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# The Case Manager's Role in Fostering Spiritual Wellbeing with Frail Elders

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**R**esearchers have found that spirituality and religiosity play a positive role in enhancing the wellbeing, physical health, longevity, coping behavior, and mental health in older people.<sup>1</sup> A recent study notes that people who use religion and spirituality in problem solving, score lower on the geriatric depression scale and higher on life satisfaction index.<sup>2</sup> Most older people report that religion helps them cope with and adapt to losses. Religious involvement may enhance wellbeing by providing social support, as well as a belief system that can offer hope and a sense of meaning and purpose in life.<sup>3</sup>

In the light of these findings, mental health practitioners need to develop a spiritually sensitive practice to assess and respond to the diversity of spiritual and religious beliefs, attitudes, and practices of their clients. Acknowledging spirituality in a person's life can be a constructive way of helping them face life's challenges. ►

## The self-imposed taboos that forced the subject into the closet are being rethought as spirituality and religion moves to the mainstream of the profession.

Spirituality is often defined as the process that enables an individual to find meaning, purpose, and value so that they may create a sense of identity.<sup>4</sup> While spirituality can be connected to religion, religion is viewed as an organized, structured set of spiritual beliefs and practices shared by a community.

The word spirituality comes from the Latin root *spiritus* which means “breath” referring to the breath of life. It involves opening our hearts and cultivating our capacity to experience awe, reverence and gratitude. It is the ability to see the sacred in the ordinary.

### Growing Older

The tasks of late life bring many challenges in the face of losses on multiple levels. As people age, they will experience a transition from professional work to volunteer work or to not working at all. As a result, their social networks and relationships diminish. This may already be happening as friends and family who move away or die.

Many older people experience changes in their health, which makes them more dependent on others. This is difficult to bear in a society that values independence. Financing healthcare, with reduced income, is another challenge. Many older people depend on their families to care for them.

As disability increases, the realization of dying comes to the forefront.

In these situations older people are faced with some of life’s most challenging questions, including:

- What is the purpose/meaning of my life? What is my role in life?
- To whom do I turn to for help? Why am I here? How can I come to terms with my life?
- How do I face death?

These challenges can give older people the opportunity to redefine themselves. A spiritual perspective can allow one to make meaning of one’s life and come to terms with it. It is important to respect the individual ways that our spirits are touched. The practitioner’s openness to the clients’ perspective can enable the client to view themselves beyond their immediate boundaries to feel part of something larger, such as connection to God, nature, or whatever is meaningful to them.

### The Social Work and Nursing Perspective

Social workers across the United States are using religion and spirituality in their practices according to an article from the

National Association of Social Workers’ (NASW News).<sup>5</sup>

The self-imposed taboos that forced the subject into the closet are being rethought as spirituality and religion moves to the mainstream of the profession. The climate changed in the late 1980s and early 1990s due to research indicating the efficacy of spiritual interventions in healing. The Council on Social Work Education revised its curriculum policy statement in 1995 to say that spirituality should be addressed. Courses in spirituality are now being offered in the social work curriculum. A study in mid 1990’s by Furman and Ressler found that most social workers who are affiliated with religious groups and use spiritually oriented methods in their practices, received little or no training in the subject at social work schools.<sup>6</sup>

Similarly, the nursing profession has rethought its approach to the responsiveness of nurses to their patient’s spiritual distress. Nursing has a strong tradition in the spiritual dimension of health care, “Prayer and the laying on of hands have long been used in healing the sick.”<sup>7</sup> There has been increased attention to addressing the importance of spiritual care in the 1980s and 1990s. The right to receive care that respects individual spiritual values was recently added to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

The core values of social work and nursing resonate with being responsive to the clients’ spiritual concerns. These are the values of service and compassion, justice, dignity, valuing our clients, and the importance of human relationships.

