

End of Life Curriculum

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Sensitive Topic Disclaimer

The end of life involves highly sensitive topics. Experiencing loss of any kind should never be taken lightly or questioned. The content in this curriculum is sensitive and could be difficult for some participants to interact with. If you or someone receiving this content is triggered, please follow the proper protocol of your institution to assist. Preparation, compassion, and empathy are necessary when delivering this information.

This curriculum in conjunction with the presentations, activities, and scenarios is designed to help participants understand the end of life and all it involves. It is broken down into five lessons addressing the different aspects participants need to familiarize themselves with. Participants will gain knowledge surrounding a variety of components necessary in broadening their prior understanding of end of life.

Curriculum Structure

The *End of Life Curriculum* is composed of the following lessons. Approximate lesson times are included.

Lesson	Title	Approximate Time
One	Grief and Mourning, Including Cultural Influences	45-60 minutes
Two	Family Dynamics	45-60 minutes
Three	End-of-Life Communication Across the Lifespan	45-60 minutes
Four	Levels of End-of-Life Care	45-60 minutes
Five	Legal Issues	45-60 minutes
	Total	3-5 hours

Lesson Structure

Each lesson begins with a Lesson Overview, Lesson Objectives, and a Lesson at a Glance table, which lists lesson activities, materials required, suggested preparation steps, and approximate class time.

Lesson Sections

The actual lesson follows the overview, which contains some of the sections described below.

FOCUS

Every lesson begins with a FOCUS activity intended to capture participants' attention. This may be in the form of a small or large class discussion, a game, a demonstration, or a review of previous lesson information. During this activity, participants are introduced to the topic of the lesson.

LEARN

The LEARN activity in each lesson varies in its presentation mode. It may be a slide presentation, group activity, or demonstration.

REVIEW

The majority of lessons end with a REVIEW activity intended to briefly review the lesson's key messages or main points.

Lesson One – Grief and Mourning, Including Cultural Influences

Lesson Overview

In this lesson, participants will learn the definitions of grief and mourning, aspects of each, how cultural influences come into play, and types of cultural grieving rituals.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define grief, mourning, and cultural grieving rituals
- Identify and analyze types of grief, stages of grief, and the four tasks of mourning
- Recognize the symptoms of mourning/grieving
- Understand cultural influences with grieving rituals
- Connect with types of cultural grieving rituals
- Discuss, analyze, and identify grief and mourning scenarios

Lesson at a Glance:

Activity	Materials	Preparation	Approximate class time
FOCUS	• “Know, want to know, learned” (KWL) <i>Grief and Mourning Introduction Worksheet</i> (Student Workbook) • <i>KWL Grief and Mourning Worksheet Instructor Resource</i> • <i>Grief and Mourning, Including Cultural Influences Assessment Pre-Quiz</i> (Student Workbook) • <i>Grief and Mourning, Including Cultural Influences Assessment Pre/Post-Quiz – Answer Key</i>	1. Access the <i>KWL Grief and Mourning Worksheet</i>. 2. Access the <i>Grief and Mourning, Including Cultural Influences Assessment Pre-Quiz</i>.	10-15 minutes
LEARN	• <i>Grief and Mourning, Including Cultural Influences</i> slide presentation • <i>Grief and Mourning, Including Cultural Influences Notes</i> (Student Workbook) • <i>Grief and Mourning, Including Cultural Influences Notes – Answer Key</i> • <i>Types of Grief Worksheet</i> (Student Workbook)	1. Prepare the <i>Grief and Mourning, Including Cultural Influences</i> slide presentation for viewing. 2. Access the <i>Grief and Mourning, Including Cultural Influences Notes</i>. 3. Access <i>The Types of Grief Handout</i>.	20-35 minutes
REVIEW	• <i>Grief and Mourning, Including Cultural Influences Scenario Cards and Responses</i> • <i>Grief and Mourning, Including Cultural Influences Scenario Cards and Responses – Answer Key</i> • <i>Grief and Mourning, Including Cultural Influences Assessment Post-Quiz</i> (Student Workbook) • <i>Grief and Mourning, Including Cultural Influences Assessment Pre/Post-Quiz – Answer Key</i>	1. Prepare the learning environment for the scenario card exercise. 2. Print/photocopy and cut out the <i>Grief and Mourning, Including Cultural Influences Scenario Cards and Responses</i> (one per participant). 3. Access the <i>Grief and Mourning, Including Cultural Influences Post-Quiz</i>.	15-20 minutes

Lesson One – Grief and Mourning, Including Cultural Influences

FOCUS: Building Upon Prior Knowledge of Grief and Mourning

10-15 minutes

Purpose:

Participants work individually to identify what they already know about grief and mourning.

Materials:

- “Know, want to know, learned” (KWL) Grief and Mourning Worksheet (Student Workbook)
- KWL Grief and Mourning Worksheet Instructor Resource
- Grief and Mourning, Including Cultural Influences Assessment Pre-Quiz (Student Workbook)
- Grief and Mourning, Including Cultural Influences Assessment Pre/Post-Quiz – Answer Key

Facilitation Steps:

1. Access the *KWL Grief and Mourning Worksheet* before or at the beginning of class and have participants complete the prompts. They will need to fill out the (K) and the (W) portion of the worksheet. The (L) portion is for the LEARN part of the lesson.

2. Have the *KWL Grief and Mourning Worksheet Instructor Resource* available for participant questions and facilitation.
3. Have participants take the *Grief and Mourning, Including Cultural Influences Assessment Pre-Quiz*.
4. Information for the pre-test can be compared with information for the post-test, which participants will take upon completion of the lesson, to measure gaps/growth in their knowledge.

Instructor Resources: KWL Chart

Grief and Mourning, Including Cultural Influences

Directions:

1. Direct the participants to the *KWL Grief and Mourning Worksheet* in their workbooks and read the instructions:
 - a. Complete the chart below. The “What I Know” (K) section and the “What I Want to Know” (W) section need to be filled out prior to the lesson. The “What I Learned” (L) section will be filled out after watching a slide presentation on the topic.
 - b. Go through each section of the chart and explain what the acronym KWL stands for.
2. Inform participants that the only wrong answer is no answer. Remind them that the “L” section will be filled out after the slide presentation.
3. Walk around the room, engaging with the participants. If you notice participants done early have them turn to the person next to them and share from their “K” and/or “W” sections.
4. Once everyone is finished, call on one to three participants to share either what they wrote or what the person they interacted with wrote.

Note: Answers will vary for the “K” and “W” sections. “L” should have answers and information related to the *Grief and Mourning, Including Cultural Influences* slide presentation after the lesson is complete.

K	W	L
“What I Know” Record what you already know about a particular topic.	“What I Want to Know” Ask yourself: "what do I want to know?" about a topic and then record those points.	“What I Learned” Record what you learned after the learning process.
Grief: Mourning: Cultural Influences:	Grief: Mourning: Cultural Influences:	Grief: Mourning: Cultural Influences:

Grief and Mourning, Including Cultural Influences

Assessment Pre/Post-Quiz – Answer Key

Directions: Choose and circle the best answer.

1. What is grief?

- a. The anguish experienced after significant loss**
- b. The process of feeling
- c. The state of being happy
- d. A feeling of great enthusiasm and eagerness

2. Identify a type of grief.

- a. Absent grief
- b. Traumatic grief
- c. Disenfranchised grief
- d. All the above**

3. Which is NOT a stage of grief?

- a. Anger
- b. Depression
- c. Happiness**
- d. Acceptance

4. What is a category of mourning/grieving?

- a. Emotional
- b. Physical
- c. Behavioral
- d. All the above**

5. Fill in the following sentence: The grieving process is connected through experiences, _____, _____, and sometimes religion, traditions, ethnicity, etc. Select two choices.

- a. Honesty
- b. Culture**
- c. Community**
- d. Practice

Lesson One – Grief and Mourning, Including Cultural Influences

LEARN: Grief and Mourning, Including Cultural Influences Lecture

20-35 minutes

Purpose:

Participants will watch a presentation discussing the aspects of grief and mourning, including cultural influences.

Materials:

- *Grief and Mourning, Including Cultural Influences* slide presentation
- *Grief and Mourning, Including Cultural Influences Notes* (Student Workbook)
- *Grief and Mourning, Including Cultural Influences Notes – Answer Key*
- “Know, want to know, learned” (KWL) *Grief and Mourning Worksheet* (Student Workbook)
- *KWL Grief and Mourning Worksheet Instructor Resource*
- *Types of Grief Worksheet* (Student Workbook)
- *Religious Beliefs about Death, Dying, and Religion Worksheet* (Student Workbook)

Facilitation Steps:

1. Share the following information as you show the *Grief and Mourning, Including Cultural Influences* slide presentation.
2. Ensure each participant accesses the following pages in their student workbooks:
 - *Grief and Mourning, Including Cultural Influences Notes*
 - *Types of Grief Handout*

Note: If there is a time constraint, you can refrain from conducting the engage and example portion of the lecture.

Slide 1: Introduction

Slide 2: What Is Grief?

According to the American Psychological Association (APA), grief is defined as a “noun. the anguish experienced after significant loss, usually the death of a beloved person.

Grief often includes physiological distress, separation anxiety, confusion, yearning, obsessive dwelling on the past, and apprehension about the future.

Intense grief can become life-threatening through disruption of the immune system, self-neglect, and suicidal thoughts.

Grief may also take the form of regret for something lost, remorse for something done, or sorrow for a mishap to oneself.”

Engage: If they are willing, ask participants to give an example of grief they have experienced.

Examples: Death of a pet, experiencing COVID-19 as a community, losing a loved one, etc.

Note: Keep it to one to three examples for concision.

Slide 3: What Are Some Types of Grief?

Absent grief: When you don't show any outward signs of grief. Sometimes, you may not exhibit signs of grief because you're frozen in denial. Other times, a person who may not appear to be grieving is privately working through complex emotions others can't see.

Anticipatory grief: Anticipatory grief involves grieving before the actual loss.

Delayed grief: Instead of experiencing the emotions that accompany grief immediately after a loss, you feel them days, weeks, or even months later.

Disenfranchised grief: This is when society doesn't consider a loss worthy of grief. Grieving can feel especially isolating when others signal that your grief isn't valid.

Collective grief: Most of us think of grief as personal, but collectives (groups) grieve too. Major events, like wars, natural disasters, school shootings, and pandemics, create far-reaching losses.

Cumulative grief: With cumulative grief, you're working through multiple losses at once.

Normal grief: Normal (or uncomplicated) grief has no timeline and encompasses a range of feelings and behaviors common after loss, such as bodily distress, guilt, and hostility.

Traumatic grief: When you're processing a loss and trauma at the same time. Traumatic grief involves losses that happen under horrific, unpredictable circumstances.

Engage: Ask participants to identify any grief they are familiar with but might not have been able to name or define before.

Examples: A participant may say, they experienced anticipatory grief when their loved one was sick, but they did not know it was called "anticipatory grief."

Slide 4: The Five Stages of Grief

Elizabeth Kübler-Ross, a Swiss psychiatrist, wrote *On Death and Dying*. In the 1969 book, she proposed and founded the "Five Stages of Grief."

The Five Stages include:

- **Denial**
- **Anger**
- **Bargaining**
- **Depression**
- **Acceptance**

Since 1969, others have added to her stages and expanded on this concept. On the next slide, you will see a proposed seven stages of grief with explanations.

Engage: Ask participants if they believe that these stages are linear or guidelines to process grief.

Examples: Some participants may say the process needs to be linear, others may say that these stages can be isolated, not every person may go through each stage, etc. Answers may vary. There is NO right answer here.

Slide 5: Seven Stages of Grief

This image shows participants that there have been further developments from Kübler-Ross' five stages of grief. This is designed to educate participants that there isn't a clear answer when going through grief.

Engage: Have participants look at the seven stages and engage with the image. Ask them what they think. Could there be other “stages”? How do they feel about the descriptions?

Examples: The answers will vary. You may also input your own thoughts about this section.

Slide 6: What Is Mourning?

According to the American Psychological Association (APA), mourning is defined as a “noun. the process of feeling or expressing grief following the death of a loved one, or the period during which this occurs.

It typically involves apathy and dejection, loss of interest in the outside world, and diminution in activity and initiative. These reactions are like depression but are less persistent and are not considered pathological.

Other mourning reactions may include anger (e.g., toward the deceased for dying), a sense of relief (e.g., that the deceased is no longer suffering), anxiety about the repercussions of losing someone upon whom the bereaved may have depended, and physical signs (e.g., fatigue, loss of appetite).”

Slide 7: Symptoms of Mourning/Grieving

Emotional: Grieving people often experience emotions fluidly. There is potential for conflicting emotions to occur, such as, but not limited to:

- **Sadness**
- **Yearning**
- **Excitement**
- **Guilt**
- **Exhaustion**
- **Apathy**
- **Anger**
- **Happiness**

Physical: Grief of any kind will take its toll on the body physically. Putting stress on the body can cause a weakened immune system and an overworked nervous system. Those symptoms can present themselves as, but not limited to:

- **Panic attacks**
- **Fatigue**
- **Migraines**
- **Digestive issues**
- **Joint pain**
- **Reduced/increased appetite**
- **Too much/too little sleep**

Behavioral: It is normal and common for behavior to change when individuals are grieving or supporting someone who is grieving. Those may transpire as the following:

- **Flight or fight mode**
- **Freezing**
- **Confusion**
- **Difficulty completing tasks**
- **Isolation**
- **Projection**
- **Nervousness or anxiety**
- **Using substances for avoidance**

Engage: After you go over each category, ask the participants to raise their hand if they have ever experienced these symptoms or know someone who has.

Slide 8: The Four Tasks of Mourning

Psychologist J. William Worden proposed a process and guide to comprehend the path through grief.

The four tasks are:

- **Task I:** To accept the reality of the loss
- **Task II:** To process the pain of grief
- **Task III:** To adjust to life after the loss
- **Task IV:** To find an enduring connection with the loss and embark on a new life

Engage: After each task, ask participants to explain what they think that looks like.

Examples: Answers will vary, participants may relate to traumatic events, loss, and what it looks like overcoming those things.

Slides 9-10: Cultural Influences with Grieving Rituals

- The grieving process is connected through experiences, culture, community, and sometimes religion. These processes are often displayed through rituals and/or routines.
- Rituals are designed to assist individuals with processing grief. In some cultures and communities, it is how people mourn or celebrate a time of transformation. According to Diane Snyder Cowan, in an article titled “Grief Rituals and the Healing Process,” “rituals punctuate and mark significant events in our lives such as weddings, births, confirmations, graduations, deaths,” traumatic events, religious celebrations, etc.

3. Have participants access the *Religious Beliefs about Death, Dying, and Religion* worksheet in their student workbooks.

This worksheet encompasses typical practices among various religious communities when a loved one dies, including:

- What the religion believes happens when a person dies
- How the body must be handled after their death
- What is done or required at the funeral ceremony
- Individuals and groups perform rituals related to grief in different ways. Depending on culture, community,

religion, traditions, ethnicity, etc., rituals can look and feel very different.

- Rituals go hand in hand with intention and are ways for people to bridge from a current situation to another. Rituals are personal yet communal and require respect and understanding.

Engage: Ask participants to provide examples of cultural, community, religious, traditional, or ethnic rituals. These can be something they have personally experienced, seen, or know about in the world.

Examples: Attending a funeral, Day of the Dead, sitting Shiva, communal dancing, prayer, lighting candles, releasing paper lanterns, having a memorial service, etc.

Slide 11: Types of Cultural Grieving Rituals

- Light a candle
- Create a memory book of pictures and stories
- Plant a tree or memorial garden
- Eat/make certain food
- Develop a memorial ritual
- Dance
- Create art
- Keep a journal
- Visit the cemetery or other special place
- Read something inspirational
- Have a funeral or visit a specific location
- Remember the lost religiously
- Dedicate something to remember the loss by
- Talk and share memories with others
- Wear certain colors or clothing
- Wear something that belonged to your loved one
- Write a letter

- Help others
- Pray/chant

Engage: Ask participants if there are any others that are not listed that they would like to share.

Examples: Participant answers may vary.

Slide 12: Resources Available

- National Suicide Prevention Lifeline at 800-273-8255.
- The Trevor Project. LGBTQIA+ and under 25 years old? Call 866-488-7386, text START to 678678, or chat online 24-7.
- Befrienders Worldwide. This international crisis helpline network can help you find a local helpline.
- DeafLEAD Crisis Line. Call 321-800-DEAF (3323) or text HAND at 839863.
- Boys Town National Hotline (1.800.448.3000) (link is external) Crisis and support line for children, youth, and their parents. 24/7 and Spanish available. Multi-topic and issue assistance.

