

# ***Touching Grace***

*Workshop Guide*

**Visitation with the Touch of Christ**



*Diana L. Walters, DPhil*

REVISED EDITION

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*May Jesus himself and God our Father, who reached out in love and surprised you with gifts of unending help and confidence, put a fresh heart in you, invigorate your work, and enliven your speech.*

2 Thessalonians 2:16-17, from the paraphrase *The Message*



## WHY WE ARE HERE

When an old lady died in the geriatric ward of a hospital near Dundee, Scotland, it was thought that she had left nothing of value. The nurses, going through her possessions, found this poem, the woman's only bequest to posterity—a priceless plea that has circulated around the world.

### OPEN YOUR EYES

*What do you see, nurses, what do you see? What are you thinking when you're looking at me?  
A crabby old woman, not very wise, uncertain of habit, with faraway eyes?  
Who dribbles her food and makes no reply when you say in a loud voice, "I do wish you'd try!"  
Who seems not to notice the things that you do, and forever is losing a stocking or shoe.  
Who, resisting or not, lets you do as you will, with bathing and feeding, the long day to fill.  
Is that what you're thinking? Is that what you see?*

*Then open your eyes, nurse; you're not looking at me.*

*I'll tell you who I am as I sit here so still, as I do at your bidding, as I eat at your will.  
I'm a small child of ten, with a father and mother, sisters and brothers, who love one another.  
A young girl of sixteen, with wings on her feet, dreaming that soon now a lover she'll meet.  
A bride soon at twenty—my heart gives a leap, remembering the vows that I promised to keep.  
At twenty-five now, I have young of my own, who need me to guide and a secure happy home.  
A woman of thirty, my young now grown fast, bound to each other with ties that should last.  
At forty, my young sons have grown and are gone, but my man's beside me to see I don't mourn.  
At fifty once more, babies play round my knee, again we know children, my loved one and me.  
Dark days are upon me, my husband is dead; I look at the future, I shudder with dread.  
For my young are all rearing young of their own; I think of the years and the love that I've known.*

*I'm now an old woman . . . and nature is cruel; 'tis jest to make old age look like a fool.  
The body, it crumbles, grace and vigor depart; there now is a stone where I once had a heart.  
But inside this old carcass a young girl still dwells, and now and again my battered heart swells.  
I remember the joys, I remember the pain, and I'm loving and living life over again.  
I think of the years—all too few, gone too fast, and accept the stark fact that nothing can last.*

*So open your eyes, nurse, open and see,  
not a crabby old woman; look closer—see ME!!*

She wanted her needs met. They were not. All of us need what the old woman did not receive—a need that is basic and normal, a need that when unfilled leaves us empty, hollow, crabby, desperate. When this need (call it respect, identity, significance, being valued, or something else) is deficient, people wither and society crumbles. Real followers of Christ can supply this to others. ***Let us live to give.***

### A PRAYER OF READINESS

Heavenly Father, God of mercy and love, thank you for your care.

You have often sent it to me by people like me. Thank you for using them.  
I want to be useful in your work here on earth. I am ready for your assignment.

Open my eyes. Work on me so you can work *through* me.

May I be aware in the spirit of my Lord and Savior, Jesus, in whose name I pray.

Amen

## THE NEED AND YOUR CALLING

Of people living in long-term care, \_\_\_\_\_ to \_\_\_\_\_% do not get more than one visit in one year! <sup>1</sup>  
If the American church (that's us) is *not* embarrassed about this, we should be.

### WHY IS IT THIS WAY?

1. Demographics: \_\_\_\_\_%+ have no close relatives and \_\_\_\_\_% have no living children. <sup>2</sup>
2. Mistaken beliefs and lame excuses often given for not visiting:
  - ✦ "People who are ill don't want strangers popping in from nowhere; it just confuses them."
  - ✦ "He won't remember my visit. He doesn't even know who I am. He won't miss me."
  - ✦ "It is hard on her because my visit causes her to long for what she no longer can have."
  - ✦ "People with dementia are mentally disrupted. Visiting is a waste of time."
3. Mistaken priorities: Are my priorities "me first"? Superficial instead of substantive? Foolish? Selfish instead of relational? A study of 1,441 nursing home residents found that after admission to a nursing home, family contact with the person decreased by \_\_\_\_\_%. <sup>3</sup>  
Time management is about priorities, not about proficiency in multi-tasking.

**A solution:** We can't fix #1. We'll fix #2 today. You settle #3 with the Lord asap.

### WHAT DOES SCRIPTURE SAY WE SHOULD DO ABOUT THIS?

These commands and examples apply to *all vulnerable people*, not just to widows.

**By direct statements, God condemns oppressors of widows:** Exodus 22:22-24; Isaiah 1:23-25, 10:1-2; Jeremiah 7:2-7; Ezekiel 22:7; Malachai 3:5; Luke 20:45-47

**By direct statements, God defends widows:** Deuteronomy 10:17-18, Psalm 68:5, Luke 18:2-8

**By direct statements, God forbids oppression of widows:** Jeremiah 22:3, Zechariah 7:10

**By direct statements, God protects and provides for widows:** Leviticus 19:9, 23:22; Deuteronomy 24:17-19, 26:12-13; Jeremiah 49:11

**By direct statements, believers are to abhor the oppression of widows:** Job 24:3, 21-22, 24

**By direct statements, believers are to appeal to God for deliverance:** Job 24:1-3, Psalm 94:1-6

**By direct statements, believers are to be considerate:** Deuteronomy 24:17-21

**By direct statements, believers are to care for widows (1 Timothy 5:3-18, James 1:27) and to grant equal justice to widows, orphans, foreigners, and the oppressed (Deuteronomy 27:19, Isaiah 1:17).**

**By direct statements, believers are to involve widows in worship:** Deuteronomy 16:9-11, 13-15

**By Jesus' direct instruction:** When, early on, Jesus was criticized by the Pharisees for associating with Matthew, part of his reply was "I desire mercy, not sacrifice." This repeats Old Testament commands and anticipates his later teaching, including familiar parables (the prodigal son, the good Samaritan). <sup>4</sup>

<sup>1</sup> (2005) State of Oklahoma Health Department and (2006) Texas Department of Aging and Disability Service

<sup>2</sup> (2006) Texas Department of Aging and Disability Services

<sup>3</sup> (2001) Port, CL. "Resident contact with family and friends following nursing home admission." *Gerontologist*, 41(5), 589-596.

<sup>4</sup> Hosea 6:6, Micah 6:6-8. The parables: Luke 10:30, 15:11-32. See also Matthew 28:19 and Luke 9:35-38, 19:10.

*The women and men most ignored by the American church are the infirm elderly.*

# THIS WORKSHOP: WHY, WHAT, HOW

**WHY** The Word calls the church (you and me) to care for all who are lonely or distressed.

**WHAT** This workshop is about ministry to elderly men and women, especially to those who are confined at home or in a care facility. The objectives are:

1. to understand the needs of late-age adults, including those with dementia,
2. to refresh your use of communication skills that increase mutual trust and respect, and
3. to equip you to give a touch of grace with Christ-like compassion to another person.