Patricia Sermabeikian writes, “Acceptance of the spiritual perspective requires that the client and practitioner develop a greater level of comfort in sharing spirituality. Developing practice skill begins with the clinician’s acknowledgement of the values, beliefs and attitudes that are fundamental to the client. The development of sensitivity, comfort and respect in discussing the client’s spiritual values and beliefs may facilitate therapeutic benefits.”<sup>8</sup>

The National Interfaith Coalition on Aging defines spiritual wellbeing as: “The affirmation of life in relationship with God, Self, Community, and the environment.”<sup>9</sup>

There are four ways people commonly experience their spirituality:

1. A connection to something beyond themselves that comforts and guides them
2. A connection to all living things: earth, the universe, and nature

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3. Part of a faith tradition of having a close personal relationship with God

4. A process of finding answers to life's difficult questions  
Many older clients view God as a source of strength.

Others are angry at God, while some clients have forgotten the tradition in which they were raised. The case manager needs to be comfortable in listening to and clarifying the client's feelings about their faith and help them feel understood in their struggle. This is particularly so when the client is angry at God or conflicted about God's presence to them.

Many clients find their strengths from other sources of meaning that provide connection beyond themselves, such as listening to music, being in nature, appreciating or doing art, watching baseball, or sitting in the park and feeding squirrels. The case manager should look at what gives each client a sense of hope, being part of something larger than themselves or whatever interests them. Once these interests are noted, it is important to encourage these connections by talking with clients about them and helping clients share what is important to them. If the client indicates an interest in activities, the case manager should facilitate opportunities of interest to also include visits to the park, concerts, museums, looking at family photographs, reading old letters, listening to music on the radio, or watching TV programs.

### The Role of the Case Manager

There are several ways the case manager can assist older people with their spiritual issues.

The first is to challenge negative attitudes about aging. "Old age is a time for experiencing losses and diminishment that deeply affect basic self image."<sup>9</sup> Older people who experience multiple losses tend to devalue themselves, due to our societal focus on achievement, accomplishment, and autonomy.

Our clients may define themselves by society's focus on achievement, youth, and beauty. With the case manager's assistance, they have the opportunity to redefine themselves by acknowledging their value as people and the gifts they bring. This provides an opportunity to focus on the being vs. the doing. The case manager can help the client acknowledge qualities such as inner beauty, generosity, caring, having wisdom, a good sense of humor, and courage to endure multiple losses.

For example, Mrs. G focused on how much she had accomplished during her life but because she was ill, she felt unable to do much for others and she felt worthless. The case

manager focused on her strengths. She took good care of her husband and did volunteer work, serving ill people. The case manager acknowledged Mrs. G's many attributes: a great sense of humor, courage, and kindness. The case manager shared her view of Mrs. G as a person of worth and value. The care manager also brought small problems for Mrs. G to solve and acknowledged her wisdom.

Creating opportunities for clients to give advice and encouraging them to share their wisdom and reflections with their family and caregivers helps older clients feel useful and valued and allows for their caregivers to receive their wisdom and to be inspired.

Case managers need to develop trusting relationships with their clients to help them mourn their losses and share their questions about the meaning of their lives. Case managers' compassionate presence to their clients in sharing their pain and struggles is essential in providing comfort and the opportunity to reflect on their situations.

Rabbi Dayle Friedman elucidates four levels of understanding of biblical texts that can be applied to our helping encounters with elders.

"While listening to the *facts*, it's important to understand the *feelings* the client may be experiencing, particularly if he/she is not able to communicate verbally. We need to use our intuition and open our hearts and souls to listen to the emotions that emerge within us in hearing the other.

We also need to ask what *meaning* the elder makes of their experience. The willingness to explore the role of faith, prayer, observance and community can be an amazing gift from a helper.

Finally, we try to connect on a *soul* level. We can investigate whether our connection has approached this level by asking:

- Do I understand this person on an intuitive level?
- Do I honor the mystery of this soul and its journey?
- Do I see the image of the divine in this person?
- Is this an I-thou encounter?"<sup>11</sup>

The following example shares some of the above mentioned aspects of presence and understanding in working with a client.

