2016 Palliative Care Institute
Spring Conference

May 13-14, 2016
PROGRAM SCHEDULE
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2016 Palliative Care Institute
Spring Conference

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Day 1 - Caring for the Caregiver
Friday, May 13, 2016

Friday Conference WIFI Access
Network Name: Four Points Meeting
Password: FourPoints2016
*Please note that there is no complimentary WIFI for the Saturday conference.

⏰ 7:30 a.m.  
REGISTRATION

⏰ 8:00 a.m.  
WELCOME
Grand Ballroom
Marie Eaton, PhD, Director, Palliative Care Institute, WWU
Sara Weir, PhD, Deputy Director for Community Relations, Palliative Care Institute, WWU

⏰ 8:15 a.m. - 9:00 a.m.  
KEYNOTE
Grand Ballroom

In the Middle of It: Responding to Sensitive Family Issues
Wendy Lustbader, MSW, Affiliate Associate Professor at the University of Washington School of Social Work

When family members come together to assist a seriously ill relative, dealing with end-of-life concerns can foster emotional growth, strengthen love, and create opportunities for reconciliation and healing. By contrast, conflicts sometimes surface and interfere with care. Non-relative care providers often find themselves “in the middle of it,” trying not to take sides while ensuring that care needs are met. This presentation will explore strategies for responding helpfully to these situations, as well as providing a framework for making caregiving a rich experience for all.

At the end of this presentation, participants will be able to:
1) Identify old sibling rivalries and resentments that can rise back up and interfere with caregiving
2) Explore key issues that may arise between adult children and parents who must depend on them for help
3) Describe strategies for promoting improved communication for current issues and creating opportunities for reconciliation and healing

⏰ 9:00 a.m. - 9:10 a.m.  
INTERLUDE: Who Will Care for You
Grand Ballroom
Linda Allen and Marie Eaton
9:10 a.m. - 10:00 a.m.  KEYNOTE  
Grand Ballroom

Helping ‘til it Hurts: Resilience and Self Care for Providers  
Vince Foster, PhD, Clinical Psychologist

There are many influences which contribute to health providers experiencing compassion fatigue. Foster will describe these, identify strategies for increasing resilience in the health care provider professions and explore effective ways to engage in culture shifts in the health care system to allow for shared learning of health providers along-side patients and families dealing with serious illness and end-of-life care.

At the end of this presentation, participants will be able to:
1) Describe the greatest influences contributing to health providers experiencing compassion fatigue  
2) Identify three strategies for increasing resilience in the health care provider professions  
3) Determine effective ways to engage in culture shifts in the health care system to allow for shared learning of health providers along-side patients and families dealing with serious illness and end-of-life care

10:00 a.m. - 10:15 a.m.  BREAK

10:15 a.m. - 10:30 a.m.  INTERLUDE: Ellis Won’t Be Dancing Today (Film)  
Grand Ballroom

This dance/theatre piece about one woman’s story of her husband and Alzheimer’s disease was originally created as a live performance piece by Kuntz and Company for the Palliative Care Summer Institute in July 2014. Pam Kuntz and Juliette Machado have adapted the piece into a short film starring Jim Lortz and Marilyn Flint. The piece is about Marilyn’s experiences with her husband Ellis at the end of his life with Alzheimer’s.

10:30 a.m. - 11:30 a.m.  PLENARY WITH SMALL GROUP DISCUSSION: Dealing with Difficult Emotions  
Grand Ballroom

Conducted by Wendy Lustbader, MSW

Following up on the two keynotes, “In the Middle of It: Responding to Sensitive Family Issues” and “Helping ‘til It Hurts: Resilience and Self Care for Providers,” this session will divide the audience into affinity groups such as spouse/partner caregivers, children and in-laws, caregivers, social workers,
nurses, etc. Each table will have a facilitator to guide the discussion process and to record ideas for further exploration. Wendy Lustbader will set the context, launch the discussion topics, and will walk around listening to the small groups in order to bring the session together for concluding remarks.

At the end of the session, participants will be able to:
1) Identify concerns and issues particular to their small group
2) Explore with depth what was gleaned from the two keynote sessions in terms of their particular role in caregiving situations
3) Describe recommendations for next steps and topics that need further exploration

**11:30 a.m. - 11:45 a.m. INTERLUDE: “Liz” and “Brent” from Things Tag Behind: Pieces of Alzheimers**

Grand Ballroom

Two short monologues from a series written by Karee Wardrop to illustrate some of the challenges related to caregiving. “Liz” is played by Deb Currier. “Brent” is played by Brian Ollivier.

