that would allow him to accept his imminent death, he is forced by social convention to play along with the "deception, the lie." He is robbed of the comfort and peace that could be his in those final days.

Ivan Ilych is a fictional character, but his experience is born of a common reality for terminally ill persons confronting death. The Hospice experience exists to present a more-positive alternative to dying patients and their families.

Concept of Hospice

Hospice is dedicated to serving patients with a prognosis of six months or less to live, by providing them with palliative care for their physical pain and with emotional and spiritual support for their mental anguish. By recognizing dying is part of the life process, Hospice seeks neither to hasten death nor to postpone it, but rather to empower patients facing death to make choices and control their lives to the fullest extent possible.

Patients and their families are viewed as a unit to be supported by a team of professional caregivers—doctors, nurses, social workers, home health aides, clergy, and quite importantly, volunteers. Although the patient's home is viewed as the ideal setting for this process and is, in fact, where the patient stays whenever possible, inpatient Hospice care is available when necessary, for example, if pain or other symptoms need control or if the family requires respite.

Role of the Volunteer

Bikur Cholim visitors require training in order that, the Hospice philosophy of care be understood, accepted, and respected by those involved in helping in this setting.

The volunteer needs to be flexible, and adjust to the changing needs of the patient and his/her family. These may include moving back and forth between hospital and home, learning to cope with the pain of the illness and preparing for the patient's imminent death.

Taking your cue from the patient's physical capabilities and interests, plan together how to spend the time. As a member of the Hospice team, the volunteer plays an important role, both as friend and caregiver and as liaison with professional members of the team. Often patients and family members will share information or concerns with volunteers which they may feel awkward discussing with others. Be alert to information which might be important to share with the rest of the Hospice team.

It is important to know what you may and may not do for the patient. For instance, you should not give medication, push a wheelchair, or reposition him/her unless specifically trained and instructed to do so. Visitors must also become familiar with procedure in case of emergency and those following the death of a patient. Be assertive in requesting additional instruction and/or clarification of the Hospice guidelines.

Further, to be a successful volunteer you must be aware of your own personal feelings and attitudes about life and death. Learn to accept the attitudes of others. Growing awareness and understanding comes with your work as a visitor. Explore your feelings on your own or as part of a discussion with your Bikur Cholim support group.

Stages of Death and Dying

The work of Elisabeth Kubler-Ross, <u>On Death and Dying,</u> gives insight into the concerns of those who are dying. Before writing the book, the author interviewed patients with a

diagnosis of terminal cancer. Many spoke of the fear of going home and being a burden to their families, of the pain they would suffer. They were also concerned about what happen in case of an emergency. Many of these patients wanted to talk abut themselves and their illness because it was "the most important experience they ever had." (Waters, p.128)

The emotional process of facing death and dying as defined by Kubler-Ross involves a series of progressive, but overlapping, stages. Patients and family members go through these stages in varying orders and at a different pace.

The first stage is Denial and Isolation. Denial is considered a normal and healthy way to react to the shock of a diagnosis of terminal illness. It is followed by feelings of loneliness and isolation from family and hospital staff, who symbolize the "world of the living." This stage will pass, but should not be hurried along. A visitor must allow the patient this defense mechanism and avoid criticizing the patient's inability or refusal to admit the truth.

The second stage is Anger, which will be displaced and projected toward many targets. The patient may lash out again G-d, the world in general, family and friends, or you. It is especially important to stay involved with the patient and not take the anger personally.

The third stage is Bargaining, in which the patient tries to earn a reprieve with promises of good behavior and charitable acts. This defense mechanism of striking bargains with G-d is usually kept secret, and is only effective for a brief time.

Depression then arrives as a fourth stage, with the full realization of loss. Hopelessness now replaces anger. A visitor must allow the patient to feel sad. Two types of depression will be manifested: reactive depression in response to the changed way of life caused by the illness, and preparatory depression, caused by the impending loss of love objects and hope. In the first instance, the patient needs to gently reassured; in the second, to be understood and not "cheered up" unrealistically.

The fifth stage is Acceptance, which comes to those who have had sufficient time and help through the preceding stages. This phase is noted for an absence of depression and anger, and the presence of a feeling of relief and peace.

As strength fails, patients need to limit the number of their visitors. They will want the right to choose who these will be. A visitor must understand the process the patient is undergoing and not suffer hurt, which is inflicted unintentionally, if he/she excluded from these visitors.

Importance of Support Meetings

The anxiety and stress of dealing with critical illness makes volunteers in a Hospice setting prey to over-involvement and then burnout. On one hand, you may react by feeling frustrated and impotent. You may lose your objectivity and detachment, and expend more emotional energy than is prudent. These reactions are counterproductive to the well being of the Hospice patient. Take care to care for yourself. Use the support others can give through your interaction with the professional Hospice staff, and your own Bikur Cholim colleagues.

Special Contributions to Hospice

In addition to the services prescribed by the Hospice itself, you can contribute special gifts of caring from the Jewish community. You might plan some visits for Fridays, when you can bring Shabbat Shalom wishes. You can help remind the patient and his/her family of holiday observances they might, in their dire circumstances, have overlooked—by bringing small seasonal gifts and by helping the patient attend synagogue services and events, if possible. You might assist the family with the practical matters of arranging for a Jewish funeral.

Volunteering at a Hospice is an uniquely challenging and fulfilling expression of the mitzvah of Bikur Cholim. It requires maturity and expression, as it symbolizes coping with death while affirming life.

Discussion Questions for Chapter VIII

Key words for discussion: palliative care; patient and family Bill of Rights; burnout; over-involvement.

Question

1. The excerpt at the head of this chapter is from The Death of Ivan Ilych a novel by Leo Tolstoy. How does its message guide us in dealing with Hospice patients?

Answer

Taken in relation to the stages defined by Kubler-Ross, this passage dramatically portrays the importance of relating to a patient at his/her level of readiness for death. Denial can be a protective device at one stage of understanding, and a burden at another. Certainly, Ivan Ilych seems ready to accept the severity of his illness. He would have benefited from frank

discussions with his friends and doctor, and may have come to a state of resolution and peace. The reluctance of those about him to accept Ilych's reality, however, isolated him emotionally. His need was not for false cheer and hope but instead for an acceptance of his reality. This acceptance represented not "giving up," but an appropriate response to the process of his dying and death.

Question

2. Volunteers sometimes become over-involved with a patient's situation. What warning signs might alert you to the fact you are becoming over-involved? How would you remedy this?

Answer

Look over addendum from Calvary Hospital.

Question

3. What objections might family and friends raise to your volunteering in a Hospice? How can these concerns be addressed?

Answer

Family and friends might be concerned working in a Hospice will be too demanding emotionally, that it will prove overwhelmingly sad, frustrating, and devoid of proportionate rewards.

By explaining the meaning and philosophy of Hospice—that this work is dedicated to making the life of the dying as comfortable and meaningful as possible—you will help those individuals understand the potential for a volunteer's sense of fulfillment. By far, the most convincing argument you can offer is the positive experiences and sense of accomplishment you will have in helping Hospice patients and their families.

Question

4. Do you agree patients and their families are more open with open with volunteers than with professionals? Why?

Answer

Patients and their families often feel more comfortable speaking candidly to a volunteer with whom they have rapport, because they sense this person sees them as individuals, not as numbers on a chart or statistics. The patient sees the volunteer as one who is present on the scene not because of professional obligation but because of a personal commitment to help.

Awareness Exercises for Chapter VIII

These exercises are designed to help participants become more aware of their own feelings about death and loss.

1. The leader relates the parable of "the Horse on the Dining-Room Table":

   "A group of people at a dinner party…discover a horse sitting on the table. All are obviously discomforted by the presence of the unexpected horse, but decline to mention it for fear of making other people, particularly the host and hostess, uncomfortable. As a result of the conscious effort to avoid discussing the obvious the guests enjoy neither the food nor each other's company…"

   The following alternative scenario is then to be suggested:

   If you speak about the horse, then you will find that others can also speak about the horse—most others, at least, if you are gentle and kind as you speak. The horse will remain on the dining-room table, but you will not be so distraught…You cannot make magic to have the horse disappear, but you can speak of the horse and thereby render it less powerful."

   A discussion of this parable can provide an opening to discussing death and loss.
   (Waters, Guide, p. 120)

2. A powerful exercise designed to help one get in touch with personal feelings is the pictorial representation of death:

   The participants are asked to draw a picture of what death means to them. (Paper and crayons should be provided by the group.) Make clear there will be no judgment of artistic talent. In small groups, discuss what feelings were experienced during the drawing. What feelings and thoughts come now as you think about it? What has this taught you about your view of life and death?
   (Adapted from Waters, Guide)

Chapter IX. THE OUNCE OF PREVENTION: Combating Stress and Burnout

> "After Yom Kippur the Berditschever called over a tailor and asked him to relate his argument with G-d on the day before. The tailor said:
>
> "I declared to G-d: You wish me to repent of my sins, but I have committed only minor offenses: I may have kept leftover cloth, or I may have eaten in a non-Jewish home, where I worked, without washing my hands."
>
> "But Thou, O Lord, hast committed grievous sins: Thou hast taken away babies from their mothers, and mothers from their babies. Let us be quits: mayest Thou forgive me, and I will forgive Thee."
>
> Said the Berditschever: "Why did you let G-d off so easily? You might have forced Him to redeem all of Israel."
>
> (Chassidic Anthology, p.57)

> It is not up to you to complete the work, yet you are not free to abstain from it.
>
> (Avot 2:21)

Like the tailor and the Berditschever, we are confounded by a world seemingly filled with pain, suffering and injustice. We may make friends with those we visit, only to lose them to their illnesses. We may try to improve a situation, only to come up against red tape or bureaucracy.