*Mrs. D, a 91 year old widow, lived with her caregivers. A strong willed woman who was too weak to walk, she viewed herself as capable and was often frustrated in her efforts to care for herself. Her sense of self fluctuated depending on her mood. During visits, the case manager listened to her fears and frustrations and encouraged her* ►

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to tell stories about herself and her accomplishments and to reminisce about things that came to mind. While Mrs. D's family was Jewish, they observed no rituals.

Mrs. D told the case manager that she did not believe in God and that she did not like her caregivers reading the Bible or praying. In one of the conversations some months later she said, "I keep wondering at night how I continue to survive. Perhaps with the help of the Lord."

The case manager asked if she believed in God. Mrs. D answered, "I talk a lot to God when anything goes wrong. I blame God with great pleasure and affection, but then I think what a hell of a job he has."

She went on to say that she felt God was somewhere around but that she had told him to go away. The case manager asked if she was concerned about God's presence. She said she was. "If he comes close I will die," she said. The case manager asked if Mrs. D if she believed God comes for people when they die. She said yes and she wasn't ready to die.

The case manager asked Mrs. D whether she believed in connecting with God after death, as the soul rises to take its place with God, which is part of the Jewish view of death. Mrs. D. thought that would be a great thing, but that God was too busy for her.

After reflection and a long silence, Mrs. D said, "There is a mysterious thing that guides us. If I try to go too far I get lost. Something in us guides us; it's not a person, it's a mystery. We just have to follow it."

The case manager asked her if she was talking about God or her soul. Mrs. D responded, "I would rather not put a finger on it."

The case manager was surprised by the client's shift in viewpoint from disbelief to belief in God. She encouraged Mrs. D to talk about the experience and what it meant to her. Mrs. D shared her thoughts and fears about the presence of God.

The case manager shared the thought about Mrs. D's Jewish heritage in that the soul unites with God after death. While Mrs. D didn't feel she could make this connection with God, she shared her thoughts about how she felt guided by the "mystery" of life.

This example challenges us not to assume a client's expressed viewpoint. We need to be open minded to each client's evolution of faith and ways of viewing the world.

### Being Present for Clients

Case managers can think about where each person in their life situation is and what their challenges are. This is not always easy to do in the midst of a myriad of tasks. If we listen to our clients mourn their losses, and help them reflect on their life story, we can encourage them to notice their strengths, struggles, dreams, and hopes. This is a shift from

our action focus to being present to the client. It requires that we prepare ourselves before the visit such as "tuning in" to the client's situation and anticipating themes the client may want to raise. When with each client we should notice distractions that may be as important as ordering a commode or calling the doctor, and attempt to let these actions not get in the way of listening to the client. We may need to focus on being centered in whatever ways help us be present to our client to listen to what it on their minds.

We also need to be open to the meaning of illness and loss and the client's view of the world. We can feel our clients' pain in the midst of their loss. Hearing and witnessing their distress can help clients feel cared about and valued. Case managers need to help our clients find meaning in a society that devalues aging. We need to bring the view that frailty and brokenness are part of life and have meaning and value. Many religious traditions speak of the value of brokenness. Ralph Waldo Emerson said "there is a crack in everything God has made. As we age the cracks begin to show. Are they about darkness and brokenness or are they a place for the light of spirit to stream through."<sup>12</sup>

Our challenge is to help clients mourn their losses while helping them see what is still valuable about them. In addition, it is understandable if a client's daughter has a sad reaction to her father not recognizing her. Helping families make meaning of this significant change is challenging. One daughter with the encouragement of the case manager, looked for values that her father embodied despite his inability to verbally articulate them. The case manager listened to her stories about her father and his mission in life.

Through this process and caring for her father, she was able to see that her father's love for her and his social activism were still embedded in his being. She began to value the idea of living more in the present moment, and she continued to return the gift of caring for her father and fully appreciated her father's gifts to her and the world.

It's important not to impose our way of seeing or doing things. Our professional values require us to be open minded and non-judgmental.

### Encouraging Clients to Review Their Lives

Life review provides a mosaic of meaning and helps older adults recognize who they are and where they have been.

