

## S.A.G.E.

## CAREGIVERS NEED SUPPORT

by Rev. Dr. William Randolph

Every church has at least one overwhelmed caregiver. This person has devoted his or her life to providing for the physical, emotional, intellectual, and sometimes spiritual needs of an older adult. Who provides for this caregiver's needs? Unfortunately, the answer is often, no one. Furthermore, within a mile of many of our churches are caregivers who are unknown to the church. These caregivers may be caring for people with different disabilities, illnesses, and frailties, but they share one thing: they are sometimes invisible. Sadly, many caregivers become visible in the community only when they can no longer care for their loved ones. They may have preceded them in death, or they may need care themselves. Caregivers too often sacrifice their own health in caring for someone else. It doesn't have to be this way if churches can develop better support systems and outreach programs for caregivers.

The parable of the kingdom, found in Matthew 25, has sometimes been called the Caregiver's Affirmation. In it, Christ welcomes to the kingdom those who took care of his needs and dismisses those who did not help him. Both groups ask the king in the parable, "When did we do these things for you?" Christ's answer was simple: "Truly I tell you, just as you did it to one of the least of these ... you did it to me. (Matthew 25: 40, NRSV). In this statement, Christ affirms caregiving as a loving gesture done for Christ. Surely, caregiving for the caregiver is a similar act of love and mercy.

This fall copy of the S.A.G.E. addresses caregiver

support. It offers specifics about programs where church leaders have discovered the joy of taking care of caregivers. It offers support for understanding the struggles caregivers face in caring for a mostly older-adult population. It is hard to support caregivers without at least a knowledge of what kinds of struggles they face daily. In this issue, "Don't Go Solo" by Tracey Keibler, tells



about how one church chose to journey beside an Alzheimer caregiver to understand her struggles. "Wholly and Holy Different" by Dr. Rich Melheim notes that it sometimes takes drastic measures on behalf of caregivers to support a family member who is dying. His article is a good insider's look at what it means to be a caregiver. "Re-Framing Caregiving" by Rev. Dr. Elizabeth Young, "Respite Grace"

by Rev. Robin Dill, and "Holy Interruptions" by Pat Brandenstein offer help related to remaining a positive force for caregiving, and forming care support groups and developing respite care programs. This issue is designed to challenge the reader to see caregiver support as a way their church can serve older adults and Christ.

Please read the articles of the fall issue of the S.A.G.E. with these questions in mind: (1) Who in my church is experiencing caregiver (or compassion) fatigue and needs spiritual support? (2) What needs do caregivers experience and how can my church fill these needs? (3) Who in my church's neighborhood is a caregiver? (4) What resources are available to help our ministry of support to caregivers? The answers to these

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questions will give you an outline of where you can minister to Christ by ministering to caregivers.



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## DON'T GO SOLO: ALZHEIMER'S CAREGIVERS NEED CHURCH SUPPORT

by Tracy Keibler

Caring for a loved one with Alzheimer's disease or other dementia disorder is a daunting and exhausting task. In *The 36-Hour Day: A Family Guide to Caring for People Who have Alzheimer's Disease, Related Dementias, and Memory Loss*, authors Nancy Mace and Peter Rabins explain why it is impossible for a caregiver to singlehandedly care for a loved one with dementia. They offer help for dealing with the behavioral issues associated with Alzheimer's and suggestions for finding outside help from support groups, friends, and agencies.

I have the unique perspective of looking at this issue from a state public policy level. Having served on the Minnesota Board on Aging for seven years, I know how important it is -- from a public cost perspective -- to support caregivers. In Minnesota, data show that every 1% decline in family caregiving corresponds to a \$30 million increase in public sector spending. There will never be enough public funding to provide the level of support necessary to help caregivers. So if the government cannot help, who can? As the leader of a nonprofit organization whose mission is helping churches minister to older adults, I firmly believe the resounding answer to this question is the church.

The church, more than any other organization, understands Jesus' exhortation in Matthew 25:40 (NRSV), "Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me." There is little doubt that a dementia patient in a locked unit of a nursing home uniquely portrays the image Jesus described when he said, "the least of these."