Burnout, the modern-day "ogre," threatens our work performance through excess stress, overloaded work schedules, and overwhelming frustrations. This monster may lead to the resignation of an individual volunteer who feels unfulfilled, unappreciated, or inadequate.

Our Pirke Avot—the Saying of the Fathers—reminds us that we must strive to achieve a balance of perspective between the work which needs yet to be done and what we can realistically accomplish.

Forming a Community of Support

As Jews, we have a long tradition of deriving support and sustenance from the community. Bikur Cholim volunteers are entitled to feel the security of a "safety net." Their hands, so tired from holding the hands of those in need, are worthy of being "warmed" symbolically through well-maintained structures of support which offer a hearty, congratulatory handshake.

Combating Stress Through Community Support

Every member of your group, from the latest recruit to the strongest veteran caretaker, is in need of some form of handholding and reassurance and will therefore, benefit from an organized system of support. Regularly scheduled group meetings offer opportunities for volunteers to share frustrations, enjoy successes, and offer each other advice and encouragement.

New Perspectives Through Training

At educational meetings, members can benefit from a talk by an expert guest speaker, a doctor or nurse, about a specific medical protocol. A psychiatrist, psychologist, or social worker might give you insights into mental health issues or practical advice on how to relate to certain patients and situations. Social workers might talk about resources in the community that could be helpful to the patient. Rabbis or Jewish educators can provide spiritual guidance and useful materials, such as prayers, teachings, and concepts. Recovered patients or members of other Bikur Cholim groups might also have interesting and pertinent information to give.

Issues Confronting the Visitor

As mentioned earlier, visiting the sick and infirm can evoke a host of unexpected responses we must understand in order to perform our service successfully. We each come with our own history, stored memories of the sick room, nursing home, or hospital may have sad and painful associations for us. Feelings of fear, anger, or helplessness, which we may have forgotten or put aside long ago, can suddenly e-emerge. We might identify too closely with the patient's feelings, or we might feel very removed from and uninvolved with someone who is withdrawn, angry, or depressed. Perhaps we might not be able to deal with the severity of the patient's condition.

Such issues must be approached openly and honestly to promote the strength of your volunteer corps and enable visitors to confront increasingly challenging situations as time goes on.

Trouble-Shooting to Avoid More Troubles!

A key role of the Bikur Cholim coordinator is "trouble-shooting," i.e., helping to resolve problems involving:

- Difficulties that visitors have in performing their assignments;
- Inappropriate behavior by a visitor or patient;
- Intense emotional reactions on the part of a visitor or patient;
- Ongoing or escalating conflict between a visitor and a patient;
- Inappropriate treatment of a patient by another service provider, e.g., insufficient care, neglect, maltreatment, or even abuse by a hospital, nursing home, or home care agency.

Factors that contribute to these problems include:

- A patient's or visitor's lack of awareness or understanding of the Bikur Cholim program's rules and operating procedures;
- A sudden or substantial change in he patient or visitor, e.g., marked deterioration of the patient's condition, or a major financial setback that forces the visitor to decrease his/her availability;
- Shame or embarrassment a visitor may experience if he/she becomes deeply moved or affected by his/her work. It's normal for a Bikur Cholim visitor to have strong emotional reactions to this kind of work, but some individuals may be uncomfortable with this and need encouragement to seek support from others;
- Emotional difficulties, such as unrealistic expectations, oversensitivity to perceived rejection, or the inability to say no;
- Extreme differences in temperament or personality style between visitor and patient;
- Understaffing or overcrowding of a hospital or nursing home;
- Lack of adequate supervision in a hospital or nursing home;
- Lack of adequate resources, such as supplemental care programs.

Clearly, the response of the coordinator must be geared to the specific cause of the problem. Most problems can be resolved by:

- Providing additional information:
- Clarifying rules or procedures;
- Giving encouragement, praise, or acknowledgement;
- Requesting or insisting on a change in behavior

The coordinator needs to consider how best to accomplish these interventions, which depends on such factors as:

- Whether the visitor is more responsive to individual or group feedback, informal or formal discussion, mild suggestions or confrontation, or demands;
- The strength of the coordinator and the group, i.e., their ability to make an impact;
- The receptivity of the patient or the staff of the hospital, nursing home, or home care agency to input from the Bikur Cholim program;
- The severity of the problem, e.g., is it a crisis requiring immediate attention or a situation that can be approached gradually?

* The availability of additional support resources, such as mental-health or medical consultants, or supplemental programs.

Based on these factors, the coordinator can choose among such options as:

* Individual or group discussion;
* Joint meetings with visitor, patient, patient's family, staff;
* Written memoranda;
* Modification of assignment, e.g., change in frequency or nature of visits;
* Re-assignment to different patient or task;
* Administrative consultation with staff of host setting;
* Referral to mental-health professional;
* Consultation with government regulatory agency (as a last resort in cases of institutional neglect or abuse that cannot be otherwise resolved);
* Public advocacy for increased/improved services.

Just as the visitor must keep in mind the limits of what he/she can do for a patient, coordinators must remember the limits of their role as trouble-shooters. If a problem cannot be resolved by providing additional information, clarifying rules, giving encouragement, or requesting a change in behavior (on the part of visitor, patient, or service administrator), the coordinator must refer the problem to an individual or agency with the training and authority to take effective action. These may include a mental-health professional (psychiatrist, psychologist, social worker, psychiatric nurse); physician; the supervisors and administration of a host setting; or, again as a last resort, a government regulatory body.

Visitors can get into trouble because sometimes they make the Bikur Cholim experience something it cannot be. For instance, they may try to make up for losing a loved one to illness, or for not getting enough attention and caring themselves. These expectations are not even fully conscious, but they may blind the volunteer to the realities of the current visiting situation.

For example, a visitor who recently lost his mother to cancer became increasingly irritated with a patient he was visiting, an elderly woman also suffering from cancer, whose condition seemed to be worsening. The visitor was quite frustrated that the patient didn't respond to his encouragement and exhortations to be hopeful and active. Instead, the woman appeared sad and resigned.

When the visitor "forgot" an appointment he had made with the woman, he realized he needed help and contracted his group's coordinator. The coordinator helped him recognize that the patient's declining health brought back painful memories of his mother's death. When he

understood this, he was more able to tolerate the patient's condition, accept her sadness, and allow her to express anticipation of her own death.

Working with seriously ill or dying patients can be enormously difficult and emotionally draining. Even when acknowledging the satisfactions one can experience, it can still be overwhelming to witness another human being's pain and vulnerability. Always keep this in mind, and make sure the group does, too.

Stress Management

Members may benefit from stress-management techniques, such as:

* Journal keeping; record daily in a diary the stresses of your day, and note their mental, emotional, and physical effects on you;
* Programmed worry time, in which you consciously free yourself from constant worrying by assigning a specific time during the day in which to focus on troubling emotions;
* Deep breathing and relaxation exercises;
* Visualization: finding a quiet, private place in your imagination in which to relax;
* Positive self-assertion, through which you learn to say "no" and still feel good about yourself.

Getting stress and its physical effects under control is not automatic or immediate; it takes understanding and practice. Devote some group time to stress management. Start or end the group meeting with a relaxation exercise. Invite a professional from your community familiar with this field to help lead the group.

Be Good to Yourself

Basic guidelines to help you reduce the effect of stressful situations include:

* Nurture yourself: Make a list of at least fifteen things you enjoy doing; for example, buying flowers, listening to music, reading a book for pleasure. Do at least two things from this list every day.
* Identify elements of your life you enjoy and focus on their images often.
* Avoid isolation: seek the support of friends, family, and your Bikur Cholim group.
* Stop taking responsibility for other people's problems.

* PRIORITIZE: Decide what really matters, and what does not.
* Learn to delegate responsibility.
* Think positively of your accomplishments. Compliment yourself.
* Let go of the things you cannot control.

Programs of Recognition

The self-esteem of your group members is enhanced by their awareness of the importance of Bikur Cholim. Fulfilling this mitzvah is satisfying on a spiritual plane. But people do, from time to time, need some tangible sign of recognition that their contribution is valued. Some congregations annually designate the Sabbath of Parshat Vayera as "Bikur Cholim Sabbath" because of the connection with that Torah reading. Discuss this possibility with your rabbi, who might also recognize from the pulpit the work of Bikur Cholim volunteers in the congregation.

You can create an annual event of your own design, perhaps in conjunction with National Volunteer Week, which is held each spring. Articles in your local newspapers and in-house bulletins will publicize the event and the work of your Bikur Cholim volunteers. This can lead to the public recognition of your group as a whole, and of outstanding individuals. A luncheon, barbecue, cocktail party, or other festive gathering can greatly lift the spirits of your group. The added touch of a gift or a plaque can extend the uplifting impact for many months.

Discussion Questions for Chapter IX

Discussion starters: burnout; appreciation; recognition; stress management

Question

1. What personal stresses might hinder or inhibit a Bikur Cholim volunteer from performing optimally? How might these stresses be alleviated?

Answer

The Bikur Cholim volunteer is working in stressful situations; it is to be expected, therefore, that he/she will experience stress from time to time.

A hospital or nursing home may evoke painful memories and sadness. It may also give rise to other emotions related to the volunteer's own medical experiences: anger, helplessness,

and a fear of isolation and abandonment. Some medical procedures or the disfigurements of patients may be too frightening for the volunteer to handle.