Engage: Ask the participants why it is important to know the resources available.

Examples: To inform yourself, to support others, in case there is a need.

Slide 13: Ending Slide

Engage: Have participants pull out their KWL chart and complete the “L” section.

Examples: Anything listed in the *Grief and Mourning, Including Cultural Influences* slide presentation.

Grief and Mourning, Including Cultural Influences

Notes – Answer Key

Directions: Take notes in the space provided as information is shared in the slide presentation and lecture on this topic.

Question	Notes
What is grief?	According to the American Psychological Association (APA), grief is defined as: noun. the anguish experienced after significant loss, usually the death of a beloved person.
List the five stages of grief	The five stages include: 1. Denial 2. Anger 3. Bargaining 4. Depression 5. Acceptance Additional one from the “Simon Says” image slide: Pain and Guilt or Reconstruction
What is mourning?	According to the American Psychological Association (APA), mourning is defined as: noun. the process of feeling or expressing grief following the death of a loved one, or the period during which this occurs. List the three categories of symptoms: 1. Emotional 2. Physical 3. Behavioral
List the four tasks of mourning	Task I: To accept the reality of the loss Task II: To process the pain of grief Task III: To adjust to life after the loss Task IV: To find enduring connection with the loss and embark on a new life

Fill out the guided notes from slide 9	The grieving process is connected through experiences, culture, community, and sometimes religion. These processes are often displayed through rituals and/or routines. Rituals are designed to assist individuals with processing grief. In some cultures and communities, it is how people mourn or celebrate a time of transformation. According to Diane Snyder Cowan, in an article titled “Grief Rituals and the Healing Process,” “Rituals punctuate and mark significant events in our lives, such as weddings, births, confirmations, graduations, deaths,” traumatic events, religious celebrations, etc.
Fill out the guided notes from slide 10	Individuals and groups perform rituals related to grief in different ways. Depending on culture, community, religion, traditions, ethnicity, etc., rituals can look and feel very different. Rituals go hand in hand with intention and are ways for people to bridge from a current situation to another. Rituals are personal yet communal and require respect and understanding.
List three types of cultural grieving rituals	Answers will vary but need to reflect the following: • Light a candle • Create a memory book of pictures and stories • Plant a tree or memorial garden • Eat/make certain food • Develop a memorial ritual • Dance • Create a work of art • Keep a journal • Visit the cemetery or other special place • Read something inspirational • Have a funeral or visit a specific location • Remember the lost religiously • Dedicate something to remember the loss by • Talk and share memories with others • Wear certain colors or clothing • Wear something that belonged to your loved one • Write a letter • Help others • Pray/chant

Lesson One – Grief and Mourning, Including Cultural Influences

REVIEW: Assess and Practice Understanding of Grief and Mourning, Including Cultural Influences

10-15 minutes

Purpose:

Participants will apply the knowledge learned in the lecture. They will problem-solve and organize grief and mourning scenarios.

Materials:

- *Grief and Mourning, Including Cultural Influences Scenario Cards and Responses*
- *Grief and Mourning, Including Cultural Influences Scenario Cards and Responses – Answer Key*
- *Grief and Mourning, Including Cultural Influences Assessment Post-Quiz* (Student Workbook)
- *Grief and Mourning, Including Cultural Influences Assessment Pre/Post-Quiz – Answer Key*

Facilitation Steps:

1. If they have not already, have participants fill out the “L” section on their KWL chart using their notes.
2. Have participants get into groups of two. Each pair should already have a set of pre-cut *Grief and Mourning, Including Cultural Influences Scenario Cards and Responses*. There should be a stack of scenario cards and a stack of responses.
3. Read the following instructions to the group: There are a set of 10 scenario cards and 10 responses. Your goal is to match the correct scenario card with the correct response.

You will identify which stage of grief each scenario represents. You should work together and discuss each scenario before matching it with the correct response.

Note: Alternatively, you could read each scenario and have the students answer them independently, or have students work independently on matching them.

4. As the facilitator, you need to:
 - Walk around the room
 - Engage with participants
 - Answer questions
 - Monitor progress
5. Instruct the pairs to raise their hands when they believe they completed the activity correctly. Check their work with the provided answer key.
6. When a pair correctly matches each scenario with the correct response, direct them to complete their *Grief and Mourning, Including Cultural Influences Assessment Post-Quiz* (Student Workbook).

Note: If time is a constraint, you may need to adjust, eliminate, or revise some of these activities. Alternatively, you could assign some of this work to be completed prior to the next presentation.

Grief and Mourning, Including Cultural Influences

Scenario Cards and Responses

Instructor Note: Cut out and shuffle.

Scenario: Lisa recently lost their pet suddenly. Their dog accidentally got hit by a car and Lisa is having a difficult time adjusting. Lisa still believes their dog will come back home and keeps all their things still out around the house. Lisa feels that this cannot be happening and that it is impossible their dog died. Lisa's family is concerned that they are not accepting reality.	Response: Denial
Scenario: Joe is a senior in high school. His entire family went to Duke. Joe always wanted to go to Duke, however, when acceptance letters came out, all his friends got into Duke. He did not. Rather than being proactive, he started to fail his classes and has not applied to any other school, telling everyone that his acceptance letter got lost in the mail.	Response: Denial

Scenario: Madison auditioned for the lead in the school play. Their recently deceased sibling was always the lead in the play. Madison misses their sibling terribly. The most recent audition Madison did was for the leading role in the upcoming school musical. When casting was posted, they not only did not get the role, but they were not even cast. Madison immediately screamed at their friends and the director. They then tore apart the dressing room and punched a locker. This resulted in their suspension from school.	Response: Anger
Scenario: Jenna has been sitting in the hospital with their grandparent in hospice for weeks. Their grandparent has been sick for a long time, and they said their goodbyes. However, they come every day after school and read to them. One Monday evening, after leaving the hospital, they were in a restaurant with their family. The staff got their order wrong and brought the incorrect meal. Jenna immediately began yelling at the staff and threw their food in a fit of rage.	Response: Anger

Scenario: Chris and Jackie dated for two years. Chris broke up with Jackie. Jackie is having a very difficult time with the breakup. They are sending Chris texts, letters, and voicemails, offering to change who they are and what they do so they can get back together. Jackie is trying to convince Chris to start dating them again.	Response: Bargaining
Scenario: Brody is an athlete. Their house unexpectedly burned down, resulting in them losing everything. Because of this they were unable to focus on studying for their math test. The next day, during the test, they cheated and got caught. As a result, they had in-school suspension. Because of this, they were not allowed to participate in the state finals with their basketball team. Brody went to see the counselor and kept repeating phrases such as “if only the house didn’t burn down” and “if only I hadn’t been caught, or even cheated.” Then the conversation turned to “well, what if I make up my test?”	Response: Bargaining

Scenario: Hayley is having a difficult time getting out of bed ever since their elderly father was diagnosed with COVID-19. They are neglecting their work and friends. They lost their appetite and barely change clothes. Their father is older than all their friends' fathers, and Hayley is having a hard time finding support.	Response: Depression
Scenario: Isaac, a straight-A student, recently changed schools. They are having a hard time fitting in at their new middle school. They are getting bullied in the hallway and eating lunch alone in a teacher's room. Their grades are falling, and they are spending all their time playing video games. They are ignoring their old friends' phone calls and have even turned away their best friend at the door.	Response: Depression

Scenario: Michelle recently lost their leg in a skiing accident during winter break. Initially, they were very angry and upset at themselves and the situation. Michelle recently finished psychical therapy and was fitted for a prosthetic. They plan on trying out for track once they get the hang of their new leg.	Response: Acceptance
Scenario: Keely is part of a military family; this is her mother's fourth deployment. When her mother was first deployed, Keely isolated herself, refraining from communication via phone or video chat. She didn't acknowledge her mother in the presence of other members of the family and blamed her mother for leaving her. After getting support and communicating with her mother about her emotions, Keely now has a healthy relationship with her mother's deployment, actively participates in her mother's life, and looks forward to phone calls and video chats.	Response: Acceptance

Grief and Mourning, Including Cultural Influences

Scenario Cards and Responses – Answer Key

Scenario 1: Identify which stage of grief the following scenario represents.

Lisa recently lost their pet suddenly. Their dog accidentally got hit by a car and Lisa is having a difficult time adjusting. Lisa still believes their dog will come back home and keeps all their things still out around the house.

Lisa feels that this cannot be happening and that it is impossible their dog died. Lisa's family is concerned that they are not accepting reality.

Response 1: **Denial**

Scenario 2: Identify which stage of grief the following scenario represents.

Joe is a senior in high school. His entire family went to Duke. Joe always wanted to go to Duke, however, when acceptance letters came out, all his friends got into Duke. He did not.

Rather than being proactive, he started to fail his classes and has not applied to any other school, telling everyone that his acceptance letter got lost in the mail.

Response 2: **Denial**

Scenario 3: Identify which stage of grief the following scenario represents.

Madison auditioned for the lead in the school play. Their recently deceased sibling was always the lead in the play. Madison misses their sibling terribly.

The most recent audition Madison did was for the leading role in the upcoming school musical. When casting was posted, they not only did not get the role, but they were not even cast.

Madison immediately screamed at their friends and the director. They then tore apart the dressing room and punched a locker. This resulted in their suspension from school.

Response 3: **Anger**

Scenario 4: Identify which stage of grief the following scenario represents.

Jenna has been sitting in the hospital with their grandparent in hospice for weeks. Their grandparent has been sick for a long time, and they said their goodbyes.

However, they come every day after school and read to them. One Monday evening, after leaving the hospital, they were in a restaurant with their family. The staff got their order wrong and brought the incorrect meal. Jenna immediately began yelling at the staff and threw their food in a fit of rage.

Response 4: Anger

Scenario 5: Identify which stage of grief the following scenario represents.

Chris and Jackie dated for two years. Chris broke up with Jackie. Jackie is having a very difficult time with the breakup. They are sending Chris texts, letters, and voicemails, offering to change who they are and what they do so they can get back together. Jackie is trying to convince Chris to start dating them again.

Response 5: Bargaining

Scenario 6: Identify which stage of grief the following scenario represents.

Brody is an athlete. Their house unexpectedly burned down, resulting in them losing everything. Because of this they were unable to focus on studying for their math test.

The next day, during the test, they cheated and got caught. As a result, they had in-school suspension. Because of this, they were not allowed to participate in the state finals with their basketball team.

Brody went to see the counselor and kept repeating phrases such as “if only the house didn’t burn down” and “if only I hadn’t been caught, or even cheated.” Then the conversation turned to “well, what if I make up my test?”

Response: Bargaining

Scenario 7: Identify which stage of grief the following scenario represents.

Hayley is having a difficult time getting out of bed ever since their elderly father was diagnosed with COVID-19. They are neglecting their work and friends. They lost their appetite and barely change clothes. Their father is older than all their friends’ fathers, and Hayley is having a hard time finding support.

Response: Depression

Scenario 8: Identify which stage of grief the following scenario represents.

Isaac, a straight-A student, recently changed schools. They are having a hard time fitting in at their new middle school. They are getting bullied in the hallway and eating lunch alone in a teacher's room. Their grades are falling, and they are spending all their time playing video games. They are ignoring their old friends' phone calls and have even turned away their best friend at the door.

Response: Depression

Scenario 9: Identify which stage of grief the following scenario represents.

Michelle recently lost their leg in a skiing accident during winter break. Initially, they were very angry and upset at themselves and the situation.

Michelle recently finished psychical therapy and was fitted for a prosthetic. They plan on trying out for track once they get the hang of their new leg.

Response: Acceptance

Scenario 10: Identify which stage of grief the following scenario represents.

Keely is part of a military family; this is her mother's fourth deployment. When her mother was first deployed, Keely isolated herself, refraining from communication via phone or video chat. She didn't acknowledge her mother in the presence of other members of the family and blamed her mother for leaving her.

After getting support and communicating with her mother about her emotions, Keely now has a healthy relationship with her mother's deployment, actively participates in her mother's life, and looks forward to phone calls and video chats.

Response: Acceptance

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Lesson Two – Family Dynamics

Lesson Overview

In this lesson, participants will learn the definition of family dynamics, types of families, influences on family dynamics, dynamic roles, the Internal Family System Model, transgenerational trauma, and the impact of trauma on family dynamics.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define family dynamics, the Internal Family System Model, and transgenerational trauma
- Identify and analyze types of family forms and dynamic roles
- Recognize potential influences of family dynamics
- Understand transgenerational trauma
- Discuss, analyze, and identify grief family dynamic scenarios

Lesson at a Glance:

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Family Dynamics Introduction Worksheet</i> (Student Workbook) • <i>Family Dynamics Introduction Worksheet Instructor Resource</i> • <i>Family Dynamics Assessment Pre-Quiz</i> (Student Workbook) • <i>Family Dynamics Assessment Pre/Post-Quiz – Answer Key</i>	1. Access the <i>Family Dynamics Introduction Worksheet</i>. 2. Access <i>Family Dynamics Assessment Pre-Quiz</i>.	10-15 minutes
LEARN	• <i>Family Dynamics</i> slide presentation • <i>Family Dynamics Notes</i> (Student Workbook) • <i>Family Dynamics Notes – Answer Key</i>	1. Prepare the <i>Family Dynamics</i> slide presentation for viewing. 2. Access the <i>Family Dynamics Notes</i>.	20-35 minutes
REVIEW	• <i>Family Dynamics Scenario Cards and Responses</i> • <i>Family Dynamics Scenario Cards and Responses – Answer Key</i> • <i>Family Dynamics Assessment Post-Quiz</i> (Student Workbook) • <i>Family Dynamics Assessment Pre/Post-Quiz – Answer Key</i>	1. Prepare the learning environment for the scenario card exercise. 2. Print/photocopy and cut out the <i>Family Dynamics Scenario Cards and Responses</i>. 3. Access <i>Family Dynamics Assessment Post-Quiz</i>.	15-20 minutes

Lesson Two – Family Dynamics

FOCUS: Building Upon Prior Knowledge of Family Dynamics

10-15 minutes

Purpose:

Participants work individually to describe and draw their family type. This exercise sets the stage for understanding and describing what family dynamics are through different lenses.

Materials:

- *Family Dynamics Introduction Worksheet* (Student Workbook)
- *Family Dynamics Introduction Worksheet Instructor Resource*
- *Family Dynamics Assessment Pre-Quiz* (Student Workbook)
- *Family Dynamics Assessment Pre/Post-Quiz – Answer Key*

Facilitation Steps:

1. Access the *Family Dynamics Introduction Worksheet* before or at the beginning of class and have participants complete the prompts.

Participants must fill out the sections one and two. Section three is for the LEARN portion of the lesson.

2. Have the *Family Dynamics Introduction Worksheet Instructor Resource* available for participant questions and facilitation.

3. Have participants take the *Family Dynamics Assessment Pre-Quiz*.
4. Information for the pre-test can be compared with information for the post-test, which participants will take upon completion of the lesson, to measure gaps/growth in their knowledge.

Instructor Resource: Family Dynamics Introduction Worksheet

Directions:

1. Access the *Family Dynamics Introduction Worksheet* and read the instructions.
 - a. Complete sections one and two at the beginning of the lesson. Section three will be completed later in the lesson.
2. Go through each section of the chart and answer any questions that participants may have.
3. Inform participants that the only wrong answer is no answer. Remind them that the third section will be filled out after watching a slide presentation on the topic.
4. Walk around the room, engaging with the participants. If you notice anyone done early, have them turn to the person next to them and share from their first or second sections.
5. Once everyone is done, call on one to three participants to share what wrote have for section one and/or two.

Name: _____ Class: _____ Date: _____

Family Dynamics Introduction Worksheet

Directions: Complete sections one and two at the beginning of the lesson. Section three will be completed after watching a slide presentation on the topic.

Section One “Describe”: Describe your family.

Participant answers will vary

Section Two “Draw”: Draw your family in an abstract* way.

Participant answers will vary

* Abstract art: Art that does not attempt to represent external reality, but seeks to achieve its effect using shapes, forms, colors, and textures.

Section Three “Identify”: Identify which family form discussed in the lesson best fits your family.