Normandale Hylands United Methodist Church in Bloomington, Minnesota, like many United Methodist congregations, has a growing number of husbands and wives who are serving as caregivers for their spouses. Our church's Caring Ministries asked, "How can we, as a church, support not only our caregivers, but also the ones for whom they are caring?"

### CASE STUDY IN COMING ALONGSIDE

When Caring Ministries at Normandale Hylands began in 2008, our goal was to provide a two- to three-hour respite for caregivers through the use of trained volunteers. The training curriculum included an understanding of Alzheimer's and its progression as well as approach techniques for meaningful interaction with the individuals with dementia. We hired a local expert who is internationally recognized for her dementia caregiving expertise to teach 15 volunteers who had expressed an interest in this ministry.

When caregivers tell us they need a short break from caregiving, our first job is to learn all that we can about the patients' history. Alzheimer's patients have little short-term memory, but often retain a lot of information about their past. To create an environment where our volunteers can have meaningful interaction during their respite service, we made sure they had detailed history about what had been important in the patients' lives: where they grew up, what they did in high school, military service, college, when they married, children, and so on.

This skilled visitation program worked exceptionally well. When patients moved from their homes to assisted living, and then on to skilled nursing, the volunteers often followed right along with the patients. This continuity in care was essential to

easing the adjustment to each new environment.

One church member, Charlette, was caring for her older sister, Marthe, who has dementia. Charlette was 75 years old, working full time and serving as Marthe's caregiver. Marthe lived in an apartment, and Charlette would visit almost every day, shop and prepare food in an effort to maintain Marthe's quality of life. Eventually, Marthe needed to move to a residential group home. Such a move would have been an overwhelming undertaking for a single, working caregiver. The Caring Ministries at Normandale Hylands wrapped their arms around both sisters and helped them through the transition.

Our dementia consultant developed a transition plan that helped Marthe move into her new location supported with key emotional comforts. A volunteer from the church brought a moving truck to her apartment, and other volunteers packed and moved her belongings to her new location. When Marthe arrived, her furnishings were in place, and her favorite pastor of 20 years was there to greet her and have lunch with her. After that, the trained volunteers visited her twice a week until Marthe had acclimated to her new surroundings — then volunteers came weekly.

Most people who have not experienced caregiving think that once the care-receiver has transferred to a nursing home, the caregiving responsibilities virtually disappear. This simply has not been our experience working with caregivers. Nursing homes are generally understaffed, and staff turnover is often as high as 90 percent. The caregiver's role shifts from caregiving to both caregiving and care management. Caregivers new to the care management role are often overwhelmed. Our Caring Ministry supports the caregiver by providing either a parish nurse or a gerontologist to attend care conferences and speak up on behalf of the patient and caregiver. This may sound simple enough, but when a caregiver is suddenly trying to understand "why medication is being increased or why a transfer to a more restrictive unit is being recommended, the caregiver can feel as though he or she is in crisis mode on a daily basis. Successfully navigating this barrage of questions

requires an understanding of nursing home procedures and the agencies overseeing skilled care.

## CONCLUSION

Equipping volunteers to support caregivers by being effective visitors with Alzheimer's patients is a cost-effective, volunteer-based program requiring no special state licensure, and it is a program that is relatively simple to implement. This is but one example of how congregations can support caregivers.

Caring for one another is a pillar of our Christian faith. The United Methodist Church has the opportunity to create a robust nationwide network of older adult ministry leaders through our Older Adult Ministries Office at Discipleship Ministries.

These ministry leaders have experience in a wide variety of programs and can share their expertise to create a vibrant and growing United Methodist movement to care for and support caregivers in our congregations.

The population of caregivers is growing. The shortage of doctors, nurses and health aides is well documented, and our caregiver church members are struggling. So now I ask, "if not the church — then who?" Please contact me ([tracy@apparentplan.org](mailto:tracy@apparentplan.org)) or the Older Adult Ministries Office at Discipleship Ministries if you feel called to minister to older-adult caregivers.



