

Hospital Clown Newsletter

A Publication for Clowns In Community and World Service

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Caring Clowns of Longmont, Colorado



In 2000, shortly after a visit by Patch Adams, Longmont Unified Hospital decided they wanted to start a clown program. LUH is one of 50 hospitals across the USA that has embraced the Planetree model of holistic health with its mission to personalize, humanize and demystify the patient experience.

Some of the LUH clowns are left to right: "Marmalade" Kathy Shook, "Bobber" Gail Sundberg-Douse, "Dr. Beanie" Gene Thoele, "Rosie Toes" Michelle Bowman, and "Zia" Barb Miller.

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The Caring Clowns of Longmont United Hospital



Front row left to right: Laura Simmons "Pua", Kathy Shook "Marmalade" 2nd Row: Dorothy Covington "Penelope", Gail Sundberg-Douse "Bobber", Barb Miller "Zia", Barb Wert "Peachy Pie" 3rd Row: Thelma Abromski "Patches", LaVelle Steele, "Panzy" Janice Grubbs, "Amelia", Debby Paris "Lady Hopsalot", Melanie Atherton "Daffadilly", Lois Gribbs "Flower", Kathy McGannon "Rosebud", Mary Lee Grothe "Honey Bird" Back Row: Bill Veach "Mr. Mulligan", Gene Thoele "Dr. Beanie"



PLANETREE

Creating patient-centered care
in healing environments

As I wrote this article, I asked myself "How can I visit hospitals all over the country and not be aware of Planetree health care model? My answer – I've never been in one before. In Colorado Kathy Shook met me at LUH. I was worried about where to find shade to leave my little dog who is my travel companion on trips across the USA. Her answer, "Oh that is not a problem, just bring her with you." "What!" I was shocked. Kathy further explained as we walked into the main entrance with doggie in tow, that the hospital wants to make people feel at home. Whow! This had to be one extra ordinary hospital. It is, as it follows the Planetree model for holistic health

Since its founding in 1978 as a nonprofit organization, Planetree has been a pioneer in personalizing, humanizing and demystifying the healthcare experience for patients and their families. The Planetree Model is patient-centered rather than provider-focused, and is committed to improving medical care from the patient's perspective. It empowers patients and families through information and education, and encourages healing in all dimensions - mental, emotional, spiritual and social, as well as physical. It seeks to maximize health care outcomes by integrating complementary medical therapies such as mind/body medicine and therapeutic massage with conventional medical therapies. Access to arts and nature are also incorporated into the healing environment.

Enter the Clown Program. The hospital invited Patch Adams to participate in the grand opening of the hospital's new patient-centered care facility. "Soft lighting and curving hallways are accented by an impressive collection of work done by local artists, from sculpture and oils to fabric art, baskets and children's paintings." And now a few fine hospital clown artists and an occasional visiting doggie.

From Sami-Ann to Marmalade, the Clown

From Kathy Shook,

Trainer and Coordinator of the LUH Clown Program.

Being Sami-Ann, a professional clown working in Longmont, I was approached by a couple of women from the hospital who were in charge of the Planetree philosophy at the hospital. I had done only a little bit of hospital clowning with children in Tucson. Since LUH is a community hospital, I decided if I start a clown program I want to make sure it succeeds, so I really needed to educate myself. I took a couple of months to do this. I read books on humor and healing and then found what was on hospital clowning. I read Patty Wooten, Richard Snowberg and Roly Bain and then found The Hospital Clown: A Closer Look. I read and reread.

I then went back and met with the Planetree people and the head of the Volunteer Department. I laid out what I thought the plan should look like, and they told me how it needed to fit into the hospital situation. Together we formed guidelines and competencies. An introductory class is held before the six-week "clown college." This gives people an idea of what qualities it takes to be a hospital clown and what it involves. My first class had only eight students—all hospital employees. We met at the hospital once a week for 6 weeks, Monday nights. That was in Spring of 2000, and the hospital embraced us with great enthusiasm. At that time we only went once a week in pairs.

The hospital does pay me my professional rate for the Introductory class. The students pay me for their six weeks of classes. The rest of the work I do as coordinator of the program – scheduling, conducting meetings, mentoring, and much more I do as a hospital volunteer.