Participant answers will vary

Name: _____ Class: _____ Date: _____

Family Dynamics

Assessment Pre/Post-Quiz – Answer Key

1. What is a family form that describes a family with near relatives in one household, such as aunts, grandparents, uncles, etc.?
 - a. Grandparent family
 - b. Step/blended family
 - c. Extended family**
 - d. Nuclear family

2. The following are factors of a healthy family dynamic EXCEPT:
 - a. Flexibility
 - b. Clear communication
 - c. Isolation**
 - d. Role reciprocity

3. Which of the following is a family dynamic role?
 - a. Scapegoat
 - b. Hero
 - c. Switchboard
 - d. All the above**

4. What is the part of the Internal Family System that tends to automatically react, attaching and creating diversions?
 - a. Manager
 - b. Firefighter**
 - c. Exile
 - d. Core Self

5. Fill out the following sentence: _____ trauma is passed down through generations.
 - a. Transgenerational**
 - b. Internal
 - c. Self
 - d. Occupational

Lesson Two – Family Dynamics

LEARN: Family Dynamics Lecture

20-35 minutes

Purpose:

Participants will view a presentation discussing the aspects of family dynamics.

Materials:

- *Family Dynamics* slide presentation
- *Family Dynamics Notes* (Student Workbook)
- *Family Dynamics Notes – Answer Key*
- *Family Dynamics: Internal Family Systems Model Handout* (Student Workbook)

Facilitation Steps:

1. Share the following information as you go through the *Family Dynamics* slide presentation.
2. Make sure each participant accesses:
 - *Family Dynamics Notes*
 - *Family Dynamics: Internal Family Systems Model Handout*

Note: If there is a time constraint, refrain from conducting the engage and example portion of the lecture.

Slide 1: Introduction Slide

Slide 2: Understanding Family Dynamics

According to the National Institute of Health, family dynamics: “Refer to the patterns of interactions among relatives, their roles and relationships, and the various factors that shape their interactions. Because family members rely on each other for emotional, physical, and economic support, they are one of the primary sources of relationship security or stress.

Interpersonal interactions among family members have lasting impacts and influence the development and wellbeing of an individual via psychosocial, behavioral, and physiological pathways.”

Slide 3: Pair and Share

Ask participants to pair up and answer the question, “Why do you think it’s important to talk about family dynamics in relation to the end of life?”

Responses you are looking for include:

- How individuals manage death and dying may be impacted by family dynamics
- Family dynamics often play a role in who takes the lead when a family member is dying
- Family conflicts are often exacerbated when a family member is ill
- Family members may try to reconcile past conflicts due to impending death

Slide 4: Family Forms

Family forms and structures are completely unique from one family to the next. Each family structure comes with its own dynamic, resulting in differing external and internal relationships.

There are six well-known family forms:

- **Nuclear**
- **Single-Parent**
- **Extended**
- **Step/blended**
- **Childless**

- **Grandparent**

Engage: Ask participants if they are familiar with these forms. Have them discuss what they think each is for/could be.

Example: A participant may say that a childless family is a family with two adults who are married but have no children.

Slide 5: Six Types of Family Forms

- **Nuclear Family:** Also called elementary family, in sociology and anthropology, a group of people united by ties of partnership and parenthood and consisting of a pair of adults and their socially recognized children (biological, adopted, or foster). Typically, but not always, the adults in a nuclear family are married.
- **Single-Parent Family:** Single-parent families are families with children under age 18 headed by a parent who is widowed or divorced and not remarried or by a parent who never married.
- **Extended Family:** A family that includes near relatives (such as grandparents, aunts, or uncles) in addition to a nuclear family in one household. An extensive group of people who are related by blood or marriage or who otherwise regard themselves as a large family.
- **Step/Blended Family:** A family that consists of two adults, the child or children that they had together, and one or more children that they had with previous partners.
- **Childless Family:** A childless couple by choice, genetics, infertility, etc.

- **Grandparent Family:** Grandparents serve as the primary caregivers for youth, raising children on their own or in conjunction with other family members.

Engage: Ask participants if anything stood out to them, or if anything was different from what they thought. Ask them if they have any comments or questions.

Example: Participants may ask about interfaith or interracial families. They might offer an example that is not necessarily defined by one of the forms. These are just six; there might be many other combinations, and all of them are acceptable.

Slide 6: Influences on Family Dynamics

According to the National Institute of Health (NIH), “Several factors can influence family dynamics.

Some researchers have identified **individuation, mutuality, flexibility, stability, clear communication, and role reciprocity** as the primary factors contributing to **healthy** family dynamics. **Mutuality** is a shared feeling of cohesion and warmth that has been identified as the strongest contributing factor.

In contrast, factors contributing to **unhealthy** family dynamics include **enmeshment, isolation, rigidity, disorganization, unclear communication, and role conflict.**”

Engage: Ask participants if they have any other contributing factors to either a healthy or unhealthy family dynamic.

Example: Participants may say respect/disrespect, honesty/dishonesty, etc.

Slide 7: Examples of Influences on Family Dynamics

- Nature of the parents' relationship
- Having a particularly soft or strict parent
- Number of children in the family
- Personalities of family members
- An absent parent
- The mix of members who live in the same household
- Level and type of influence from extended family or others
- A chronically sick or disabled child within the family
- Events that have affected family members, such as an affair, divorce, trauma, death, unemployment, homelessness, etc.
- Other issues such as family violence, abuse, alcohol or other drug use, mental health difficulties, other disabilities
- Family values, culture and ethnicity, including beliefs about gender roles, parenting practices, power or status of family members
- Nature of attachments in family (i.e., secure, insecure)
- Dynamics of previous generations (parents' and grandparents' families), including intergenerational
- Broader systems (social, economic, political, including poverty)

Engage: Ask participants for any other examples of influences on family dynamics.

Example: Examples may include someone in the family having a baby, someone coming out as part of the LGBTQ+ community, etc.

Slide 8: Family Dynamic Roles

Family dynamics can operate similarly to a group hierarchy in that individuals can often assume a variety of roles.

These roles can be voluntarily placed or a result of something that happened.

Within forming these roles and developing dynamics, connections can deepen, and hierarchies may develop, which in turn could have negative or positive effects on the family.

Engage: Ask participants if they can identify family dynamic roles.

Example: Participants may not give the family dynamic roles listed in the slide presentation. They might say father, mother, sibling, son, daughter, etc.

You can either redirect those or continue with the slide presentation, letting them understand their prior knowledge and build upon it.

Slide 9: Pair and Share

Direct the students to get into pairs and answer the following questions:

Think of a family depicted on a TV show or movie and discuss the following:

- What is their family structure?
- Can you identify child roles within the family?

This exercise is intentionally about a fictional character(s) rather than students in the class, as this can be a sensitive topic and there may be students in your class who relate to a dysfunctional family and/or child roles.

However, if students wish to share their personal experiences and you are comfortable facilitating that conversation, feel free to do so.

Slide 10-11: Family Dynamic Roles

- **Hero:** This is the “good” and “responsible” child. This person is a high achiever, carries the pride of the family, and they overcompensate to avoid looking or feeling inadequate.
- **Rescuer:** The rescuer takes care of others’ needs and emotions and problem-solves for others in the family. The rescuer might have difficulty with conflict.
- **Mediator:** The mediator can be a rescuer-type although they work to keep peace in the family system. This person does the emotional work of the family to avoid conflict.
- **Scapegoat:** This is the person the other family members feel needs the most help. Usually this is the family member in need of or in treatment. This person often shows the obvious symptoms of the family being unable to work through problems.
- **Switchboard:** This person is the central information center in the family. They keep track of what’s going on by being aware of who is doing what and when. This person has strength in being the central person to go to and understanding how the family is doing.
- **Powerbroker:** This person works at maintaining a hierarchy in the family with themselves at the top. Their safety and security with life depends on feeling in control of the environment around them.
- **Lost Child:** The lost child is the subservient good child. They are obedient, passive, and hidden in the

family trauma. They stay hidden to avoid being a problem.

- **Clown:** The clown uses humor to offset the family conflict and create a sense that things are okay. This person has a talent to readily lighten the moment, but they hide their true feelings.
- **Cheerleader:** The cheerleader provides support and encouragement to others. There is usually balance in taking care of their own needs while providing a positive influence on those around them.
- **Nurturer:** This person provides emotional support, creates safety, is available to others, and can be a mediator. They focus on having and meeting emotional needs, usually in a balanced manner.
- **Thinker:** The thinker provides the objective, reasoning focus. Their strength is being able to see situations in a logical, objective manner. However, they may find it difficult to connect emotionally with others.
- **Truth teller:** This person reflects the system as it is. At times, the challenge is how that information is relayed. Other members in the family might be offended or avoid the truth teller because of the power the truth teller holds.

Engage: Have participants think about their family forms. Think about who would identify, if any, with any of the roles listed on this slide.

Ask who would they identify with. They could identify with more than one. Ask for one to three volunteers to share.

Example: Participants should list one of the roles from the slide presentation.

Slides 12-13: Internal Family System Model

Another important dynamic is the **Internal Family System**. It is the idea that any individual cannot be fully understood in isolation from their family.

According to Dr. Jeremy Sutton, in the article “Internal Family Systems Therapy: 8 Worksheets and Exercises,” “Richard Schwartz (2021), the creator of the Internal Family Systems (IFS) Therapy model, suggests we have all been born with many sub-minds interacting with one another,” like a familial structure.

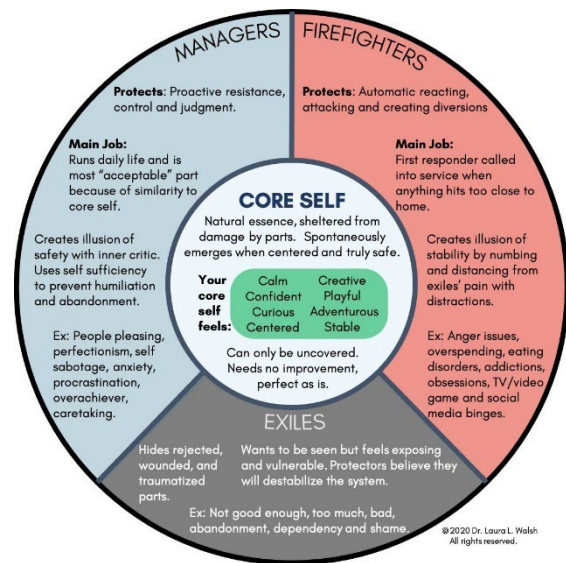
Engage: Ask participants if they agree or disagree. Engage in a brief discussion, allowing participants to have a conversation about the topic.

Dr. Laura Walsh in the article, “You and Your Grieving Parts,” States the following:

Managers: Manager parts proactively run the day-to-day operations of the system and are considered the most “acceptable” parts because they say very adult things and sound most like the core self. They maintain balance within you through control. Manager parts are perfectionist, judgmental, self-critical, or people pleasing.

Firefighters: Firefighters are your first responders. They automatically fly out the door to rescue you when something hits too close to home. They extinguish the fire of pain by smothering or creating a diversion. They attack “enemies” and get defensive to control or suffocate emotions.

Exiles: Exiles are the younger parts that hold pain from the past. You compartmentalize and isolate them from the rest of the system for their safety and stability in the system. Because of their vulnerability, they also seem a bit dangerous. They’re the parts of you that fear being abandoned, get intimidated, experienced trauma, and feel a lot of shame.



Engage: Have participants look at the slide. Then ask what they think about the Internal Family System Model. How do they relate to managers, firefighters, exiles, and their core self?

Example: All answers will vary.

Slides 14-15: The Impact of Transgenerational Trauma on Family Dynamics

What Transgenerational Trauma Is:

The term “transgenerational trauma” is used to reference the generally subconscious transmission of traumatic experiences to subsequent generations and to society. People in the next generation find themselves showing the symptoms of

trauma without having experienced the trauma themselves.

Traumatic experiences can affect individual, single people or they can affect many people within a group. The term “collective trauma” is used in this case where trauma affects many people within a group.

The Impact of Transgenerational Trauma:

- Unresolved emotions and thoughts about a traumatic event
- Negative repeated patterns of behavior, including beliefs about parenting
- Untreated or poorly treated substance abuse or severe mental illness
- Poor parent-child relationships and emotional attachment
- Complicated personality traits or personality disorders
- Content attitude with the ways things are within the family

Engage: Ask for volunteers to share if their family has transgenerational trauma that affects them.

Example: Slavery, marginalized prejudice, war, September 11th, the Holocaust, etc.

All individuals experience trauma differently, thus all families do as well. There are a variety of influences that can affect how families cope and handle trauma. According to The National Child Traumatic Stress Network (NCTSN), “Trauma changes family dynamics as they work to survive and adapt to their

circumstances and environment. While this adjustment may be smooth for some, for others the stress and burden cause them to feel alone, overwhelmed, and less able to maintain vital family functions.

Traumas are frightening, often life-threatening, or violent events that can happen to any or all members of a family. Traumas can cause traumatic stress responses in family members with consequences that ripple through family relationships and impede optimal family functioning.”

According to *Dealing with Family Dynamics After Loss*, by Systema, a few ways that family dynamics change when dealing with death and dying are: “Different ways of coping; age, relationship, and role changes; heightened stress and emotions; and family can sometimes get too close for comfort.”

Engage: Ask participants if there are any closing remarks and/or questions.

Example: All answers will vary.

Slide 17: Ending Slide

Have participants complete their notes. When they have finished have them, return to the *Family Dynamics Introduction Worksheet*, and complete the last section.

Name: _____ Class: _____ Date: _____

Family Dynamics Notes – Answer Key

Directions: Take notes in the space provided as information is shared in the slide presentation and lecture on this topic.

Question	Notes
What are family dynamics?	According to the National Institute of Health, family dynamics: “Refer to the patterns of interactions among relatives, their roles and relationships, and the various factors that shape their interactions.”
List the six family forms	The Six Family Forms: 1. Nuclear 2. Single-Parent 3. Extended 4. Step/Blended 5. Childless 6. Grandparent
Fill out the guided notes from slide 6: Influences on Family Dynamics	According to the National Institute of Health (NIH), “Several factors can influence family dynamics. Some researchers have identified individuation, mutuality, flexibility, stability, clear communication, and role reciprocity as the primary factors contributing to healthy family dynamics. Mutuality is a shared feeling of cohesion and warmth that has been identified as the strongest contributing factor. In contrast, factors contributing to unhealthy family dynamics include enmeshment, isolation, rigidity, disorganization, unclear communication, and role conflict.”
List four examples of influences on family dynamics	Answers are any of the following: • Nature of the parents' relationship • Having a particularly soft or strict parent • Number of children in the family • Personalities of family members • An absent parent • The mix of members who live in the same household

	• Level and type of influence from extended family or others • A chronically sick or disabled child within the family • Events that affected family members, such as an affair, divorce, trauma, death, unemployment, homelessness, etc. • Other issues such as family violence, abuse, alcohol or other drug use, mental health difficulties, other disabilities • Family values, culture and ethnicity, including beliefs about gender roles, parenting practices, power or status of family members • Nature of attachments in family (i.e., secure, insecure) • Dynamics of previous generations (parents' and grandparents' families), including intergenerational • Broader systems (social, economic, political, including poverty)
List the 12 family dynamic roles	1. Hero 2. Rescuer 3. Mediator 4. Scapegoat 5. Switchboard 6. Powerbroker 7. Lost Child 8. Clown 9. Cheerleader 10. Nurturer 11. Thinker 12. Truth teller
Internal Family System Model	Refer to the <i>Family Dynamics: Internal Family Systems Model</i> worksheet
In your own words, what is transgenerational trauma?	Answers will vary, but need to reflect the following: The term “transgenerational trauma” is used to reference the generally subconscious transmission of traumatic experiences to subsequent generations and to society. People in the next generation find themselves showing the symptoms of trauma without having experienced the trauma themselves. Traumatic experiences can affect individual, single people or they can affect many people within a group. The term “collective trauma” is used in this case where trauma affects many people within a group.

Discuss two takeaways from slide 15: The Impact of Death and Dying on Family Dynamics	Answers will vary, but need to reflect the following: All individuals experience trauma differently, thus all families do as well. There are a variety of influences that can affect how families cope and handle trauma. According to The National Child Traumatic Stress Network (NCTSN), "Trauma changes family dynamics as they work to survive and adapt to their circumstances and environment. While this adjustment may be smooth for some, for others the stress and burden cause them to feel alone, overwhelmed, and less able to maintain vital family functions. Traumas are frightening, often life-threatening, or violent events that can happen to any or all members of a family. Traumas can cause traumatic stress responses in family members with consequences that ripple through family relationships and impede optimal family functioning. According to <i>Dealing with Family Dynamics After Loss</i>, by Systema, a few of the ways that family dynamics change when dealing with death and dying are: "Different ways of coping; age, relationship, and role changes; heightened stress and emotions; and family can sometimes get too close for comfort."
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Lesson Two – Family Dynamics

REVIEW: Assess and Practice Understanding of Family Dynamics

10-15 minutes

Purpose:

Participants will apply the knowledge learned in the lecture. They will problem-solve and organize grief and mourning scenarios.