*Tracy Keibler holds a master's degree in gerontology and is the executive director of ApparentPlan, a nonprofit organization whose mission is helping congregations minister to older adults.*

# REFRAMING CAREGIVING

by Elizabeth Young

When Norman Vincent Peale published the Christian classic, “The Power of Positive Thinking” in 1952, it was met with both praise and criticism; praise by those who treasured the reflection of the Good News message in the Bible such as Philippians 4:13, “I can do all things through Christ who strengthens me,” and criticism by psychologists and scholars who wrote Peale off as one whose teachings led to “fear and disillusionment.” Today, we know much more about the benefits of positive thinking. From Olympic athletes who visualize and expect success before an event to people like Holocaust survivor Corrie Ten Boom, who experienced hope despite her imprisonment in Ravensbrück, we have begun to recognize the transformation that positive thinking can bring. Numerous studies have shown the correlation between one’s attitude toward a given situation and how that situation is then experienced. For the growing population of family members caring for someone with Alzheimer’s or another form of dementia, there has never been a greater need for some positivity to be found amidst the physical, emotional and spiritual challenges of caregiving.

A few months ago, I was invited to speak at a regional conference for the Alzheimer’s Association, and I as mingled with a group of family caregivers, I discovered an unspoken desire for each person to “one up” the other. “My husband refuses to take a bath anymore. I don’t know what to do!” “You think that’s bad – not only will my mother refuse to be bathed, she insists on putting on her own make up and she ends up smelling – and looking – horrible! I’m so embarrassed to take her out!” Society seems to value struggle and hardship. To be clear: it is important to vent and to feel validation for the difficulties associated with caregiving. It is also a huge benefit to find others who are experiencing a similar situation. However, it is not necessarily helpful to stay in that space of “woe is me.” As a past spousal caregiver, “woe is me” kept me paralyzed and stuck in a circumstance where I

focused on all the things that weren’t working; all the negative aspects that made me feel trapped. Once I reframed my experience and chose to view my situation differently, “woe is me” transformed into “blessed am I.” Scripture passages such as the one above helped with this transformation. So did authors like Byron Katie (Loving What Is) and the late Dr. Wayne Dyer (Change Your Thoughts, Change Your Life). But it took a lot of practice with what they were proposing, and frankly, a lot of pretending, before I was able to sincerely look at my situation differently.

History and the present provide us with many examples of people who overcame obstacles by choosing to see a situation positively and not succumbing to negative thinking. Actor Jim Carey, Helen Keller, cyclist Lance Armstrong, and President Franklin Roosevelt are just a few individuals who have shown us it is not the challenges that hold us captive, but our minds. Wayne Dyer said, “Be miserable. Or motivate yourself. Whatever has to be done, it’s always your choice.” This holds true for caregivers of dementia patients, as well.

Such reframing is difficult to understand by many in our society because people find meaning in hardship. Statistics show that the majority of caregivers experience moderate to high levels of stress as the caregiver for a dementia patient. In my research with spousal caregivers, the interviews I conducted reflect these statistics. Most caregivers struggle with both the emotional and physical toll of caregiving. But there is a small group of caregivers who thrive in their role. Not because they are martyrs (although I have found them too!), but because their perception is simply more positive. A goal for me is to study these individuals and then help others also find this “peace that passes all understanding.” Because believe me, when a person caring for someone with dementia can find a sense of peace, it really does pass all understanding!

What do these select caregivers do that others can put into practice? It isn't necessarily easy, but it is simple: change your thoughts. Reframe how you see your experience. Catch yourself when you are having a stressful thought and tell your mind, "thank you for sharing that, but I am going to choose to see this differently." And then do something radical. Give thanks for the struggle and acknowledge all the ways you can control a situation. Stop thinking how things should be different and stay in the place of what is. God is the great I AM, not the mournful I SHOULD; be present in the moment and discover that God is right here. The loved one for whom you are caring may often be in a forgetful and disoriented place. Take your cue from them; every challenge with them is an opportunity to practice finding peace. Does your father drive you crazy asking 50 times a day, "What time is it?" Pretend it is your first time hearing it, goodness knows he thinks it's the first time he's asked it. Or make a game of it and bet against yourself how many times he will ask the question that day. Is your 85 year-old wife back on the farm tending the chickens with her mother? Then go there with her and ask her all about it. Don't argue with her and point out that she's in the suburban home you have shared together for 40 years.