It can provide the opportunity to rework the past and come to terms with it. Memories of the past enables people to hold fast to their identity and to shape and interpret it in new ways and integrate them with the present. It provides the opportunity to see “the full granaries into which they have brought in the harvest of their lives: the deeds done, the works created, the loves loved, the sufferings courageously gone through.”<sup>13</sup>

The case manager can help the client share stories of their lives to reflect how they overcame difficult times, what good memories they can recall, what losses they sustained, and what dreams they still have.

This can be done over time and the case manager can assist the client in finding meaning from reviewing the richness of their life’s story.

“Remembrance in the aged is a part of a normal life review process brought about by the realization of approaching death. It is characterized by the progressive return to consciousness of past experiences, including unresolved conflict. This process can mitigate anxiety and fear as the person sees order in his life or it can provoke regrets for acts committed or omitted.”<sup>14</sup>

Life review can take many forms, from sharing stories with the case manager, family and or caregivers, attending groups that focus on life review or using the creative arts such as story telling, writing or creating storyboards to express the older person’s life’s experiences and journeys. The health benefits in these processes include improved self-esteem, reduced depression with increased socialization and communication.<sup>15</sup> We need to encourage clients to use whatever vehicles they are comfortable with in expressing themselves.

### **Ethical Wills**

Ethical wills have their basis in ancient precedents that served as a forum for elders to hand down their advice and blessings to younger generations. It can be viewed as a “love letter” in which people pass down the experiences and values that have infused their lives with meaning to share with loved ones.<sup>16</sup>

This tool can be valuable for older ill clients to consider their value in terms other than material success and can be helpful in making meaning of their lives and transmitting their values to those around them. The case manager can provide guidance in this process by raising questions to include: What clients want their loved ones to know about their lives, what values and lessons they’d like to share, and what they hope their loved ones will carry on. They can also consider what mistakes they’ve made and what forgiveness they may want to offer.<sup>17</sup>

Many ill clients find it difficult to articulate their point of view. The case manager can consider the client’s life and infer as they recall with the client their past experiences, the values

that were transmitted by the work they did, and the way in which they lived their lives. Family members can be encouraged to engage in this process and home care workers can also remind the clients what they see as their values, such as wisdom, sense of humor and courage—and how this inspires them.

If a client is unable to write or articulate these values, the case manager can acknowledge the client’s values and gifts, and encourage the caregivers and family to continue acknowledging the client.

### **Creating Caring Communities**

The case manager can focus on creating caring environments, by finding kind caregivers and helping them be receptive to their clients. Caregivers provide the everyday care to clients and the case manager needs to nurture them to facilitate their care of the client. Many caregivers feel they are doing God’s work and value their work. One caregiver prayed when the client was agitated. She told the case manager that she wasn’t sure if this calmed her or the client, but it did create a calmer environment.

Many of our older clients have lost friends and family connections. Our clients may have become accustomed to living with reduced supports. The case manager can review with each client the availability of family members and friends, and people from their religious and work communities.

The case manager needs to move slowly with the client to understand how comfortable the client is in the case manager’s exploration of resources for them. If clients are open to having more communal involvement, the case manager can work with the client to encourage visitors or to go on outings with friends and family. Helping arrange visits to organizations, music halls, museums, art galleries, sports activities, religious affiliations, or other connections of the client’s past can provide meaning and connection and pleasure.

Adult daycare programs are another resource to help clients interact with peers in activities that are pleasurable to them. Assessment for individual interests and comfort in these activities needs to be made.

The case manager can help family members connect through caring and valuing each other. This is not always possible to do when relationships are entrenched in negativity. It is always important to listen to everyone’s side of the situation and be empathetic to it. The case manager can help the family mourn the changes in their ill relative while being open to their loved one’s past and current attributes. The case manager can review the parent’s life with family members, which can help them identify key values they can connect to such as being courageous and caring for others. This can help them find meaning in their parent’s life journey.

Connecting clients with their cultural, spiritual and ►

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religious traditions can add to a sense of wholeness and significance to people's lives. We need to consider a diversity of rituals that give significance to our client. It is helpful when the case manager has a knowledge base of the different traditions and is sensitive in exploring what would work for each client.