Materials:

- *Family Dynamics Scenario Cards and Responses*
- *Family Dynamics Scenario Cards and Responses – Answer Key*
- *Family Dynamics Assessment Post-Quiz* (Student Workbook)
- *Family Dynamics Assessment Pre/Post-Quiz – Answer Key*

Facilitation Steps:

1. If they haven't already, have participants fill out the last section on their *Family Dynamics Introduction Worksheet* using their notes.
2. Have participants get into groups of two. Each pair should have a set of pre-cut *Family Dynamics Scenario Cards and Responses*. There should be a stack of scenario cards and a stack of responses.
3. Read the following instructions to the group: There are a set of 10 scenario cards and 10 responses. Your goal is to match the correct scenario card with the correct response.

You will identify which of the family forms each scenario represents. You should work together and discuss each scenario before matching it with the correct response.

Note: Alternatively, you could read each scenario and have participants answer them independently, or you could have participants work independently on matching them.

4. As the facilitator, you must:

- Walk around the room
- Engage with participants
- Answer questions
- Monitor progress

5. Instruct the pairs to raise their hands when they believe they have completed the activity correctly. Check their work with the provided answer key.

When a pair correctly matches each scenario with its response, direct them to complete their *Family Dynamics Assessment Pre/Post-Quiz*.

Note: If time is a constraint, you may need to adjust, eliminate, or revise some of these activities. Alternatively, you could assign some of this as homework to be completed prior to the next presentation.

Family Dynamics

Scenario Cards and Responses

Note: Cut out and shuffle.

Scenario: Anna and Bill have been married for five years. They have three children, one conceived by them, one adopted from Russia, and one conceived by an egg donor.	Response: Nuclear
Scenario: Chris and Debbie are in their upper 40s. Their 10-year-old is about to celebrate their birthday. They are very excited and cannot wait.	Response: Nuclear

Scenario: Unfortunately, Quinn lost their parents in high school; they currently live with their grandparents.	Response: Grandparent
Scenario: Rachel and Steve raise their two grandchildren in their home with their daughter while she takes classes full time.	Response: Grandparent

Scenario: Ellen is a stay-at-home parent who works remotely. Since their partner, Frank, passed away, they have been raising their two children alone.	Response: Single-Parent
Scenario: Greta always wanted to be a parent. They are in their upper 30s and never married. They found a donor and were able to get pregnant. Greta is very excited to start their journey with the support of their extended family.	Response: Single-Parent

Scenario: Harry lives at home with their parents and grandmother. They have recently been helping in the kitchen, cooking with everyone for the upcoming holiday.	Response: Extended
Scenario: Isla goes to school with their brother and two younger cousins. When they get off the bus at home, they are greeted by Isla's father and their uncle.	Response: Extended
Scenario: Jessica has two children independently and Kris has one child independently. They have one child together. They recently combined households and are now living all together under one roof.	Response: Step/ Blended
Scenario: Since their father passed, Libby's mom remarried and had another baby with her new partner. They are all living together as a new family unit.	Response: Step/ Blended

Scenario: Mason and Neil got married late in life and have two dogs.	Response: Childless
Scenario: Olivia and Peter cannot genetically have children. They are looking into alternative methods of having a baby.	Response: Childless

Family Dynamics

Scenario Cards and Responses – Answer Key

Scenario 1: Identify which family form the following scenario represents.

Anna and Bill have been married for five years. They have three children, one conceived by them, one adopted from Russia, and one conceived by an egg donor.

Response 1: Nuclear

Scenario 2: Identify which family form the following scenario represents.

Chris and Debbie are in their upper 40s. Their 10-year-old is about to celebrate their birthday. They are very excited and cannot wait.

Response 2: Nuclear

Scenario 3: Identify which family form the following scenario represents.

Ellen is a stay-at-home parent who works remotely. Since their partner, Frank, passed away, they have been raising their two children alone.

Response 3: Single-Parent

Scenario 4: Identify which family form the following scenario represents.

Greta always wanted to be a parent. They are in their upper 30s and never married. They found a donor and were able to get pregnant. Greta is very excited to start their journey with the support of their extended family.

Response 4: Single-Parent

Scenario 5: Identify which family form the following scenario represents.

Harry lives at home with their parents and grandmother. They have recently been helping in the kitchen, cooking with everyone for the upcoming holiday.

Response 5: Extended

Scenario 6: Identify which family form the following scenario represents.

Isla goes to school with their brother and two younger cousins. When they get off the bus at home, they are greeted by Isla's father and their uncle.

Response: Extended

Scenario 7: Identify which family form the following scenario represents.

Jessica has two children independently and Kris has one child independently. They have one child together. They recently combined households and are now living all together under one roof.

Response: Step/Blended

Scenario 8: Identify which family form the following scenario represents.

Since their father passed, Libby's mom remarried and had another baby with her new partner. They are all living together as a new family unit.

Response: Step/Blended

Scenario 9: Identify which family form the following scenario represents.

Mason and Neil got married late in life and have two dogs.

Response: Childless

Scenario 10: Identify which family form the following scenario represents.

Olivia and Peter cannot genetically have children. They are looking into alternative methods of having a baby.

Response: Childless

Scenario 11: Identify which family form the following scenario represents.

Unfortunately, Quinn lost their parents in high school; they currently live with their grandparents.

Response: Grandparent

Scenario 12: Identify which family form the following scenario represents.

Rachel and Steve raise their two grandchildren in their home with their daughter while she takes classes full time.

Response: Grandparent

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Lesson Three – End-of-Life Communication Across the Lifespan

Lesson Overview

In this lesson, participants will learn what end-of-life communication is, the different types of communication, the concept of thanatology, empathetic communication, and nonverbal communication. They will also learn the description of developmental understanding by age groups on death and dying.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define end-of-life communication, thanatology, empathetic communication, and nonviolent communication
- Identify and analyze the different types of communication including empathetic and nonviolent
- Understand developmental stages regarding death and dying
- Discuss, analyze, and identify end-of-life communication across the lifespan scenarios

Lesson at a Glance:

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Before the Lesson: End-of-Life Communication Across the Lifespan Introduction Worksheet</i> (Student Workbook) • <i>End-of-Life Communication Across the Lifespan Instructor Resource</i> • <i>End-of-Life Communication Across the Lifespan Assessment Pre-Quiz</i> (Student Workbook) • <i>End-of-Life Communication Across the Lifespan Assessment Pre/Post-Quiz – Answer Key</i>	1. Access both the <i>Before the Lesson: End-of-Life Communication Across the Lifespan Introduction Worksheets</i>. 2. Access the <i>End-of-Life Communication Across the Lifespan Assessment Pre-Quiz</i>.	10-15 minutes
LEARN	• <i>End-of-Life Communication Across the Lifespan</i> slide presentation • <i>End-of-Life Communication Across the Lifespan Notes</i> (Student Workbook) • <i>End-of-Life Communication Across the Lifespan Notes – Answer Key</i> • <i>After the Lesson: End-of-Life Communication Across the Lifespan Introduction Worksheet</i> (Student Workbook)	1. Prepare the <i>End-of-Life Communication Across the Lifespan</i> slide presentation for viewing. 2. Access the <i>End-of-Life Communication Across the Lifespan Notes</i>. 3. Access the <i>After the Lesson: End-of-Life Communication Across the Lifespan Introduction Worksheet</i>.	20-35 minutes

End of Life Curriculum

REVIEW	• <i>End-of-Life Communication Across the Lifespan Scenario Cards and Responses</i> • <i>End-of-Life Communication Across the Lifespan Scenario Cards and Responses – Answer Key</i> • <i>End-of-Life Communication Across the Lifespan Assessment Post-Quiz</i> (Student Workbook) • <i>End-of-Life Communication Across the Lifespan Assessment Pre/Post-Quiz – Answer Key</i>	1. Prepare the learning environment for the scenario card exercise. 2. Print/photocopy and cut out the <i>End-of-Life Communication Across the Lifespan Scenario Cards and Responses</i>.	15-20 minutes
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Lesson Three – End-of-Life Communication Across the Lifespan

FOCUS: Building Upon Prior Knowledge of End-of-Life Communication Across the Lifespan

10-15 minutes

Purpose:

Participants work individually to give examples of the seven types of communication. After they learn the lesson, they will provide examples of those seven types from the perspective of the topic death and dying.

Materials:

- *Before the Lesson: End-of-Life Communication Across the Lifespan Introduction Worksheet* (Student Workbook)
- *End-of-Life Communication Across the Lifespan Instructor Resource*
- *End-of-Life Communication Across the Lifespan Assessment Pre-Quiz* (Student Workbook)
- *End-of-Life Communication Across the Lifespan Assessment Pre/Post-Quiz – Answer Key*

Facilitation Steps:

1. Access the *Before the Lesson: End-of-Life Communication Across the Lifespan Introduction Worksheet* before or at the beginning of class and have participants complete it. Participants must provide examples of the seven types of communication from their own experiences.

2. Have the *End-of-Life Communication Across the Lifespan Instructor Resource* available for participant questions and facilitation.
3. Have participants take the *End-of-Life Communication Across the Lifespan Assessment Pre-Quiz*.

Information for the pre-test can be compared with information for the post-test, which participants will take upon completion of the lesson.

Instructor Resource: End-of-Life Communication Across the Lifespan Worksheet

Directions:

1. Give participants *Before the Lesson: End-of-Life Communication Across the Lifespan Worksheet*. Read the instructions. After the lesson, read the instructions for *After the Lesson: End-of-Life Communication Across the Lifespan Worksheet*.
 - a. Below are seven types of communication. Before the lesson, look at each type and provide an example of what your understanding of that communication type is.
 - b. Below are seven types of communication. After the lesson, look at each type and provide an example of what your understanding of that communication type is regarding communicating about death and dying.
2. Inform participants that the only wrong answer is no answer. Remind them that *After the Lesson: End-of-Life Communication Across the Lifespan Worksheet* will be completed at the end of the lesson.
3. Walk around the room, engaging with participants. If you notice participants done early, have them turn to the person next to them and share one or more of their examples.
4. Once everyone is finished, call on one to three participants to share what they have for one to three of their examples. Ask participants to share examples for different types of communication.

End-of-Life Communication Across the Lifespan Introduction Worksheet

Before the Lesson Directions: Below are seven types of communication. Before the lesson, look at each type and provide an example of what your understanding of that communication type is.

After the Lesson Directions: Below are seven types of communication. After the lesson, look at each type and provide an example of what your understanding of that communication type is, regarding communicating about death and dying.

Communication Type	Example
Verbal Communication	
Written Communication	
Non-Verbal Communication	
Mass Communication	
Visual Communication	
Group Communication	
Feedback Communication	

Name: _____ Class: _____ Date: _____

End-of-Life Communication Across the Lifespan Assessment Pre/Post-Quiz – Answer Key

1. **When does end-of-life communication across the lifespan happen?**
 - a. At a birth
 - b. While someone is dying
 - c. After someone has passed
 - d. All throughout life**

2. **Which of the following types of communication is delivered to an audience?**
 - a. Mass communication**
 - b. Clear communication
 - c. Verbal communication
 - d. Visual communication

3. **What is the study of thanatology?**
 - a. The study of the heart
 - b. The practice of examining life
 - c. The examination of death from many perspectives**
 - d. The study of dinosaurs

4. **Empathy is most confused with:**
 - a. Happiness
 - b. Sympathy**
 - c. Communication
 - d. Caring

5. **Which of the following age groups does not grasp the reality of death?**
 - a. Toddler**
 - b. Middle adulthood
 - c. Adolescent
 - d. Late adulthood

Lesson Three – End-of-Life Communication Across the Lifespan

LEARN: End-of-Life Communication Across the Lifespan Lecture

20-35 minutes

Purpose:

Participants will view a presentation discussing the aspects of end-of-life communication across the lifespan.

Materials:

- *End-of-Life Communication Across the Lifespan* slide presentation
- *End-of-Life Communication Across the Lifespan Notes* (Student Workbook)
- *End-of-Life Communication Across the Lifespan Notes Page(s) – Answer Key*
- *After the Lesson: End-of-Life Communication Across the Lifespan Introduction Worksheet* (Student Workbook)

Facilitation Steps:

1. Share the following information as you go through the *End-of-Life Communication Across the Lifespan* slide presentation.
2. Make sure each participant accesses *End-of-Life Communication Across the Lifespan Notes*.

Note: If there is a time constraint, refrain from conducting the engage and example portion of the lecture.

Slide 1: Introduction Slide

Slide 2: End-of-Life (EOL) Communication Across the Lifespan

Communication and expression are essential to the survival and understanding of the people and world around us.

According to Carla L. Fisher and Thomas Roccotagliata, in the article, “Interpersonal Communication Across the Life Span,” “From birth to death, our interactions with others are what inform our identity and give meaning to life. Ultimately, it is interpersonal communication that is the bedrock of wellness.

Lifespan communication was defined as the consideration of age or developmentally related factors in understanding social experiences while also recognizing that ‘stages’ or phases of the lifespan are socio-culturally constructed and embedded in historical contexts,” when addressing individuals about the topic of the end of life.

Engage: Ask participants to raise their hands if the following applies to them: they have been around an EOL conversation, they have spoken to about the EOL, they have communicated with someone about EOL.

Example: Participants are just raising their hands at this point. There are no verbal answers from them.

Slide 3: Pair and Share

Ask participants to pair up and answer the question, “Do you remember the first time you learned about death?”

Discuss:

- How old were you?
- Who died?
- How was it communicated to you?
- What was that experience like?

Preface by acknowledging that this is a sensitive topic, and no one is required to share more than they are comfortable with. Additionally, the individual who died may not be someone close. For example, some children experience death for the first time by watching a movie.

Slide 4: Seven Types of Communication

Type	Definition
Verbal Communication	Two types: intrapersonal communication , which is the communication we have with ourselves, and interpersonal communication , which is the communication we have between two or more individuals.
Written Communication	Communication through written form.
Non-Verbal Communication	The communication we deliver without words, rather with gestures, body language, and facial expressions.
Mass Communication	Communication delivered to an audience.
Visual Communication	Communication that comes to individuals visually.
Group Communication	Communication between a group of people usually surrounding a particular topic or situation.
Feedback Communication	Communication that results in receiving feedback for something or a situation.

Engage: Ask for one to three volunteers to describe how a type of communication would be used in an EOL conversation.

Example: My mother talks to me about my grandmother, who is in hospice (verbal communication); I have been in a doctor's office with my parents and sister when she received information about her leukemia where we discussed treatment (feedback communication); etc.

Slide 5: Seven Cs of Communication

- **Completeness:** Give full information about something.
- **Correctness:** Ensure what you say is accurate and authentic.
- **Conciseness:** Keep communication short and to the point.
- **Courtesy:** Communicate with politeness, genuineness, and respect for the person on the other side of the conversation.
- **Clarity:** Ensure the message is comprehensible and clear.
- **Consideration:** Consider what others in the conversation are going through, such as situational factors, background factors, age, culture, mental state, etc.
- **Concreteness:** Overall, the conversation needs to be specific, meaningful, and focused. Avoid vague and ambiguous messages.

Engage: Ask participants which C they think is easiest to accomplish and which they think is most difficult in communicating.

Example: Answers may vary. There is no right or wrong answer.

Slide 6: Thanatology

According to Marian University, “Thanatology is a scientific discipline that examines death from many perspectives, including physical, ethical, spiritual, medical, sociological, and psychological. It emerged out of the “death awareness movement” that started in the 1950s in the United States and the United Kingdom.”

The *Macmillan Encyclopedia of Death and Dying* states: “Interpersonal communication regarding death, dying, and bereavement has become an increasingly important area in the field of thanatology, wherein research has addressed the critical role of open family communication in facilitating the positive processing of a death loss. In the 1990s, attention started to be given to communicative issues with reference to dying individuals, especially with regard to the need for improved communication between dying persons and their families.”

Engage: Ask participants if they are familiar with thanatology. Ask why they think communication has become such an increasingly important aspect of death and dying.

Example: Answers may vary. If thanatology interests anyone, inform them to do their own research on the topic. Regarding the other component of “engage,” answers should revolve around the fact that death and dying are natural things that should be talked about to make the subjects more comfortable.

Slide 7: Empathetic Communication

EOL communication is a delicate act. It requires empathy.

Berkley University states: “The term ‘empathy’ is used to describe a wide range of experiences. Emotion researchers generally define empathy as the ability to sense other people’s emotions, coupled with the ability to imagine what someone else might be thinking or feeling.”

In empathetic communication, it is important to acknowledge and try to understand individual feelings but refrain from taking on those feelings as your own burden.

Engage: Ask participants if they notice when someone is being an empathetic communicator and when they are not. How can they tell the difference?