Such struggle is experienced by trying to make sense of a situation that makes no sense. Caregiving for a loved one with dementia isn't about being logical, it's about offering reassurance. It is in that place of providing reassurance where you will find God's reassurance for you. Norman Vincent Peale said, "Change your thoughts and you change your world." May you begin to change your world this day by visualizing and expecting the positive you want to see until your faith becomes sight.



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*Healthcare and the founder of Omega Living, LLC. She can be contacted through her website at [www.omega-living.com](http://www.omega-living.com).*

## 7 QUICK IDEAS OF HOW CHURCHES CAN SUPPORT CAREGIVERS:

1. **Develop a community resource directory** of services caregivers might need, such as wheelchair-bound patient transport, respite care, etc. Deliver it in print form to caregivers and make it downloadable from your church website.
2. **Support Groups.** Research what is already offered through the Council on Aging, Alzheimer's Association, hospice providers, and others. Then augment what is already available. Provide a list of support group providers on the church website and in church brochures, etc. See article, "Holy Interruptions."
3. **Offer respite care** activities and programs at the church or an emergency sitter program with trained, vetted, volunteers in the homes of caregivers. See article entitled "Respite Care at Grace Arbor."
4. **Offer chore assistance** to caregivers. This might include special meal delivery, housekeeping or cleaning services, laundry, and yard maintenance. The church could hire people to provide these services or ask for volunteers who serve once or twice a year alongside the caregiver.
5. **Offer a phone hotline or an Internet message board** service for caregivers in your community where people can share information, resources, and reviews of service providers..
6. **Offer a caregiver appreciation day** for caregivers to have a break from caregiving duties. Work with local groups like hospices and the Alzheimer's Association to publicize the event. Ask for discounts or free services from massage therapists, cosmetologists, and restaurants to pamper the caregivers for the day.
7. **Offer caregiving training events** along with positive encouragement daily via a text message with a positive quote about caregiving.

# HOLY INTERRUPTIONS A CALL TO CARE

by Pat Brandenstein

Holy interruptions are those times when God bursts into our lives and we are never the same. We can relate to this with the story of Moses at the burning bush. His life was never the same after that experience. This was true in my life when God burst in on September 30, 1993.

It was the end of the school day. I was a school nurse in large junior high school. The phone rang, and the person on the line identified himself as an officer from the Police Department. Immediately, I thought of our 16-year-old daughter who had just received her driver's license. But the officer said he was at a friend's home, Mrs. S, and she had just found her husband dead on the floor. She had requested that I come to be with her because she had no relatives or friends in the area. I barely knew her -- only through a Bible study. A little embarrassed, I had to ask the policeman her address and directions to her home. This started the Holy Interruption that would change my life forever—the awareness and desire to assist widows and widowers. And I am not a widow.

Wings of Hope, a ministry for the widowed, evolved through this experience and through a search of the Scriptures, attempting to be alert to God's words. The mission statement for Wings of Hope is to promote the cause of Christ by educating and demonstrating Christian love to those who have lost a spouse. The ministry is an interdenominational, biblically structured, not-for-profit 501(3)(c) corporation. One "wing" of the ministry is to assist widows within communities to develop chapters that meet on a monthly basis. The other "wing" is to encourage, educate, and equip churches to develop a widowed person's ministry -- that includes widows and widowers -- within the church.

God is specific regarding the care of widows. In Jesus' time, the family and community cared for widows. Showing the importance of the care of the widow, Jesus' last words on the cross to John, the apostle, were to take care of his widowed mother, Mary:

When Jesus saw his mother and the disciple whom he loved standing beside her, he said to his mother, "Woman, here is your son." Then he said to the disciple, "Here is your mother." And from that hour the disciple took her into his own home (John 19:26-27, NRSV).