## HOW: EASY BUT NOT LAZY

The workshop supplements the book *Touching Grace*. Reading it completes and consolidates this training.

James 1:22 counsels us, “Do not merely listen to the word . . . do what it says.” Neither information (knowing) nor skills (doing) is enough by itself. We need both. We will be active in here so you can be effective out there.

All the skills and principles conform to biblical precepts. They are supported by careful research, as truth always is. That is very important to us but we will not talk much about that. Think of ministry as a house: God’s instructions are the construction plans; the training is about how to use the house.

When you leave here you should be confident that, with God’s help, you can minister effectively to late-age men and women, including those with dementia. You will be in a partnership with God, a team that can’t be defeated. What an opportunity! This will bring great joy. Wow!

This happens only with the Lord’s help. To prepare ourselves to follow Christ’s call into ministry, let us pray in unison, committing ourselves to His service.

**E** = \_\_\_\_\_  
**A** = \_\_\_\_\_  
**S** = \_\_\_\_\_  
**Y** = \_\_\_\_\_

This workshop teaches skills, which improve only with



Now a few words only for those who consider themselves to be a quiet or shy person:

**CONFIDENTIAL**

## A PRAYER OF MY COMMITMENT

Gracious heavenly Father, you have given me many resources.  
 They have come through your Word, through your Son, Jesus Christ,  
 and as counsel given by the Holy Spirit.  
 You have used my brothers and sisters in your family to guide and comfort me.  
 I wish to be one who guides and comforts. I cannot, without your help.  
 Please grant me patience to listen, courage to recognize my need to change,  
 audacity to try new things, flexibility to adapt, and determination to live for you.  
 Teach and develop me so that, in your will, I can do what is mine to do—for you.  
 This I ask in the name of Jesus, my Lord and Savior. Amen.

*Good intentions are not enough.*



## WHAT DEMENTIA IS AND ISN'T

*Dementia* refers to a broad group of symptoms that attack \_\_\_\_\_ with enough damage to reduce a person's ability to perform everyday tasks. They are little-understood medical conditions with devastating consequences for patients and their families. Dementia symptoms vary, but when two or more of the mental functions listed below are significantly impaired, it is diagnosed as dementia.

### THESE PHYSIOLOGICAL CHANGES ARE ..... EXPERIENCED AS DIFFICULTY

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



- recalling past events
- gathering new information
- processing sensory data
- perceiving meaning of senses
- maintaining social skills

The leading cause of dementia (60-80% of cases, 4 million in US) is \_\_\_\_\_.


The second leading cause is \_\_\_\_\_, (i.e., strokes). Dementia may also be caused by treatable problems such as: reaction to medication, \_\_\_\_\_, \_\_\_\_\_, anesthesia, thyroid problems, \_\_\_\_\_ deficiencies, and major \_\_\_\_\_.

Do not hesitate to be around people with dementia. They are NOT:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Dementia moves forward at differing rates. Diagnosis is difficult; prognosis is more so.

People are different on the outside but on the inside all have similar hopes, fears, and needs. We can meet people at the point of their felt needs, as Jesus did, and lead them to the one source of ultimate security. *That* is the mission Christ has given the church, which is *us*.

DEMENTIA WREAKS DESTRUCTION IN TWO PROBLEM AREAS	
AREA	ROLE OF THE CHURCH
1. MEDICAL	In most churches few are called to this area of ministry.
2. SOCIAL (financial, relational, spiritual, housing, transportation)	 <p>All churches have opportunities here. With opportunity comes responsibility.</p>



# RELATIONSHIP WITH DEMENTIA PATIENTS

◆ Nationally, \_\_\_\_\_% of nursing home residents are impaired by dementia.<sup>5</sup>

**Here is the good news:** Dementia patients are not mentally deficient. Their lack of access to memory is disruptive to them, and other complications arise, but many residents you will meet will either not have dementia or be at Stage I or II. They will be able to engage in a variety of activities that you can enjoy with them and converse logically on many topics. Their mood may be diminished—more likely influenced by anxiety or depression than by dementia. You will enjoy the visits if you make it easy for them to let you know them. The guidelines below will help you do that.

- ◆ More advanced dementia patients are much more comfortable with “yes/no” questions than with specific questions. Thus, “Do you have grandchildren?” is a better question than “How many grandchildren do you have?” Don’t ask if they remember “x-y-z.”
- ◆ Mirroring (we’ll examine this later) usually e - x - p - a - n - d - s the flow of information from them to you because it rewards them for talking and encourages them to say more. Mirroring proves that you are listening, and listening is a valued compliment.
- ◆ How you approach someone may be as important as what you say. Body language that is too close, startling, or is highly demonstrative can cause anyone to feel threatened. Give space and comfort to the person you visit. “Value others more than yourselves” (Phil 2:3b).
- ◆ Be patient. Expect repetitions, most of which occur because they (a) are favorite reminiscences or (b) are memories that are especially “real” at the moment. What is old seems recent, a trick of memory.
- ◆ If a resident is inappropriate or verbally aggressive, calmly change the subject to anything that is non-threatening. For example, “The flowers are beautiful! What color do you like best?”
- ◆ Set up a scenario so they want to follow your lead. “Why don’t you put your shoes on and then we can go to the singing together.”
- ◆ Ask for help. Bring a colleague with you if think a resident may be verbally or physically aggressive. When residents are treated respectfully, that is not likely to happen.
- ◆ Some dementia patients may become agitated for no foreseeable reason. It is not about you or your fault. Give them space and get help if necessary.
- ◆ Lead with CARE: **C**ompassion, **A**ffirmation, **R**espect, **E**mpathy.



<sup>5</sup> <https://www.cdc.gov/nchs/fastats/alzheimers.htm> Accessed 2-22-17 (This is the Center for Disease Control.)

*Don't do anything only to get ahead. Don't do it because you are proud. Instead, be humble. (Phil 2:3a) Kind words heal and help. (Prov 15:4 from The Message)*

# DO'S AND DON'TS OF VISITATION

## Essential Don'ts in a Care Facility



- ✦ Don't visit if you are sick or feel as if you are coming down with something.
- ✦ Don't go into a room without knocking even if you know the resident has a hearing problem. If they do not respond, open the door slowly and repeat more loudly "Andrea, it's Diana, may I come in?"



- ✦ Don't push a person's wheelchair unless you know how and know the person's condition. You could unintentionally put someone at risk. For example, some residents cannot hold their feet up for very long and might be injured if you begin to push them and they suddenly put their feet on the floor.
- ✦ If you find a resident who has fallen or is in distress, find a staff member. Do NOT attempt to get them up on your own.



- ✦ Don't give anyone food or drink without asking a knowledgeable staff if it is okay. (Some residents will have fluid or food restrictions because of swallowing issues that pose a serious danger.)
- ✦ Don't give gifts without first checking with staff. (I recall a resident attempting to eat a plastic flower and fruit arrangement that had been brought to her.)