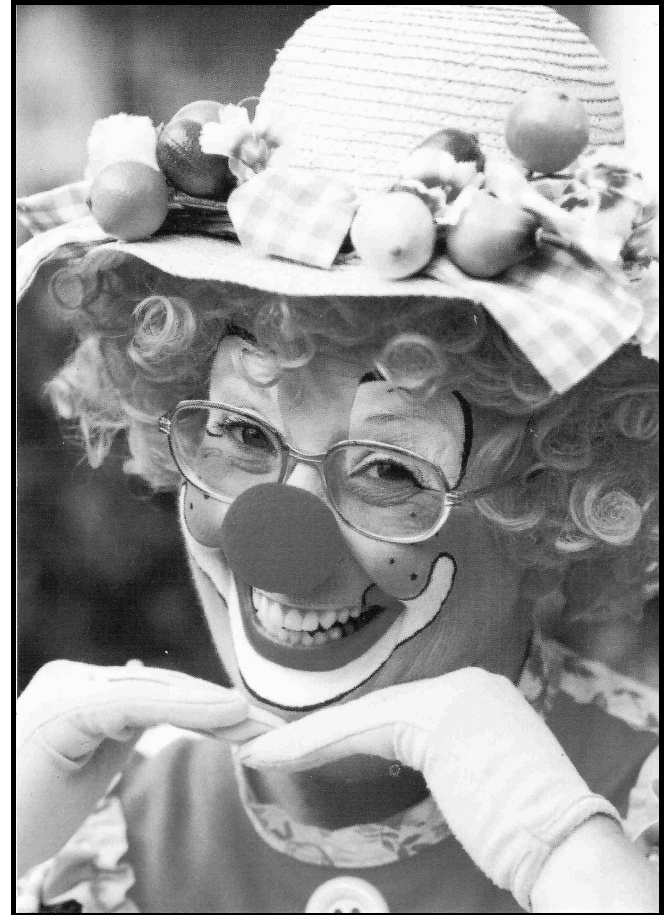
The funds we need to pay for our give-aways, film, makeup and other needed supplies are obtained by either our fund raisers or money set aside each year for us by the volunteer auxiliary. We have set aside some funds for scholarships. This allows those who really want to become a hospital clown but can't afford a class fee to be included. An interview process to determine their commitment is required.

Recently we wanted to have a weekend workshop with Shobi Dobi. We had a garage sale to raise the funds to help pay for the workshop. It was such a success we were able to charge only \$10 for any LUH clown to attend and \$30 for clowns from other area hospitals. The workshop was a fantastic learning and bonding experience.

I try to schedule a class at least once a year. The latest class graduated in August 2004. We have twenty clown volunteers and can supply the hospital with clown-rounds three days per week. I have a waiting list of interested students from those who have seen us or heard about the program and want to be part of it. If I need to fill a class, I will put an ad in the local newspaper and the volunteer and senior outreach newsletters. We get a lot of senior retirees who want to do something like this. The hospital also advertises it internally. I do have about a 40% drop out rate. People realize that they don't have the time or they find it is harder than they thought it would be. Most people are pretty honest with me so they let me know their intentions right away.

Being under the volunteer department, all clowns are required to take the Hospital's Volunteer training and orientation. All clowns must comply with hospital procedures, confidentiality and policies. New clowns are assigned to more experienced clowns for several weeks.

Clowns are required to log their time spent on clown-rounds. Fortunately LUH does not require a headcount of patients, visitors and



Sami-Ann, the Clown - Kathy Shook

staff that we see each visit. I feel that would impede our clown spontaneity. It is impossible for us to know how many people we see or the effect we might have on those who see us. We have had enough feedback to know we are very much appreciated by patients, families, staff and administration.