Relationships with patients may prove stressful, as well. The visitor may become over-identified with a patient who evokes personal sympathies, or too detached from one is withdrawn and angry.

Acknowledging these feelings can help you set realistic goals for yourself. Knowing your own limits will help, not hinder, you in the performance of your mission. Attending support meetings at which you share your feelings with fellow Bikur Cholim group members will help you deal with these stressful experiences.

Question

2. Who might be available to your group as a guest speaker? What fields of expertise might be of interest to your group?

Answer

Networking will yield a list of many possible guest speakers. After you ascertain the interests of your group members, draw up a list of people you know personally in these fields. Seeing each other's lists might help you think of additional people. You can then contact those on your lists personally, asking them not only if they themselves would like to speak, but if they can recommend others.

Question

3. What forms of public recognition might benefit the members of your group?

Answer

Consider the nature of your group members when planning recognition events. Are they basically outgoing, or rather shy and private people? Do they prefer large public community events or quiet get-togethers where they know almost everybody?

Question

4. Do you think volunteer—recognition events should be "for members only"? Would opening your event to the public benefit the group? How?

Answer

There are advantages to both public and private recognition events. The private ones promote a sense of camaraderie, belonging, and a common mission.

Public events, however, serve as wonderful opportunities for publicizing your group and its work. You might want to consider a mix of both.

Awareness Exercise in Stress Management

This exercise will help members identify their own stressors in order to take steps to reduce them.

Have them then fill out the Stress Reducer Checklist, then divide them into pairs and discuss it. Let each participant identify one "Stress Reducer" not checked he/she will try to practice in the following weeks.

(Adapted from Waters, Guide)

Relaxation Exercise

You can learn to consciously relax yourself by using the following exercise in many daily stressful situations, such as waiting on line or being caught in a traffic jam.

30-Second Relaxation

Take a deep, cleansing breath: Inhale deeply; hold the breath a few seconds; release slowly, letting your muscles soften. Take three deepening breaths: Do not hold these breaths, but exhale slowly, feeling your body and mind progressively relaxing as you say the word "calm" to yourself. Repeat: as time allows.

Chapter X. THE POUND OF CURE: Injecting New Life through Recruitment

> If we perform no kind of deeds, we have not understanding….The greater our good deeds, the greater our understanding."
>
> (Chassidic Anthology, p.257)

Deliberate and ongoing outreach for new members is a vital part of even the most-successful and dynamic Bikur Cholim organization. Whether large or small, newly forming or well-established, your group will benefit from a recruitment program that publicizes your goals and achievements while announcing the need for new members. Outreach also has the additional positive effect of boosting the morale of your veteran workers.

Successful recruitment depends on careful planning and research. You must be able to make clear statement of the mission of your organization as well as of the specific, significant contributions volunteers can make in fulfilling it.

Planning a Recruitment Program

These should include the shape your campaigns will take, the how and when of your approach. But first it is important for you to research your potential volunteer population.

Try not to limit, by preconceived notions, who may or may not be interested in volunteering. Results of a 1988 Gallup survey on volunteerism revealed that nearly half of the American adult population are volunteers. Most often they volunteer for religious organizations, motivated by a desire to be helpful to others. According to a recent New York Times survey, those in the 25-44 year age group, the Baby Boomers, provided 55% of all contributed volunteer time, with almost equal representation among men and women.

Designing Your Campaign

Assess the unique potential within your own community. Remember**,** many students are eager for volunteer positions as a way to gain experience and academic credit for community service; retirees are seeking outlets for their skills; newcomers are happy to take on a responsibility that will make them part of their new community. Working people may be looking for opportunities to interact with people in less-competitive, more-meaningful ways. All

these individuals may never have considered the possibility of participating in Bikur Cholim, but once informed, they may find an unexpected opportunity for spiritual growth and fulfillment.

Your publicity should appeal to those you are seeking to attract. You can mail or post eye-catching flyers, or write articles for a congregational bulletin or the general press. An approach to students can be made through youth leaders, educators, and parents. Ask your rabbi to speak from the pulpit about the religious significance of Bikur Cholim and your search for additional volunteers. One congregation reaches out to its membership with specially designed tab cards on the High Holidays. Hold public events at which your members are recognized for their contributions. Your group's fine reputation for community service will be your best advertisement. Don't hesitate, out of humility, to let the good works of your group be known!

The recruitment process can be considered successful only when the new volunteers are fully oriented into their roles. When positive responses to recruiting calls are received, it is most important to respond to them quickly and appropriately. A meeting may be held at which new and old members are introduced and the group's program is set forth. If a volunteer may choose from a variety of possible placements, it is helpful to have job descriptions (see Chapter II) available at that time.

Although assignments will not be made until the group coordinator interviews the potential volunteer, the newcomer will welcome an overview of the entire program. Every applicant, as noted above, can be encouraged to participate in some episodic, relatively undemanding, position. These might include planning and preparing patients' holiday celebrations, writing or editing Bikur Cholim bulletin articles, and organizing fundraising parties or volunteer-recognition events.

Clarifying and Symbolizing Values: A Logo

A one-time project of designing a logo for your group can be an especially rewarding and creative experience. It is a project that need not be restricted only to Bikur Cholim group members, and may, in fact, serve to publicize the group and its goals. You can make the designing of this logo the object of a synagogue, or even a community-wide, contest.

The purpose of a logo is the immediate visual recognition of your group's work. Its design should artistically embody your mission. Actual design should, therefore, be preceded by group discussion of its goals. Putting into words the meaning of the mitzvah may strengthen

veteran workers' resolve, and may also educate and inspire people who were until then unfamiliar with Bikur Cholim. The emblem you adopt can appear as a proud symbol of your commitment on your flyers, stationery, badges, uniform jackets, and recognition plaques.

POSTSCRIPT

This exercise encourages your group to think back on the experience f Bikur Cholim and integrate its insights.

Each member is given a self-addressed envelope and is asked to write a letter that will be mailed to him/herself sometime in the next year. The letter is intended only for the writer's eyes, so the style is not important.

The letter should have:

-- a date and a salutation

-- a paragraph regarding past Bikur Cholim experiences

-- a paragraph outlining the Bikur Cholim skills he/she plans to practice and develop

-- a list of the stress-management techniques he/she plans to use

-- a paragraph noting any personal thoughts or reflections on the learning experience that will be helpful in the future.

The members then seal these envelopes and hand them to the coordinator, who will mail them in about six months.

Discussion Questions for Chapter X

Key words for discussion: recruitment; publicity; statement of mission; logo

Question

1. What kind of recruitment plan can you project for your group? What are some important steps to be taken in developing such a plan?

Answer

A well-developed recruitment plan will include many of the steps prescribed for the marketing of any idea or product:

* Identifying and targeting the segment of the population with the greatest number of potential volunteers.
* Mapping geographical area to be addressed. Researching where volunteers will be found and what aspects of Bikur Cholim will appeal to them most.
* Offering special benefits to participants, such as respect, status, and personal fulfillment
* Assessing the costs of volunteering for Bikur Cholim, such as mandatory training sessions, support meetings, minimum number of in-service hours, health screening.
* Promoting and publicizing your mission in the best possible way.

Question

2. Which people do you think might be available and interested in volunteering for Bikur Cholim in your community? How might they best be approached? Do you favor personal contact? What about broad-based advertising? Can you think of a novel approach?

Answer

People interested in volunteering in general, and specifically in Bikur Cholim, can be drawn from almost every age group and social sector of your community. These range from executives and professions, to housewives at home with small children or those considering re-entry into the workforce; from teenagers to retirees; from newcomers in your community looking to establish themselves socially, to longtime residents.

Broad-based advertising will reach the greatest number of people. It might also, however, reach many who are not at all familiar with the mission and meaning of Bikur Cholim. You might have an initially large response that results in few if any volunteers and in a lot of wasted screening time. Each group and community has to find its own best method, perhaps through trial and error.

Question

3. Does your synagogue (or other institution) require membership for your Bikur Cholim volunteers? What are some of the pros and cons of this kind of rule?

Answer

Making institutional membership a prerequisite for participation in your Bikur Cholim group can prevent the recruitment problem mentioned above, and has the additional benefit of prescreening your pool of potential volunteers. But such a requirement will also greatly limit your pool.

Question

4. Pictured here are the logos of some helping organizations. What ideas are they trying to express? Are they successful? What ideas would you try to convey through your group's logo? How would you symbolize them?

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ADDENDA

ORIENTATION AND TRAINING **CAN YOU ANSWER THESE QUESTIONS?**

--- Do all individuals and group volunteers working in your program understand why the assignment they are doing is important and how it fits into the total program picture?

--- Are volunteers given a place to work and keep their belongings?

--- Are volunteers introduced to the paid staff members and other volunteers with whom they will be working?

--- Do your volunteers, both individuals and groups? Know what is expected of them as to:

- performance?
- appearance?
- conduct?
- confidentiality?
- attitude toward clients or patients?
- acceptance or supervision?

--- Can volunteers differentiate between their role and that of paid staff?

--- Have you prepared manuals or other printed materials to help volunteers keep in mind the things they need to know?

--- Do you acquaint volunteers with the program's total facilities (hospital or nursing home) and with the names of its various department heads?

--- Are your volunteers sufficiently informed as to the group's purpose, program and philosophy to discuss these intelligently with their families and friends?

--- Do you give volunteers an opportunity to acquire the skills needed for a particular assignment through:

- informal instruction?
- formal training programs?
- consistent on-the-job training?

--- Have you explored community resources, for the types of training your program is unable to provide?

--- Do you keep the orientation process from becoming static through:

- periodic volunteer meetings?
- discussion sessions?
- invitations to pertinent workshops?
- suggested reading materials?