- ✦ Don't untie restraints or adjust beds or geri-chairs. Let a member of staff know if a resident asks.

## Essential Do's: Always and Everywhere



- ✦ Do look forward to the privilege of visiting someone who needs and deserves your visit.
- ✦ Do take your perfect partner, Jesus, with you.
- ✦ Pray before, during, and after your visit.
- ✦ Listen for God's leadership.



- ✦ Do wash your hands before visiting and after you have visited residents.
- ✦ Do smile and appear friendly and approachable.



- ✦ Do treat all people respectfully and as the adults they are no matter their cognitive abilities.
- ✦ Do remember that any information you learn about residents is to be kept confidential.

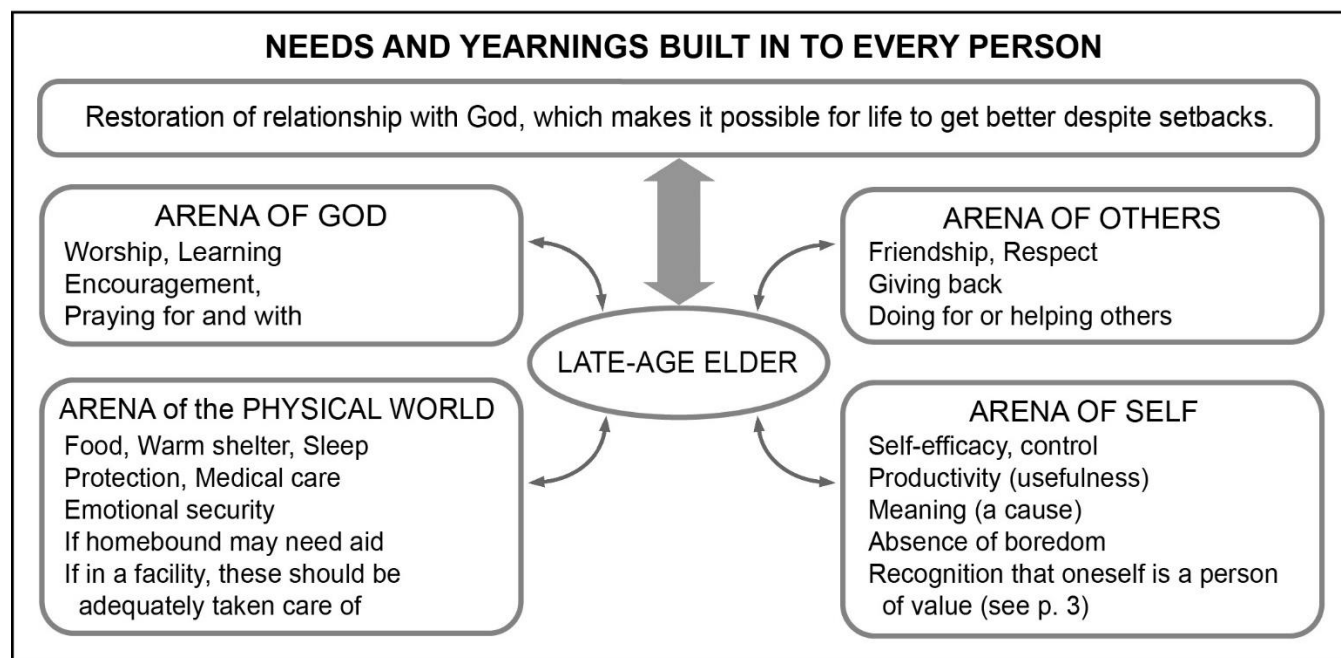


# VISITING LATE-AGE PEOPLE

If we are going, *why* are we going? \_\_\_\_\_.

## WHAT DO LATE-AGE PEOPLE NEED?

All people have many types of needs. Humans are born hungry. A baby cries because it is hungry, a youngster digs into the cookie jar for the same reason, a teenage boy is obsessed with girls because ... well, you know. We have many different hungers, “must haves” that energize our behavior throughout life. We can help fulfill late-age elders’ social and emotional needs. What are they?



## WHAT ARE THEY OFFERED WHERE THEY LIVE NOW?

If living at home or under family care, may need help with food, medical costs, home maintenance, transportation, etc. Families may provide love, reassurance. The grim downside is that many caregivers develop serious problems (depression in 23% to 85%, anxiety in 40% to 75%).<sup>6</sup>

If in a care facility, the facility takes care of physical needs. There are often serious downsides: (1) Loss of the familiar. (2) Most facilities operate by the *medical model*, and rightly so. They are state inspected, but numerous studies show a dangerous problem of over-use of antibiotics generally and of anti-psychotic medications with dementia patients in particular.<sup>7</sup> (3) Possible issues of staffing: quality or quantity.

## HOW CAN WE ADD VALUE TO THEIR SITUATION?

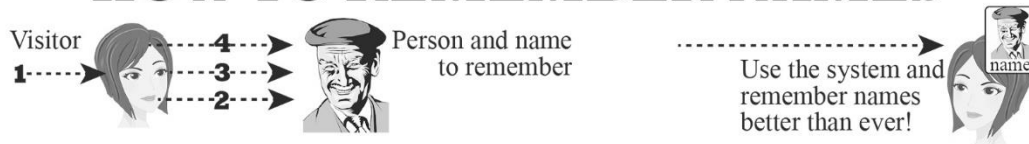
Always support medical personnel. Our *ministry model* seeks to understand people to learn what they need. Warm-hearted Christians can give unqualified acceptance to another, regardless of that person’s ugly history, limitations, present eccentricities or cantankerous behavior. By God’s grace, we can care: patiently, daringly, without reservation. “They shall know we are Christians by our love, by our love.” We will be entertaining, but offer more than entertainment. Our aim is to bring them a touch of grace. For more on this topic, see pp. 64-68 in *Touching Grace: Montessori Methods and the Touch of Christ*.

<sup>6</sup> Brodarty, H and Donkin, M. (2009) Family caregivers in dementia. *Dialogues in Clinical Neuroscience* 11(2), 217-229

<sup>7</sup> Look at the website below. The situation has not gotten better since 2014.

<http://www.aarp.org/health/drugs-supplements/info-2014/antipsychotics-overprescribed.html>

## HOW TO REMEMBER NAMES



1.

2.

3.

4.

## DOOR OPENERS AND DOOR CLOSERS

	Openers	Closers
Nonverbal		
Verbal		

## THE SMILES-UP CONVERSATION STARTER CARDS

### An Approach Using Montessori-style Materials



Christianity is about warm, personal, accepting relationship with God. This is the model for our relationships with others, but living it out is not easy.

That was my point in telling you about the shy 15-year-old who discovered that it was fun to talk with—to chat and listen—to men who were older than his grandpa!

He could hardly believe it himself—the *age* or the *fun*.

Doing hard things is usually a matter of getting started; overcoming fears that we *know* are crazy and getting into it. The boy went into the facility “hiding behind” a SmilesUp card and he got the job done. Good for him! Whatever works.