I Timothy 5:3-16 -- along with 54 references in the Old Testament and 26 in the New Testament -- tells us that God places a high priority on widows. Families are instructed to care for widows; but unfortunately in our mobile society, such care is difficult. Further, today many families do not recognize the responsibility to watch over the widow. This is where the Family of God needs to step up and develop a ministry to assist the widow and the widower.

Are you or your church prepared for a holy interruption, a call to care? Will you hear this cry or turn around and walk in the opposite direction because you don't know what to say? You don't have to say anything. Your presence in the lives of widows and widowers says something.

People from the church deliver casseroles and offer prayers for the widowed for the first two months or so after their loss. After this period of time, the widowed are forgotten. However, this is the most crucial period of time. The shock of the loss has disappeared, but the person grieving must now deal with the reality of the loss of a spouse. His or her entire world has been turned upside down. Nothing is the same. The widowed experience physical, mental, emotional, spiritual, social, financial, and environmental change. Even with the support of their families, they have difficulty adjusting. They harbor feelings of loneliness and abandonment.

When I speak of a widow, I am referring to any woman who has lost her husband through death, divorce, desertion, or imprisonment. Most people

think of widows as being elderly women. However, the average age of a widow is 56 years old. She is still in the workforce and may be attempting to put her children through school.

Some Sociologists (e.g. Holmes and Rahe) identified the most stressful events in a person's life as (1) death of a spouse and (2) divorce. Various other studies have discovered the overall impact on women and men varies and grows larger as a person grows older.

In 80 percent of marriages, the wife will outlive her husband by fifteen to twenty years. This tends to be the reason we discuss widows more. However, men who are widowers also need care from the church. "Bear one another's burdens, and in this way you will fulfill the law of Christ" (Galatians 6:2, NRSV). Men seem to have more difficulty accepting assistance. However, men might more readily accept help when another man, who is also widower, comes alongside to give assistance.

Ultimately, the widowed who place their hope in the Lord will have their strength renewed; but we as the church need to care by being the hands and

feet of Christ when they are weary.

If you would like more information about Wings of Hope and assistance in developing a Widowed Persons' Ministry, you may use the contact information that follows:

#### **Wings of Hope**

1309 North High Street

Winchester, TN., 37398

E-mail: brandensteir@bellsouth.net

Phone: 931-636-4359 or 931-967-9229

<https://wingsofhopeforwidows.wordpress.com>



*Pat Brandenstein graduated from the University of Iowa with a Bachelor of Science in Nursing. While studying, she received extensive instruction in the wholistic approach. This approach looks at the individual's physical, mental, emotional, spiritual, environmental, and economic situations. Little did she realize at the time, the Lord would use this valuable information to assist her in a ministry for widows several years later.*

## WHOLLY & HOLY DIFFERENT

by Dr. Rich Melheim

I kidnapped Pastor Ray last Sunday. Against objections that it wasn't worth the hassle to break him out of the nursing home for an hour of worship that he wouldn't remember, and against the accusation that I was doing this more for ME than for him, I kidnapped dad, literally lifted him from his wheelchair and plopped him into my car, and drove him to church. He received 8 handshakes, 5 hugs and 3 kisses in the Narthex from my sister's friends within the first three minutes.

I'm guessing that's more action than he's seen since I was here in May for his 92nd birthday -

the last time he left the home for "church." He slept 48 of the 58 minutes of the worship service, holding my hand. He woke when they sang the old hymn "I Love to Tell the Story." (I whipped out my cell phone and got that on tape.) Then he slept again. He woke to pass the peace and, when three different women reached out to shake his hands, he clasped their hands and wouldn't let go. I smiled at him when we got back to the pew, and caught his eyes long enough to draw a smile back. I didn't wait for the officiating pastor to come to the back of the church for Holy Communion. Instead, I wheeled him right up front where he reached out his hand for both the bread and little cup of wine. I was told he couldn't feed himself anymore, but this was somehow wholly and holy different.

Then "Go in peace and serve the Lord". Then he whispered - mouthed, really - a weak "Thanks be to God." Then he closed his weary eyes.