Case managers need to find rituals consonant with clients' values in the present and past that provide meaning and comfort. The case manager might want to ask what holidays their clients celebrate. These can include birthdays, anniversaries, and secular and religious holidays that give meaning and possibilities of transformation.

The case manager might speak to family and friends if the client is unable to share information on what practices the client engaged in.

If the clients are open to this, the case manager can help them celebrate religious holidays in ways that connect them to their traditions. Case managers can facilitate connections either by taking or arranging for clients to go to places of worship they are familiar with or creating them with caregivers at home.

The case manager, family, friends, and staff can play or sing spiritual music and hymns, say prayers, and read familiar bible passages that can reach people and enable them to receive comfort. It is an opportunity, if the client is comfortable with this, to help them feel God's presence and it provides assurance that a person is worth more than his/her incapacities.

Some clients with dementia who had a religious tradition are able to participate in the religious services. Many enjoy having their favorite hymns or prayers sung or spoken to them. These familiar symbols of faith connect with the heart rather than the intellect. This process can help clients feel affirmed in the midst of their vulnerability.

In planning a ritual at home, you may ask your client about the ritual and how they want to observe it. This can include discussion regarding what music and readings they want and what foods/gifts they want present. This provides the opportunity for staff to learn the client's traditions, and the possibility of sharing of a meal with the rituals that are familiar to the client which enables them to recapture memories from past.

Prayer and meditation are common in all religious traditions and they often provide comfort to clients when ill or agitated. The case manager should ask client if they would like them to pray with them.

If uncomfortable in prayer, the case manager could ask another team member to pray with client, particularly if the

team member is from a similar faith tradition. The case manager can invite members of clergy who have known the client or find members of clergy who have a similar background to the client who can perform familiar rites and rituals. Many homecare workers are comfortable with prayer and are willing to pray with clients, read from scriptures, and sing favorite hymns, which can give clients a sense of peace and well-being.

The case manager should be sensitive to the diversity of religious and spiritual beliefs, attitudes and practices—including being sensitive to those who do not embrace such beliefs or views. Wide variations exist in religious beliefs and practices within every religion. Understanding what is important to each client in his or her religious or spiritual practice will assist the case manager in finding appropriate resources and services.

Spiritual and religious interventions should only be offered with permission, respect, and sensitivity, and any interventions should be centered on the needs of the older person, not the care manager.

### Your Personal Beliefs

Case managers need to have an awareness of their own spiritual beliefs and how that affects their work. They also need to know how they view their own aging. As with their older clients, case managers need to find their worth in their being and be able to accept their own life story: They may confront losses and acknowledge gains, and experience a new or renewed relationship with God or whatever provides a sense of connection as well as serving the needs of others.<sup>22</sup>

By being aware of their own spiritual beliefs and the conflicts that may arise with their clients' beliefs, the case manager becomes aware of counter-transference issues and doesn't use any opportunity to teach or proselytize.

Because the work requires that older clients to come to their own recognition of what they need, the case manager must know his/her own concerns, and what is stimulated by the client that may be uncomfortable.

The case manager might consider whether her perspective helps her be open to her clients' viewpoints and their struggles and ways of finding meaning in their life. Knowing one's own spiritual values and biases and having some familiarity with a wide variety of belief systems and practices will aide in one's sensitivity to where the client is and guard against imposing one's own language, values or frames.

Other questions case managers can ask themselves, ►

# Spiritual Assessment Tool

One of the ways case managers can deepen the knowledge of their clients' values and beliefs in order to meet their needs is to use spiritual assessment tools.

These tools can guide case managers in their work to help clients reflect on their beliefs and how they are facing their situations. Case managers need the client's permission to raise questions that may be pertinent to their client's experience and also needs to respect their privacy and not impose their own beliefs or proselytize in an way.

The following assessment tool being presented is a compilation of several tools to provide a broad framework from which to consider questions applicable for each of your clients.<sup>18-21</sup>

These questions are meant to be a springboard to conversation in anticipation of meeting clients and considering an approach they may be comfortable with. It is important to let the person guide and to not overwhelm them with too many questions.