SmilesUp cards help visitors connect with strangers and renew a connection on the next visit. They are conversation *starters* that will help you begin and build relationships. The Montessori connection is the emphasis on the power of the senses to stimulate the brain. Touching, seeing, hearing, smelling, and tasting activate the circuits, enliven the brain, and “get the juices flowing” as we all know. We do not need to understand the incredible structures and processes of the brain to benefit from these methods.

The boy felt protected by the card, which was easy to show and paid off with great fun. It worked the same way with a small group of adults who responded at their church to an appeal that asked for “people who think the forgotten 60% in nursing homes *should* be visited but are *afraid* to go do it.” The promotion said, “If you’ve done it before, you can’t come.” Seven frightened compassionate people came. They took a quick measure of attitude, had just 25-minutes of training, then went to a facility to talk one-to-one with residents they had never seen before. After that they took the same quick test. The results for the group are in the table. Notice that all their negative feelings went down and that all their positive feelings went up. They were successful! They each made more visits because they found out that they could do it and that it was fun as well as helpful.

ATTITUDE	BEFORE	AFTER
Confident	2.4	↑ 3.7
Relaxed	2.7	↑ 3.9
Eager	3.1	↑ 4.2
Nervous	3.9	↓ 2.5
Cautious	4.2	↓ 2.6
Unsure	4.8	↓ 2.3

### Now It’s Your Turn



This card shows a puppy and a bunny hanging out in a cozy snuggle. Cute! The fronts of SmilesUp cards evoke curiosity; the reverse is more serious. Okay, if your entire conversation with the resident is about dogs and bunnies but they want to talk with you again, you have succeeded. The Holy Spirit will bring you to the right time for discussion of more important matters, usually after the two of you have become comfortable being yourselves—when you are friends. Never rush to the



back of the card. Your visit is not about the card; your visits are about building trust with the resident and helping them experience God’s love. Talking about the back of the card is always optional; putting the needs and interests of the other person first is not.

Pick a card, any card, from your SmilesUp pack and use it to begin a conversation with your partner.

*... be friendly to strangers and enjoy doing good things.*

Titus 1:8. Enthusiastic Christians follow this principle, part of Paul’s counsel about choosing elders.

## the VERBAL VILLAINS

Second-best communication styles that good people use when they are careless.  
Each allows the the Villain to remain distant from the other person's needs.



### the FLORIST

Fills the room with gushing cheer.



### the DRILL SERGEANT

Too busy issuing commands to listen.



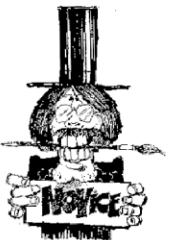
### the DETECTIVE

Bombards with questions, which often become accusatory.



### the SWAMI

To avoid helping, predicts the future and steps aside.



### the SIGN PAINTER

Thinks that naming a problem solves the problem.

### the FOREMAN

Avoids getting involved by giving the other person tasks.



### the HISTORIAN

Dominates the occasion with boring irrelevant stories.



### the JUDGE

Blames the person for all their problems.



### the GURU

Speaks in cliches.



### the MAGICIAN

Believes that a magic word will make a problem disappear.



*Don't talk too much, for it fosters sin. Be sensible and turn off the flow!*

Proverbs 10:19 (NLT)

## THE SKILL OF MIRRORING



Mirroring is a powerful communication skill that is very helpful in ministry visitation and *every other arena of life*: marriage, parenting, supervision, conflict management. It builds trust and will lead the other person to greater understanding of self.

It also (1) helps the listener avoid using Verbal Villains, (2) helps the other person feel at ease, (3) guides the conversation to the topics most important to the talker, and (4) expands the quantity of information because it (5) rewards the talker every time they speak. Listening fully and without judgment is a rare and valued gift to another.

All conversation has two parts: (1) CONTENT – what the person is talking about, and (2) FEELINGS – emotions connected to that content. Mirroring responses include both. It may seem odd at first because mirroring responses are constructed from what the talker has just said or is implied by the situation.

Mirroring proves acceptance and understanding. Solid acceptance of them *as they are* gives them permission to express themselves. Because listening is difficult and uncommon, mirroring proves that you care. Being much better than the Verbal Villains, it keeps us out of trouble. Because we've all had all the emotions, it builds a bridge across cultures. This aids problem solving (which is usually not our task).

Mirroring looks like this:

1. The talker describes content and feelings.


3. The talker is aware of being understood and accepted.



**MIRRORING**

2. The listener restates the talker's content and feelings; no more, no less. The words will be different but the meaning will be the same.

### After the usual conversational greeting, a visitor had this conversation:

Rita, a resident in LTC	Visitor used mirroring
Compare what Rita said with its response.  The two should carry the same meaning.	
Thanks for coming to see me. It's hard to be away from all the people I know.	It's lonely to wait between visits.
My husband used to come every day but he doesn't do that anymore.	I'll bet you miss his visits a <u>lot</u> .
Oh yes, I sure do! (pause) They tell me he died but I'm not so sure about that.	That must be terribly upsetting.
Of course it is! I can't get an honest answer. My husband is getting forgetful.	That puts a lot on <u>your</u> mind—missing him and worrying about him. That must be <u>hard</u> !
I like talking with you. Will you come again?	I <u>will</u> come back. I don't have to leave now. Can I stay a little longer today?*
<b>Mirroring is difficult only to the extent that our pride, pretending to be wise and clever, gets in the way.</b>	

\* This reply is not mirroring but is excellent. It was time for the Visitor to clearly assure Rita of on-going interest and availability. Mirroring is just one of several valuable communication tools. For more on mirroring see pages 73-77 in *Touching Grace: Montessori Methods and the Touch of Christ*.

*Rejoice with those who rejoice; mourn with those who mourn.*

Romans 12:15

**USE MIRRORING WHEN . . .**

1. Beginning a relationship of trust and caring.
2. Helping other people understand themselves better.
3. Finding it hard to understand another person.
4. You wish to learn more about a person.
5. Your ideas and theirs differ. Mirroring reduces conflict.
6. You don't know what to say.

**DO NOT USE MIRRORING WHEN . . .**

1. The other person seeks information or needs prompt action.
2. The other person is inappropriate.
3. The other person hogs the conversation to keep you from talking.
4. The other person is not in touch with reality, is suicidal, intoxicated, or depressed.
5. Mirroring no longer produces new information (feelings or content) from the other person.

**MIRRORING DOES NOT MAKE FEELINGS WORSE**

As you offer quality listening, people may tell you about their strong unpleasant feelings or impulses. Talking about them does not create them—they are already there—but the person's feelings may *appear* stronger when they speak about them openly. Talking about and releasing feelings is not enough to change them—it is just the beginning of finding their cause and taking action to change them.

**QUIT MIRRORING WHEN . . .**

- ◆ Immediate help is needed. Don't use mirroring if my hair is on fire; get a fire extinguisher—**NOW!**
- ◆ Dementia patients repeat the same thing over and over. Try changing the subject or making a diversionary offer especially if the subject is upsetting to them. Sometimes, though, retelling past events is comforting, so listen patiently to their 15<sup>th</sup> report of their winning touchdown.
- ◆ If a resident talks lucidly about a matter that they can (at least somewhat) control, ask, "What is your plan?" or "What have you tried?" or "What are you considering?" This shows respect.

