



# IN TOUCH

Newsletter of the Lutheran Nurses Association of Australia

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## Understanding Dementia

Over recent years, Pastor Chris Gallasch has completed a 'Dementia Care Diploma Course' through the University of Tasmania. At our November meeting, he shared many neurological, psychological and social aspects of his studies. It would be fair to say that all families, friends and health-care workers have encountered a loved one or client who has or had dementia. To gain more insight into care for our loved ones has been a blessing.

We were shown a video of a case using **Validation Therapy**. This was developed in the 1970s, where a client was forgetting names, and appointments. Loss of independence and self-sufficiency, home carer threat, lowered stress threshold and no community value were impacting their life. The therapy required to show deep empathy, to enter into their world, to understand their unmet need for meaning of life, to show no judgment, as the client has fear and insecurity, no longer feels safe and they put up their 'safety wall'.

The nurse/carer must consider what he/she is missing or failing to understand and then **listen**. Clients may have unresolved hurts from the past that may surface. They may feel a loss of self-sufficiency, and their inability to self-manage.

The **benefit of Validation Therapy** is to build up trust through empathetic listening, entering into the client's own world. Eye contact, unconditional love, appropriate touch, knowing the history of the person, music and singing are gateways to reminiscence therapy. They enable connecting on an emotional level, and decrease 'malorientation', a malady of unhappiness which disorientates. The study also showed that difficult behavioural symptoms decreased, while the overall sense of nurses' work fulfillment increased.

The **drawback of Validation Therapy** is the time it takes, and frustration for the nurses, as questions may cause defensiveness. 'Digging up the past' for unresolved emotions is a concern.

In the 1990s **Integrative Validation Therapy** was studied and underlying emotions were



acknowledged, in general terms: 'everybody needs somebody', as in the biblical term 'love one another'. Using drugs less reduces agitation. Showing empathy raises self-esteem and wellbeing among residents. One of the main objectives of Integrative Therapy is the promotion of self-identity and the feeling of belonging.

Another element Pastor Gallasch referred to was **Honest Discussions**. 'Timely' diagnosis of dementia (according to a particular 'season' in a person's life, rather than a particular chronological age) that is late enough that everyday life is affected but early enough for a person to understand what is meaningful and important to them.

**Do ask** about family, faith, ask yes/no questions (less pressure) not open-ended questions, don't test their memory, be patient, stay in the present, have eye contact, give up your expectations as they are precious gems. Find out what they like for leisure, what sport or music they like, or what they like to smell, taste, > 2

## 1 > **Understanding Dementia**

eat, or touch. Is family history important to them? Is their faith significant in their life?

As **dementia advances**, stay in the moment. Don't ask: 'What did you have for breakfast?' Instead, ask: 'Are you enjoying your meal?' Non-verbal communication becomes important. The tone, pitch and rhythm of the voice should be soft, open and welcoming. Speak about emotions, but don't argue about facts! Engage in long term memories, show the client photos.

Don't say: 'You don't remember me!' Instead, engage with them. 'You're not sure who I am. Do I look familiar to you? Do I seem friendly? Do I look like someone you know? Do you recognise my voice? I'm someone who loves you and cares for you. My name is ...'

Clients may ask about their late parents or spouse. Engage in the moment and acknowledge their feelings of missing the loved one

because they were special. Get the client to tell you more about their loved one. Show photos and talk about special times with them.

Don't become angry if the client accuses you of stealing from them! Don't over-react or go looking for the item! Pause, reflect, breathe, and remember to let go of **your** agenda and acknowledge their feelings in the present! 'I'm sorry you think someone stole your necklace. It's a blow, because it was special. You feel hurt.' A gentle hand hold may also give reassurance.

By validating their feelings in the present we don't have to lie to the person with dementia. Start with where **they** are, not where **we** think they should be! Remember that the 'filing cabinet' of short-term memory to recall that they put the object away is stuck and cannot be opened. Even if it is opened many of the short term 'files' (neuronal pathways) are gone.

