



# LOPEZ ISLAND HOSPICE & HOME SUPPORT

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Lopez Island  
Hospice & Home Support  
is a 501(c)(3) non-profit  
volunteer organization.  
All services are free.

## Sign up NOW for Spring Volunteer Training

by Elizabeth Landrum, Ph.D.

"The highest reward for a person's work is not what they get for it, but what they become because of it.

*John Ruskin*

Do you want to make a difference in someone's life, including your own? Want to do something highly satisfying? Want to learn important skills to help you respond with compassion and be more confident in navigating through difficult times?

Lopez Island Hospice and Home Support (LIHHS) is in need of volunteers who are willing to give a few hours of time to offer comfort and support to fellow islanders who are dealing with illness, injury and/or loss. Volunteers might read to a patient, play games, run errands, help with meals, or simply listen and provide companionship. Often, respite time for primary caregivers is an invaluable gift you can give. As a volunteer, you will be able to decide how, when, and with whom you want to give your time. Your work will be supported and supervised by our staff and other volunteers.

"I believe the blessing we seek in life is not to live without pain; it is to live so our pain has meaning. Being a Hospice and Home Support volunteer offers me that opportunity."  
*Jan Sundquist*

The free volunteer training class begins Saturday, March 12, and ends Tuesday, April 5. Topics include: communication and listening skills, grief and loss, understanding end-of-life needs, assisting people with dementia, managing stress, physical and spiritual care.

Volunteers who have participated in past trainings have often entered with anxieties and uncertainties about being effective helpers in difficult situations. Throughout training, however, they developed new skills, deeper understandings, and confidence in how to be of help. Many have used what they learned in the training to guide them in personal situations as well as in their volunteer work.

The only qualification required to be a LIHHS volunteer is a desire to help your neighbors in need. Please call the LIHHS office if you have questions or are interested in applying. All applications will be followed by an in-person interview to learn about your interests, availability, and any questions or concerns you might have about volunteering. Current volunteers are encouraged to attend any sessions.

You may apply by printing the form on our website, [www.lihhs.org](http://www.lihhs.org), or by calling the office at 468-4446 for an application. If you are interested, please don't wait to apply.

Volunteer Training Schedule	
Saturday, March 12	9am-5pm
Tuesday, March 15	4-7pm
Tuesday, March 22	4-7pm
Tuesday, March 27	4-7pm
Tuesday, April 5	4-7pm

## When Grief Gets Complicated

by Elizabeth Landrum, Ph.D.

“Grief is not a disorder, a disease, or a sign of weakness. It is an emotional, physical, and spiritual necessity, the price you pay for love.”

*Dr. Earl Grollman*

The loss of a loved one affects us deeply; the world has changed, along with our activities, expectations, and even our convictions. Adapting to these changes may feel like we've immigrated to a new country where daily life seems strange and unfamiliar and we've lost our bearings, our navigation tools, and our sense of belonging. Intense and complex emotions can be frightening. Some people may be startled that their reactions include not only feelings, but also confused thoughts, bodily symptoms, behavior changes and spiritual questioning. Deep longing and sadness, along with new fears may infuse our lives. Almost any psychological symptoms are considered “normal” during the first few months after a major loss. The intensity and unpredictability of grief can make people worry they are “going crazy,” and, although they are not, they will usually “feel crazy.” Others may wonder why they don't feel more. In any case, it is common to question if what one is experiencing is “normal,” as well as how long it might last.

Grief's nature and course are quite variable. It doesn't have an end point, and we don't “get over it.” But we do get through it, walk with it, carrying the loss with us as we move forward. With time and experience, the pain lessens and we recognize ourselves again. And though there may still be surges of grief, the waves become smaller and the spaces between them longer. Normally, grief matures and progresses, moving in fits and starts, gradually softening over time, and allowing us to adapt to a new reality that includes the loss. After a while, we can say “yes” to life again.

Even uncomplicated grief is complicated, but it is considered “complicated” in the medical sense when, after 6-12 months, it is unrelenting, disabling, and/or impairs relationships or leads to destructive behavior. **Complicated grief (CG)** is what happens when the instinctive adaptive response to bereavement becomes stalled and one's natural resilience and healing are thwarted. Even for professionals, it can be difficult to tell where “normal” ends and a true disorder begins.

Sometimes acute grief becomes prolonged when troubling thoughts, dysfunctional behavior or

problems regulating emotions get a foothold and won't let go. Individuals experiencing this kind of **CG** have difficulty accepting the death and often feel “stuck”. While only a fraction (10% or less) of bereaved people are vulnerable to **CG**, there are millions who suffer in this way. How might you assess if you or someone you know may be suffering from **CG** and possibly need professional help?