Example: Participants may say empathetic communicators make eye contact; they will share in emotion with you, such as crying when you cry; etc.

Slide 8: Three Types of Empathy

Cognitive Empathy: Desire to **understand**

Emotional Empathy: Desire to **feel**

Compassionate Empathy: Desire to **help** and **support**

Engage: Ask participants to define/look up cognitive, emotional, and compassionate. Have a brief discussion about what those three are as they relate to empathy.

Example: Cognitive empathy relates to our ability to infer and understand someone’s feelings about something. Emotional empathy is our capability in sharing those emotions. Compassionate empathy relates to our understanding of what someone needs and supporting or helping them through that.

Slides 9-10: Nonviolent Communication (NVC)

Hope Wilder, in the article titled, “What is nonviolent communication (NVC)?” states: “Nonviolent communication (also known as NVC or compassionate communication) is a method of communicating created by psychologist Marshall Rosenberg based on universal human feelings and needs. The purpose of NVC is to create empathy and to promote cooperative solutions that meet peoples’ needs.”

NVC can be used to develop deeper relationships with others, resolve conflicts, and create more meaningful connections. It can also be used to improve communication within an organization or in a family setting.

Through NVC, we can better understand our own needs and those of others, allowing us to express ourselves more clearly and listen more deeply.

The Four Structural Elements in NVC:

1. **Observe:** What you notice or observe and register it as being significant. **“What is currently happening?”**
2. **Feelings:** How something makes you feel particularly as a result of what you are observing. **“How does this make me feel?”**
3. **Needs:** From that feeling based on the observation, what do you need to move forward? **“What do I need from this situation?”**
4. **Requests:** Tangible steps you are requesting from yourself or others. **“I need you/I need to do the following.”**

Example Dialogue: “Currently, I am seeing (insert observation). This produces the feeling of (insert feeling). It makes me feel this way because I need (insert need). Based on all of this, I am requesting (insert request).”

Engage: Ask participants to turn to another participant and practice the example dialogue regarding something in their lives.

Example: “Currently, I am finding it difficult to study at home. This produces a lot of anxiety because I get angry that I cannot get my work done. It makes me feel this way because I need time and a quiet place to study. Based on this, I will most likely ask my parents if I can stay at school a bit longer in the afternoons or go to the library to do my work.”

Slide 11: EOL Communication Across Ages

In the *Encyclopedia of Health Communication*, Teresa L. Thompson suggests, “The fundamental assumption of the lifespan communication perspective is that the nature and function of communication change throughout the entirety of people's lives.

These changes in communication as individuals age have a significant impact on how health communication is enacted in an appropriate and competent manner.”

Slides 12-14: EOL Communication: Age Groups

Stages of Understanding Death and Dying

Group	Description
Infant (0-1)	Infants are somewhat verbal communicators but are more non-verbal. They react to situational stress. They do not have any tangible concept of death. They will sense the emotional responses that the surrounding individuals in their lives are dealing with.
Toddler (1-3)	Toddlers do not have the concept of object

	permanence at this stage. This means that death, to them, is not concrete. They cannot understand abstract concepts. However, toddlers can experience emotion, especially from those around them. They do not understand where the feelings around them stem from and thus could mimic or have feelings of their own in response.
Preschooler (3-5)	Preschoolers have limited verbal skills but have a wide sense of imagination and curiosity. With death and trauma of any kind, they may ask many questions. It is important to communicate with them honestly and with intentionality regarding situations. This is because they live in the present and may or may not understand the finality of death.
Middle Childhood (6-11)	Middle childhood is the time when cognitive reasoning and understanding are prevalent. They understand that death is finite, and they will die one day. They may be curious about what happens after death, the biological aspects of death, and how it affects them directly. This new understanding may produce anxiety. While they have that understanding, they lack the ability to cope with death and do not have the

	social emotional skills to mourn or deal with their grief. They will need extra communication and support to navigate through situations.
Adolescent (12-18)	Teenagers can think abstractly and understand the concept of death. Their experiences and development as they grow contribute to that understanding. At this stage, culture, religion, and community may come into play in their understanding. They may have experienced a situation at this point related to death. The challenging aspect of this age is that they may or may not have social support from peers dealing with those situations.
Early Adulthood (18-30)	In the early stages, adults have experienced death to some degree in their lives (parent, grandparent, pet, etc.). During this time, they deal with an abundance of stressors that may be difficult to navigate while dealing with loss or trauma.
Middle Adulthood (30-60)	At this age, adults deal with death more frequently. Loss of parents, children, friends, etc. At this stage, it is more common. If it hasn't already, this is when aging begins to take its toll on their bodies. Conceptually, they deal with intrapersonal struggles

	with aging and death as well as interpersonal struggles with society. They are caretakers for themselves and others, which come with its own stressors.
Late Adulthood (60+)	In this stage, adults are not as concerned with the concept of dying but rather having power and control over their end-of-life care, what happens while they transition, and after they transition. They may experience loneliness as their friends are dying. Family might not know how to communicate with them, resulting in being isolated from the family.

Engage: Ask participants if they notice these within themselves or amongst their families/communities.

Example: Answers will vary. Participants should make connections to the information in the charts.

Slide 15: Pair and Share

Ask participants to pair up and answer the question, “After a person turns 18, do you think their communication style surrounding death stays the same? Why or why not?”

Responses to look for:

- No, because people are always changing
- No, because as we experience death, how we handle death changes
- No, because the relationship we had with the dead/dying will often influence our reaction

Slide 16: EOL Communication: The Reality

In an article titled, “Family Communication at the End of Life,” from the National Institute of Medicine, Maureen P. Keeley suggests, “Communication at the end of life can be wrought with challenges, as many societies possess a belief of avoidance regarding death and dying. Many reasons for avoidance regarding death and dying have been suggested by scholars such as: fear, cultural norms, religious beliefs, and/or family’s views of death as a taboo topic.

It is uncomfortable because communication is a skill that takes practice and, in general, people have no experience with communication at the end of life; these interactions usually occur in private and behind closed doors. It is not surprising that individuals feel awkward and ill at ease when faced with the opportunity for communication at the end of life.” Therefore, there is significant importance in the “creation of more awareness and knowledge regarding the depth, breadth, and importance of current research exploring family communication at the end of life.”

Engage: Ask participants if they have any closing remarks and/or questions regarding the lesson.

Example: All answers will vary.

Slide 17: Communication and Family Dynamics

Reflecting on the family dynamics lesson, we know that healthy communication involves respect, empathy, and boundaries.

For best communication, it’s important to respect differences, focus on what’s important, and communicate kindly. In situations where communication is not effective due to unhealthy family dynamics, it’s important for the healthy person to focus on what they can control, which may mean setting their own boundaries, including spending limited time with unhealthy

relationships and finding time to grieve and mourn with people they trust. They may also wish to request time alone with the dying person or, if the dying person is part of the unhealthy relationship, express their feelings in other ways, such as through letter writing or pre-recorded video.

Slide 18: Ending Slide

Have participants complete their notes. Once complete, have them complete to their *After the Lesson: End-of-Life Communication Across the Lifespan Introduction Worksheet*.

Name: _____ Class: _____ Date: _____

End-of-Life Communication Across the Lifespan

Notes Page – Answer Key

Directions: Take notes in the space provided as information is shared in the slide presentation and lecture on this topic.

Question	Notes
What is end-of-life communication across the lifespan in your own words?	End-of-life communication is answers will vary
List and define the seven types of communication	The Seven Types of Communication: 1. Verbal Communication: Two types: intrapersonal communication, which is the communication we have with ourselves, and interpersonal communication, which is the communication we have between two or more individuals. 2. Written Communication: Communication through the written form. 3. Non-Verbal Communication: The communication we deliver without words, rather with gestures, body language, and facial expressions. 4. Mass Communication: Communication delivered to an audience. 5. Visual Communication: Communication that comes to individuals visually. 6. Group Communication: Communication between a group of people usually surrounding a particular topic or situation. 7. Feedback Communication: Communication that results in receiving feedback for something or a situation.
Seven Cs of communication: Fill in the word that matches the definition	• Completeness: Give full information about something. • Correctness: Ensure what you are saying is accurate and authentic. • Conciseness: Keep communication short and to the point. • Courtesy: Communicate with politeness, genuineness, and respect for the person on the other side of the conversation. • Clarity: Ensure the message is comprehensible and clear. • Consideration: Consider what the others in the conversation are going through, such as situational factors, background factors, age, culture, mental state, etc. • Concreteness: Overall, the conversation needs to be specific, meaningful, and focused. Avoid vague and ambiguous messages.

Define "thanatology"	According to Marian University, "Thanatology is a scientific discipline that examines death from many perspectives, including physical, ethical, spiritual, medical, sociological, and psychological."
What is empathy and what are the three types?	Empathy is the ability to sense other people's emotions, coupled with the ability to imagine what someone else might be thinking or feeling. Three types of empathy: 1. Cognitive 2. Emotional 3. Compassionate
What are the four structural elements in NVC?	1. Observe 2. Feelings 3. Needs 4. Requests
EOL Communication: Age Groups (Write down a few facts from each age group)	Infant (0-1): Infants are somewhat verbal communicators but are more non-verbal. They react to situational stress. They do not have any tangible concept of death. They will sense the emotional responses that the surrounding individuals in their lives are dealing with. Toddler (1-3): Toddlers do not have the concept of object permanence at this stage. This means that death, to them, is not concrete. They cannot understand abstract concepts. However, toddlers can experience emotion, especially from those around them. They do not understand where the feelings around them stem from and thus could mimic or have feelings of their own in response. Preschooler (3-5): Preschoolers have limited verbal skills but have a wide sense of imagination and curiosity. With death and trauma of any kind, they may ask many questions. It is important to communicate with them honestly and with intentionality regarding situations. This is because they live in the present and may or may not understand the finality of death. Middle Childhood (6-11): Middle childhood is the time when cognitive reasoning and understanding are prevalent. They understand that death is finite, and they will die one day. They may be curious about what happens after death, the biological aspects of death, and how that affects them directly. This new understanding may produce anxiety. While they have that understanding, they lack the ability to cope with death and do not have the social emotional skills to mourn or deal with their grief. They will need extra communication and support to navigate through situations.

	Adolescent (12-18): Teenagers can think abstractly and understand the concepts of death. Their experiences and development as they grow contribute to that understanding. At this stage, culture, religion, and community may come into play in their understanding. They may have experienced a situation at this point related to death. The challenging aspect of this age is that they may or may not have social support from peers dealing with those situations. Early Adulthood (18-30): In the early stages, adults have experienced death and dying to some degree in their lives, (parent, grandparent, pet, etc.). During this time, they deal with an abundance of stressors that may be difficult to navigate while dealing with loss or trauma. Middle Adulthood (30-60): At this age, adults deal with death more frequently. Loss of parents, children, friends, etc. At this stage, it is more common. If it hasn't already, this is when aging begins to take its toll on their bodies. Conceptually, they deal with intrapersonal struggles with aging and death as well as interpersonal struggles with society. They are caretakers for themselves and others, which comes with its own stressors. Late Adulthood (60+): In this stage, adults are not as concerned with the concept of dying but rather having power and control over their end-of-life care, what happens while they transition, and after they transition. They may experience loneliness as their friends are dying. Family might not know how to communicate with them, resulting in being isolated from the family.
Discuss two take aways from slide 16: EOL Communication: The Reality	Answers should include something from the slide: In an article titled, "Family Communication at the End of Life," from the National Institute of Medicine, Maureen P. Keeley suggests, "Communication at the end of life can be wrought with challenges, as many societies possess a belief of avoidance regarding death and dying. Many reasons for avoidance regarding death and dying have been suggested by scholars such as: fear, cultural norms, religious beliefs, and/or family's views of death as a taboo topic. It is uncomfortable because communication is a skill that takes practice and, in general, people have no experience with communication at the end of life; these interactions usually occur in private and behind closed doors. It is not surprising that individuals feel awkward and ill at ease when faced with the opportunity for

	communication at the end of life.” Therefore, there is significant importance in the “creation of more awareness and knowledge regarding the depth, breadth, and importance of current research exploring family communication at the end of life.”
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Lesson Three – End-of-Life Communication Across the Lifespan

REVIEW: Assess and Practice Understanding of EOL Communication Across the Lifespan

10-15 minutes

Purpose:

Participants will apply the knowledge learned in the lecture. They will identify and analyze types of communication.

Materials:

- *End-of-Life Communication Across the Lifespan Scenario Cards and Responses*
- *End-of-Life Communication Across the Lifespan Scenario Cards and Responses – Answer Key*
- *End-of-Life Communication Across the Lifespan Assessment Post-Quiz* (Student Workbook)
- *End-of-Life Communication Across the Lifespan Assessment Pre/Post-Quiz – Answer Key*

Facilitation Steps:

1. If they haven't already, have participants fill out their *After the Lesson: End-of-Life Communication Across the Lifespan Introduction Worksheet* using their notes.
2. Have participants get into groups of two. Each pair should already have a set of pre-cut *End-of-Life Communication Across the Lifespan Scenario Cards*. There should be a stack of scenario cards and a stack of responses.
3. Read the following instructions to the group: There are a set of 10 scenario cards and 10 responses. Your goal is to match the correct scenario card with the correct response.

You will identify the type of communication each scenario represents. You should work together and discuss each scenario before matching it with the correct response.

Note: Alternatively, you could read each scenario and have participants answer them independently, or you could have a participant work independently on matching them.

4. You must:
 - Walk around the room
 - Engage with participants
 - Answer questions
 - Monitor progress
5. Instruct the pairs to raise their hands when they believe they have completed the activity correctly. You must check their work with the provided answer key.
6. When a pair correctly matches each scenario with its response, direct them to complete their *End-of-Life Communication Across the Lifespan Assessment Post-Quiz*.

Note: If time is a constraint, you may need to adjust, eliminate, or revise some of these activities. Alternatively, you could assign some of this as homework to be completed prior to the next presentation.

End-of-Life Communication Across the Lifespan

Scenario Cards and Responses

Note: Cut out and shuffle.

Scenario: Angela receives a phone call from their mother. She is calling to tell Angela that their dog has terminal cancer and must be put down.	Response: Verbal Communication (Interpersonal)
Scenario: Brayden is having a difficult time navigating their grandmother, who was a poet, passing way. To remember her, Brayden writes poetry in their journal weekly.	Response: Verbal Communication (Intrapersonal)
Scenario: Cassie reads the paper daily. They came across the obituaries and learned that an elderly person in their community recently passed.	Response: Written Communication
Scenario: Dani's grandfather is in the hospital. Her mother is crying in the hospital room. As Dani approaches, her father opens their arms for an embrace.	Response: Non-Verbal Communication

Scenario: Ezra is attending a funeral for their friend. Their friend's parents get up in front of the audience and addresses the attendees with a lovely speech about their child.	Response: Mass Communication
Scenario: Franny was recently commissioned to paint a mural for the losses due to COVID-19 on a local building in the community. They hope it will express love, compassion, and support.	Response: Visual Communication
Scenario: Gray is in the late adulthood stage of development. Their kids are middle adults. Recently, they all sat down as a family to discuss wills and end-of-life care.	Response: Group Communication
Scenario: Helen recently lost their cat. They are talking to their therapist about the grieving process. Their therapist validates Helen's feelings and reassures them that their feelings are perfectly normal, and their grieving process is healthy.	Response: Feedback Communication

Scenario: Isabel and their partner recently went to the cemetery and discussed family plots together.	Response: Verbal Communication
Scenario: Jonah has a wonderful relationship with their aunt. Unfortunately, their aunt is terminally ill. To brighten up her day, Jonah sends her letters in the mail.	Response: Written Communication

End-of-Life Communication Across the Lifespan

Scenario Cards and Responses – Answer Key

Scenario 1: Identify which type of communication the following scenario represents.

Angela receives a phone call from their mother. She is calling to tell Angela that their dog has terminal cancer and must be put down.

Response 1: Verbal Communication (Interpersonal)

Scenario 2: Identify which type of communication the following scenario represents.

Brayden is having a difficult time navigating their grandmother, who was a poet, passing way. To remember her, Brayden writes poetry in their journal weekly.

Response 2: Verbal Communication (Intrapersonal)

Scenario 3: Identify which type of communication the following scenario represents.

Cassie reads the paper daily. They came across the obituaries and learned that an elderly person in their community recently passed.

Response 3: Written Communication

Scenario 4: Identify which type of communication the following scenario represents.

Dani's grandfather is in the hospital. Her mother is crying in the hospital room. As Dani approaches, her father opens their arms for an embrace.

Response 4: Non-Verbal Communication

Scenario 5: Identify which of the following type of communication the following scenario represents.