Two video links that were inspiring, touching and emotional are:

Challenging Behaviour: <https://www.youtube.com/watch?v=ZpXeeFZ2jAM>

Validation Breakthrough for Alzheimer's Patient (Naomi Feil with Gladys Wilson):

<https://www.youtube.com/watch?v=zavT-zb9bK8>

Rose Howard

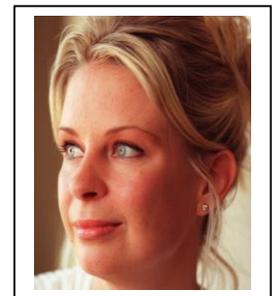
## **The McGrath Foundation**

It's Jane McGrath Day at the 'Pink (Cricket) Test' in Sydney between Australia and England as this is being written. Players and spectators wear pink, and funds are raised to support the McGrath Foundation, which was established in 2005 by cricketer, Glen McGrath and his late wife Jane, to raise funds to support breast care nurses, and increase breast awareness.

Jane learnt she had breast cancer in 1997, at the age of 31 – two years before she and Glen were married. In 2008 she was named a Member of the Order of Australia (AM) for service to community health through support for women with breast cancer and the establishment of the McGrath Foundation. She died later that year. The foundation funds McGrath Breast Care Nurses who support individuals and their families experiencing breast cancer. The nurses provide physical, psychological and emotional support from the time of diagnosis, throughout treatment. Support is free, thanks to donations from the community, corporate partners and the government.

The foundation currently funds 171 McGrath Breast Care Nurses in communities across Australia. Throughout treatment, they inform, organise, empower and support people with breast cancer and their families. No cancer treatment is without its challenges, but this is where McGrath Breast Care Nurses can help. They listen, guide and support people with breast cancer and their families every day through meaningful conversations, advice and quality care.

McGrath Breast Care Nurses are RNs specially trained to manage the care of people with breast cancer throughout their treatment. They are a principal liaison between the individual and the specialists who coordinate their treatment – whether it be early or metastatic breast cancer. Referrals are not required. Access to a nurse is via the McGrath Foundation website.



# Post Intensive Care Syndrome

Like PTSD, Post Intensive Care Syndrome (PICS) involves the person coming to terms with a change in how they understand themselves in the light of an experience that now defines who they are.

They can never again be someone who has not been an Intensive Care Unit patient

- close to death, facing mortality
- dependant on machines, drugs or other people to remain alive
- vulnerable as they have never been before.



This results in a changed world view. For younger patients, this can be quite traumatic, particularly for young men who are still at the stage of thinking of themselves as invulnerable.

The changed world view takes time to process and come to terms with. It can repeatedly challenge the individuals self-understanding. This can impact on the way they perceive themselves, and relate to others, including God.

Individuals often experience grief and loss as a result of this shift. They may grieve for lost futures or physical abilities. They may grieve for lost relationships, or ways of being in relationship with others, for lost independence, lost self-esteem, and lost feelings of security within their own body and world as they knew it.

The spiritual carer provides a safe space for individuals to explore this loss and space to name

the ontological changes that are occurring for the individual. At times, this involves helping them to reframe their experiences in a new light, a positive light. Once named and owned by the individual, they are better able to move forward with a healthier understanding of themselves and how they can continue to exist in a different way, one that is valued by themselves and others.

This often results in more rapid healing of the individual in body, mind and spirit as they come to terms with their new understanding of themselves, and cease to waste energy struggling to come to terms with their new way of being and of understanding the world and how they exist within it.

Article supplied by  
Rev Gordon Wegener  
Retired Hospital Chaplain, Melbourne



## *Moments like these ...*

*LNAA members share humorous, momentous, or moving experiences*

I arrived for the afternoon shift at the ward in the country hospital where I worked in time to help my junior nurse start getting patients ready for their visitors.

Everything was ready, when two members of the kitchen staff arrived at the ward, all in a dither. They were calling my name, and asking. 'Can you milk a cow? We've got no milk for the patients, and the handyman is sleeping off the effects of whatever he had for lunch!'

The cow was in the bale ready for milking. I was very hesitant to do it, as I was on duty with only one junior nurse. I told the kitchen staff

they'd have to stick by me, and then grabbed a theatre gown to put over my uniform, and went and did the job before running back into the ward! Everything went well and we had milk for the patients!

Luckily for us, Matron had the afternoon off, and was having afternoon tea with friends. Nobody ever guessed what happened!

**Barbara Neindorf, Robertstown, SA**

## Aged Care Provider of the Year Vic

Last October, Martin Luther Homes (MLH) in Boronia, Victoria, was named ‘Aged Care Provider of the Year Vic’ for the second time. They also received this title in 2018. The award is given by the peak aged-care organisation, Aged and Community Services Australia, and ‘recognises a residential, community care or retirement village provider that demonstrates outstanding leadership, management, workforce culture, innovation, communication and excellence in the aged care industry’.