With any new program problems do arise. One problem I found was as soon as the community found out about the hospital clowns, we were frequently getting calls to come here and there. There were several things I needed to consider to determine if these requests were appropriate for the hospital clowns. (1). Is it something that is hospital sponsored? If so, then we are under the hospital insurance and liability. If it is not then each clown must have personal liability insurance. (2). Are the hospital clowns trained in the skills required for the requested event? Hospital clowns may not have the same skills as a professional clown. (3). Is the request coming from someone just wanting to obtain "free" clowns? If other entertainment at a function is getting paid, the clowns should also. (4). Would accepting the request take away a job from a community clown? We don't want to take a job away from a clown whose livelihood is dependent on clowning. (5). Are the clowns being asked to do too much? Our focus should be on our hospital clown-rounds.

The success of the LUH Caring Clown program has given me speaking and teaching opportunities around the country.

“Marmalade, the Clown” Kathy Shook



I think I wanted to be a clown from the time I was in seventh grade. I was an extremely shy person. I had to go to a speech class one time. It was so difficult except for the one week when we did pantomime. I was at the top of the class. I didn't have to open my mouth. Then I became very interested in watching Red Skelton and the things he could do without really saying a whole lot. I really enjoyed the TV clowns at that time. Carol Burnett, Milton Burle and Laugh-in. It was what I desired to be like.

When my kids were small, you could send away for a kit from MS Foundation and have a backyard carnival. Of course, I dressed up like a clown. I didn't know how, so I was probably pretty scary. One day there was a class at my church on ministry clowning. So that's where I first started. I got interested in nursing homes and doing community work and met a professional clown who said "Why don't you come to an alley meeting and see how you like it." So I did, and joined Colorado Clowns. They were very focused on education. Every meeting was an educational meeting. I went to clown camp and conventions and any place I could get more educated in my clowning.

Here's a funny situation that has always stuck with me. A lot of time teenagers, especially boy teenagers, act like they are too cool to have a clown around. Well, a nurse called to me. "You have to see this young man." She dragged me into his room saying "Here's our bare back rider" This kid had been thrown off a horse and had his leg strapped up and several broken bones. I looked at him and said with astonishment "You ride on the back of bears?" I kept going on about how brave he was and how astonished I was that anyone could ride a bear. He just cracked up. That truly showed

me how important it is to be in the moment and using what is right in front of you.

Another moment I won't forget happened the third week I was clowning at the hospital. I went into a room alone and there was a woman with a baby in the crib. She was not in the pediatric ward, so I didn't have any idea who was the sick person. She began telling me about her small children who had just been there and had left. We talked about the small baby and she got very silent and started to tear up a bit. She told me that her infant was extremely ill and she didn't know if she would survive. I leaned in closer and asked "Do you need a hug?" Well, she held onto me for about five minutes and sobbed. She really needed that cry. On this day, with this patient, my job was to comfort.

“Zia, the Giggle Therapist” Barbara Miller



I visit patients in the hospital who are often immersed in the immediate problems relating to their condition and help them find the part of themselves they thought they'd lost. I also help them with the humor they will need to look at themselves and their present condition with a little more objectivity. And, I teach them why and how laughter heals.

However a clown chooses to "perform," I think a clown is, more importantly, a carefully blended mixture of caricature and naiveté. A caricature of what? Whatever characteristics a particular clown has felt in his or her inner child and has desired to bring out by way of costume, makeup, accessories and performance. Also a clown is a caricature of the particular emotions that are important to him or her. The naiveté in the blend is not a matter of being naive about things in general but rather about things in particular. Clowns are naïve about differences; the differences in people and in circumstances. Clowns are blind to differences in color, differences in

age, differences in physical condition. We view people through our own inner child who is full of the wonder and sometimes the absurdity of life. When we look at people through our inner child, we see the inner child in them and relate to that child approaching in play and in love.

A clown relates to people with a universal kind of love – a love in which judgement is not possible – a love with which he or she can relate to a person in the purest possible sense, not giving importance to the so called "physical reality" of the situation. It's a heart to heart encounter, pure and simple. It permits the clown and the "audience," whomever it may be, to let down the usual defenses and simply BE with each other for a while, often playing together. And all kinds of wonderful things happen.

Am I this pure? Certainly not. Do I, as a clown, always relate to people (especially hospital patients) in this wondrous way? Hopefully, once in a while. So why such lofty ideas? Because, if we don't dream it, we will never become it.