At Columbia University School of Social Work, professionals are conducting extensive research in identifying and treating **CG** ([www.complicatedgrief.org](http://www.complicatedgrief.org)). Researchers there have enumerated the following signs, and suggest that three or more of these symptoms persisting beyond six months may indicate **CG**:

- Strong feelings of yearning for the deceased, becoming a focus of life.
- Inability to regulate strong emotions.
- Strong feelings of anger or bitterness related to the death.
- Persistent thoughts of regret (“if only” thinking) or self-blame.
- Feeling like life is empty or meaningless without the person who died.
- Thinking so much about the person that it is hard to concentrate or to do usual things.
- Self-destructive behavior, including drug and/or alcohol abuse.
- Strong feelings of disbelief about the death.
- Feeling stunned, dazed or emotionally numb.
- Finding it hard to care about or trust others.
- Constant fear and anxiety.
- Excessive avoidance of people, places or things that are reminders of the loss.
- Strong urges to touch, see, hear or smell things in order to feel close to the deceased.

Anyone with **CG** is at increased risk for a number of serious health issues, further complicating the picture. **CG** can be unrelenting without professional attention, and therapy specifically designed for **CG** seems to be most beneficial.

Many people experiencing “normal” grief find support helpful, even if only to have a witness along their journey while finding encouragement and reassurance. LIHHS offers free group and individual support for the bereaved as well as assessment for **CG**.

*(con't.)*

## Grief vs. Depression

by Elizabeth Landrum, Ph.D.

Grief after any kind of loss may include any of the symptoms of depression (sadness, sleep and appetite changes, loss of concentration, fatigue, irritability, etc.), but there are differences between grief-induced feelings of depression and a treatable major clinical depression. Because these can be difficult to distinguish, here are some indications to consider:

*The inability to enjoy* or be interested in activities that used to be enjoyable is a hallmark of depression. While a grieving person may feel less interested in some activities, a prolonged inability to ever feel pleasure is an indication of depression.

Depression is constant, casting sadness widely over most of every day. Normal grief tends to be more fluid and to be felt in waves, with emotions changing over the course of a day. Grief does not normally cause *pervasive and long-lasting sadness*, although it can cause lasting "triggered" sadness over the loss.

*Feelings of low self-worth, low self-confidence, or self-loathing* may be signs of depression, not necessarily aspects of grief.

*Feelings of guilt, unrelated to the loss*, especially nagging guilt for no apparent reason, may indicate depression. Normal grief guilt is common, however, such as wishing we could have done things differently while we had the chance.

*A lasting inability to do normal daily activities* is a sign of depression, not of non-acute grief.

*The inability to be consoled over time*, along with a general loss of connection with others, may indicate depression.

*Irrational or distorted thinking* is always present in depression and not necessarily in grief.

While acute grief may look like depression, symptoms with unremitting severity over several months and affecting one's ability to function normally should be evaluated; normal grief will lessen in time, while major depression may not.

## New Medicare Regulation for End-of-Life Planning

We all know that communication is the most important step in advance care planning (see Lopez Island Hospice & Home Support newsletter Winter 2015, available on our website), yet these conversations rarely take place. After a six year political struggle, Medicare has finally authorized payment to health care professionals for end-of-life discussions with their patients. Private insurers are expected to follow. Doctors can now be paid for a 30-60 minute conversation to understand your philosophies, wishes and fears, and to help you understand your choices when you are extremely ill or near the end of life. The federal government's recognition of the value of these conversations is an important step in progressing toward more and more honest discussions about these important matters.

Lopez Island Hospice & Home Support encourages everyone to have conversations with family members, as well as with health care providers, in order to maximize the chances of having their personal wishes fulfilled.



## Your Donations Mean So Much...

Your generous donations enable Lopez Island Hospice & Home Support to help so many people on the island. To give you an idea, since January 2015:

- *36 volunteers have provided 1,068 hours of in-home visits to 24 clients.*
- *Mary O'Bryant, our Client Services Manager, has made 210 in-home visits, and has held 201 case conferences.*
- *We have held 24 Caregiver Support meetings.*
- *We have presented three programs to the community.*
- *More than 100 people have borrowed durable medical equipment.*

For more information on the services we provide, contact the office at 468-4446, or check out our website, [lihhs.org](http://lihhs.org)

Once again, great thanks for your continued support.

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## Winter 2016 Information and Resources

### *Jingle Bell Dinner a Great Success*

Thanks to our sponsors, guests, and volunteers, the 2015 Jingle Bell Dinner was a great success! With exciting auction items, entertainment by Seattle's Jet City Improv, stunning decorations by Debbie Collins and the Bryant family, and a fabulous dinner provided by The Bay, a good time was definitely had by all.

The generosity of our community made for an amazing evening. The event brought in close to \$30,000 to assist Lopez Island Hospice & Home Support in helping our neighbors in need.

Thanks once again for your support and dedication to Lopez Island Hospice & Home Support.

### *"Living Long on Lopez" Well Attended*

Fifty-two people attended a Hospice & Home Support education program October 18, where people "in the know" spoke about resources available to assist islanders in our self-discovery process. What defines "quality of life" for us as we age? Hamlet House, Hospice of the Northwest, and Hospice & Home Support spoke of resources and services already available on our island. Karen Gilbert spoke of a palliative care pilot program that she hopes to bring to Lopez. Lots of time was left for questions to come from the audience.

LIHHS is planning future programs in the Living Long on Lopez theme. Ideas for such programs are invited. Please contact Lynne Keeley at 468-4446 to offer your ideas.