### IN-CON-VENIENCE

Yes, we could have much more easily stayed in the nursing home yesterday morning. Yes, I could have wheeled out into the group room for their hymn sing and sermon. It would have been much more convenient for everyone concerned, and not so hard on his frail body and my recently broken and splinted arm. Yes, it was a pain to dress him, drag him out, lift him into the car, lift him out of the car, drag him into church, drag him out of church, drag him to Dairy Queen in and out again, and drag him back to the nursing home. All that hassle for a couple of Sunday morning hours, a handful of hugs and hands and kisses, a tiny wafer and sip of wine, and the thread of a hymn that he remembered for a moment but does not remember today. All that for a fleeting moment of dignity and meaning that dug deep into what was left of Pastor Ray and let his body be part of that long-lost body in his long-lived and gradually lost mind. Yes, it may have been more for me than it was for him. Maybe. Or maybe not.

### LOSING OUR MINDS

I once asked Dr. Ani Patel at the Neurosciences Institute to define “the mind.” This neuroscientist who specializes in music, language, and the brain answered, “The mind is the brain meets the body meets the environment.”

By Dr. Patel’s definition, when a person loses his legs, his bowels, his ability to chew hard foods, he’s lost part of his body, and thus part of his mind. When he loses his spouse after 52 years - his main source of touch, his main source of conversation, his main reason to get up in the morning - he’s lost the most important part of his environment. By definition, he’s lost a huge piece of his mind. When he buries his 5 brothers and sisters and most of his friends, he buries a little piece of his mind with each funeral. When he loses his house, his drivers’ license, his church... you got it. He’s lost more and more of his mind.

The one thing he DOESN’T have to lose as he ages is his church. If we would only make the effort to grasp and clasp our elders tighter, ever tighter with each of their inevitable losses; if we would only take the time to ask each household, each single, each

family with small children, each family with teens, each young adult to EVERY Sunday adopt EVERY elder into a intentional surrogate faith family; if we would only see the value of placing the old wrinkles hands into pudgy fresh hands and decide that going through the hassle of dragging these treasures out of the nursing home EVERY Sunday rather than on infrequent special events - this would not simply be a way of honoring our Fathers and Mothers. It would not simply be a way of giving them a moment of fleeting dignity. This would not simply be a way of restoring to them the joy of their salvation. This would be a way of keeping them from losing the last shred of their minds. A shred they need not lose. And it WOULD be as much for us as it is for them.

### A WHOLLY HOLY DIFFERENT CHURCH

Such a church that honored its elders and held them tighter, ever tighter would be a wholly and holy different church. Such a church would raise a wholly and holy different kind of child, youth, and young adult. Such a church would have a past and a future. For such a church would find a future in their past.

I know where to find the future of your church. Dig out the list of names you read on the last 5 All Saint’s Days, and the list of core families who have joined in the last 5 years. Call them together and call them to gather. Give them as a gift to each other. Command and demand that no such treasures will be left to rot alone and forgotten in your church ever again.



*Rev. Dr. Rich Melheim is founder of Faith Inkubators ([www.faithink.com](http://www.faithink.com)), the FAITH5 “every night in every home” family ministry think tank ([www.faith5.org](http://www.faith5.org)) and the Cross+Gen Ministry conference ([www.crossgenconference.com](http://www.crossgenconference.com)) dedicated to bringing “the wisdom of the elder and the wonder of the child” together in the same sacred space every week in church. His latest book “RICH Learning” applies brain-based learning on arts-based platforms through research with preschools in India ([www.richlearning.com](http://www.richlearning.com)).*



# RESPIRE CARE AT GRACE ARBOR

by Rev. Dr. William Randolph

Being the primary caregiver to someone with dementia is a twenty-four-hour, seven-day-a-week task. It can be overwhelming, even to the most seasoned caregiver. Caregivers often sacrifice their careers, friends, and interests to take care of their loved ones. But labors of love, like any other labor, sooner or later require a break. This is where respite care comes in. Some churches offer respite care for caregivers weekly, monthly, or daily. This is the story of one such program, Grace Arbor, at First United Methodist Church in Lawrenceville, Georgia.