I am always discovering new dimensions to my chosen clown character. I am sometimes an actor, sometimes a musician. I try to be a comedian and I'm working on the magician in me. However, to me, these elements are secondary to the pure inner child relating to others in universal love – a mighty goal to aspire to. If I have this goal in sight, even if I only journey a short distance toward it, I think maybe I will have accomplished something. Maybe a few people, because of me and my fellow clowns at LUH, will have an opportunity to BE with a multi dimensional, playful, loving clown and come to understand us and themselves a little differently.

I must mention that my opinions are the result of lots and lots of thinking, personal clowning experience, reading a number of books and newsletters and so forth. But it all began because our clown instructor and supervisor and mentor, Kathy Shook a.k.a. *Marma-lade*, was requested to teach Clown College at LUH and has taught and inspired us wonderfully to be the very best kind of clown we can be, each in our own individual way.

On the afternoon of Christmas Eve, four of us went to clown at the Hospital. Any patients who were able to go home had been discharged. Some were in the process of leaving when we arrived. The only people left were those who were in dire need of care. Imagine being in the Hospital on Christmas. Joy and laughter were definitely needed. Many of the nurses and other staff seemed subdued yet I sensed a softness about them that comes with the approaching Holidays. One man in particular had a profound effect on me. He seemed very ill but was sitting up in bed. My teacher came into the room with me. We didn't do much clowning that I remember, just a little. He seemed more interested in asking a few questions and talking a little about himself. All in all very little was actually said. There was just a feeling that our presence there made a difference. We didn't stay long but just before we left I took his hand and held it a moment. My teacher did the same. We said goodbye. Then went to wash up. My eyes had teared up a bit. All I can say is, that is why I am a Hospital Clown.

"The following week I paid a visit not as my clown character but as a volunteer. I spoke with his nurse and learned a little more about his situation. He is indeed very ill. Then I went to his room and showed him a picture of "Zia" the clown so he would understand why I was there. Again, the visit was very short, little was said. He asked me if I would pray for him; I promised I would. I did and I continue to do so. We aren't always called upon to be funny and sometimes not much is required of us. Just that we be

there and that we care.

One day I happened to be clowning alone and I decided to spend my time visiting in waiting room areas throughout the hospital and also the Day Surgery area. At Day Surgery the nurses were grateful for my visit and got involved playing with me for a while, then someone suggested I visit a patient that had been waiting a long time. When I came out of her small room, I saw a little five-year-old girl with her Mom standing in the waiting area. By the expression on the girl face she was frightened of me, but her Mom was bringing her over to me anyway. I told the Mom to let her daughter approach me only when she felt ready to. She looked like she might never be ready. I crouched down leaning up against the wall put down my bag and started to play with my puppets (I had two with me that day). The girl stopped scrunching up her face and started concentrating on the puppets but she didn't come any closer. I remembered my bubbles and blew some bubbles. I did all these things as though I was playing by myself, I didn't look at the girl or ask her to come closer. I pretended she wasn't there. The bubbles did the trick. She walked over to me very slowly. I continued blowing bubbles a while longer before asking her name. I introduced my self and started a very simple conversation. Before long she was in my lap playing with my clown's jewelry and my nose. When it was time for us to say goodbye, she didn't want to leave me. Hopefully she will enjoy clowns for the rest of her life.