**11:45 a.m. - 12:45 p.m. LUNCH AND DISCUSSION**

Grand Ballroom

Community Initiatives Discussion: What have we done? Where are we going?

**12:45 p.m. - 1:30 p.m. Ethical Challenges in Balancing the Needs of Caregivers, Patients, and Providers**

Grand Ballroom

*Bree Johnston, MD, Medical Director of Palliative Care PeaceHealth*  
*Ross Fewing, Director, Center for Mission, PeaceHealth*

Conflict is common in end-of-life situations. This session will be an interactive session in which we explore common conflicts that emerge between caregivers, patients, and care providers, and apply ethical principles to trying to approach these conflicts.

At the end of the session, participants will be able to:
1) Discuss an ethical framework for approaching conflict in health care
2) Discuss the ethical challenges in balancing a patient or family’s hope for a miracle with health care providers’ concerns about providing care that is likely to be non-beneficial
3) Discuss an approach to addressing families’ request not to provide pain medication to a person who appears to be suffering
Day 1 - Caring for the Caregiver
Friday, May 13, 2016

1:30 p.m. - 2:45 p.m. BREAKOUT GROUP SESSION A

a. The Hardest Things to Say: Writing as a Self Care Practice for Caregivers
Matthew Brouwer, Poet, Writer
Cascade Room

At the end of the session, participants will be able to:
1) Recognize writing as a valuable practice for self care and bringing awareness to one’s habits as a caregiver
2) Have an experience with writing that can help validate it as a personal practice
3) Hear samples of powerful personal writing about the experience of being a patient/caregiver

b. The Power of Music in Palliative Care
Linda Allen, DMin, Certified Clinical Musician
San Juan Room

Science has now proven what caregivers have always known: Music is magic in providing comfort, pain and stress relief, and memory recall.

At the end of this session, participants will be able to:
1) Discuss examples from the significant scientific literature supporting the use of music in palliative care
2) Describe simple principles and practices helpful when using music as an intervention
3) Describe the types of music and/or songs useful in various care situations
4) Describe music resources and programs available in our community

c. Planning for Peace of Mind
Ashley T. Benem, Death Midwife, LMP, Minister
Nooksack Room

This workshop will present several case studies to illustrate the positive impact of preparing a Death Plan.

At the end of this session, participants will be able to:
1) Discuss the varied impacts of the “End of life-Elephant” in the room on the physical, emotional, and spiritual health of caregivers and clients/patients
2) Describe the impact of disorganization, surprise protocols, and logistics navigation on the caregiver and patient
3) Identify clinical and non-clinical steps for planning end of life care
4) Identify tools for organization of end of life care needs
d. Tools for the Clinician, Building Resilience
Vince Foster, PhD, Clinical Psychologist
Terrace Room

At the end of this session, participants will be able to:
1) Discuss the challenges faced by providers when working with serious illness and end of life
2) Identify the ways these challenges can impact care and personal wellness
3) Identify some tools to build resilience and self-care

e. Changing Roles and Mixed Emotions: When Spouses or Partners Become Caregivers
Wendy Lustbader, MSW
Shuksan Room

Caregiving changes a couple’s relationship. This workshop will look at the shift in roles for each partner: changes in intimacy; feelings of loss, grief and anger; and the balance between power and dependency. Potential adaptations when needs and abilities change will be identified and explored.

At the end of the session, participants will be able to:
1) Give examples of at least three losses each partner in a caregiving relationship may experience
2) Describe the shift in roles when a person changes from being an intimate partner to a care provider or care receiver
3) Identify strategies to help each partner clarify their needs and feelings to the other

’ex 2:45 p.m. - 3:00 p.m. BREAK

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Day 1 - Caring for the Caregiver
Friday, May 13, 2016

Breaking Group Session B (see Session A for descriptions)

3:00 p.m. - 4:15 p.m.

a. The Hardest Things to Say: Writing as a Self Care Practice for Caregivers
   Matthew Brouwer, Poet, Writer
   Cascade Room

b. The Power of Music in Palliative Care
   Linda Allen, DMin, Certified Clinical Musician
   San Juan Room

c. Planning for Peace of Mind
   Ashley T. Benem, Death Midwife, LMP, Minister
   Nooksack Room

d. Tools for the Clinician, Building Resilience
   Vince Foster, PhD, Clinical Psychologist
   Terrace Room

4:30 p.m. - 4:40 p.m.