MLH is a culturally diverse not-for-profit organisation with a retirement village as well as a modern residential aged-care facility. It is located on a five-hectare property at the foothills of Mount Dandenong in Melbourne’s outer east. It has been an aged-care provider since the 1950s, with a particular focus on German-speaking people.



Throughout the decades, MLH has stayed true to the vision of its founding fathers. In its mission statement, it pledges to always be dedicated to the residents and staff and, within a Lutheran environment, to strive to continuously improve standards of living and care, while aiming to provide a safe working environment for the employees.

On receiving the award, the CEO at MLH, Birgit Goetz, said, ‘It is such a privilege to get

this award for the second time. All the nominated providers are doing such wonderful things to keep the quality of life up for the residents despite the pandemic. I’m so proud of my staff and of what they and we as a team have been able to achieve in this challenging time.’

The resilience of the MLH staff can be seen with the story of getting a *Tovertafel*. This is an innovative device that uses light and sound to create different games. It is a stimulating experience, particularly for residents with dementia. The idea to purchase the *Tovertafel* came from a group of staff. At the start of 2020, they made plans to fundraise the money needed. However, the pandemic put an end to this idea. Coming up with the money during times of uncertainty and with no options of public fundraising events was a challenge. However, the team decided to keep trying and shifted all their efforts online.

Ms Goetz said: ‘It was a roller-coaster for everyone involved but it was great to see the resilience of our staff and the support from our community. Together we achieved our goal! The purchase of the *Tovertafel* also shows the community spirit at Martin Luther Homes. Even in the most difficult year, our staff stood together and pursued their idea of enhancing our residents’ quality of life.’

*Based on notes from Marlene Franke  
MLH People, Culture and Communications Officer*

### † LCA PARISH NURSE TRUST FUND MEMORIALS

**Rev Wilton Frank Quast** 24.09.1945-09.11.2021      **Jan Nicholson** Died 17.11.2021

**Jonathan Brenz Kriewaldt** 01.08.1933-01.12.2021

In appreciation of the ministry they have been receiving during their pastoral vacancy, and in honour of the late Lynette Wiebusch, the St Andrew’s congregation in Port Pirie, SA, has made a donation of \$100 to the LCA Parish Nurse Trust Fund to support the Pastoral Care Nurse ministry.



## Lutheran Nurse of the Year

Nominations are invited for the 2022 Lutheran Nurse of the Year award. The award recognises faithful and outstanding service during the preceding calendar year by a Registered or Enrolled Nurse who is an active member of the Lutheran church in Australia or New Zealand. Nominations may be submitted by congregations, schools, aged-care facilities or other bodies or agencies within the Lutheran church. Nominations must be lodged with the LNAA secretary on the official nomination form by **no later than 31 March 2022**, together with a sheet giving details of the service that forms the basis of the nomination, and references from three people, including the congregation's pastor. Nomination forms are available from Rose Howard (08 8270 1575 or rosekazz@gmail.com)

or the Rev Robert Wiebusch (08 8336 3936 or revbob@ozemail.com.au)



## Newsbrief

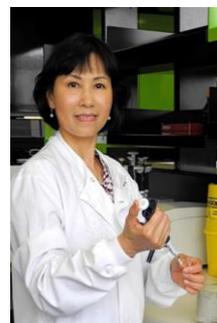
**P**astor Gordon Wegener has retired as Pastor for Service and Witness in the Victorian District of the Lutheran Church of Australia, a role he has filled since the end of 2003, when he accepted the Call to become District Hospital Chaplain. A service to mark his retirement was held at *St John's*, Southgate, on 12 December.

**T**hroughout 2020/2021, Lutheran Disability Services (LDS) in SA provided support to an average of 71 clients. Of these, 47 are in supported independent living arrangements in one of the 20 homes that LDS manages. As at the end of June 2021, LDS had 178 staff – 17 more since the same time in the previous year. A streamlined induction process has been implemented to ensure new staff feel welcome and understand LDS culture and values.

**I**t is possible to become seriously ill or even die from a broken heart. Older women almost exclusively suffer from Takotsubo cardiomyopathy, a weakening on the heart's main pumping chamber, in response to traumatic events such as a relationship break-up, death of a loved one, violent assault or job loss. According to lead researcher, Dr Sam El-Osta, of Monash University's Central Clinical School, it is believed that stress and profound sadness can give rise to a flood of hormones into the heart, specifically cortisol, that weakens the left ventricle. It is thought that eight per cent of women who experienced a heart attack actually had a broken heart. At present there is no treatment, and while most patients recover in a few months, around 20 per cent suffer heart failure.