VOLUNTEER JOB REQUEST

JOB TITLE

JOB DESCRIPTION: (DUTIES)

Volunteers assist petitioners in Family Court, to obtain orders of protection from those abusing them. Help petitioners understand the court process and may even go into court with petitioners. However, court assistants are "non-witness friends" and do not testify or speak. They provide moral support; help petitioners understand what has been granted and how to formulate the next steps. Court assistants are also able to provide petitioners with referral services.

QUALIFICATIONS AND/OR SKILLS REQUIRED:

Assistants must be patient, understanding, diplomatic, and have the emotional strength needed to work with people in crisis.

TIME REQUIRED: DAYS: one day

HOURS: 9 TO 5

MINIMUM LENGTH OF COMMITMENT: one year

TRAINING PROVIDED:

A series of training sessions is provided by the social worker in charge of the overall program. At the court, there are two professional workers who are always there for help and guidance. There are also monthly meetings with others in the same court.

RESPONSIBLE TO:

The two professional workers at the court.

ADDITIONAL COMMENTS:

This is a challenging and rewarding volunteer opportunity that allows you to use your skills to help people in crisis.

TRAINING

WE LEARN	1 % through taste	WE REMEMBER	10% of what we read
	1. 5 % through touch		20% of what we hear
	3.5 % through smell		30% of what we see
	11 % through hearing		50% of what we see and hear
	83 % through sight		80% of what we say

PLANNNING GUIDE FOR TRAINERS OF VOLUNTEERS

Step 1. List the tasks you expect volunteers to perform in your group.

Step 2. List the specific knowledge the volunteer must have in order to perform each task.

List the specific attitudes that must be present in order to perform each task. (Include attitudes you wish to develop as well as negative or undesirable attitudes you wish to eliminate.)

List the specific skills you must have in order to perform each task.

Step 3. Develop specific learning objectives in relation to the knowledge, attitudes, and skills identified in Step 2.

Remember: The objective must be observable or measurable.
The level of acceptance performance must be specified.
All the important conditions for performance must be listed.

Step 4. What content must be taught in order to achieve the learning objectives listed in Step 3?

What attitude training must be provided in order to achieve the learning objectives listed in Step 3?

What skills training must be provided in order to achieve the learning objectives listed in Step 3?

Step 5. What methods will be employed in delivering the knowledge, attitude, and skills training?

INCREASE KNOWLEDGE

・Lectures ・Readings ・Discussions ・Field Trips/Observations
・Films/Videos・Etc・ ・Panels ・Question the experts ・Quizzes and Essays

IMPROVE SKILLS

・Demonstrations ・Role Playing ・Simulations ・On-the-Job Training

AFFECT ATTITUDES

・Role Reversal ・Simulations ・Self-Evaluation ・Case Studies
・Observations ・Counseling

Key Points from the Videotape
"COLLEAGUES"

--- More volunteers leave an organization because they are underutilized than because they are overworked.

--- Successful involvement of volunteers requires thoughtful planning.

--- Volunteers are the non-salaried personnel of an organization.

The FIVE BASIC STEPS to integrate volunteers into an organization:

DEFINING ROLES

PREPARING THE WORK

TRAINING

FACILITATING PERFORMANCE (EVALUATION/ADJUSTMENT)

RECOGNIZING EFFORTS

--- No one volunteers to do a bad job.

--- Offer assignments that are productive and challenging.

--- Motivate volunteers with a positive working atmosphere.

--- Respect volunteers' work schedules.

--- Allow volunteers their freedom of choice.

--- Pay attention to personal interaction.

--- Include volunteers in planning sessions.

--- Make sure any volunteer's shift of duty is comfortable and organized.

The goal is not to treat volunteers as though they were salaried staff; rather, TREAT SALARIED STAFF AS THOUGH THEY WERE VOLUNTEERS!

HOW TO FIRE A VOLUNTEER AND LIVE TO TELL ABOUT IT

1. Provide clear forewarning and notice to volunteers that they may be terminated.
   a. have clear agency policies on termination.
   b. make the policies reasonable and related to the work to be done.
   c. include a policy on suspension.
   d. tell volunteer about the policies in orientation and training session.
   e. give volunteers a copy of the policies as part of their personnel manuals.
   f. make the policies specific to each volunteer by providing them with an updated, accurate, and measurable job description.

2. Conduct an investigation or determination before firing a volunteer.
   a. have a fair and objective investigator determine if policies were actually violated.
   b. never fire on the spot without conducting an investigation: use suspension clause to allow time to examine the situation.
   c. make sure you have proof of the violation of the agency policies, either through testimony of others or regular evaluations of the volunteer's behavior that demonstrate unsatisfactory performance.
   d. also try to find out the volunteer's side of the story to determine if any extenuating circumstances exist.
   e. thoroughly document the investigation and its results.

3. Apply the termination ruling fairly and equally.
   a. establish a graduated punishment system: warnings for first offenses, or for minor transgressions; then more severe penalties.
   b. relate the degree of punishment to the level of offense.
   c. apply penalties evenhandedly and without favoritism.
   d. allow for an appeals process.
   e. make use of a committee of peer volunteers to aid you.

ALTERNATIVES TO FIRING A VOLUNTEER

1. Reconnoiter to find out what is really wrong.
2. Re-supervise the volunteer.
3. Re-assign the volunteer to a new staff person.
4. Re-assign the volunteer to a new job.
5. Retrain the volunteer to be able to do the job right.
6. Re-vitalize the volunteer by giving him a sabbatical.
7. Re-motivate the volunteer
8. Rotate the volunteer to a new setting.
9. Refer the volunteer to another agency.
10. Retire the volunteer with honor.

From 101* Ideas for Volunteering Program, by Steve McCurly & Sue Vineyar.
Heritage Arts Publishing (The Brainstorm Series), 1986.

INCREASING COMMUNICATION THROUGH CONSCIOUS LISTENING

In order to truly listen to another person, you must first be able to listen to (be honest with) yourself.

Listening is at the heart of all communication. Actively listening takes time. If you don't have it, say so, and arrange to stop and listen when you are really able to make time.

It takes a great deal of energy to really listen. Most of us listen only practically to each other; what happens is that we then make assumptions or jump to conclusions which are not necessarily true—but we haven't taken the time to really hear the whole story.

Why listen? You come to learn more of who that other person really is, you allow him to feel understood and accepted by you; you hear your own self reflected in the other person; you can help him to solve his problems; you create an atmosphere of love and trust and set the stage for ongoing communication between you. You reduce his anxiety, allowing him to feel comfortable sharing with you; you create friendship and love.

How to "consciously listen":

Take time to really listen
Focus your energy completely in the other person
Establish and maintain eye contact
Be on the same level as whomever you're sharing with (psychical equality)
Regard that person as worthy of respect and attention
Drop your expectations of what you're going to do
Hear (or answer that person)
Be here now (allow yourself not be distracted)
Be natural
Be patient
Try to feel the other person – where is he? Empathy: to feel with

What prevents us from consciously listening?

There are many barriers that come up within ourselves which prevent us from really listening to another person, some of which we are conscious of, some we remain unattuned to. Among those things preventing us from listening are:

Being distracted by something else
Being overly worried about one's own problems or concerns
Fear of criticism from other person (i.e., "I fear you are going to criticize or say something unpleasant to me and I'm busy trying to defend myself…"
Unfinished business (i.e., "I'm still reacting to what you did yesterday and I can't really hear what you're saying now...")
Second-guessing (i.e., "I already know what you're going to say and so I turn off my attention…")
Not being with the person (i.e., "I'm not seeing you, but someone you remind me of, so I hear his voice instead, not yours…")

TRUE LISTENING MEANS TRUE ACCEPTANCE OF THE OTHER PERSON…
EXACTLY AS HE OR SHE IS

Factors That Motivate Me

Please indicate the five items from the list below which you believe are the most important in motivating you to participate in volunteer work.

1. _____ I enjoy it; it is interesting.
2. _____ Others are doing it.
3. _____ It leads to recognition from others.
4. _____ It is easy.
5. _____ I feel the task is important.
6. _____ I have the skill to do it.
7. _____ I feel trusted and respected in it.
8. _____ I have the opportunity to do a good job.
9. _____ I have a chance to help with the planning.
10. _____ I get along well with others at the task.
11. _____ I have a large amount of freedom doing it.
12. _____ I have a good supervisor or leader
13. _____It gives me another opportunity to be involved with my heritage.
14. _____I have the opportunity to grow and develop on the job.
15. _____It is a job that has to be done.
16. _____I have the opportunity to meet others.
17. _____There are good rewards offered.
18. _____I can move up in leadership in an organization.

MOTIVATIONAL ANALYSIS

Each of the following questions has three choices. Choice the one in each question which most closely fits your own motivations. Remember there are no wrong answers. Place an "X" before the letter of your choice.

1. ____ a. When doing a job, I seek feedback.
   ____ b. I prefer to work alone and am eager to be own boss.
   ____ c. I seem to be uncomfortable when forced to work alone.

2. ____ a. I go out of my way to make friends with new people.
   ____ b. I enjoy a good argument.
   ____ c. After starting a task, I am not comfortable until it is completed.

3. ____ a. Status symbols are important to me.
   ____ b. I am always getting involved in group projects.
   ____c. I work better when there is a deadline.

4. ____a. I work best when there is some challenge involved.
   ____b. I would rather give orders than take them.
   ____c. I am sensitive to others – especially when they are mad.

5. ____a. I am eager to be my own boss.
   ____b. I accept responsibility eagerly.
   ____c. I try to get personally involved with my superiors.