Interlude: Echo Song
   Grand Ballroom
   Linda Allen and Marie Eaton
**KEYNOTE**

**Transformation in Service Delivery for Older Adults: Policy Strategies and the Role of the Community**

Anne Montgomery, MS – Senior policy analyst at Altarum Institute’s Center for Elder Care and Advanced Illness and a visiting scholar at the National Academy of Social Insurance. Formerly a senior policy advisor for the U.S. Senate Special Committee on Aging

This session will address key developments occurring at the national level as policymakers in Congress and the executive branch work to develop and refine models of value-based care delivery for rapidly-growing numbers of Medicare beneficiaries with complex chronic conditions. Montgomery will present the conceptual design, and the evidence that supports it, for a model of integrative care that spans medical care and long-term services and supports (LTSS) for a vulnerable population of frail older adults. This model, MediCaring Communities, is well-positioned to be piloted by willing communities across the country. Montgomery also will explore the existing Medicare financing platforms that can be adapted and the frameworks for estimating costs and savings. The role of community advocates and activists in influencing and shaping policy discussions and developments at various levels of government will also be discussed, highlighting the role of family caregivers.

**At the end of this session, participants will be able to:**

1) Identify essential elements for integrative care models for those with complex chronic conditions  
2) Give examples of frameworks for estimating costs and savings in long term services and supports  
3) Articulate the role of local communities in healthcare policy reform
Evidence-Based Integrative Approaches in Palliative Care: Challenges and opportunities

Leila Kozak, PhD, Clinical Champion, Office of Patient-Centered Care & Culture Transformation, VA Puget Sound Health Care System, Seattle, WA and Director of Integrative Medicine in Palliative Care for Paliativos Sin Fronteras (Palliative Care Providers Without Borders)

Palliative care providers are increasingly seeking non-pharmacological supportive interventions to increase comfort and quality of life, which has led to the integration of complementary therapies within palliative care environments. This emerging field of integrative care brings wonderful opportunities as well as challenges. Among the opportunities, the ability to actively engage family caregivers in comfort care modalities, the ability to enhance comfort regardless of the care environment, and self-care opportunities for caregivers and professional staff to decrease stress and burnout. Among the challenges, the lack of education for professional staff regarding complementary therapies may deter professionals from recommending or facilitating access to helpful approaches that could enhance symptom management and increase quality of life and comfort.

A variety of complementary therapies have been shown to reduce suffering and improve quality of life, but the degree of evidence supporting their use in PC settings varies. Acupuncture, aromatherapy, biofield therapies (Healing Touch, Therapeutic Touch, Reiki), expressive arts therapies (art, writing, music methods), massage, mind-body interventions, and movement approaches will be discussed.

At the end of this session, participants will be able to:

1) Describe implementation patterns for complementary and integrative care across hospital-based palliative care, hospice and long term care environments
2) Describe evidence and uses of complementary and integrative modalities in palliative care populations
3) Describe challenges and facilitators for delivering complementary therapies in palliative care settings
9:15 a.m. - 10:00 a.m.  PLENARY: Integrative Oncology: A Local Perspective
Auditorium
Jennie Crews, MD, Medical Director at PeaceHealth St. Joseph Cancer Center
Traci Pantuso, N.D. Naturopath at Harbor Integrative Medicine

Drs. Crews and Pantuso will describe their collaborations in the treatment of patients with cancer.

At the end of this session, participants will be able to:
1) Understand our patients’ preferences regarding Integrative Oncology
2) Define allopathic physicians’ concerns and support of integrating complementary therapy with traditional cancer treatment
3) Identify patient resources in our community for evidence-based integrative oncology
4) Explore the potential opportunities for increased collaboration between allopathic and naturopathic providers

10:00 a.m. - 10:15 a.m.  BREAK

10:45 a.m. - 11:30 a.m.  Cannabis and Psychedelics
Auditorium
Leanna J. Standish, ND, PhD, L.Ac., FABNO, Medical Director at Bastyr Integrative Oncology Research Center, Standish and practicing naturopath at Anderson Medical Specialty Associates in Seattle

At the end of this session, participants will be able to:
1) Identify the appropriate uses of cannabis and psychedelics in the treatment of pain and end of life symptoms
2) Define the concerns and legal challenges of integrating this complementary therapy with traditional treatments

11:30 a.m. - 12:30 p.m.   LUNCH
12:30 p.m. - 1:15 p.m. Including Everything: Mindfulness and Transforming Suffering in Palliative Care
Andrea Thach, MD, PeaceHealth Hospital, Buddhist priest

After over 35 years, the medical benefits of mindfulness are well documented and accepted in a wide range of clinical practice. After reviewing the better known clinical effects of mindfulness training, we will look ahead at the growing research and experience of the salvific nature of this practice.