*Mirroring is just one tool among many you can have in your helping toolkit.*

**COMMON MISTAKES WHEN MIRRORING**

- ◆ Using poor attending skills. You sound good, but look like you couldn't care less.
- ◆ Sounding like a parrot or a robot. *Paraphrase, don't parrot-phrase!*
- ◆ Rushing in to give advice. Cheap advice becomes very expensive.
- ◆ Ignoring or minimizing feelings by mirroring only the content.
- ◆ Shifting attention to yourself. To start sliding into Verbal Villain responses.
- ◆ Being lazy. Be as intense in your words and emphasis as the other person.
- ◆ Using mirroring when it is not the best method to use in the circumstances.

**HOW TO USE MIRRORING WELL**

- ◆ Listen closely to *what* is said and *how* it is said.
- ◆ Don't just pay attention, *look like you are paying attention!*
- ◆ Watch for nonverbal clues to feelings.
- ◆ Remember their content and feelings.



## ABOUT ASKING QUESTIONS

Who knows more about the resident, the resident or the visitor? Duh. So how does a visitor learn more? Two approaches: (1) A barrage of questions? No. (2) Making it easy for the resident talk (mirroring).

### Questions Can Create Problems

Asking questions is especially inefficient (1) with people who don't know you well and (2) during emotionally sensitive situations. Here are some difficulties that questions may create:

- ◆ Defensiveness or guardedness. The person asking questions is in control; we prefer to be in control.
- ◆ It competes with listening. As you answer, I must think up the next question.
- ◆ Questions waste time. Make it easy for people to tell you. They'll talk about what is important to them when they know they can trust you. They have answers to questions you haven't thought of yet.
- ◆ Dementia patients are likely to be embarrassed if they cannot answer "Do you remember?" questions, which may be given in many forms. Do not put them in position of failing to recall information. This will cause some to make up answers. Sooner or later these inventions are awkward for you both.



### Questions Can Be Quite Useful and Legitimate

- ◆ To obtain specific information. "How long have you lived here?" "How long were you married?"
- ◆ To clarify. "Did you say you lived here *for years* or *for four years*?"
- ◆ To pin-point. "Would it be better for me to come visit on Mondays or on Wednesday?"
- ◆ Use questions thoughtfully. Observe their effects and learn.



## LEARNING THE SKILL OF MIRRORING

**Instructions:** We will do the first one together step by step. Then you can do three on your own and compare your responses with others.



Frieda says: "I've been here at Tranquil Acres for about three years. I like it. I didn't at first because I had always enjoyed my privacy. But I know it is better for me to be here and easier for my daughter."

(a) Write down words that describe, in your opinion, what Frieda feels.

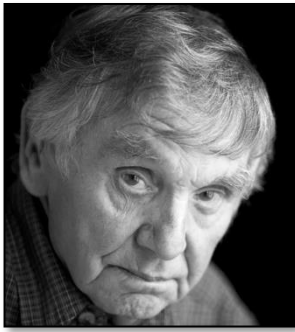
*Although there are not many different emotions, we have many words to describe them and their variations as we see when we share words as a group.*

(b) What is the content here? What is she talking about?

*That part is easier than identifying the feelings because we talk mostly about events and people. Many times just a word or two will sum up many of the other person's words about what is happening.*

(c) Now, use the material you have above and write a response to Frieda that sounds (more or less) as you would sound if you were at Tranquil Acres talking to Frieda.

(d) Now turn to page 18 and compare your response with what you find there.



Rob

2. Rob says: “I was doing fine living by myself at home. My buddies would check on me. My son claims he got a court order to put me here. What do you think of that?”

(a) You feel \_\_\_\_\_ because \_\_\_\_\_.

(b)



Vernice

3. Vernice says: “What’s going on down there? I hear noises down the hall but I can’t see anything. Is someone messing around in my room?”

(a) You feel \_\_\_\_\_ because \_\_\_\_\_.

(b)



Louise

4. Louise says: “Nobody knows what happens after we die. I have decided to just wait and see. We all go sometime. I’ll wait and find out . . . I guess.”

(a) You feel \_\_\_\_\_ because \_\_\_\_\_.

(b)

### You Can Mirror and Still Talk in Your Natural Style

Did you include *their* feelings and content and *nothing* else? Compare your response with these. Notice that there is no judgment, personal opinion, or advice in any of these. Time for that later, if appropriate. Words that describe the other's feelings have solid underline; content words have dotted underline.



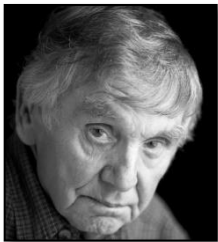
Frieda

1. Example A: You're happy because it's good for both you and your daughter.

Example B: You are accepting of the move because you're safe and your daughter doesn't have to worry about you. That must be a big relief!

Example C: You adjusted! Good for you! Now you like it here because it is good for you and your daughter.

Example D: It wasn't easy to change but you learned that the right change can be good. This change is a good one, and you're comfortable with it!



Rob

2. Example A: You feel angry because your son took over.

Example B: You believe you can take of yourself with the help of friends who check on you, so you don't like having that taken away from you.

Example C: It's a puzzle to you; something that doesn't add up. You wonder why your son did this and you don't like it one bit!

Example D: Your son stepped in and changed your life. That must have been a shock!



Vernice

3. Example A: You feel nervous because this is a new place with strange noises.

Example B: You're curious about the noises that you are not used to.

Example C: It's hard to sleep in a strange environment and the noises are worrisome.

Example D: It feels safer to you to stay in your room because you're concerned about the unfamiliar noises.



Louise

4. Example A: You feel unsettled because you don't know what happens after death.

Example B: After the end of life, you see only a scary question mark.

Example C: You've decided to wait and see, but it sounds like you are not sure that "wait and see" is the best idea. Your "I guess" sounds like you are perplexed.

Example D: I can't help but wonder if you are comfortable to "wait and see." The way you said "I guess" makes me think you are anxious about it.

## ORAL PRACTICE OF THE SKILL OF MIRRORING

**Purpose:** Mastery of a skill requires repeated conscious practice. Ask any champion.

**Procedure:** • **Decide:** who is Visitor, who is Other Person (OP)?

- **Prepare:** Both of you silently read the scenario and choose a word or expression to match the feeling evoked by OP. Content is easy; it is given below.
- **Task for Visitor:** Practice responding with the skill of mirroring. If you get stuck while in the Visitor role, that's okay. Ask OP to suggest a word or two and move on.
- **Task for OP:** Provide a situation to which the Visitor should use mirroring. To start, use line (a). Put some emotion into it and let Visitor respond. Then do (b), (c) and so on.

### Scenario #1

(a) Other Person (OP), a neighbor, says: The TV says the regional office where I work may be closed!  
Visitor mirrors feeling and content: "You felt surprised (feeling) when you heard this on TV" (content).