Ezra is attending a funeral for their friend. Their friend's parents get up in front of the audience and addresses the attendees with a lovely speech about their child.

Response 5: Mass Communication

Scenario 6: Identify which type of communication the following scenario represents.

Franny was recently commissioned to paint a mural for the losses due to COVID-19 on a local building in the community. They hope it will express love, compassion, and support.

Response: Visual Communication

Scenario 7: Identify which type of communication the following scenario represents.

Gray is in the late adulthood stage of development. Their kids are middle adults. Recently, they all sat down as a family to discuss wills and end-of-life care.

Response: Group Communication

Scenario 8: Identify which type of communication the following scenario represents.

Helen recently lost their cat. They are talking to their therapist about the grieving process. Their therapist validates Helen's feelings and reassures them that their feelings are perfectly normal, and their grieving process is healthy.

Response: Feedback Communication

Scenario 9: Identify which type of communication the following scenario represents.

Isabel and their partner recently went to the cemetery and discussed family plots together.

Response: Verbal Communication

Scenario 10: Identify which of the following type of communication the following scenario represents.

Jonah has a wonderful relationship with their aunt. Unfortunately, their aunt is terminally ill. To brighten up her day, Jonah sends her letters in the mail.

Response: Written Communication

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Lesson Four – Levels of End-of-Life Care

Lesson Overview

In this lesson, participants will learn what the levels of care at end of life are, specifically looking at acute care, post-acute care, palliative care, and hospice care. Participants will grasp an understanding of what each of these levels are, including the aspects of each.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define levels of care at end of life, including acute care, post-acute care, palliative care, and hospice
- Identify and analyze the different aspects of each level of care
- Understand differences between each level of care
- Discuss, analyze, and identify levels of end-of-life care scenarios

Lesson at a Glance:

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Levels of End-of-Life Care Introduction Worksheet</i> (Student Workbook) • <i>Levels of End-of-Life Care Introduction Worksheet Instructor Resource</i> • <i>Levels of End-of-Life Care Assessment Pre-Quiz</i> (Student Workbook) • <i>Levels of End-of-Life Care Assessment Pre/Post-Quiz – Answer Key</i>	1. Access the <i>Levels of End-of-Life Care Introduction Worksheet</i>. 2. Access the <i>Levels of End-of-Life Care Assessment Pre-Quiz</i>.	10-15 minutes
LEARN	• <i>Levels of End-of-Life Care</i> slide presentation • <i>Levels of End-of-Life Care Notes</i> (Student Workbook) • <i>Levels of End-of-Life Care Notes – Answer Key</i>	1. Prepare the <i>Levels of End-of-Life Care</i> slide presentation for viewing. 2. Access the <i>Levels of End-of-Life Care Notes</i>.	20-35 minutes
REVIEW	• <i>Levels of End-of-Life Care Fill-in-the-Blank Worksheet</i> (Student Workbook) • <i>Levels of End-of-Life Care Fill-in-the-Blank Worksheet – Answer Key</i> • Levels of End-of-Life Care Scenario Cards	1. Prepare the learning environment for the scenario card exercise. 2. Access the <i>Levels of End-of-Life Care Fill-in-the-Blank Worksheet</i>.	15-20 minutes

Lesson Four – Levels of End-of-Life Care

FOCUS: Building Upon Prior Knowledge of Levels of End-of-Life Care

10-15 minutes

Purpose:

Participants work individually to complete a level of care comparison worksheet. At the end of the *Levels of End-of-Life Care* slide presentation, participants will check their work.

Materials:

- *Levels of End-of-Life Care Introduction Worksheet* (Student Workbook)
- *Levels of End-of-Life Care Introduction Worksheet Instructor Resource*
- *Levels of End-of-life Care Assessment Pre-Quiz* (Student Workbook)
- *Levels of End-of-Life Care Assessment Pre/Post-Quiz – Answer Key*

Facilitation Steps:

1. Access the *Levels of End-of-Life Care Introduction Worksheet* before or at the beginning of class and have participants complete the chart.

Participants must mark each correct service under the correct level of care. Inform participants that the answers will be provided at the end of the *Levels of End-of-Life Care* slide presentation.

2. Have the *Levels of End-of-Life Care Instructor Resource* available for participant questions and facilitation.

3. Access the *Levels of End-of-Life Care Assessment Pre-Quiz*.

Information for the pre-test can be compared with information for the post-test, which participants will take upon completion of the lesson.

Instructor Resource: Levels of End-of-Life Care Worksheet

Directions:

1. Access the *Levels of End-of-Life Care Introduction Worksheet* and read the instructions to participants:
 - a. Below is a chart comparing levels of care and their services. Place a check mark under the correct service to care. There is a note section for notes or corrections regarding the activity.
2. Remind them that the answers will be given at the end of the *Levels of End-of-Life Care* slide presentation.
3. Walk around the room, engaging with the participants. If you notice participants done early, have them turn to the person next to them and share one or more of their examples.
4. Once everyone is done, call on one to three participants to share what they have on their chart. It's suggested that you ask participants to share different examples.

End of Life Care Comparison Chart			
SERVICES	ACUTE	PALLIATIVE	HOSPICE
Pain and Symptom Management	✓	✓	✓
Life-Sustaining	✓	✓	
Resident or Facility Locational Treatment	✓	✓	✓
Support Team for Patient and Family	✓	✓	✓
Access Anytime in Life	✓	✓	
Immediate Rapid Interventions	✓		

Chart created by Alexandra Daitch

Name: _____ Class: _____ Date: _____

Levels of End-of-Life Care

Assessment Pre/Post-Quiz – Answer Key

1. **What is a type of care?**
 - a. Acute care
 - b. Palliative care
 - c. Hospice or “comfort care”
 - d. All the above**

2. **Which of the following are life-sustaining cares? Select two answers.**
 - a. Acute care**
 - b. Hospice
 - c. Palliative care**
 - d. Internal care

3. **Hospice provides all the following EXCEPT:**
 - a. Symptom control
 - b. Grief and loss counseling
 - c. Life-prolonging measures**
 - d. In-home care

4. **Types of acute care include:**
 - a. Emergency care
 - b. Short-term stabilization
 - c. Trauma care
 - d. All the above**

5. **What is NOT the goal of end-of-life care?**
 - a. To make patients as comfortable as possible
 - b. To cause additional suffering and pain**
 - c. To provide support for both patients and their families
 - d. To assist patients transitioning between the different levels of care

Lesson Four – Levels of End-of-Life Care

LEARN: Levels of End-of-Life Care Lecture

20-35 minutes

Purpose:

Participants will view a presentation discussing the aspects of levels of care at end of life.

Materials:

- *Levels of End-of-Life Care* slide presentation
- *Levels of End-of-Life Care Notes* (Student Workbook)
- *Levels of End-of-Life Care Notes – Answer Key*

Facilitation Steps:

1. Share the following information as you go through the *Levels of End-of-Life Care* slide presentation.
2. Ensure each participant accesses *Levels of End-of-Life Care Notes*.

Note: If there is a time constraint, refrain from conducting the engage and example portions of the lecture.

Slide 1: Introduction Slide

Slide 2: Understanding End-of-Life Care
According to the National Cancer Institute, end-of-life care is “care given to people who are near the end of life and have stopped treatment to cure or control their disease.

End-of-life care includes physical, emotional, social, and spiritual support for patients and their families. The goal of end-of-life care is to control pain and other symptoms so the patient can be as comfortable as possible.

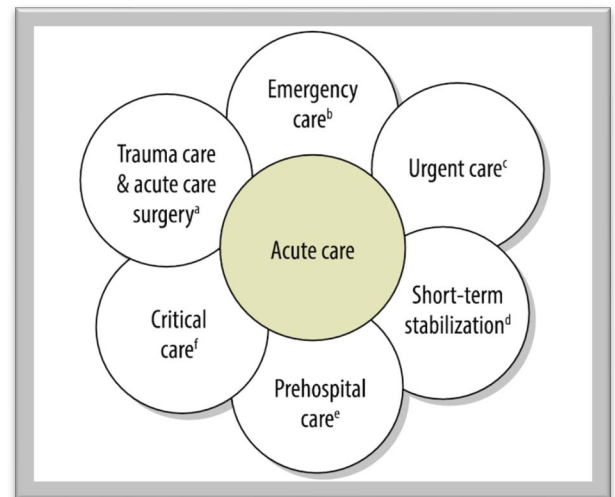
End-of-life care may include palliative care, supportive care, hospice care also called comfort care,” and acute care.

The three main types of care are acute, palliative, and hospice or “comfort care.”

Engage: Ask participants to provide examples of the three main types and definitions.

Examples: A participant may say hospice is the last stop before an individual dies when dealing with illness. A participant could provide a personal experience. Another answer could involve a participant reading a definition.

Slide 3: Acute Care



Acute care is designed to support treatment for an illness or condition that is brief and typically a result of disease, trauma, or recovery from surgery.

The National Library of Medicine, in an article titled, “Health Systems and Services: The Role of Acute Care,” defines Acute care as: “All promotive, preventive, curative, rehabilitative, or palliative actions, whether oriented towards individuals or populations, whose primary purpose is to improve health and whose effectiveness largely depends on time sensitive and, frequently, rapid interventions.”

Acute care can be used in trauma care, emergency care, prehospital care, critical care, etc.

Engage: Ask participants if they or someone they know experienced acute care.

Examples: Wisdom teeth care, broken bone care, pregnancy pre-hospitalization, etc.

Slide 4: Types of Acute Care

- **Emergency Care:** Emergency care is any acute treatment administered for a life-threatening illness or injury. It may also be used to treat illnesses or injuries that cause severe pain or may lead to serious consequences if not addressed immediately.
- **Urgent Care:** This is a type of outpatient, or ambulatory, care that is administered from a clinic rather than an emergency room and that typically does not require an appointment. Urgent care is used for pressing, but not emergency, healthcare needs.
- **Trauma and Acute Surgery:** Acute surgery is used to treat patients with immediate needs, such as removing the appendix before it bursts. It may also be used for treating traumatic injuries, like internal bleeding after a car accident.
- **Prehospital Care:** This is care provided for a patient before they arrive at the

hospital. It may be emergency care administered by paramedics or EMTs or evaluation by an urgent care or other doctor who then decides to transfer the patient to the hospital.

- **Critical and Intensive Care:** Intensive or critical care units are typically found in hospitals and used to treat and monitor patients who have life-threatening conditions but do not require emergency treatment. Patients are often transitioned from emergency to critical care after emergency treatment.
- **Short-Term Stabilization:** This type of care is used to stabilize a patient ahead of the actual treatment.

Engage: Ask if participants have any questions or comments on any of the definitions.

Example: Answers will vary.

Slide 5: Post-Acute Care

Post-Acute Care (PAC):

- **Home Health:** Nursing, therapies, bathing/personal care, medication assistance
- **Social Services and Supports:** Meals, grocery shopping, transportation
- **Behavioral Health:** Outpatient mental health therapy, case management, recovery, peer counseling
- **Therapies:** Physical, occupational, speech, cognitive
- **Palliative and Hospice Care:** Medical care, comfort care, end-of-life care
- **Outpatient:** Many types of services can be provided in an outpatient setting including medical care, rehabilitation care, mental healthcare

According to PatientCareLink, which is a joint venture of the Massachusetts Heath & Hospital Association (MHA), Organization of Nurse Leaders of MA, RI, NH, CT, VT (ONL), and Hospital Association of Rhode Island (HARI), states, “For many patients, their care journey does not end when they are discharged from the hospital. They may need post-Acute care from:

- Home health clinicians
- Behavioral health professionals
- Therapist (physical, occupational, speech, or cognitive)
- Outpatient rehabilitation or mental health providers
- Social services and supports
- Hospice or palliative care”

Engage: Ask students if they have ever participated in one of these services or know someone who has.

Examples: Answers will vary.

Palliative care could also be used for individuals and patients that have severe disabilities either from birth or situational disabilities, such as being paralyzed from a car accident.

Palliative care specializes in enhancing an individual’s care alongside their curative treatment for their situation.

Palliative care works in conjunction with medical providers in delivering additional support and relief. This can include symptom management and additional communication regarding condition and medical care.

Engage: Ask participants to think about the differences and similarities between acute care and palliative care. Have participants do a quick think-pair-share. Ask the pairs to share what their partner stated.

Examples: A participant may state that one seems to be a more short-term treatment, the other long-term.

Slide 6: Palliative Care



Palliative care is designed for individuals living with significant illness or serious disabilities, such as cancer or Parkinson’s disease, and many others.

Slide 7: Facts About Palliative Care

Adriana's Story:

Adriana developed anemia while receiving treatment for breast cancer. A palliative care specialist suggested she get a blood transfusion to manage the anemia and relieve some of the fatigue she was experiencing.

Controlling her symptoms helped Adriana to continue her curative chemotherapy treatment. Treating her anemia is part of palliative care.

What is palliative care? Palliative care is designed to enhance a person’s current care by focusing on quality of life for them and their family. The palliative team is comprised of doctors, social workers, nurses, spiritual advisors, financial advisors, psychologists, nutritionists, etc. The team is specialized according to the individuals needs and level of care.

Who can receive palliative care? Children, adults, and adolescents who have a serious illness, but are being treated for it in a curable manner. This care is in conjunction with the care for the illness or situation. Palliative care can be provided at any stage in the process.

What services can palliative care provide?

The palliative care team helps with symptoms and quality of life. Palliative care focuses on providing education and advocacy, social support, spiritual support, and financial and legal support.

Where is palliative care provided? Provided at the patient's residence, a hospital, an outpatient palliative care facility, assisted living facility, nursing home, etc.

Engage: After reading Adriana's story, ask participants to think about the situation and come up with one or two thoughts about palliative care.

Examples: Answers will vary.

Slide 8: Hospice "Comfort Care"

Hospice is defined as end-of-life care designed for individuals who have six months or less left. There are specific qualifications required to gain hospice services.

The National Institute of Aging states, "Increasingly, people are choosing hospice care at the end of life. Hospice care focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life.

At some point, it may not be possible to cure a serious illness, or a patient may choose not to undergo certain treatments. Hospice is designed for this situation. The patient beginning hospice care understands that his or her illness is not responding to medical attempts to cure it or to slow the disease's progress."

Engage: Ask participants for similarities and differences between palliative care and hospice.

Examples: A participant may say that hospice is for individuals who have a very short life expectancy, while palliative care is administered alongside a curable illness treatment.

Slide 9: Facts About Hospice

Dolores's Story:

Choosing hospice does not have to be a permanent decision. For example, Dolores was 82 when she learned that her kidneys were failing.

Dolores thought that she had lived a long, good life and didn't want to go through dialysis, so she began hospice care. A week later, she learned that her granddaughter was pregnant.

After talking with her husband, Dolores changed her mind about using hospice care and left to begin dialysis, hoping to one day hold her first great-grandchild.

Shortly after the baby was born, the doctors said Dolores's blood pressure was too low. At that point, she decided to re-enroll in hospice.

What is hospice? Care that is conducted by an interdisciplinary team of professionals trained to address physical, psychosocial, and spiritual needs of the person. The team is specifically person-centered and supports family members and other intimate caregivers. This service includes visits to the patient and family caregivers by the hospice team.

Who can receive hospice care? Children, adults, and adolescents who have a terminal illness or a lifetime prognosis of six months or less. There are different rules and regulations regarding care depending on the age group. Examples of diagnoses can receive hospice care

include cancer, heart disease, dementia, and Lou Gehrig's disease (ALS).

What services can hospice provide? Time and services of a care team, medication for symptom control, medical equipment, physical and occupational therapy, speech-language pathology services, dietary counseling, short-term inpatient care, short-term respite care, and grief and loss counseling.

Where is hospice care provided? Where the patient lives, a private residence of a loved one, assisted living center, nursing home, or hospital. If a patient needs 24/7 care, hospice may transport the patient to a special inpatient facility for a short time to manage symptoms with the goal of returning the patient to their home.

Engage: After reading Dolores's story, ask participants to think about the situation and come up with one or two thoughts about hospice.

Examples: Answers will vary.

Slide 10: Levels of Care Comparison

According to CaringInfo, a program of the National Hospice and Palliative Care Organization, "Palliative care and hospice care are similar, but there are some key differences. Both palliative care and hospice care are focused on the needs of the patient and their quality of life.

Palliative care focuses on maintaining the highest quality of life while managing treatment and other needs. Hospice care specifically focuses on the period closest to death."

Acute care handles the immediate needs of an individual and their family dealing with "time sensitive care" (Hirshon et al., 2013).