At the end of this session, participants will be able to:
1) Discuss the concept of mindfulness
2) Identify situations in which mindfulness has been proven to be effective
3) Reflect on how suffering can be addressed by mindfulness

1:15 p.m. - 2:30 p.m. BREAKOUT GROUP SESSION A

a. Acupuncture
Sara Bowling, MD, Bellingham Bay Family Medicine
Room 101, 1st Floor

At the end of the session, participants will be able to:
1) Articulate how acupuncture works physiologically
2) Identify the benefits and limitations of using acupuncture as a clinical tool in the management of pain
3) Explore strategies for incorporating this modality into personal or clinical practice.

b. Biofeedback
John Jordy, LMHC
Room 307, 3rd Floor

Clinical applications of biofeedback can assist in the management of emotional and physical health, including relaxation, stress reduction, pain management and developing acceptance and effective coping strategies for what can’t be changed.

At the end of the workshop, participants will be able to:
1) Articulate how the biofeedback process works physiologically
2) Identify the benefits and limitations of biofeedback as a clinical tool to assist individuals in learning more effective ways to improve health and wellbeing
3) Explore strategies for incorporating this modality into personal or clinical practice
c. “It makes you feel that you are not just a thing - you are a person”: The Role of Touch Therapies in Enhancing the Patient Experience

Leila Kozak, PhD

Room 314, 3rd Floor

This session will introduce participants to different types of touch therapies, describe the evidence for these non-pharmacological interventions in promoting comfort and relaxation, and discuss the role of these modalities in symptom management and quality of life. The goal of this session is to support organizations in shifting from a typical barrier-driven attitude [“this cannot be done at our organization”] into a solution-driven attitude [“how can we get this done at our organization.”] The session will emphasize family caregivers and volunteer engagement, staff training, sustainable cost models, as well as appropriateness of modalities for diverse settings.

At the end of the session, participants will be able to:

1) Describe the effects of touch therapies on the patient and family experience
2) Describe the role of touch therapies in providing comfort, enhancing symptom management and quality of life, and promoting healing relationships.
3) Identify types of touch therapies suitable for various environments/populations and how these modalities may be delivered by staff, volunteers and family caregivers.
4) Explore strategies to implement and/or extend implementation of these modalities across their own facilities

d. Evidence-Based Integrative Therapies for Oncology Patients

Jennie Crews, MD and Traci Pantuso, ND

Room 326, 3rd Floor

At the end of the session, participants will be able to:

1) Describe available integrative therapies
2) List criteria for recommending integrative therapies
3) Identify key points for communicating with patients and providers regarding the use of evidence-based integrative therapies

e. Cannabis and Psychedelics

Leanna Standish, PhD, ND, LAC, FABNO

Room 340, 3rd Floor

At the end of the session, participants will able to:

1) Articulate how the cannabis and psychedelics work physiologically
2) Identify the benefits, limitations, and challenges of using cannabis and psychedelics as a clinical tool
3) Explore strategies for incorporating this modality into personal or clinical practice
f. At the Bedside: Employing Mindfulness as Caregivers
   Andrea Thach, MD and Tim Burnett, Mindfulness Northwest
   Auditorium

   How do we bring mindfulness to our selves and to the bedside with someone who has serious
   illness or is in transition? This will be an experiential session to learn or deepen our facility with
   various ways of being present in palliative care.

   At the end of the session, participants will able to:
   1) Use mindfulness in preparing for and attending to client care
   2) List three mindfulness based tools for working with clients – body scan, breathe and loving
      kindness
   3) Explore strategies for incorporating this modality into clinical practice

⏰ 2:30 p.m. - 2:45 p.m.       BREAK

⏰ 2:45 p.m. - 4:00 p.m.       BREAKOUT GROUP SESSION B (see Session A for descriptions)

   a. Acupuncture
      Sara Bowling, MD, Bellingham Bay Family Medicine
      Room 101, 1st Floor

   b. Biofeedback
      John Jordy, LMHC
      Room 307, 3rd Floor

   c. “It makes you feel that you are not just a thing - you are a person”: The Role of Touch
      Therapies in Enhancing the Patient Experience
      Leila Kozak, PhD
      Room 314, 3rd Floor

   d. Evidence-Based Integrative Therapies for Oncology Patients
      Jennie Crews, MD and Traci Pantuso, ND
      Room 326, 3rd Floor
e. Cannabis and Psychedelics  
Leanna Standish, PhD, ND, LAC, FABNO  
Room 340, 3rd Floor

f. At the Bedside: Employing Mindfulness as Caregivers  
Andrea Thach, MD and Tim Burnett, Mindfulness Northwest  
Auditorium

4:00 p.m. - 4:15 p.m.  SHORT CLOSING AND EVALUATION  
Auditorium
HEAL without CURE

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