6. ___ a. I am uncomfortable when forced to work alone.
   ___ b. I prefer being my own boss, even when others feel a joint effort is required.
   ___ c. When given responsibility, I set measurable standards of high performance.

7. ___ a. I am very concerned about my reputation or position.
   ___b. I have a desire to out-perform others.
   ___c. I am concerned with being liked and accepted.

8. ___a. I enjoy and seek warm, friendly relationships
   ___b. I attempt complete involvement in a project.
   ___c. I want my ideas to predominate.

9. ___a. I desire unique accomplishments.
   ___b. It concerns me when I am being separated from others.
   ___c. I have a need and desire to influence others.

10. ___a. I think about consoling and helping others.
    ___b. I am verbally fluent.
    ___c. I am restless and innovative.

11. ___a. I set goals and think abut how to attain them
    ___b. I think about ways to change people.
    ___c. I think a lot about my feeling and the feelings of others.

MOTIVATION

Q: (WHAT DO I DO WHEN I CAN'T GET ANYONE TO TAKE RESPONSIBILITY?)

"WHY DO YOU THINK A MEMBER WILL NOT ACCEPT A JOB?"

Q: (POSSIBLE RESPONSES: NO TIME, INSECURITY ABOUT ABILITY TO DO JOB, DOESN'T KNOW ENOUGH ABOUT NCJW, TOO EXPENSIVE, NOT INTERESTED).

(LEADER GET RESPONSES FROM GROUP AND LEADS A DISCUSSION ON HOW TO DEAL WITH THEM).

From our discussion the following points have become apparent:

a) We don't impose our values on anyone else and we should understand theirs and accommodate them (e.g., the woman who plays tennis every day.

b) The Section structure has to be flexible enough to accommodate the time constraints of our members. At the same time we must have clearly defined lines of communication.

c) We have to offer necessary training to develop desired skills.

d) We have to know our members – who they are, what they do.

e) We have to offer job descriptions, keep records of volunteers' involvement and recognize this involvement.

f) That sometimes leaders will emerge at meetings naturally if all interested parties are called together.

g) We must orient new members to NCJW and keep all our members up-to-date in Section and National activities.

h) The Section budget should reflect the above needed activities.

i) It's an honor to be an NCJW member and we must create a feeling of pride in being an NCJW member.

j) ASK!

(SUMMARIZE OTHER POINTS TO BE BROUGHT OUT IN DISCUSSION).

The idea is not get every member involved in one way or another, however, small it may be. The next step in developing leadership is to make sure all of you are aware of the need to spot and nurture those women who can take on more responsibility. The nurturing would take the form of additional training and special tasks which are that person's competence.

Addendum for Chapter III

DEPARTMENT OF VOLUNTEER SERVICES
MOUNT SINAI MEDICAL CENTER

FEEDING PATIENT

STEPS TO BE PEFFORMED WHEN PREPARING THE PATIENT FOR A MEAL

1. Before mealtime: Greet the patient and explain that you will be assisting him or her during mealtime.

2. Have the nurse check to be sure that the right patient is receiving the right diet on the correct tray. Identify patient room number and be sure it corresponds to name on diet slip. Ask nurse if patient has any special eating problems.

3. Position the patient comfortably and use pillows for support if necessary. Patient may be out of bed in chair if permitted.

4. Assist the patient in hand-washing and oral care.

5. Ensure that the patients who require eyeglasses or dentures are assisted in placement for meal.

6. Clear over bed table or meal tray and move in place.

7. Assist as necessary in pouring liquids, removing lids, opening cereal boxes, ensuring tray is within easy reach.

8. If patient is visually impaired, but has partial sight and can eat by him/herself, show patient where utensils are located on tray.

9. Be sure there are no hot liquids on tray, to avoid possible spills.

10. Provide help as required, assisting with personal hygiene after meal.

11. Position patient comfortably before leaving. If side rails are necessary, ensure rails are up and be certain the call bell is within easy reach.

How Am I Doing?

A Review Checklist for Volunteers

1. Do I create a comfortable environment for talking with the patient?

2. Do I minimize conversation about myself? Do I spend more time listening than I do talking?

3. Do I refrain from giving medical advice?

4. Do I act in the belief that people have a right to their feelings?

5. Do I respect the person's right to privacy? Do I keep all information about the patient confidential?

6. Is my "bedside manner"

    - warm and friendly?
    - calm and unhurried?
    - neither overly cheerful and bubbly, nor too sad and gloomy?

7. Do I give the patient broad openings and offer general leads so that he/she is encouraged to talk freely?

8. Do I know when giving reassurance to the patient may be helpful and when it is not helpful?

9. Do I avoid making stereotyped comments ("Keep your chin up")?

You can be very helpful, both to patients, and to members of their families. At the same time, remember that you are not a professional counselor. Write routine comments on your log sheets, and make sure to note if any follow-up is required. Any serious problem should immediately be reported to a member of the staff on the unit as well.

From Local Hospital, Dept. of Volunteer Services

HELPFUL HINTS FOR VOLUNTEER VISITORS

Bikur Cholim is not always as simple as walking into a friend's hospital room or obtaining a list of Jewish patients from the admissions department if you have no one in particular to visit and offering a *"Shalom Aleichem."*

Most hospitals have security procedures that screen visitors, limit the number allowed in a patient's room and steer visitors through established channels. Bikur Cholim experts advise prospective visitors to register with a hospital chaplain, Office of Volunteer Services, or a Bikur Cholim society to ease one's way into regular visiting rounds.

Volunteers in the seminars offered by the Coordinating Council on Bikur Cholim will receive instruction in listening skills and sensitivity training. Among the suggestions offered:

- Knock on a patient's door before entering; do not enter suddenly.
- Before visiting someone who is very ill, check with the family and the nurse. Ask if there are any specific suggestions or restrictions.
- Introduce yourself to the patient as a Bikur Cholim volunteer and give the name of your group.
- Do not shake hands – this is for the patient's sake.
- Do not enter the patient's room if it is crowded with other visitors, if the patient is getting a test, or if the patient appears embarrassed by your presence. Do not stay if the patient appears sleepy or excessively irritable.
- If a person has a scare or disfigurement, do not stare. If a piece of clothing comes off a patient, put it back on.
- Do not visit the sick immediately after they have fallen ill, patients might feel they have serious illnesses.
- If possible, do not visit during the first three hours and the last three hours of the day. Early-morning visits often interfere with staff activities; the patient is probably tired at night.
- If you bring books, make certain they are not too heavy in weight or content; a patient's attention span may be shorter than normal. Avoid very funny books unless you want to keep the patient in stitches.
- Wish the patient a quick and complete recovery and ask if there is anything you can do for him or her, or the family.
- Do not bring sad news, or bring up subjects likely to upset the patient.

- Do not awaken a sleeping patient. Return, if possible, before leaving the hospital.
- Do not ask why the patient is in the hospital and do not offer medical advice.
- If a patient asks for help moving or getting out of bed, check first with the hospital staff. Also, do not offer the patient anything to eat or drink unless it is checked with a doctor or nurse.
- "Come in with a very, very cheery disposition," says Dr. Phillip Abramowitz, associate chairman of the Coordinating Council on Bikur Cholim. Talk to all patients in the same room, Abramowitz says; make sure you do not slight patients who are not Jewish.
- Importance of confidentiality – both in and out of the hospital.
- Never offer an opinion regarding the competency of a particular doctor.
- Know that a "red-bag" indicates infectious waste.
- Developing sensitivity to the religious level of the patients when there are clear differences between their orientation and the volunteers.
- Funnel additional patient needs (homemaker, visiting nurse, etc.) to the chaplain or social services department.
- Do not give patients food or drinks. Do not call the nurse to move a patient. Give the patient the "call" button and let him/her summon the nurse.
- Do not enter a room if there is a doctor making rounds.
- Recognizing that patients can be cranky and even abusive. Not to take this as a personal attack.
- Reliability, consistency and continuity. Important to be available as planned. Don't make promises you can't keep. Don't make promises for other people.

WORKING WITH PHYSICALLY ILL PEOPLE WHO ARE DEPRESSED

Depression, for most people, is a natural response to serious physical illness. Disappointment, sadness and grief can cause people to lose interest in their usual activities and interests. They may become less spontaneous and feel uncomfortable and tired. They are often preoccupied by realistic worries and physical discomforts. In spite of this, people usually try to respond to others, maintain their interests, and care for themselves as much as possible.

Some depression is more severe and requires professional intervention (such as individual therapy and/or medication). The symptoms of severe depression may be similar to (or the same as) problems caused by the illness and/or treatment. They include loss of appetite, inability to sleep, agitation, anxiety, feelings of hopelessness and/or helplessness and loss of self-esteem. If depression is a long-term problem and the client has not received help, contact your team leader for a referral.

Caring for a physically ill client who is depressed requires several special areas of consideration. Learn to recognize and understand your own reactions, develop a knowledge of ways of responding to the depressed the client, and be aware of specific actions that may help the patient.

DEPRESSION

UNDERSTANDING YOURSELF

1. It is important to be sensitive to the many meanings of depression: sadness, disappointment, anger. For most seriously ill people some depression is natural. It is a form of mourning losses of physical abilities as well as dreams and hopes, of anticipating further loss and, at times, of anticipating death.

2. Ask yourself the question: "Is the person uncomfortable with the depression or does it allow him/her the opportunity to feel what is happening to him/her?

WAYS TO HELP

1. Listen. Sick people need someone to show an interest in them. Get them to tell you their story. Try to understand them in the total context of their lives. They weren't always sick. What did they do before they became ill? What do they feel good about or proud of in themselves? What are their accomplishments?