End of Life Care

Comparison Chart

SERVICES	ACUTE	PALLIATIVE	HOSPICE
Pain and Symptom Management	✓	✓	✓
Life-Sustaining	✓	✓	
Resident or Facility Locational Treatment	✓	✓	✓
Support Team for Patient and Family	✓	✓	✓
Access Anytime in Life	✓	✓	
Immediate Rapid Interventions	✓		

Chart created by Alexandra Daitch

Engage: Ask participants to check their *Levels of End-of-Life Care Introduction Worksheet*. Ask if there are any clarifying comments or questions.

Examples: Answers will vary.

Slide 11: Types of End-of-Life Comfort

Slide 12: Physical Comfort

Dying can be uncomfortable, and it's the healthcare providers' responsibility to alleviate that discomfort.

Some examples of discomfort include:

- Pain
- Breathing problems
- Skin irritation
- Digestive problems
- Temperature sensitivity (too hot or cold)
- Fatigue

Slide 13: Mental and Emotional Needs

A dying person may experience mental and emotional distress, feeling depressed or anxious due to their prognosis. Family,

friends, and mental health providers can help alleviate these symptoms.

Some examples of how to manage mental and emotional needs:

- Physical contact (holding hands)
- Soft lighting and relaxing music
- Communicating with the dying person, asking them what they need or what they want to talk about
- Visiting the person regularly

Slide 14: Spiritual Needs

As a person comes closer to the end of their life, it's common for them to think about the spiritual side of death, the meaning of life.

Some ways to support a dying person's spiritual needs:

- Resolve conflict
- Prayer, reading religious texts, listening to religious music
- Give them the opportunity to speak with a religious community member (rabbi, priest, minister, imam)
- Talk to the dying person, provide support, share memories

Slide 15: Cost Impacting End-of-Life Decisions

Slides 16-17: End-of-Life Care Payment Options

Medicare: Federal health insurance for people 65 or older will be used to finance end-of-life care. There is also a hospice benefit that may cover most hospice costs (if the facility is Medicare approved).

Medicaid: Another federal program run jointly with each state that provides health coverage to low-income people.

Private Insurance: For individuals who have health insurance, they can use that insurance to pay for end-of-life care.

Life Insurance: Funds may be accessible to pay for end-of-life care based on the individual's policy.

Long-Term Care Insurance: An insurance policy used solely for long-term care health purposes and usually purchased separately from other insurance.

Patient/Family Finances: For individuals whose other options don't cover the cost of care, they may choose to pay with savings money or money from family. Some options are not available for individuals who have a lot of money saved. For example, Medicare and Medicaid will not be used until savings are used up.

Veterans Administration: For individuals who served in the military, their veteran's benefits can help pay for end-of-life care.

Slide 18: Pair and Share:

Why do you think cost is important when discussing end-of-life care?

Who will be most impacted by these costs?

Ask participants to pair up with the person beside them. Give them five minutes to answer the questions and another five minutes to share their thoughts with the entire class.

Discussion points:

- Individuals who die young or have not financially planned may have a hard time finding care
- Lack of finances puts a burden on family
- Low-income individuals may be forced to make decisions based on what is affordable versus what they wish (i.e., receiving hospice at home versus at a facility)

Slide 19: End Slide

Ensure participants have completed their *Levels of End-of-Life Care Notes*.

Levels of End-of-Life Care

Notes Page – Answer Key

Directions: Take notes in the space provided as information is shared in the slide presentation and lecture on this topic.

Question	Notes
What are the three main types of care?	1. Acute care 2. Palliative care 3. Hospice “comfort care”
Fill in the blanks for Slide 3: Acute Care	The National Library of Medicine, in an article titled, “Health Systems and Services: The Role of Acute Care,” defines acute care as “all promotive, preventive, curative , rehabilitative, or palliative actions, whether oriented towards individuals or populations, whose primary purpose is to improve health and whose effectiveness largely depends on time sensitive and, frequently, rapid interventions.”
List the Six Types of Acute Care	1. Emergency care 2. Urgent care 3. Trauma and acute surgery 4. Prehospital care 5. Critical and intensive care 6. Short-term stabilization
What is post-acute care in your own words?	Answers will vary, but needs to match the essence of the slide: According to PatientCareLink, which is a joint venture of the Massachusetts Health & Hospital Association (MHA), Organization of Nurse Leaders of MA, RI, NH, CT, VT (ONL), and Hospital Association of Rhode Island (HARI), states, “for many patients, their care journey does not end when they are discharged from the hospital. They may need post-Acute care from: • Home health clinicians • Behavioral health professionals • Therapist (physical, occupational, speech, or cognitive) • Outpatient rehabilitation or mental health providers • Social services and supports • Hospice or palliative care
Fill in the blanks for Slide 6: Palliative Care	Palliative care specializes in enhancing an individual’s care alongside their curative treatment for their situation.

Include one to two sentences from each question on Slide 7: Facts About Palliative Care	1. What is palliative care? Palliative care is designed to enhance a person's current care by focusing on quality of life for them and their family. The palliative team is comprised of doctors, social workers, nurses, spiritual advisors, financial advisors, psychologists, nutritionists, etc. The team is specialized according to the individuals needs and level of care. 2. Who can receive palliative care? Children, adults, and adolescents who have a serious illness, but are being treated for it in a curable manor. This care is in conjunction with the care for the illness or situation. Palliative care can be provided at any stage in the process. 3. What services can palliative care provide? The palliative care team helps with symptoms and quality of life. Palliative care focuses on providing education and advocacy, social support, spiritual support, and financial and legal support. 4. Where is palliative care provided? Provided at the patients' residence, a hospital, an outpatient palliative care facility, assistant living facility, nursing home, etc.
What is hospice in your own words?	Answers will vary, but needs to match the essence of the slide: Hospice is defined as end-of-life care designed for individuals who have six months or less left. There are specific qualifications required to gain hospice services. The National Institute of Aging states, "Increasingly, people are choosing hospice care at the end of life. Hospice care focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life. At some point, it may not be possible to cure a serious illness, or a patient may choose not to undergo certain treatments. Hospice is designed for this situation. The patient beginning hospice care understands that his or her illness is not responding to medical attempts to cure it or to slow the disease's progress."
Include one to two sentences from each question on Slide 9: Facts About Hospice	1. What is hospice? Care that is conducted by an interdisciplinary team of professionals trained to address physical, psychosocial, and spiritual needs of the person. The team is specifically person-centered and supports family members and other intimate caregivers. This service includes visits to the patient and family caregivers by the hospice team. 2. Who can receive hospice care? Children, adults, and adolescents who have a terminal illness or a lifetime prognosis of six months or less. There are different rules and regulations regarding care depending on the age group. Examples of diagnoses can receive hospice care include cancer, heart disease, dementia, and Lou Gehrig's disease (ALS).

	3. What services can hospice provide? Time and services of care team, medication for symptom control, medical equipment, physical and occupational therapy, speech-language pathology services, dietary counseling, short-term inpatient care, short-term respite care, and grief and loss counseling. 4. Where is hospice care provided? Where the patient lives, a private residence of a loved one, assisted living center, nursing home, or hospital. If a patient needs 24/7 care, hospice may transport the patient to a special inpatient facility for a short time to manage symptoms with the goal of returning the patient to their home.
What are some similarities and differences between acute care, palliative care, and hospice?	Similarities: - Resident or facility locational treatment - Support team for patient and family - Pain and symptom management Differences: - Accessibility throughout life - Life-sustaining - Interventions

Lesson Four – Levels of End-of-Life Care

REVIEW: Levels of End-of-Life Care Review

20 minutes

Purpose:

Participants work independently to complete another fill-in-the-blank worksheet, testing their knowledge of what was discussed in the lesson. They will also review scenarios to reinforce their understanding of the levels of end-of-life care.

Materials:

- *Levels of End-of-Life Care Fill-in-the-Blank Worksheet* (Student Workbook)
- *Levels of End-of-Life Care Fill-in-the-Blank Worksheet – Answer Key*
- Levels of End-of-Life Care Scenario Cards

Facilitation Steps:

1. Have participants work independently to complete the *Levels of End-of-Life Care Fill-in-the-Blank Worksheet*.
2. Once the worksheet is complete, instruct participants to form pairs and move go through the scenario cards. Participants will review the scenarios one by one and answer the corresponding questions.
3. Once all pairs finish answering their questions, ask for volunteers to read their scenario and share their answers.
4. If time allows, review the *Levels of End-of-Life Care Fill-in-the-Blank Worksheet*.

Review of Levels of End-of-Life Care

Fill-in-the-Blank Worksheet

Directions: Using the word bank, answer the questions below. Questions and answers will be reviewed at the end.

1. **End-of-life care** is care provided by health professionals leading up to an individual's death.
2. **Hospice** and **palliative** are two types of end-of-life care offered to dying individuals.
3. Routine home care is a stage of **hospice care**.
4. Respite care is the **final** stage in hospice care.
5. Bereavement care is a stage for **family** after their loved one has died.
6. At the **disease progression** stage of palliative care, the disease has worsened.
7. There are **four** common locations for end-of-life care.
8. **Home-based care** allows for individuals to stay at home and be cared for by professionals and family members.
9. **Medicare and Medicaid** can only be used once a person's private finances have been exhausted.
10. Part of caring for a dying person is addressing their **mental and emotional** needs, which are often alleviated through physical contact, relaxing music, and communication.

Answer Bank:

Family

Disease progression

Four

Home-based care

Medicare and Medicaid

End-of-life care

Hospice and palliative

Hospice care

Mental and emotional

Final

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Lesson Five – Legal Issues

Lesson Overview

In this lesson, participants will learn what some legal issues are when it comes to end-of-life care and preparation. Specifically, looking at legal documentation/terms and various types of power of attorney.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define legal documentation/terms and various types of power of attorney
- Identify and analyze the different aspects of legal issues
- Understand differences between legal documentation/terms and various types of power of attorney
- Discuss, analyze, and identify legal issue(s) scenarios

Lesson at a Glance:

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Legal Issues Introduction Worksheet</i> (Student Workbook) • <i>Legal Issues Introduction Worksheet Instructor Resource</i> • <i>Legal Issues Assessment Pre-Quiz</i> (Student Workbook) • <i>Legal Issues Assessment Pre/Pos- Quiz – Answer Key</i>	1. Access the <i>Legal Issues Introduction Worksheet</i>. 2. Access the <i>Legal Issues Assessment Pre-Quiz</i>.	10-15 minutes
LEARN	• <i>Legal Issues</i> slide presentation • <i>Legal Issues Notes</i> (Student Workbook) • <i>Legal Issues Notes – Answer Key</i>	1. Prepare the <i>Legal Issues</i> slide presentation for viewing. 2. Access the <i>Legal Issues Notes</i>.	20-35 minutes
REVIEW	• <i>Legal Issues Scenario Cards and Responses</i> • <i>Legal Issues Scenario Cards and Responses – Answer Key</i> • <i>Legal Issues Assessment Pre/Post Quiz</i> • <i>Legal Issues Assessment Pre/Post Quiz – Answer Key</i>	1. Prepare the learning environment for the scenario card exercise. 2. Print/photocopy and cut out the <i>Legal Issues Scenario Cards and Responses</i> (one per participant).	15-20 minutes

Lesson Five – Legal Issues

FOCUS: Building Upon Prior Knowledge of Legal Issues

10-15 minutes

Purpose:

Participants work individually to complete a *Legal Issues Introductory Worksheet*. At the end of the *Legal Issues* slide presentation, the participants will check their work.

Materials:

- *Legal Issues Introduction Worksheet* (Student Workbook)
- *Legal Issues Introduction Worksheet Instructor Resource*
- *Legal Issues Assessment Pre-Quiz* (Student Workbook)
- *Legal Issues Assessment Pre/Post-Quiz – Answer Key*

Facilitation Steps:

1. Access the *Legal Issues Introduction Worksheet* before or at the beginning of class and have participants complete the activity. They must match each definition with the correct word.

Inform the participants that the answers will be provided during the *Legal Issues* slide presentation.

2. Have the *Legal Issues Instructor Resource* available for participant questions and facilitation.
3. Have participants complete the *Legal Issues Assessment Pre-Quiz*.

Information for the pre-test can be compared with information for the post-test, which participants will take upon completion of the lesson.

Instructor Resource: Legal Issues

Introduction Worksheet

Directions:

1. Give participants the *Legal Issues Introduction Worksheet* and read the instructions to participants:
 - a. Match the term with the description.
2. Remind them that the answers will be given throughout the *Legal Issues* slide presentation.
3. Walk around the room, engaging with the participants. If you notice participants done early, have them turn to the person next to them and share one or more of their answers.
4. Once everyone is done, call on participants to share what they put for each definition. Ask participants to share different examples.

Terms:

- A. Advance Directive
- B. Do Not Hospitalize Orders (DNH)
- C. Do Not Intubate Orders (DNI)
- D. Do Not Resuscitate (DNR)
- E. Durable Power of Attorney for Healthcare
- F. Guardian
- G. Guardian Ad Litem
- H. Healthcare Treatment Directive
- I. Healthcare Proxy (HCP)
- J. Legal Guardian
- K. Living Will
- L. Medical Directive
- M. Medical (or Physician's) Orders for Life-Sustaining Treatment (MOLST/POLST)
- N. Medical Power of Attorney
- O. Power of Attorney
- P. Recertification

Answer Key:

- 1. A
- 2. K
- 3. L
- 4. P
- 5. B
- 6. F
- 7. O
- 8. I
- 9. M
- 10. C
- 11. N
- 12. G
- 13. H
- 14. E
- 15. J
- 16. D

Name: _____ Class: _____ Date: _____

Legal Issues

Assessment Pre/Post-Quiz – Answer Key

1. Select which of the following appointed personnel help with the estate after someone passes:
 - a. Power of Attorney
 - b. Executor of a will**
 - c. Beneficiary
 - d. Healthcare proxy

2. If someone dies without a will, which of the following happens?
 - a. Nothing
 - b. All the individual's wishes are followed
 - c. The state court determines the fate of all assets**
 - d. An executor of the will is named

3. How many types of power of attorney are there?
 - a. 2-4
 - b. 5-7**
 - c. 10
 - d. There is only one type of power of attorney

4. The following are required when registering the deceased:
 - a. Medical Certificate Cause of Death
 - b. Death Certificate
 - c. Certificate of Cremation or Burial
 - d. All the above**

5. What is a general term that describes two kinds of legal documents, living wills and medical powers of attorney?
 - a. Advance directive**
 - b. Recertification
 - c. Medical Power of Attorney
 - d. Healthcare Treatment Directive

Lesson Five – Legal Issues

LEARN: Legal Issues Lecture

20-35 minutes

Purpose:

Participants will view a presentation discussing the aspects of legal issues.

Materials:

- *Legal Issues* slide presentation
- *Legal Issues Notes* (Student Workbook)
- *Legal Issues Notes – Answer Key*

Facilitation Steps:

1. Share the following information as you go through the *Legal Issues* slide presentation.
2. Make sure each participant accesses *Legal Issues Notes*.

Note: If there is a time constraint, refrain from conducting the engage and example portions of the lecture.

Slide 1: Introduction Slide

Slide 2: End-of-Life Planning

End-of-life planning refers to getting affairs in order regarding final matters. End-of-life legal documentation/terminology can include medical directives, bereavement instructions, appointed personnel, etc.

According to The National Library of Medicine in an article titled, “Wishes and Needs at the End of Life,” “Final matters include everything that ensures the patient’s wishes will be respected up to the moment of death and beyond it, as well as everything

that can support the patient’s family as they deal with their loss.”

Engage: Ask participants to think about a few topics or items that fall under end-of-life planning. Ask them to share with a partner in a think-pair-share. Then call on volunteers to share.

Examples: Participants may say a will, power of attorney, end-of-life care, etc.

Slides 3-6: Legal

Documentation/Terminology

- **Advance Directive:** A general term that describes two kinds of legal documents, living wills and medical powers of attorney. These documents allow a person to give instructions about future medical care should they be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.
- **Do Not Hospitalize Orders (DNH):** Medical orders signed by a physician, nurse practitioner, or physician assistant that instruct healthcare providers not to transfer a patient from a setting such as a nursing facility (or home) to the hospital unless needed for comfort.
- **Do Not Intubate Orders (DNI):** Medical orders signed by a physician, nurse practitioner, or physician assistant that instruct healthcare providers not to attempt intubation or artificial

ventilation in the event of respiratory distress.