## MEANING AND JOY

1. How have you found meaning and purpose in your life? How do you find meaning now?
2. What are the most important values and how have you tried to apply them in your life?
3. What are you most thankful for?
4. What makes or has made you happy?
5. What do you feel the proudest of in your life?

## STRENGTH AND COPING

1. Is there anything that is comforting to you now?
2. Who or what is your source of strength now?
3. Would you like to share any experiences which have shaped your life i.e. dreams, visions, turning points?
4. How have your beliefs helped you through difficult times. What have you learned from these times? Have these times brought you closer to your spirituality or separated you from your beliefs and practices?

## SPIRITUAL AND/RELIGIOUS PRACTICE

1. What is your faith/belief?
2. Do you consider yourself spiritual or religious? If so, what practices, rituals and/prayers are important to you? Do you have a close relationship with a higher being?
3. Are you part of a spiritual or religious community? Is this of support to you and how?
4. What stories from the scriptures of your religion are your favorite and why?
5. Does a spiritual guide such as a pastor, priest, or rabbi visit with you? If not would you like one to visit?
6. Has your faith had a positive or negative effect on your life?

7. What experience and emotion do you have in your background that may be related to the sacred, the divine or the demonic?
8. What role do your belief's play in regaining your health?
9. What would you like to do to increase your spiritual health and well-being?

## CONNECTION

1. Is there a person or/group of people you love and who you look to for support?
2. Do you have an image of a power greater than yourself?
3. Has your life situation now affected your feeling about yourself, your faith or your relationships? What do you do when you feel angry or hurt by others?
4. How do you practice forgiveness with others? How do you experience forgiveness?

## HOPE AND CONCERNS

1. Do you feel hopeful about the future? What or who has been helpful when you have felt hopeless?
2. Is there anything that feels unfinished?
3. Is there anything that you feel you want? From whom?
4. Is there anything that you feel afraid or concerned about?

## END OF LIFE

1. Do you wonder what will happen when life ends? What are the most important things about you as a person and your life that you want others to remember after your death.

includes:

- How do you view your own aging?
- What models of care do you embrace for yourself?
- How do you view frailty and finiteness of life?
- Can you have compassion for clients who don't share similar values?
- What makes you anxious and reactive to your clients?
- What spiritual traditions are you comfortable/uncomfortable with?
- Can you find professional support in sharing your concerns?
- Are you comfortable in talking with clients regarding their spiritual and/religious beliefs? If not, can you discuss this with a supervisor or member of the clergy as to how to be responsive to the client or refer them to work with the client.

### Restorative Practices for the Case Manager

In order to do the work well, the case manager needs to tend to remember to tend to his/her own spirit. Reflection about one's own beliefs and practices, inspirational books and writings, and trust in the process of connection with the client can facilitate this process.

Case managers can reflect on practices that he or she engages in outside of work that can be considered spiritual. These may include prayers, rituals, meditation, doing artistic work, or finding healing in nature.

Some questions to consider are:<sup>23</sup>

- How do you nourish and refresh yourself?
- How do you stay centered, focused, and able to listen well while working?
- How do you know when you're doing your best work?
- What are the challenges to staying in the groove, when you're uncomfortable with a client/family member?
- How do you handle these challenges?
- How do you nurture things like silence and connection in your work?
- Are there moments in the process of your work that you might recognize or identify as spiritual? How do you know these moments? How do they affect your work?

The spiritual aspect of life encompasses many possibilities to help the client find connection and meaning in facing the challenges of illness and depleted resources. The case manager's challenge is to be aware of each client's spiritual and religious dimensions and respond to each client's situation with presence, compassion and augmenting of resources when appropriate. **CEU**

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CareManagement, Vol 10, No 6,  
February/March 2005

*This educational manuscript has been approved for 1 hour of CCM and CDMS education credit by The Commission for Case Manager Certification and the Certification of Disability Management Specialists Commission, respectively.*

*The answer sheet for this test must be received by March 31, 2005.  
Expired exams cannot be returned. Faxed exams cannot be accepted.*