(b) OP says: Imagine 300 people laid off! This town will collapse!  
Visitor mirrors: (feeling)\_\_\_\_\_ (content) hardship on people of town

(c) OP says: It's just a rumor, but it scares me into a panic.  
Visitor mirrors: (feeling)\_\_\_\_\_ (content) the stories going around

(d) OP says: Our kids are ready for college and need my help.  
Visitor mirrors: (feeling)\_\_\_\_\_ (content) heavy responsibilities already

(e) OP says: What will become of us? I'm too old to get a job anywhere!  
Visitor mirrors: (feeling)\_\_\_\_\_ (content) limits due to age

(f) OP says: I could move back to Florida and work for my brother-in-law again.  
Visitor mirrors: (feeling)\_\_\_\_\_ (content) work again in Florida

- **At the end:** (1) Visitor comments on his/her performance. (2) OP comments.
- **When you complete this, trade roles and do the next page the same way.**



## **DON'T TRY TO BE SOLOMON UNLESS . . .** **you actually are the king who was famous for his wisdom.**

Your job is to accept others as they are and to understand what is going on.  
 (This does not mean that you agree with bad beliefs or harmful behavior.)

**Mirroring is the best way to show that you care and understand.**

### **Scenario #2**

- (a) The Other Person (OP), a resident in an assisted living center, says, "I'm worried about how much it costs here and afraid that my children are going to be burdened financially."

The Visitor mirrors OP's feeling and content:

- (b) OP says, "The last thing I want to do is to wreck their lives."

The Visitor mirrors OP's feeling and content:

- (c) OP says, "It's all I think about day and night."

The Visitor mirrors OP's feeling and content:

- (d) OP says, "I lie awake worrying."

The Visitor mirrors OP's feeling and content:

- (e) OP says, "It's making me sick."

At this point (e) the Visitor knows that the Other Person is trapped in a web of worry, which may or may not be based on facts. The OP's repetitions (c, d, e) signal the Visitor to switch to an optimistic topic. The Visitor should not try to solve this issue but could ask "What do your children say about this?" or "Have you talked with your children about this?" Try that now.

- (f) OP ad libs based on what the Visitor said.

**PRAAYER & PRACTICE** *growth needs both*



## MORE PRACTICE OF THE SKILL OF MIRRORING

We said it before, and it will always be true, that learning a new skill requires practice, practice, practice. It is worth it! Use these ideas to kick-start a practice conversation. Critique yourself. The scripts offer words the “Other Person” can use to provide mirroring practice to the “Visitor.”

### Scenario Starter List A—Visitor Mirrors a Friend

- #1. You (OP) are a friend of V. (a) My new neighbors have me curious. (b) Strange people! I went over to be friendly and they couldn't send me away fast enough! (c) I'm curious; suspicious, actually. (d) Many cars come and go. Even at night. (e) It isn't normal. I don't know what to do.
- #2. You (OP) are a friend of V. (a) I'm at my wit's end. (b) I have a neighbor problem I don't know how to fix. (c) He parks his truck in front of my house two or three days at a time. (d) It's one of those giant things that pull huge trailers. (e) The guy is meaner than a junkyard dog. He scares me!
- #3. You (OP) are a close friend of V. (a) I think my marriage is in the dumpster. (b) Well, it just doesn't seem like it's worth the effort. (c) Everything I do to try and make it better is a waste of effort. It's not appreciated. (d) When I try to do something nice I get accused of manipulation. (e) I wish I could give up and walk away. *But . . .*

The right response is  
*still the right response*  
even if its style  
leads you to think that  
what you said didn't sound like you!



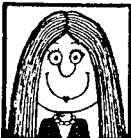

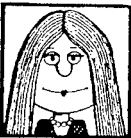
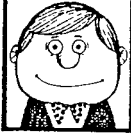
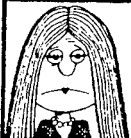
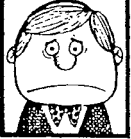

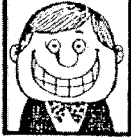
### Scenario Starter List B—Visitor Mirrors a Person Who Is Frail and of Late Age

- #4. You (OP) live alone. (a) My next-door neighbor calls me twice a day and is really helpful. (b) I can't get out like I used to. Sometimes I'm sad. (c) I sit around a lot, doing nothing at all. (d) I can't do what I used to do and don't even like TV anymore. (e) Life is empty. My neighbor thinks I'm depressed.
- #5. You (OP) live in an upscale assisted living center. (a) I don't like it here. (b) I can't stand it! They tell us what to do all the time! (c) They took my car away. (d) I don't have any freedom. It's like being in jail! (e) Life will never be good again!
- #6. You (OP) live in a low budget facility that has many residents who cannot pay very much. (a) The manager really likes to help people. (b) But too much charity makes problems. (c) Staff changes constantly; things never get repaired. (d) It's a mess here! All broken and run down. (e) But this is where my kids put me.

*Whatever you are doing, work at it with enthusiasm, as to the Lord  
and not for people . . . serve the Lord Christ.*

Col 3:23-24

## STAGES WHEN LEARNING NEW SKILLS

	<p><b>4 unconsciously skilled</b></p> <p>Back to bliss! Effective skills are internalized. Usually we <i>feel</i> effective as well as <i>being</i> effective.</p>	
	<p><b>3 consciously skilled</b></p> <p>"This isn't me." We may <i>be</i> effective even while we <i>feel</i> awkward. The new skills seem artificial and may seem phony to us even though they are not. Fear of appearing manipulative is common while learning mirroring.</p>	
	<p><b>2 consciously unskilled</b></p> <p>Beneficial bad news—the pain of recognizing mistakes. This is especially common when we are discovering our Verbal Villains. We may be a little self-conscious but it is a helpful stage of transition.</p>	
	<p><b>1 unconsciously unskilled</b></p> <p>Ignorance is bliss. We make mistakes but we aren't aware of them.</p>	

Read the list from the bottom to the top. We almost always go through this sequence as we learn a new skill, whether it is a physical skill such as driving a car or playing tennis, or a relational skill like listening or giving information. As you go through stages 2 and 3, remember that they are temporary and that going through them is the best approach even when it seems awkward.

If you have heard a Verbal Villain remark come out of your own mouth ...

**CONGRATULATIONS!**

You have earned the Courage trophy for facing up to the need to improve. This is Stage 2, and it is progress!



*"... let God transform you into a new person by changing the way you think" (Romans 12:2a) so you connect well with people.*

# THE INNOVATIONS OF MARIA MONTESSORI



Maria Montessori (1870-1952) was one of Italy's first female physicians. She specialized in pediatrics and psychiatry. When she became director of a school for developmentally disabled children she began her life's work, the scientific study of educational methods. Her methods emphasized learning by doing—hands on discovery—with considerable respect for the capability of each child. This workshop and the *Touching Grace* materials use these two features of her huge contribution to educational theory and practice.