- **Do-Not-Resuscitate (DNR) Order:** A DNR order is a physician's written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or their family, it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.
- **Durable Power of Attorney for Healthcare:** A legal document that allows all individual to name a particular person – known as an agent, surrogate, or proxy – to make healthcare decisions on their behalf if they are no longer able to make such decision; also known as medical power of attorney.
- **Guardian:** A court-appointed individual granted authority to make certain decision regarding the rights of a person with a clinically diagnosed condition that results in an inability to meet essential requirements for physical health, safety, or self-care. If a health proxy is in effect, a healthcare decision of the agent takes precedence over that of the guardian (absent an order of the court to the contrary). Further, guardians who do have authority to make healthcare decisions may be subject to limitations on their authority to make decisions regarding life-sustaining treatments.
- **Guardian Ad Litem:** Someone appointed by the court to represent the interests of a minor or incompetent person in a legal proceeding.

- **Healthcare Treatment Directive:** A personal statement of an individual's preferences regarding healthcare treatment, including end-of-life care that is consistent with the legal underpinnings of living will statutes, where they exist. However, healthcare treatment directives are broader in scope than living wills because they are not limited to terminal conditions; also known as medical directive.
- **Healthcare Proxy (HCP):** Is a document in which a person appoints a healthcare agent to make future medical decisions if the person becomes incapacitated. This may be an outcome of the advance care planning process and is expressly authorized in Massachusetts by statute (MGL 201D).
- **Legal Guardian:** A person who has the legal authority and corresponding duty to care for the personal and property interests of another person. In many cases, the legal guardian and the healthcare proxy are different individuals.
- **Living Will:** A type of advance directive in which an individual documents their wishes about medical treatment should they be at the end of their life and unable to communicate. It may also be called a "directive to physicians," "healthcare declaration," or "medical directive."
- **Medical directive:** A personal statement of an individual's preferences regarding healthcare treatment, including end-of-life care, that is consistent with the legal underpinnings of living will statutes, where they exist. Medical directives are broader in scope than living wills because they are not limited to terminal conditions; also known as healthcare treatment directive.

- **Medical (or Physician's) Orders for Life-Sustaining Treatment (MOLST/POLST):** Is a document intended for seriously ill patients that details decisions for life-sustaining treatment based on the patient's current condition. A MOLST becomes effective immediately upon signing and is not dependent upon a person's loss of capacity. It does not take the place of a healthcare proxy. Consideration of MOLST may be an outcome of the advance care planning process.
- **Medical Power of Attorney:** A document that allows an individual to appoint someone else to make decisions about their medical care if they are unable to communicate. This type of advance directive may also be called a healthcare proxy, durable power of attorney for healthcare, or appointment of a healthcare agent. The person appointed may be called a healthcare agent, surrogate, attorney-in-fact, or proxy.
- **Power of Attorney:** A legal document allowing one person to act in a legal matter on another's behalf regarding financial or real estate transactions.
- **Recertification:** The process by which a written certificate of life-limiting illness is provided by the hospice medical director for each benefit period the patient is on hospice. Recertification is possible if the patient continues to qualify for service as determined by the hospice medical director.

Engage: Ask participants to pick one term they are unfamiliar with and one they are somewhat familiar with. Then ask them to move around the room and find a partner that is familiar with the one they are unfamiliar with. Give two to three minutes for them to discuss.

Examples: Let the participants engage in the activity and facilitate as you walk around.

Slide 7: Appointed Personnel: Power of Attorney

End-of-life decisions can be challenging and overwhelming. It is important to set up appointed personnel to elicit your directives. A power of attorney acts on your benefit while you are living and after death.

The power of attorney is the person named "to act on your behalf is commonly referred to as your 'agent' or 'attorney-in-fact.' With a valid power of attorney, your agent can take any action permitted in the document. Often your agent must present the actual document to invoke the power" (American Bar Association, 2013).

Engage: Ask the participants to think about who they would select as their power of attorney.

Examples: Let the participants think silently about this engagement activity.

Slides 8-9: Types of Power of Attorney

- **Durable Power of Attorney (DPOA):** Adequate immediately after you sign it (unless stated otherwise). It allows your agent to continue acting on your behalf if you become incapacitated. For example, if you fall into a coma, your agent will retain the authority to make financial or health-related decisions and sign documents for you.
- **Non-Durable Power of Attorney:** A non-durable power of attorney expires if you become incapacitated or die. For instance, if you fall into a coma, your agents will lose any authority previously granted. After that, only a court-appointed guardian or conservator can make decisions for you.

- **Medical Power of Attorney:** Also known as an advance directive, allows you to name a healthcare agent who will make medical decisions if you cannot do so yourself. Your agent will also ensure that your healthcare providers give you the medical care specified in your medical order documents, or your living will. In addition to a broad range of healthcare decisions, your agent will have authority over your:
 - Medical treatment
 - Surgical procedures
 - Artificial hydration and nutrition
 - Organ donation
 - Choice of healthcare facilities
 - Release of medical records
- **General Power of Attorney:** Gives your agent broad authority to act on your behalf, making any financial, business, real estate, and legal decisions that would otherwise be your responsibility. A general power of attorney expires upon your incapacitation (unless it's durable) or death. Given the extensive control it affords your agent, you may only want to use this kind of power of attorney for a short period when you physically or mentally cannot manage your affairs, for example, during an extended travel period outside of the country. They have authority over:
 - Managing banking transactions
 - Buying and selling property
 - Paying bills
 - Entering contracts
- **Limited (Special) Power of Attorney:** In contrast with a general power of attorney, a limited (special) power of attorney allows an agent to act on your behalf, but only for specific purposes. For example, a limited power of attorney can allow someone to cash checks for you. However, this person won't be able to access or manage your finances fully.

- **Springing Power of Attorney:** A springing (or conditional) power of attorney only goes into effect if a specific event, medical condition (typically incapacitation), or event specified in the POA occurs. It can end at a specified time when you become incapacitated or upon death. For example, military personnel may draft a springing power of attorney that goes into effect when deployed overseas.

Engage: Ask participants if they have any questions regarding the different types of power of attorney.

Examples: Answers will vary.

Slide 10: Physician-Assisted Suicide

- Highly controversial topic
- Procedure that allows a physician to help a terminally ill patient die
- Legal in 10 states and the District of Columbia in the United States
 - These states have different guidelines that allow a physician-assisted suicide including how it's requested and the method that's used

Slide 11: Legal Issues: Five Other Facts

1. Aside from the power of attorney, there are other types of personnel an individual needs during their end-of-life process, such as a lawyer, the executor of a will, and the beneficiary.
2. Organ and Brain Donation
Documentation: An individual may elect for their organs to either go to someone else or be used in scientific research upon death.
3. If someone dies without a will, then the court of the state the deceased lives in will decide the fate of all assets in the individual's estate.
4. You are required to register the deceased. You will need to provide the

MCCD (medical certificate cause of death), death certificate, and certificate of cremation or burial.

5. A custody directive is put in place for care of a minor in the event of both parents dying.

Engage: Ask participants if they have any other facts they would like to share with the class about this topic.

Examples: Answers will vary.

Slide 12: Pair and Share: Based on what you've learned, who should people talk to when they create their end-of-life plan?

Ask participants to pair up with the person beside them. Give them five minutes to talk and answer the questions and another five minutes to share their thoughts with the class.

Slide 13: Ending Slide

Ensure participants have completed their *Legal Issues Notes*.

Legal Issues Notes Page – Answer Key

Directions: Take notes in the space provided as information is shared in the slide presentation and lecture on this topic.

Question	Notes
Fill in the blanks for Slide 2: End-of-Life Planning	End-of-life planning refers to getting affairs in order regarding final matters . End-of-life legal documentation/terms can include, medical directives , bereavement instructions , appointed personnel , etc.
List the 16 legal documentation and terms listed	1. Advance Directive 2. Do Not Hospitalize Orders (DNH) 3. Do Not Intubate Orders (DNI) 4. Do Not Resuscitate (DNR) 5. Durable Power of Attorney for Healthcare 6. Guardian 7. Guardian Ad Litem 8. Healthcare Treatment Directive 9. Healthcare Proxy (HCP) 10. Legal Guardian 11. Living Will 12. Medical Directive 13. Medical (or Physician's) Orders for Life-Sustaining Treatment (MOLST/POLST) 14. Medical Power of Attorney 15. Power of Attorney 16. Recertification
Define "power of attorney" in your own words	Answers will vary but need to reflect the following slide: End-of-life decisions can be challenging and overwhelming. It is important to set up appointed personnel to elicit your directives. A power of attorney acts on your benefit while you are living and after death. The power of attorney is the person named "to act on your behalf is commonly referred to as your 'agent' or 'attorney-in-fact.' With a valid power of attorney, your agent can take any action permitted in the document. Often your agent must present the actual document to invoke the power" (American Bar Association, 2013).
Include one to two sentences from each type of power of attorney.	Answers will vary but need to reflect the following: 1. Durable Power of Attorney: Adequate immediately after you sign it (unless stated otherwise). It allows your agent to continue acting on your behalf if you become incapacitated. For example, if you fall into a coma, your agent will retain the authority to make financial or health-related decisions and sign documents for you. 2. Non-Durable Power of Attorney: A non-durable power of attorney expires if you become incapacitated or die. For instance, if you fall into a

	coma, your agents will lose any authority previously granted. After that, only a court-appointed guardian or conservator can make decisions for you. 3. Medical Power of Attorney: Also known as an advance directive, allows you to name a healthcare agent who will make medical decisions if you cannot do so yourself. Your agent will also ensure that your healthcare providers give you the medical care specified in your medical order documents, or your living will. In addition to a broad range of healthcare decisions, your agent will have authority over your: • Medical treatment • Surgical procedures • Artificial hydration and nutrition • Organ donation • Choice of healthcare facilities • Release of medical records 4. General Power of Attorney: Gives your agent broad authority to act on your behalf, making any financial, business, real estate, and legal decisions that would otherwise be your responsibility. A general power of attorney expires upon your incapacitation (unless it's durable) or death. Given the extensive control it affords your agent, you may only want to use this kind of power of attorney for a short period when you physically or mentally cannot manage your affairs, for example, during an extended travel period outside of the country. They have authority over: • Managing banking transactions • Buying and selling property • Paying bills • Entering contracts 5. Limited (Special) Power of Attorney: In contrast with a general power of attorney, a limited (special) power of attorney allows an agent to act on your behalf, but only for specific purposes. For example, a limited power of attorney can allow someone to cash checks for you. However, this person won't be able to access or manage your finances fully. 6. Springing Power of Attorney: A springing (or conditional) power of attorney only goes into effect if a specific event, medical condition (typically incapacitation), or event specified in the POA occurs. It can end at a specified time when you become incapacitated or upon death. For example, military personnel may draft a springing power of attorney that goes into effect when deployed overseas.
Write down two other facts you	Answers will vary but need to include two of the following:

found the most interesting.	1. Aside from the power of attorney, there are other types of personnel an individual needs during their end-of-life process, such as a lawyer, the executor of a will, and the beneficiary. 2. Organ and Brain Donation Documentation: An individual may elect for their organs to either go to someone else or be used in scientific research upon death. 3. If someone dies without a will, then the court of the state the deceased lives in will decide the fate of all assets in the individual's estate. 4. You are required to register the deceased. You will need to provide the MCCD (medical certificate cause of death), death certificate, and certificate of cremation or burial. 5. A custody directive is put in place for care of a minor in the event of both parents dying.
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Lesson Five – Legal Issues

REVIEW: Assess and Practice Understanding of Legal Issues

10-15 minutes

Purpose:

Participants will apply the knowledge learned in the lecture. They will identify and analyze types of legal issues.

Materials:

- *Legal Issues Scenario Cards and Responses*
- *Legal Issues Scenario Cards and Responses – Answer Key*
- *Legal Issues Life Assessment Post-Quiz* (Student Workbook)
- *Legal Issues Assessment Pre/Pos-Quiz – Answer Key*

Facilitation Steps:

1. If they haven't already, have participants fill out the last section on their *Legal Issues Introduction Worksheet* using their notes.
2. Have participants get into groups of two. Each pair should already have a set of pre-cut *Legal Issues Scenario Cards and Responses*. There should be a stack of scenario cards and a stack of responses.
3. Read the following instructions to the group: There are a set of 10 scenario cards and 10 responses. Your goal is to match the correct scenario card with the correct response.

You will identify which following type(s) of documentation each scenario requires. You should work together and discuss each scenario before matching it with the correct response.

Note: Alternatively, you could read each scenario and have the students answer them independently, or you could have a student work independently on matching them.

4. You must:
 - Walk around the room
 - Engage with participants
 - Answer questions
 - Monitor progress
5. Instruct the pairs to raise their hands when they believe they have completed the activity correctly. Check their work with the provided answer key.
6. When a pair correctly matches each scenario with its response, direct them to complete their *Legal Issues Assessment Post-Quiz*.

Note: If time is a constraint, you may find that you need to adjust, eliminate, or revise some of these activities. Alternatively, you could assign some of this as homework to be completed prior to the next presentation.

Legal Issues

Scenario Cards and Responses

Note: Cut out and shuffle.

Scenario: Allie is setting up their will and the medical power of attorney. They want to ensure that they give someone instructions of future medical care if they are unable to do so themselves.	Response: Advance Directive
Scenario: Brian enters the hospital and signs a form, indicating to the healthcare providers that CPR is not permitted if they go into cardiac or respiratory arrest.	Response: Do-Not-Resuscitate (DNR)
Scenario: Catherine's parents were required to obtain a certificate of life-limiting illness and present it to their hospice medical director.	Response: Recertification
Scenario: Diane's disease escalated quickly. Luckily, they had an agent in place who was able to act on their behalf since they couldn't.	Response: Power of Attorney

Scenario: Elijah has multiple sclerosis (MS). They are in the early stages of the disease and have elected to start working with a lawyer on developing their final wishes about medical treatment and what after-care procedures to take.	Response: Living Will
Scenario: Fiona has always been fascinated with science and discovery. If they can, they want to donate their organs when they pass away.	Response: Organ Donor Documentation
Scenario: According to Greg's last will and testament, their grandson will receive their estate.	Response: Beneficiary
Scenario: Henry and Ilene just moved their elderly mother in their home. She made it very clear in her directive that she wanted to have hospice services at their residence and elect for no longer life-sustaining care.	Response: Healthcare Treatment Directive

Scenario: John was just notified that, according to this document, they will take responsibility for the care of their niece while their sister is in hospice.	Response: Legal Guardian
Scenario: Kelly's grandfather recently passed. They are required to register him. Kelly has his death certificate and his certificate of burial but needs to go to the hospital to receive one more form.	Response: Medical Certificate Cause of Death (MCCD)

Legal Issues

Scenarios and Responses – Answer Key

Scenario 1: Identify which type of documentation the following scenario requires.

Allie is setting up their will and the medical power of attorney. They want to ensure that they give someone instructions of future medical care if they are unable to do so themselves.

Response 1: **Advance Directive**

Scenario 2: Identify which type of documentation the following scenario requires.

Brian enters the hospital and signs a form, indicating to the healthcare providers that CPR is not permitted if they go into cardiac or respiratory arrest.

Response 2: **Do-Not-Resuscitate (DNR) Order**

Scenario 3: Identify which type of documentation the following scenario requires.

Catherine's parents were required to obtain a certificate of life-limiting illness and present it to their hospice medical director.

Response 3: **Recertification**

Scenario 4: Identify which type of documentation the following scenario requires.

Diane's disease escalated quickly. Luckily, they had an agent in place who was able to act on their behalf since they couldn't.

Response 4: **Power of Attorney**

Scenario 5: Identify which type of documentation the following scenario requires.

Elijah has multiple sclerosis (MS). They are in the early stages of the disease and have elected to start working with a lawyer on developing their final wishes about medical treatment and what after-care procedures to take.

Response 5: **Living Will**

Scenario 6: Identify which type of documentation the following scenario requires.

Fiona has always been fascinated with science and discovery. If they can, they want to donate their organs when they pass away.

Response: **Organ Donor Documentation**

Scenario 7: Identify which type of documentation the following scenario requires.

According to Greg's last will and testament, their grandson will receive their estate.

Response: **Beneficiary**

Scenario 8: Identify which type of documentation the following scenario requires.

Henry and Ilene just moved their elderly mother in their home. She made it very clear in her directive that she wanted to have hospice services at their residence and elect for no longer life-sustaining care.

Response: **Healthcare Treatment Directive**

Scenario 9: Identify which type of documentation the following scenario requires.

John was just notified that, according to this document, they will take responsibility for the care of their niece while their sister is in hospice.

Response: **Legal Guardian**

Scenario 10: Identify which type of documentation the following scenario requires.

Kelly's grandfather recently passed. They are required to register him. Kelly has his death certificate and his certificate of burial but needs to go to the hospital to receive one more form.

Response: **Medical Certificate Cause of Death (MCCD)**

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