2. Focus on specific problems. If the client says, "I'm so depressed," respond with questions such as "What specifically is bothering you?"

3. A depressed person usually feels as though he/she has no control over his/her life. Explore what they can and cannot control. Focus activities and discussions on the positive, controllable aspects.

4. Concentrate on small, concrete steps that the client can actually accomplish (even something such as writing a letter). Accomplishing even small tasks can make a person feel better.

5. Use a step-by-step approach for larger tasks. Encourage the clients to do whatever they are still able to do.

6. Give lots of positive feedback.

SIGNS OF DEPRESSION

- change in personality – sad, withdrawn, irritable, anxious, tired, indecisive, apathetic.
- change in behavior – can't concentrate on school, work, routine tasks.
- change in sleep pattern – oversleeping or insomnia, sometimes with early waking.
- change in eating habits – loss of appetite and weight, or overeating.
- loss of interest in friends, sex, hobbies, activities previously enjoyed.
- fear about money, illness (either real or imaginary).
- feeling helpless, worthless, "nobody cares," "everyone would be better off without me"
- feeling of overwhelming guilt, shame, self-hatred.
- no help for the future, "it will never get better, I will always feel this way"
- drug or alcohol abuse.
- recent loss – through death, divorce, separation, broken relationship, or loss of health, job, money, status, self-confidence, self-esteem.
- loss of religious faith.
- nightmares.
- suicidal impulses, statements, plans: giving away favorite things: previous suicide attempts or gestures.
- agitation, hyperactivity, restlessness may indicate masked depression.

ORIENTATION FOR CHAPLAINCY VOLUNTEERS

Introduction

The volunteer who assists the rabbi of the facility in which he contributes his time performs a great service in visiting the sick by bringing comfort the patient by his friendly face and comforting words. Visiting the sick in order to cheer, aid, and relieve their suffering is a social obligation Judaism has enhanced with religious significance and further ennobled to the elevation to the sphere of mitzvot.

Guidelines for Volunteers:

As a volunteer, you will have a different perspective of your responsibilities than the patient. You may feel that what you are doing is not very important in the whole scheme of things. Or you may think that saying a brief "Hello, how are you?" or "Do you want to attend Saturday Services?" just isn't very meaningful. Nothing could be further from the truth!

Every patient you meet, every wave of your hand from the doorway, every time you smile, makes a difference. Patients are often lonely, frightened, and apprehensive. They don't know what is happening to them and they can withdraw into a self-protective private world. In this type of setting, the volunteer can become the one person who can establish an instantaneous rapport with a patient by a gesture, a smile, by saying a few friendly words, or by just simply listening to him or her.

With this in mind, then, we have prepared the following general informational materials that will be helpful to you in whatever category of volunteer work that you perform for the chaplaincy. These are really helpful hints—suggestions that may enrich your volunteer experiences. These are really helpful hints—suggestions that may enrich your volunteer experiences.

Inviting Patients to Attend Saturday Services:

Volunteers who are assigned to pre-Saturday calling on patients may visit on Thursday or Friday at their convenience. After the assigned floors have been canvassed, the volunteers make up lists of patients who are interested in attending the service on Saturday. If a patient has made a special request—to see the Rabbi, to have special prayers said—the volunteer call such requests to the attention of one of the chaplains or notifies the Chaplaincy Office or leaving a written message in the rabbi's drawer.

Those volunteers who call on patients immediately prior to the services are expected to arrive for their assignments one hour before the services in order to have sufficient amount of time to visit each patient.

When a volunteer arrives on the patient's floor, the following points are to be kept in mind:

1. Announce yourself by either knocking (if the door is closed or partly open) and/or calling the patient's name.
2. Introduce yourself by name and explain that you represent the Jewish Chaplaincy. (Indicate you are with the local synagogue group servicing the hospital for Saturday Services.)
3. Inform the patient of the Saturday Service, explaining the time and location.
4. If the physician's consent is required, explain this to the patient and leave a consent form with each patient desiring to attend the service.
5. Tell interested patients that they will be escorted to and from the service, whether ambulatory or by wheelchair.
6. If you have the time and the patient wants to talk, feel free to stay and visit. Be a good listener!
7. If you sense a particular need, make a special note for the Chaplain's guidance.
8. Inform patients of the availability of a Chaplain if they wish to talk with someone.
9. Under no circumstances should you speak to any patient about his/her condition, and avoid such generalizations as "I know you are going to get well soon" or "Don't worry, you'll feel better tomorrow."
10. Because patients often find any kind of odor to be offensive, volunteers are asked to avoid the use of perfume and strong tobacco on the day they are coming to the hospital.
11. Noise can also disturb patients, so please be mindful of the type of shoes you wear (rubber-soled shoes are best) and the amount of jewelry you have on.
12. Don't sit on the bed; pull up a nearby chair.
13. Because patients may leave their floors only with the consent of the nursing staff, it is important that volunteers check with the nurse or leave a list of the patients wishing to attend at the nursing station.

Escorting Patients to Saturday Services:

1. Recheck the list of patients who have said they wish to attend.
2. Notify one of the staff nurses before escorting a patient off the floor.
    a. Bring extra blankets!
3. Be sure you know how to use a wheelchair properly before escorting a patient:
    a. Securely lock the wheels of the wheelchair when assisting a patient into or out of the chair.
    b. Back the wheelchair into an elevator.
    c. Hold onto the back of the chair while a patient is getting in or out of the wheelchair.
    d. Slow down as you approach a corner

4. At the end of the service, make sure that the wheelchair patients are returned to their rooms first.

Conclusion:

All of the helpful hints we have given here are generalizations. There are differences in the regulations that are to be followed in each hospital. You will become familiar with the procedures in your assigned area of responsibility after you have completed your training with the Chaplain/Supervisor and other volunteers.

PATIENT'S BILL OF RIGHTS

**As a patient in a hospital in New York State,
you have the right, consistent with law, to:**

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.

2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.

3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

4. Receive emergency care if you need it.

5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.

6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.

7. A no-smoking room.

8. Receive complete information about your diagnosis, treatment and prognosis.

9. Receive all the information you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.

10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders – A Guide for Patients and Families."

11. Refuse treatment and to be told what effect this may have on your health.

12. Refuse to take part in research. In deciding whether or not to participate, you have the right to full explanation.

13. Privacy while in the hospital and confidentiality of all information and records regarding your care.

14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written discharge plan and written description of how you can appeal your discharge.

15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

16. Receive an itemized bill and explanation of all charges.

17. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number.

YOU MAY REACH A PATIENT REPRESENTATIVE AT 285-8877.

Addendum for Chapter IV

Your Rights as a Nursing Home Resident

While You Are Living In A Nursing Home You Will Always Have These Rights:

To be safe from harm…….
To receive treatment for your physical and mental problems……
To inspect and copy your personal and medical records……...
To privacy……..
To be treated with dignity and respect……...
To receive care without being discriminated against…….
To live in a clean place……..
To meals that meet your needs……..
To see visitors you want to see……..
To use a telephone…….
To vote……...
To know what services the nursing home provides, how much they cost and how you can pay for them……
To keep your own money……..
To complain about the care you are receiving or if you think your rights have been violated……...

Other Rights That Can Be Limited Only for Special Reasons:

To have information about you kept private……..
To get and send mail without anyone else opening it…….……...
To not be transferred or moved from the nursing home unless it is an emergency……...
To share a room with your husband or wife……..
To practice your religion……
To participate in community activities……..
To refuse to work for the nursing home……
To freedom of movement……..
To wear your own clothes and keep your own things…….……..
To a safe place to keep your valuable possessions……

Citizens for Better Care, Your Rights as a Nursing Home Resident in Michigan, Detroit, MI.

Poems of Elsie Maclay (Waters, p. 510)

To Be or Not to Be

So many of my friends are gone,
It's as if I were once part of a forest
And now I'm a lone tree
That has withstood a lot of storms
And may or may not
Withstand the next one…

I Hate the Way I Look

I mind being wrinkled
And stooped and
Shaky and
Gray.
When I look in the mirror,
I feel betrayed…
But that's unfair
My body is still my friend.
It struggles valiantly to do my bidding.
I should be kinder to it…

I Miss Being Needed

"…I was needed at work.
In the community.
At home.
To build and haul.
To serve on committees.
To decide things. To help people out.
Sometimes I'd get exasperated and say,
Does the whole world have to lean on me?
Now I wish somebody would.
The trouble is, now that I'm old, people have no idea what I'm
Good for.
Well, neither do I.
But how can I find out…"

DO'S AND DON'T'S FOR MAINTAINING A GOOD RELATIONSHIP WITH YOUR ELDERLY FRIEND

DO'S

Remember you are a friend, not a physician, attorney, social worker, or business consultant. Offer support but do not advise on these matters. Refer the friend to the coordinator or The Office for the Aging.

Call if you can't keep your appointment. Also call before going to visit.

Report any unusual finding to the coordinator or The Office for the Aging. If a physical emergency arises, dial 911.

Be careful not to make promises you may be unable to keep.

Send a card on special occasions.

Learn your friend's interests and encourage conversation. Give your full attention to your elderly friend. Be a good listener.

Be patient. You are likely to hear stories repeated more than once.

DON'T'S

Do not give or suggest any medicines or medical treatments.

Do not take sides in arguments, but be reassuring, and help your friend to think through alternatives.

Do not overstay your visit. Be alert to attention spans. End your visit before your friend becomes tired.

Do not be overly sympathetic or critical.