The movement spread rapidly across Europe, the U.K., and India. By 1925 more than 1,000 Montessori schools had opened in the United States but by 1940 had withered under defamatory criticism from a prominent American educator. It revived in the US in the 1960s and now there are more than 4,000 in the US and thousands more across the world. Revered in Europe and respected around the world, she was nominated three times to receive the Nobel Peace Prize. Her ideas, while not without critics, are more influential now than ever.

Christian educators noted that Montessori's methods applied to their interests as well. There are many Montessori-style materials and activities available for use in Sunday school with younger ages. Thus, materials became available for children on both general education ("3R's") and Christian topics.

In the visitation pattern recommended here, we can say that Dr. Montessori developed methods that we can use, but without question it is Christ who brings comfort and joy and *that* makes all the difference!

## Applying Montessori-Style Methods in Dementia Care

Internationally known research scientist, Cameron Camp, PhD, Director of Research and Development at the Center for Applied Research in Dementia, applied Montessori methods to the care of dementia patients. Diana Walters saw that just as Camp's adaptations addressed social and life skills needs of dementia patients, she could use Montessori methods to enhance the connection between believers and the living God. Diana attended Camp's workshop. Later he read and approved her doctoral research proposal, believed to be the first application of Montessori methods to explicitly Christian materials for dementia patients. The dramatic results showed that a person who genuinely cares and brings a touch of grace to a person with dementia can do so meaningfully! (Details are at [www.TouchingGrace.org](http://www.TouchingGrace.org))

EARLY CHILDHOOD	ADULTS WITH DEMENTIA
GENERAL EDUCATION Maria Montessori	ACTIVITIES AND LIFE SKILLS Cameron Camp
BIBLICAL KNOWLEDGE Many People	CHRISTIAN WORSHIP AND NURTURE Diana Walters <sup>8</sup>

Why do Montessori's methods work? The sensory activity stimulates cognition. When you touch or sniff something it causes the "wake up and smell the coffee" response. It is the same for dementia patients; it benefits the visit. Applied to ministry, the methods enable residents more fully to know that God is alive and loves them. This is the best purpose for a visit—the best outcome.

You can make sensory materials inexpensively at home.<sup>9</sup> We practice here with materials that are part of your workshop.

<sup>8</sup> Walters, Diana L. The effect of multi-sensory ministry on the affect and engagement of women with dementia. *Dementia: The International Journal of Social Research and Practice*, 6(2), 233-243.

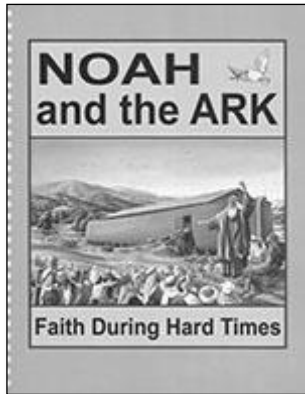
<sup>9</sup> See Chapters 8 and 9 of Diana Walters, *Touching Grace: Montessori Methods and the Touch of Christ*. (2016).

## NOAH AND THE ARK MULTI-SENSORY BOOK

Maria Montessori was all for stimulating mental alertness and the desire to learn. One of the best ways to get these, she found, was to involve the learner through the senses. This book has five objects that are glued in and that relate directly to the story. Touching these objects activates more of the brain, an action that increases mental acuity and perception. It is fun and it is enlivening.

**Visitor asks** if the resident has interest in seeing the book. E.g., “This book is unusual. May I show it to you? Sitting side-by-side works best. **Visitor might say**, “It is about Noah and the ark. The amazing thing about the story is the amount of faith Noah had in God. Noah really trusted God.”

**The visitor may ask** if the resident would like to read it aloud. Either way, pause at page 3 to touch the



sticks. This sensory interaction stimulates (enlivens) the brain, which results in greater attentiveness to the content and more pleasure in the experience. These strengthen memory and the bond between visitor and resident.

The ark was 410 feet long, 95 feet wide, and 75 feet high. That is huge! Imagine how difficult it must have been for Noah and his sons to trust God for 120 years

while building a massive ship in a desert land while neighbors ridiculed them. They also had to trust God during the 40 days of rain and then live on the ship for another 11 months or so waiting for the water to go down and the land to dry out!

This makes dramatic the important lessons that (1) God could be trusted by Noah and (2) God can be trusted by you and me right now. This truth is described on the book's pages 14 and 15. Emphasize the verse on page 15. If it seems right to you, ask to what extent they trust God or ask about how they manage life when it seems as though God can no longer be trusted. Close with prayer.

## THE GOOD NEWS BOOK – A Multi-sensory Evangelism Aid



This is an aid to use in evangelism with men and women with dementia. It has four tactile elements and describes the plan of salvation clearly and with interaction. It is most easily presented when visitor and resident are seated across a table from each other. As always, discuss the teaching at the resident's pace. The purpose is not to get through the book, but to clearly introduce or review God's offer of new life. Follow topics introduced by the resident to show respect and get to know that person better. The book is useful as a group or one-to-one Bible study or theological refresher for anyone. Instructions come with it but the best way to learn how to use it is to watch the video demonstration at [www.TouchingGrace.org](http://www.TouchingGrace.org)

*Montessori said, "Never help a child with a task at which he feels he can succeed."  
The principle applies as well to adults who have realistic beliefs.*

## **You Have What You Need to Visit Meaningfully**

You have what you need:

1. The right attitude. We believe that you care about this population or you wouldn't be here.
2. Skills and materials suited for use with late-age elderly (and others), including Montessori-style materials suited for ministry with dementia patients.
3. This guidebook. Read it carefully. See articles, ideas, and aids at: [www.TouchingGrace.org](http://www.TouchingGrace.org)
4. Encouragement and support from fellow believers.
5. Guidance and empowerment from God through the Holy Spirit. Therefore, "If God is for us, who can be against us?" Only us. We can be stopped only by our own fear, apathy, or rebellion

### **My Prayer of Commitment**

Heavenly Father, thank you for your love, mercy, forgiveness, and care.  
Grant me Christ-like grace and boldness to reach out to those around me,  
Not just family, friends, and people like me,  
But to the weak and forgotten, the ill, the unpleasant,  
the confused, the resistant, and the rebellious.  
Give me access to their ears so you can speak to their heart.  
I am yours; use me.  
Amen.



## **VISIT [www.TouchingGrace.org](http://www.TouchingGrace.org)**

The HOW TO tab for good ideas you can use

The FREEBIES tab for downloadable activities

The BLOG tab for news from other TG Visitation Warriors

## ADDENDUM: GROUP ACTIVITIES

The visit is to benefit the resident, not the visitor (although it almost always creates pleasure for the visitor when carried out unselfishly). We look briefly at five types of activities commonly offered by visitors or by staff members in residential facilities.

### TYPES OF ACTIVITIES

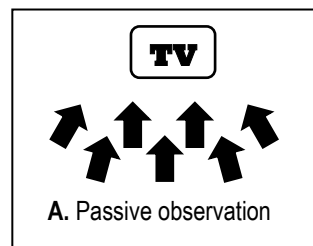
Residential facilities and visiting groups offer residents many activities. The value of these activities varies. We favor activities that draw people into honest, open, caring relationships with people and God.