## Questions:

- 1. People who use religion and spirituality in problem solving:**
  - a. Are generally depressed
  - b. Have a low satisfaction with life
  - c. Are more satisfied and less depressed than non-religious people
  - d. None of the above
- 2. How is religion defined in the article?**
  - a. It is an organized, structured set of spiritual beliefs and practices shared by a community
  - b. It is the process that enables an individual to find meaning, purpose, and value
  - c. It is a mystical process that is poorly defined
- 3. The Council on Social Work Education revised its curriculum policy statement in 1995 to say that spirituality should not be a part of geriatric care management.**
  - a. True
  - b. False
- 4. The right to receive care that respects individual spiritual values was recently added to which organization's standards?**
  - a. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - b. The American Medical Association (AMA)
  - c. URAC
  - d. All of the above
- 5. In which of the following ways do people commonly experience their spirituality:**
  - a. A connection to something beyond themselves that comforts and guides them
  - b. A connection to all living things: earth, the universe, and nature
  - c. Part of a faith tradition of having a close personal relationship with God
  - d. A process of finding answers to life's difficult questions
  - e. All of the above
- 6. According to the author, it would not be advisable to ask for advice from older clients.**
  - a. True
  - b. False
- 7. Which of the following is not one of the four levels of understanding of biblical texts that can be applied to our helping encounters with elders.**
  - a. Facts
  - b. Charisma
  - c. Feelings
  - d. Meaning
  - e. Soul
- 8. Ethical will was introduced in the late 1960s.**
  - a. True
  - b. False
- 9. Case managers can create caring communities for the elderly by:**
  - a. Helping them reconnect with their support systems
  - b. Encouraging participation in adult day care programs
  - c. Inviting their clients to attend church services with them
  - d. All of the above
- 10. The geriatric case manager should be sensitive to the diversity of religious and spiritual beliefs, attitudes and practices.**
  - a. True
  - b. False

The Case Manager's Role in Fostering Spiritual Wellbeing with Frail Elders

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**Answers:**

Please indicate your answer by filling in the letter:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

**Continuing Education Program Evaluation**

Please indicate your rating by circling the appropriate number using a scale of 1 (low) to 5 (high).

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. How well did the program meet the learning objectives?                | 1 | 2 | 3 | 4 | 5 |
| 2. Was this home study format an effective way to present this material? | 1 | 2 | 3 | 4 | 5 |
| 3. Was the content current to case management practice?                  | 1 | 2 | 3 | 4 | 5 |
| 4. Information presented could be applied to own practice?               | 1 | 2 | 3 | 4 | 5 |

Please print:

Certificant's Name: \_\_\_\_\_

CCM ID# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

CDMS ID# \_\_\_\_\_

CEU applied for:  CCM  CDMS

\*ACCM Membership# \_\_\_\_\_

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\*Free CEU exams cannot be processed without above information.

Copy and mail these pages to: **Academy of Certified Case Managers, PO Box 210, Green's Farms, CT 06838-0210.** Please allow 6 to 8 weeks for processing of exam. To receive credit you must score 80% or above. **This CEU exam is for ACCM Members only. To become an ACCM member, please use the application found on page 9 and submit it with this CEU exam and dues.** ACCM members must indicate the membership number and expiration date contained on your membership card in the space provided above. Your CEU exam cannot be processed without this information. If you have lost or misplaced your membership information please enclose a check in the amount of \$5.00 made payable to ACCM; your exam will be processed and your membership number and expiration date will be mailed to you. The answer sheet for this test must be received by March 31, 2005. Expired exams cannot be returned. Faxed exams cannot be accepted.

**Interest Survey**

To ensure we continue to meet your educational needs and interests, the staff at CareManagement requests your participation in this survey. You can mail this survey to: P.O. Box 210 Green's Farms, CT 06838-0210 or fax it to: (203) 454-1344. The deadline is October 1. Thank you for your time and willingness to assist us.