Don't assume the condition or mood you encounter on one visit will be the same on subsequent visits. Accept ups and downs in mood and behavior with patience, tact, and understanding.

Reminder: Your relationship with your new friend (the homebound senior) will be like any other relationship, as unique and varied as the two people involved.

ELDER-VISIT VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____

HOME TELEPHONE (___) _____ FEMALE ____ MALE ____

BUSINESS/OTHER TELEPHONE (___) _____

OCCUPATION/FORMER OCCUPATION _____

BUSINESS ADDRESS IF ANY _____

FOR STUDENTS ONLY: SCHOOL NAME_____

MAJOR _____ FR ____SOPH ___JR ___SR ___GRAD___

What are your reasons for volunteering as a Friendly Visitor?_____
_____

Please list any special skills, hobbies, and interests _____
_____
_____
_____

Do you speak any foreign languages? _____
_____

What can you tell us about yourself? _____
_____
_____
_____
_____
_____
_____

How would you rate your general health? Excellent _____ Good _____

Fair _____ Poor _____ Are you a smoker _____

Have you any physical limitations?_____
_____

What days and hours are you available for friendly visiting?

DAYS _____

HOURS _____

ARE YOU AVAILABLE? Weekdays _____Weekends_____Holidays_____

Do you prefer a male _____female_____either_____friend?

Have you any geographical limitations within New Rochelle? _____
_____

Do you drive? _____

Please provide three written references from people who can attest to your integrity and character. (Not relatives or school classmates)

1. Name_____

   Address_____

   Telephone Number (___) _____Relationship to you_____

2. Name_____

   Address_____

   Telephone Number (___)_____Relationship to you_____

3 Name_____

   Addess_____

   Telephone Number (____)_____Relationship to you_____

May we have your permission to contact your references? _____

Signature_____

Addendum for Chapter VII

VOLUNTEER INTERVIEW

Name:_____ I.D. _____ DATE:_____

1. How did you hear about ARCS and our need for volunteers?

2. Why do you want to be a volunteer with this agency?

3. Is there anything special that you need or expect from your work with us as a volunteer?

4. Do you have any physical limitations or disabilities that might affect your work as a volunteer?

5. Describe your personal feelings abut the AIDS epidemic and its effect on you.

6. How would you feel about volunteering and working directly with gay men and women, people of different races, PWAs, varied religious backgrounds, physically disabled, IV drug users, etc?

7. What would you consider to be the most significant and/or life-changing experience that you have had this year?

8. Have you been exposed to the death or serious illness of someone close to you?

9. Are you now, or have you ever been a client with us?

10. What are your feelings about meeting the commitment in time and energy required for training and involvement?

11. Please consider whether you will share information about your volunteer activity with this agency with your family, friends, and co-workers.

NAME _____

ARCS VOLUNTEER ASSESSMENT/SKILLS SURVEY

Please identify the skills listed below by circling the ones you would be willing to contribute to ARCS on an occasional basis. If you are willing to contribute more time to any of the listed skills, please write "frequently" before your skill choice.

AUTO REPAIR

CALLIGRAPHY

CARPENTRY

CHILDCARE

CLIENT ADVOCACY

COMPUTERS

COOKING

COSMETICIAN

COUNSELING

CRAFTS

CRISIS INTERVENTION

DENTAL CARE

LICENSED DRIVER

ELECTRICIAN

SOCIAL EVENTS

FOREIGN LANGUAGE

FUNDRAISING

GARDENING

GRAPHICS

HAIRCUTTING

HOME HEALTH AIDE

HOUSE CLEANING

HOUSEHOLD REPAIRS

INSURANCE

LEGAL ISSUES

MASSAGE

MEDICAL CARE

NUTRITIONIST

PHOTOGRAPHY

PHYSICAL THERAPY

PUBLIC NOTARY

PUBLIC RELATIONS

READING ALOUD

REAL ESTATE

SIGN LANGUAGE

SPIRITUAL GUIDANCE

TYPING (WPM)

WORKSHOP FACILITATOR

GROCERY SHOPPING

STATEMENT OF CONFIDENTIALITY FOR VOLUNTEERS AND STAFF

As a volunteer/employee for ARCS, you are bound by professional standards of confidentiality.

Every client has the right to expect that all information about his/her treatment, including the fact that he/she is a client, will be absolutely confidential.

Specifically, this means you may not:

-- use a client's name in any conversation outside the program setting.

-- discuss one client's problems with another client.

-- describe a client's case in such a manner that the client could be identified outside the program setting.

-- give out any information, written (including copies) or oral (by phone or in person) to anyone outside the program setting. This includes telling anyone you have even had contact with the client.

-- remove any records or papers from the program setting that contain client information without written permission from all persons involved.

-- read a client's records except with the written permission of the Director of Client Services or the Case Management Supervisor.

* *

I, the undersigned, have read and understand the standards regarding confidentiality, and agree to abide by them.

Volunteer or Staff Signature____

Date____

PATIENT AND FAMILY BILL OF RIGHTS

I HAVE THE RIGHT TO:

1. Be listened to and treated respectfully.

2. Be told all the facts concerning my illness, to have my questions answered honestly, and to be informed of all services to be provided.

3. Share in decisions concerning my life, to maintain independent personal decisions and to have knowledge of available choices.

4. Share in my own treatment.

5. Retain my quality of life, as free from distressing symptoms as possible.

6. Refuse to participate in experimental research as well as medication and treatment after being fully informed of, and understanding the consequences.

7. Have my own lifestyle and values respected, including the sanctity of my body after death.

8. Receive adequate, appropriate, and timely care in a safe environment.

9. Be cared for by sensitive, knowledgeable people and to receive comfort-oriented care when cure is no longer feasible.

10. Expect that the concerns and needs of my family will be respected.

11. Recommend changes in policies and services to the Director, who can be reached at (914) 682-1484 ext. 49. I am also free to contact area office representatives of the New York State Department of Health or any outside representative of my choice, free from restraint, interference, coercion, discrimination or reprisal.

12. Confidential treatment of patient/family information and records, and to approve or refuse their release to any individual outside Hospice except in the case of transfer to another health care facility, or as required by law or third-party payment contract.

13. Be informed of the name and function of any person and/or agency providing care and services and any related charges, including charges not covered by third-party payors.

14. These rights also apply to a patient adjudicated incompetent; found to be medically incapable of understanding these rights; unable to communicate; and to their legal representatives.

IN CONJUNCTION WITH THESE RIGHTS, I UNDERSTAND I AM RESPONSIBLE:

1. To participate in care planning and provision, and to consider the advice of my physician and the Hospice Interdisciplinary Group when making care decisions.

2. To treat all caregivers with respect and consideration.

3. To assume financial responsibility or request fee subsidation for any services not covered by third-party insurance or not included in the Hospice plan of care.

4. To notify the Hospice staff when services are not provided as planned, or when I am unable to participate in a scheduled visit.

5. To consult with Hospice staff prior to seeking inpatient care and to utilize a hospice contract facility when hospitalization is indicated.

6. Upon admission to any inpatient facility, I am responsible for providing that facility with the knowledge that I am a Hospice patient and I have not already done so, to contact the Hospice Office.

PHILOSOPHY OF CALVARY HOSPITAL

Calvary Hospital is a voluntary, not-for-profit facility dedicated to providing palliative care to adults in the advanced stages of cancer. Palliative Care addresses the symptoms of the disease, not its cure. As a hospital sponsored by the Archdiocese of New York, Calvary is committed to providing its program of care in the spirit of Judeo-Christian Charity and within the Ethical and Religious Directives for Catholic Health Facilities.

Calvary is committed to the non-abandonment of its patients. Although the patient at Calvary is in the advanced stages of cancer, he or she is a living human being with all the rights and privileges which this status affords. The hospital bears witness to this concept through its respect for the unique dignity and worth of each person, regardless of physical condition, or color, creed, national origin, social or economic status.

Calvary's program of care treats the whole human being, not simply the symptomatic ravages of the disease process itself. Calvary provides its services in an environment that recognizes the physical, psychological, spiritual and emotional needs of the patient. To the extent possible, the patient and family are involved in determining the program of care.

Because of the impact of the illness on the loved ones of the patient, Calvary includes the family and close friends of the patient in its service efforts.

To ensure that the program of care is based on the most comprehensive knowledge possible, Calvary is committed to a program of research and professional education. Such activities shall be designed in all instances, to respect the primary responsibility for patient comfort, privacy and care needs.

Calvary Hospital is committed to assuring that its quality of care is consistently high and is provided in an effective and efficient manner.

Addendum for Chapter IX

STRESS – WHAT TO DO WHEN THERE IS TOO MUCH

Stress can be good or bad. A certain amount of stress is stimulating -- it keeps us moving, makes life interesting. Too much stress can cause illness – then it is distress. Change produces stress and some things that can cause high stress levels are death of a spouse or family member, divorce or marital problems, loss of job, lack of job, change in financial situation or living conditions.

STRESS REDUCER CHECKLIST

Put a check by each item below that is something you usually have or do.