Grace Arbor was born out of a need to give full-time caregivers a break. Although the church leaders at First UMC wanted to provide respite support for caregivers, they weren't sure how to go about it. So the church advertised for a Director of Older Adult Daycare and prayed they would get the right person to help them get started. Robin Dill, who still directs the program now called Grace Arbor, was the answer to their prayers.

When Robin began as the director, she had to fund, staff, and promote the new program. She quickly developed partnerships with government and private funding and recruited volunteers to help staff the Grace Arbor program. She found ways to communicate the need for respite care and a place of belonging for those who suffer from dementia. As the program formed, Robin recorded the process so that others could learn from her mistakes and triumphs.

Robin visited other respite care programs to see what they offered. Her passion for older-adult ministry led her to want to make Grace Arbor far more than a daycare for older adults. Robin realized she needed additional training. One of the really unique programs Robin took advantage of was an art therapy program for dementia patients offered by the Metropolitan Museum of Art in Georgia through a Lily Foundation Grant. Robin wanted to share this training with others.

The state of Georgia, through former Governor Sonny Perdue, developed a program to encourage local churches and civic groups to develop and offer respite care. Grace Arbor then became a training center for respite care. Other churches would send representatives to research Grace Arbor and its programs. Many of these churches invited Robin to meet with their leaders to help them get started with their programs. Tirelessly, Robin accepted the invitations and became an ambassador for respite care. She developed assessment tools to guide the research, formation, and maintenance of these programs for the churches.

Unfortunately, the state funded program came to an end. But Robin looked for another way to offer the training. Out of the need for respite care training for churches to continue and Robin's need to be able to continue to devote herself full-time to Grace Arbor, a training manual was born, entitled

*Walking with Grace: Tools for Implementing and Launching a Congregational Respite Program.* The book tells the story of Grace Arbor and offers step-by-step tools for launching a respite-care ministry. The book is available from Amazon.

Grace Arbor serves more than primary caregivers by giving them a break from their chores so they can do other things. Grace Arbor's mission statement indicates the intent of the program: "Our mission is to meet the social and emotional needs of these seniors as well as their caregivers". The program offers spiritual care as well, and it is integrated into the whole program. Grace Arbor meets four days a week and includes lunch each day. It offers exercise and games, gardening, art, pet therapy, music, and service projects by participants for the community. Yes, even those with dementia can serve their community. Grace Arbor also has intergenerational activities with the preschool, which has led to closer relationships across the generations in the church. Sometimes

caregivers participate in the activities with their loved ones.

Grace Arbor has become a model to follow for respite care, and it should inspire others to consider providing this ministry. Learn more about Grace Arbor by contacting Robin Dill or Lawrenceville First UMC:

#### **Grace Arbor**

Robin Dill, Director  
770-963-0386, ext. 126  
rdill@fumclv.org  
<http://www.fumclv.org/older-adults>

For more information about other Respite Care programs please see the National Registry of Respite Care programs at:

#### **National Respite Locator Service**

800-473-1727, ext. 222  
<http://www.respitelocator.org/index.htm>

## REPORT FROM THE COMMITTEE ON OLDER ADULT MINISTRIES

by Rev. Dr. William Randolph

The interagency older-adult advocacy group of The United Methodist Church, the Committee on Older Adult Ministries (or COAM), met October 5-7, 2015, in Nashville. This representative body, composed of representatives from all the agencies of the UMC, had perhaps its best meeting of the Quadrennium. We completed a great deal of work with a spirit of fellowship and collaboration. While we meet only once a year in person, the seeds of our success had been sown in the numerous teleconferences and phone calls in preparation for the meeting.

The highlight of our meeting was a sharing time about our individual older adult ministries. We also reviewed the older adult ministry work of each of our agencies and suggested new avenues to explore.

We had been challenged to dream big, and we had done so. We reviewed the reports received from our "Aging in Poverty" grant recipient churches, planned a study to develop ministry models for baby boomers, and heard a report on promoting intergenerational ministry as a form of older-adult ministry. Our three standing committees -- Aging in Poverty, Intergenerational Ministry, and New Seniors -- were responsible for the three large projects and had proposals that needed review, discussion, and a decision from the entire committee.