#### A. Passive observation

In these activities, the attention of each person is directed toward a presenter, e.g., people watching TV or listening to music (see diagram A). This is entertainment and entertainment is good. Much of what is done by church-based groups is of this type; good, *but not the best Christians can offer*. No one stays healthy on a cotton candy diet. These activities imply demands on each one in the audience: “Look at us. Hear us perform. Clap for us. Say thank you.”

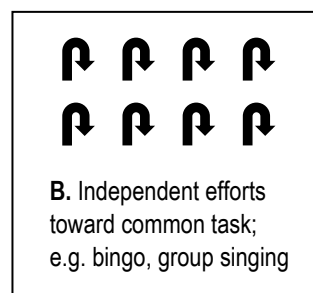
This is regrettably similar to what many of them have heard all day: “Get up, clean up, go eat, exercise.” These are necessary. But we would rather replenish than drain a person’s confidence and self-efficacy.

These activities become better when: (1) If the content is meaningful personally so residents can identify with it more fully). (2) When the content is of enduring value. A true story from history has more intrinsic value than a Simpsons cartoon. (3) When it teaches or reminds a listener of truths that are eternal (because all people are called to grow in maturity, which is a lifelong process).



#### B. Independent tasks

Everyone does the same thing independently, for example bingo, the most popular event at many facilities. People are together but their attention is on the game (see B). In diagrams A and B the arrows represent the focus of a person’s attention. Bingo is competitive; its motivating forces are greed and triumph. Is it entertainment? The winners think so; losers, not so much. It is divisive more than it is bonding because people look after their own interests. The meagre conversation that occurs is trivial. *We can do better than that.*

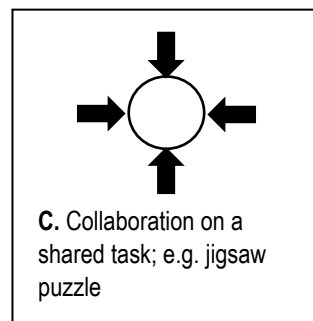


Activities are better when they are joyful for all, not just for the winner, such as group singing.

#### C. Collaborative tasks

Conversation and friendship increase when people work toward a shared goal, such as putting together a jigsaw puzzle (see C), but most conversation during the activity is about the task. Still, non-competitive tasks are opportunities to exchange goodwill, small talk, and encouragement, because the competition is against a shared obstacle (the puzzle), not against one another.

This is an improvement over categories A and B, but we all need more than just activity and small talk. Improvement comes as the intrinsic value of the tasks improve. Again, it is good but believers *are called to do better*.



*Man shall not live by bread alone, but by every word of God.*

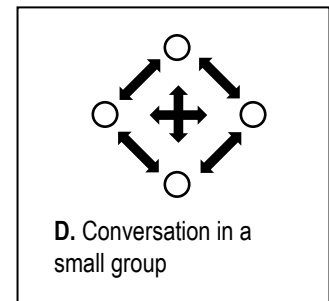
Luke 4:4 (also Matthew 4:4)



## D. Conversational small “Caring/Sharing” groups

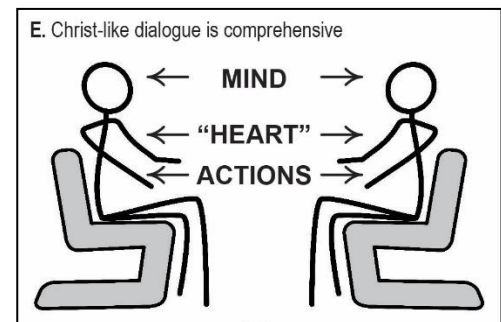
Small groups (see D) with a clear leader stimulate communication among all parties to teach, build relationships, and stimulate the mind. Groups of late-age seniors have difficulty staying on topic, due in large part to the wealth of their life experience . . . That reminds me of the time that . . . Oh no, there I go again! Rabbit trails, disruptive in a purpose-oriented group, can be a good thing in a companionship group. But, again we must ask, *Is it enough?*

Christians should provide for entertainment and temporal comfort, but also for evangelism and discipleship. A small group is ideal for learning principles of Christian living and for encouraging one another. It can use methods suitable for dementia patients.



## E. Candid comprehensive dialogue

Entertainment and benign activities—valuable as they are in the total mix of life—are not enough. Help begins by understanding and really knowing the other person. Conversation becomes dialogue—exchanging events, beliefs, and emotions with candor and respect. This happens quickly in one-to-one conversations (see E) and small groups if members wish it to. When you prove that you hear what the other person says (mirroring does this) you will learn what they need. Dialogue is powerful because it respectfully attends to all parts of life” *mind, heart, actions*, and opens the door to effective discipleship.



By *mind* we include facts, ideas, goals, and beliefs, including beliefs about Christianity. *Heart* is character (which shapes the way a person responds to the world, including how they use or don’t use the beliefs they hold in their mind). *Heart* is what we **are**. *Actions* are what we **do**. They are intertwined. “For from within, out of the heart of men, proceed evil thoughts, adulteries, fornications, murders, thefts, covetousness, wickedness, deceit, lasciviousness, an evil eye, blasphemy, pride, foolishness: all these evil things come from within, and defile the man” (Mk 7:21-23; also Mt 15:9).

When visitation provides no more than entertainment and emotional/mental stimulation—as worthy as those can be—it falls short of the command of Scripture to call the world to experience full measures of God’s grace, including freedom from any guilt or shame from past sins. Why leave the icing off the cake?

How do we go further? Under the direction of the Holy Spirit we follow the resident’s lead, “walking with them” verbally, demonstrating by our actions that we care about them, that we can be trusted, and that we will be with them as they “travel” toward emotional and spiritual harmony and satisfaction. We take Paul’s counsel: “Rejoice with those who rejoice; mourn with those who mourn” (Romans 12:15). We call that *mirroring*, a powerful means of building trust and gaining full awareness of the other person’s situation.

Summary of Types of Activities				
Category	Communication is characterized by	Attention is to	The resident benefits less if	The resident benefits more if
E. Comprehensive dialogue	Careful attention to mind, heart, and actions	Resident	Visitor is timid or self-centered	Visitor relates with Christ-like boldness
D. Caring groups	Problem solving	All	Trivial content	Worthy purpose, mature leadership
C. Collaborative tasks	Cooperation on impersonal tasks	Task	Trivial or demeaning tasks	Tasks that have intrinsic value
B. Independent tasks	May or may not be unhealthy competitive	Task	Excessive competition	
A. Entertainment	Passive observation	Performer	Trivial content	Worthy content

Yes, we are aware that the image below was on the back of the title page. But, we thought, what better way to remind ourselves that it is only by God's incredible mercy that we can do *anything*; that without Him we can do nothing. Reach back to Him, and be enlivened and invigorated in all you say and do.

*May Jesus himself and God our Father, who reached out in love and surprised you with gifts of unending help and confidence, put a fresh heart in you, invigorate your work, and enliven your speech.*

2 Thessalonians 2:16-17, from the paraphrase *The Message*