_____ 1. I eat at least one hot, balanced meal a day.
_____ 2. I get seven to eight hours of sleep at least four nights a week.
_____ 3. I give and receive affection regularly.
_____ 4. I have at least one relative within 50 miles on whom I can rely.
_____ 5. I exercise to the point of perspiration at least twice a week.
_____ 6. I smoke less than half a pack of cigarettes a day.
_____ 7. I take fewer than five alcoholic drinks a week.
_____ 8. I am the appropriate weight for my height.
_____ 9. I have an income adequate to meet basic expenses.
_____10. I get strength from my religious beliefs.
_____11. I regularly attend club or social activities.
_____12. I have a network of friends and acquaintances.
_____13. I have one or more friends to confide in about personal matters.
_____14. I am in good health (including eyesight, hearing, teeth).
_____15. I am able to speak openly about my feelings when angry or worried.
_____16. I have regular conversations with the people I live with about domestic problems, e.g., chores, money and daily living issues.
_____17. I do something for fun at least once a week.
_____18. I am able to organize my time effectively.
_____19. I drink fewer than three cups of coffee (or tea or cola drinks) a day.
_____20. I take a quiet time for myself during the day.

Look at the number of checks you have. If there are only a few, you may not be doing all you can to reduce your stress level. All of the 20 items above are ways to manage tension. For example, to reduce the harmful effects of stress on your body, you may choose (if you are not already doing it) to exercise 2 or 3 times a week, or talk to a good friend, or cut down on the amount of coffee or colas you drink in a day.

CONTINUUM CENTER OAKLAND UNIVERSITY

Self-Regulation
Stress Management
Ronn Johnsn
Department of Psychology
Central State University
Edmond, Oklahoma 73034

Stress, in layman's terms, is any event (e.g., psychological, environmental, social, etc.) which causes a reaction in your body. Stress is everywhere. One is never without stress. It is for this reason that one must learn to live with stress. Hans Selye, one of the most noted researchers in stress, defines two kinds of stress. First, there is distress, which represents the "bad" stress. Examples of distress would be the death of a close friend or family member, marital discord, and job or school dissatisfaction. Second, there is Eustress, which represents the "good" stress. Examples of Eustress are a job promotion, outstanding personal achievement, and a vacation.

Kenneth Pelletier, author of Holistic Medicine, feels "the ultimate mission of human intelligence is the potentiation of self". Abraham Maslow defined self-actualization as the process of "becoming what one is capable of becoming." Distress can inhibit an individual's potential for self-actualization. Humans are rational and intelligent beings. Therefore, we strive to maximize our potential through our ability to think and act rationally. Self-regulation is a natural goal to strive for. Self-regulation represents the capacity of an individual to control or manipulate their reactions (e.g., physiological or psychological) to events which they perceive as distressful. Examples of self-regulation techniques are learning problem-solving techniques, meditation, biofeedback, and assertion training.

The above mentioned self-regulation techniques are designed to teach an individual how to be more responsible for his own change. The Western culture has been conditioned to allow other people or drugs to take responsibility for effecting a change.

An example of this conditioning is a person that regularly drives in rush hour traffic. To compensate for the perceived threat of a potential accident a driver may clutch the steering wheel very tightly. A by-product of this ongoing wheel clutching is increased muscle tension in the back of the neck. This tension may spread over the back of the head and create what is commonly known as the tension headache. To reduce the pain of a tension headache a person might take a drink or take a pill. The responsibility for relieving the tension headache rests with the alcohol or pill. Chronic use of either of the aforementioned remedies obviously causes various reactions in the body. Self-regulation techniques teach people healthy ways to manage stress. Self-regulation allows a person to assume the onus for facilitating a positive change. We must be willing to pay the price through personal and social discipline and thwart the many myths and practices which inhibit reaching complete self-regulation.

HOW TO TELL WHEN YOU ARE TOO INVOLVED

You are too involved when you notice one or more of the following things going on inside you:

1. You find yourself feeling possessive of a patient/family.

2. You find yourself dreaming of a patient and wake up with him/her on your mind in a troubled way.

3. You are unable to get a patient off your mind.

4. You are distracted at home and find yourself wanting to talk about the patient/family a lot of the time.

5. You realize you are losing patience with those people who tell you their troubles when, you think, they have no problems compared to your patient.

6. You refer to "my patient."

7. You find yourself saying "that could be me," often followed by increased attempts to convince yourself that the patient will get well.

8. You identify strongly with the patient's age, family status, disease, etc. to the point that you are dwelling on them.

RELIEF FOR OVERINVOLVEMENT

1. Come the Director of Volunteers.

2. Take time off – don't see any patients or families for a while.

3. Talk about it – raising it to the conscious level.

4. Knowing when you are getting close to reaching your limits and work on accepting them; be able to say "I know I can't work with X because I have trouble dealing with this kind of situation."

5. Remember, YOU ARE NOT ALONE: We must try to be ready to listen to what is going on inside of us; support groups are on the way.

S O S (SOURCES OF STRESS) INVENTORY

ENVIRONMENTAL	EMOTIONAL	PHYSICAL	NUTRITIONAL

101 WAYS TO GIVE RECOGNITION TO VOLUNTEERS

Continuously, but always inconclusively, the subject of recognition is discussed by directors and coordinators of volunteer programs. There is great agreement as to its importance but great diversity in its implementation.

Listed below are 101 possibilities gathered from hither and yon. The duplication at 1 and 101 is for emphasis. The blank at 102 is for the beginning of your own list.

I think it is important to remember that recognition is not so much something you do as it is something you are. It is a sensitivity to others as persons, not a strategy for discharging obligations.

1. Smile.
2. Put a volunteer box.
3. Treat to a soda.
4. Reimburse assignment- related expenses.
5. Ask for a report.
6. Send a birthday card.
7. Arrange for discounts.
8. Give service stripes.
9. Maintain a coffee bar.
10. Plan annual ceremonial occasions.
11. Invite to staff meeting.
12. Recognize personal needs and problems.
13. Accommodate personal needs and problems.
14. Be pleasant.
15. Use in an emergency situation.
16. Provide a baby sister.
17. Post Honor Roll in reception area
18. Respect their wishes.
19. Give informal teas.
20. Keep challenging them.
21. Send a Thanksgiving Day card to the volunteer's family.
22. Provide a nursery.
23. Say "Good Morning."
24. Greet by name.
25. Provide good pre-service training
26. Help develop self-confidence.
27. Award plaques to sponsoring group.
28. Take time to explain fully.
29. Be verbal.
30. Motivate agency VIPs to converse with them.
31. Hold rap sessions,
32. Give additional responsibility
33. Afford participation in team planning.
34. Respect sensitivities
35. Enable to grow on the job.
36. Enable to grow out of the job.
37. Send newsworthy information to the media.
38. Have wine and cheese tasting parties.
39. Ask client-patient to evaluate their work-service.
40. Say "Good Afternoon."
41. Honor their preferences.
42. Create pleasant surroundings.
43. Welcome to staff coffee breaks.
44. Enlist to train other volunteers.
45. Have a public reception
46. Take time to talk.
47. Defend against hostile or negative staff.
48. Make good plans.
49. Commend to supervisory staff.
50. Send a valentine.
51. Make thorough pre-arrangements
52. Persuade "personnel" to equate volunteer experience with work experience.
53. Admit to partnership with paid staff.

54. Recommend to prospective employer.
55. Provide scholarships to volunteer conferences or workshops.
56. Offer advocacy roles.
57. Utilize as consultants.
58. Write them thank-you notes.
59. Invite participation in policy formulation.
60. Surprise with coffee and cake.
61. Celebrate outstanding projects and achievements.
62. Nominate for volunteer awards.
63. Have a "Presidents Day" for new presidents of sponsoring groups.
64. Carefully match volunteer with job.
65. Praise them to their friends.
66. Provide substantive in-service training.
67. Provide useful tools in good working condition.
68. Say "Good Night."
69. Plan staff and volunteer social events.
70. Be a real person.
71. Rent billboard space for public laudation.
72. Accept their individuality.
73. Provide opportunity for conferences and evaluation.
74. Identify age groups.
75. Maintain meaningful file.
76. Send impromptu fun cards.
77. Plan occasional extravaganzas.
78. Instigate client-planned surprises.
79. Utilize purchases.
80. Promote a "Volunteer-of-the-Month" program.
81. Send letter of appreciation to employer.
82. Plan a "Recognition Edition" of the agency newsletter.
83. Color code name tags to indicate particular achievements (hours, years, unit, etc.)
84. Send commendatory letters to prominent public figures.
85. Say "We missed you."
86. Praise the sponsoring group or club.
87. Promote staff smiles.
88. Facilitate personal maturation
89. Distinguish between groups and individuals in the group.
90. Maintain safe working conditions.
91. Adequately orientate.
92. Aware special citations for extraordinary achievements.
93. Fully indoctrinate regarding the agency.
94. Send Christmas cards.
95. Be familiar with the details of assignments.
96. Conduct community-wide, cooperative, inter-agency recognition events.
97. Plan a theater party.
98. Attend a sports event.
99. Have a picnic.
100. Say "Thank You."
101. Smile.
102.

LEADERSHIP SKILLS

STEPS IN MOTIVATING

** KNOW AND RESPECT PEOPLE'S SKILLS, EDUCATION, AND ABILITIES.

** SHOW PEOPLE YOU HAVE CONFIDENCE IN THEIR ABILITY TO DO A JOB RIGHT OR TAKE ON A NEW RESPONSIBILITY COMPETENTLY.

** GIVE PEOPLE A WHOLE JOB – NOT A SERIES OF DOLED-OUT TASKS.

** GIVE PEOPLE "OWNERSHIP" OF THE JOB - TELL THEM WHAT NEEDS TO BE DONE, LET THEM DECIDE HOW TO DO IT, THEN BACK OFF.

** GIVE PEOPLE FEEDBACK ON HOW THEY'RE DOING (BUT DON'T LOOK OVER THEIR SHOULDER WHILE THEY'RE DOING IT).

** RECOGNIZE PEOPLE PUBLICLY FOR THEIR ACHIEVEMENTS.

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