The Aging in Poverty Committee had previously taken on a grant process with 33 churches across Methodism to pioneer creative approaches to alleviate poverty globally, especially among older adult populations. During this year's meeting, the

Aging in Poverty Committee presented a summary report of what had been accomplished, what had been learned, and what new ideas and inspirations had been generated as a result of the grants. They then read the grant reports and selected four to highlight what is possible from successful grant programs. (The List of the four model programs to be highlighted is included at the end of this article). The committee then discussed whether to continue with a second round of grants and formed a list of alternate sources of funding for churches that had not received grants. This committee next looked at the changing face of poverty among older adults and how to continue to offer leadership in this area.

The Intergenerational Ministry Committee needed to evaluate where members were in developing resources for intergenerational ministry. They were surprised to discover that committee members had nearly completed their work plan. Included in the plan were such projects as a 101 best practices in intergenerational ministry catalog, which is halfway completed. The committee is also developing a tool for faith communities to identify their level of involvement in nurturing Intergenerational relationships encouraging the development of cross-generational immersion experiences for teenagers and older adults, and developing new intergenerational ministry exchanges where best practices can be shared. The New Senior Committee completed, presented, and had approved by the entire COAM a plan to host a Baby Boomer Colloquium to develop new models of aging and ministry for boomers. The colloquium will attempt to answer such questions as:

- How do we reach out to the spiritual but not religious boomer?
- What can marketing teach the church about how to reach boomers?
- Who are the boomers and what issues like finances/retirement, wellness/healthcare, activism/service offer the best opportunity to minister for and with boomers?
- How will the boomer culture change aging and, therefore, older-adult ministry? How will aging change the boomer culture?

The title of the colloquium is Boomers: This is (H) our Time. It is scheduled for Nashville, September 28 -October 1, 2016 (Wednesday through Saturday). Its structure will be presentations on the framing questions followed by a responder panel discussion. Breakout groups called circles of interest will be asked to create new models of boomer ministry in response to the discovery provided by the colloquium.

The next Committee on Older Adult Ministry will meet in conjunction with the colloquium next year, September 27- October 1, 2016. We will continue to highlight aging in poverty, intergenerational ministry resources and opportunities, and work together to lead the church to explore the changing face of older-adult ministry and aging because of the impact of boomers.

We encourage feedback and collaboration with others who are passionate about older adults and ministry. You may contact the COAM through the Office on Aging and Older Adult Ministry.

#### **FOUR FEATURED AGING IN POVERTY GRANTS:**

**Manorville United Methodist Church** – Ramps of Hope in Manorville Pennsylvania, Western Pennsylvania Annual Conference, who built 40 access ramps and involved a whole community in the labor and financial support of their project.

**Woodbine United Methodist Church** – Gemstone Poets in Nashville, TN, Tennessee Conference, who sponsored Poetry and Life Legacy Workshops for older adults.

**Sta. Ana United Methodist Church** – LEAP- Livelihood Economic Assistance Program in Bulacan Philippines, Central Philippines Conference, which trained community women to cook and market food in their community.

**Georgetown-Chunchula United Methodist Church** – Connect Outreach Center-Salt in the Alabama-West Florida Conference which offered Health Screenings for at risk, impoverished older adults.



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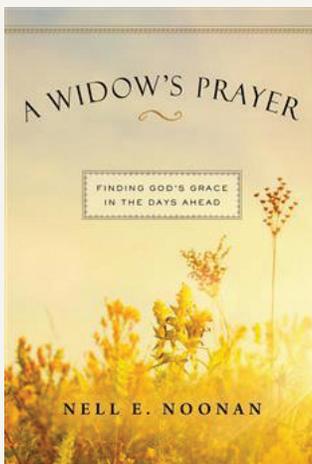
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## A WIDOW'S PRAYER: FINDING GOD'S GRACE IN THE DAYS AHEAD

by Nell E. Noonan

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