Name: \_\_\_\_\_ (optional) Type of certification:  CCM  CDMS  RN

Email address \_\_\_\_\_ (optional)

- I would like to be contacted in the future regarding my educational interests.
- To assist caregivers with their duties, I would be interested in providing them with literature.

**I work in a:**

- Case management company
- HMO/managed care company
- Home care company
- Hospital
- Long-term care facility
- Medical group
- Physician office
- Rehabilitation facility
- Workers' compensation
- Other

**My client base is primarily:**

- Adult
- Infant
- Pediatric
- Other

**I manage the following disease states: (check all that apply)**

- Arthritis
- CHF
- Chronic kidney disease

- COPD/respiratory
- Dementia
- Depression
- Diabetes
- Geriatrics
- Hepatitis
- HIV/AIDS
- Hypercholesterolemia
- Hypertension
- Multiple sclerosis

- Oncology
- Pain
- Premature infants/low-birth weight neonates
- Rehabilitation/mobility issues
- Schizophrenia
- Spinal cord injury
- Stroke
- Substance abuse
- Transplants
- Trauma

# Disability Managers Contribute to Workplace Safety, Injury Prevention

by An Brunelle, CDMS, CRC Chair

**D**isability management is not a stand-alone activity. Increasingly, disability management is the center of integrated and coordinated efforts at companies to reduce employee absences, promote wellness, prevent injury, improve productivity, and reduce costs.

From this perspective, disability managers have much in common with colleagues and professionals elsewhere in the company, with whom they may not have had much contact. They are risk managers and safety/industrial hygiene professionals.

Although the primary focus of disability managers is usually assisting ill and injured employees in returning to work, they can also contribute to workplace safety and injury prevention initiatives. For example, they have valuable expertise in managing disability cases, as well as knowledge about causes, duration, and outcomes of workplace accidents. This is valuable information for risk managers and safety/industrial hygiene professionals.

If disability managers' expertise is not being actively sought, it behooves them to reach out to these other professionals with communication, understanding, and a desire to work together. For this to be most effective, disability managers need to understand how these other departments function and what their primary responsibilities are.

Safety/industrial hygiene professionals are responsible for accident- and injury-prevention activities. This

includes environmental issues, hazardous waste, emergency response, safety audits, and accident investigations. Safety and industrial hygiene may be separate departments or an outside contractor may provide these services.

Risk managers typically purchase insurance for the company, including worker's compensation, short-term and long-term disability, group health, gen-

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**...disability managers need to understand how these other departments function and what their primary responsibilities are.**

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eral liability, and other coverage. Although their primary focus is on mitigating risk from a financial standpoint, they are also interested in injury prevention. However, they do not always have hands-on experience with safety issues.

With this understanding, disability managers can make important contributions to these professionals. For example, risk managers may be focused on the cost of claims and the cost of coverage. The disability manager, however, can provide information regarding the causes behind the cost of those claims. With these insights, risk managers may be better able to handle vendor issues that can impact costs and outcomes, including the quality of medical provider services, claims handling, and assistance with return-to-work programs.

Disability managers are also able to support or contribute to safety programs. In companies that have a strong culture of safety, disability managers may be able to join task forces and intra-company initiatives. Or, the disability manager may be instrumental in bringing together groups to discuss how safety programs can be implemented and coordinated.

In many companies, the time may be right for greater coordination among workplace programs. Already, greater emphasis is being placed on programs to improve employee productivity and reduce absenteeism. For disability managers, these endeavors have often involved extending return-to-work programs beyond worker's compensation cases to all employees who become ill and injured—on or off the job.

Now, disability managers can extend their reach to collaborate with risk management and safety/industrial hygiene. With an understanding of their common goals, disability managers can lead the way by offering and sharing their expertise. **CM**

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*An Brunelle is the Chair of the Certification of Disability Management Specialists Commission, based in Rolling Meadow, Ill., the only nationally accredited organization that certifies disability management specialists. For more information on the CDMSC and its certification, please see the Web site at [www.cdms.org](http://www.cdms.org). Ms. Brunelle is also manager of the Integrated Disability Benefits Group at AECOM, a global architecture and engineering firm headquartered in Los Angeles.*