**T**he Sydney, Melbourne and Monash Universities have received a \$14.8 million grant from the federal government's Medical Research Future Fund to support seven clinical trials into whether drugs sourced from 'magic mushrooms', ecstasy, DMT (a hallucinogenic) and cannabis can help treat mental illnesses that do not respond to other treatments.

**A**udience members felt the emotion during the uplifting performance of *If Only I Could ...* at Laidley Cultural Centre in September. It was a labour of love for director Angela Chaplin, who worked closely with four professional dancers and residents of Tabeel Lutheran home to bring this unique story to life, recreating and reliving their dance memories through movement. This project explored the role dance plays in our lives – no matter your age.



**A** world-first drug developed in Australia may provide a break-through for people battling pancreatic cancer. Developed by Uni-SA scientists, led by Professor Shudong Wang (pictured, left), the drug Auceliciclib, if taken as a capsule, is showing potential to treat glioblastoma, the most aggressive form of brain cancer. Auceliciclib specifically targets CDK4/6 enzymes, which also impair function in pancreatic cancer. At present, 90 per cent of pancreatic cancer patients die within five years of diagnosis.

## LNAA Program

*Venue for regular meetings: LCA/SA District Office, 137 Archer Street, North Adelaide*

**07 Feb** 7.30pm **Living with a Pacemaker** – Megan Materne, RN

**28 Mar** 7.30pm **Prostate Cancer** – Sally Sara RN, Prostate Cancer Foundation of Australia

**30 May** 7.30pm **Demon Possession and Mental Health in Biblical Times and Today** – Dr John Kleinig

**25 July** 7.30pm **Euthanasia and Physician-Assisted Suicide** – Chelsea Pietsch

**26 Sep** 7.30 pm **'House Model' Aged Care** – Megan Britt RN

**28 Nov** 7.30pm **Pharmacy Today**

**06 Feb 2023** 7.30pm **Vascular Research**

Visit our Facebook page: @lutherannursesassociationaustralia

## LNAA office bearers

**President:** Mrs Megan Materne, 48 Saltram Pde, Oakden, SA 5086 📞 04 0391 9061

**Vice-President:** Mrs Dianne Proeve, 20 Annesley Ave, Trinity Gardens SA 5068 📞 04 7550 9048

**Secretary:** Mrs Rose Howard, 2 Glen Eyre Crt, Aberfoyle Park SA 5159 📞 08 8270 1575

**Treasurer:** Mrs Vicki Minge, 16 Douglas St, Lockleys, SA 5032 📞 08 8352 8819

**Extra Members:** Mrs Sylvia Hutt, 6 Brook Dr, Aberfoyle Park, SA 5159 📞 04 1785 4873

Mrs Lynette Pech, 51 Alabama Ave, Prospect, SA 5082 📞 04 1889 2131

**Spiritual Counsellor:** Rev Chris Gallasch, 1215 Grand Junction Rd, Hope Valley, SA 5090;

📞 08 8265 8001

## IN TOUCH

*INTOUCH* is published six times a year. **Editor:** The Rev Robert Wiebusch, 200/1215 Grand Junction Rd, Hope Valley SA 5090 📞 08 8336 3936. Email: [robert.wiebusch@lca.org.au](mailto:robert.wiebusch@lca.org.au) Deadline for next issue: **15 October 2021**.

## Membership renewal for the 2020-21 financial year is now overdue

Kindly return the form below, together with your cheque, to the LNAA Treasurer, Mrs Vicki Minge. Funds can be transferred electronically to: BSB: **704942** Account name: **Lutheran Nurses Association of Australia**. Account number: **155449** If you transfer funds electronically, please advise the Treasurer. Your name or postcode should be included when notifying the treasurer.

### LNAA MEMBERSHIP RENEWAL FORM 2021–2022

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ NURSING STATUS: \_\_\_\_\_

My membership fee of \$25 enclosed.

I arranged electronic transfer of my membership fee of \$25 on: \_\_\_\_\_

Reference: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

LNAA TREASURER: Vicki Minge, 16 Douglas St, Lockleys, SA 5032 [pvminge@hotmail.com](mailto:pvminge@hotmail.com)