"Rosebud" Kathy McGannon



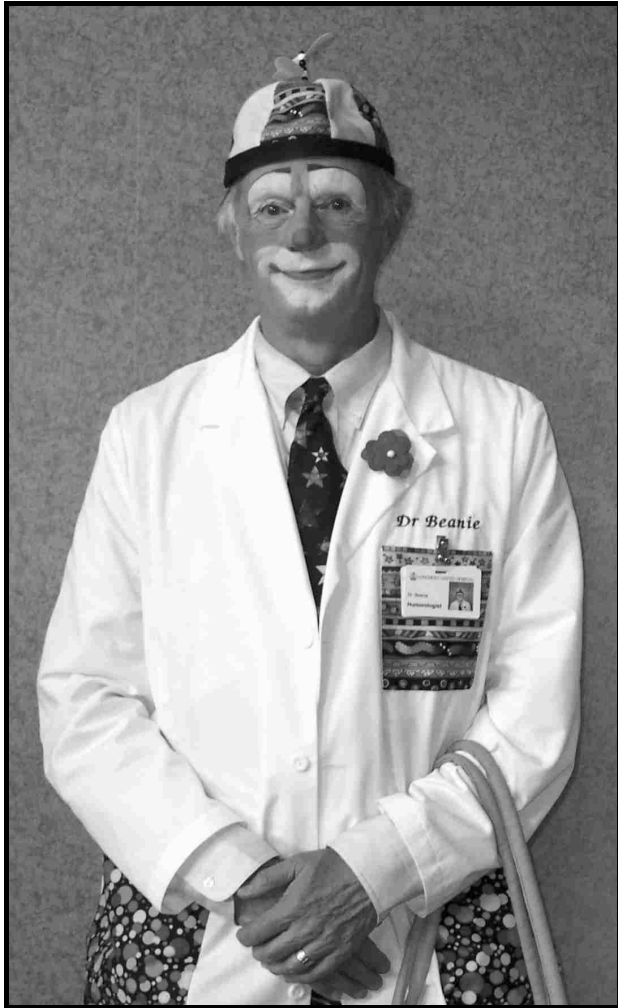
Because I was clowning on Valentines Day, I purchased a few boxes of "cheap" valentines and signed them "Rosebud." Everyone I visited got one and it was well received.

In the Birth Place, the nurses said, "There is no one to visit here" But just then the door opposite the nurses' station flew open. A nurse said "My patient wants to see you!" This gal was in labor!

It was a great visit. Dad took a photo and we chatted about how marvelous it was to have a baby on Valentine's day. I gave Mom her baby's Valentine.

The story gets better. As I was leaving, another nurse grabs my arm saying "I need you in here!" In I go to a parenting class with nine babies, and parents, of course, So I handed out nine more first Valentines -- ten in the same day! How many clowns can say that?

"Dr. Beanie" ~Gene Thoeles



My two favorite stories include one at the Day Surgery wing when a nurse suggested we go in to see a patient who was watching the video "Parch Adams." When we went in, the patient was asleep with the video playing on the TV. She heard us enter and slowly opened her eyes. One of us said as we leaned over her bed, "Patch sent us!" The look on her face was one of wonder and disbelief. Then, we all had a good laugh.

The second involved the Intensive Care Waiting Room where we found only one person when we entered. We sat down on either side of a middle-aged man and introduced ourselves. He proceeded to talk for more than 20 minutes about his father, who was dying as we spoke, his relationship with his dad and his life in general, never once acknowledging we were clowns. It would not have been possible for us to sit next to him in an empty waiting room nor would he have been so forthcoming without our being "safe." We barely said a word the whole time.

"Scribbles and Zebo," Richard Showers



An eleven-year-old boy, who has been ADD and bipolar most of his life woke Tuesday telling his grandma his dream. Bipolar children, when they dream, they don't remember it as a dream, they think it really happened to them. His dreams were always violent, being eaten by alligators, murdered by bad men. This day he woke up happy. "Nay, Nay" he said "I dreamed that Jesus came to get me." He spent the majority of that Tuesday packing. Wednesday when he woke, he was lethargic and despondent. His legs couldn't hold up the weight of his body and his eyes rolled back. They rushed him to Longmont United Hospital where he had a seizure. *Flight to Life* flew him to Children's Hospital and placed him in intensive care. The rest of the day Wednesday, Thursday, Friday and Saturday . . . he was "unresponsive." His grandpa said he was in a coma, but the doctors didn't want to make that call.

Scribbles went to see him Saturday morning about 10:00 a.m. Dressed in a hospital gown, face mask and latex gloves, he put a red foam nose on and his colorful glasses and began to show the boy his magic and juggling. *Scribbles* brought with him humor, and the right side of the boy's face went up in a smile. Grandma and Grandpa saw it. It was the first time he moved in days and they began to cry. *Scribbles* clowned with the boy. Massaging his cold fee, complaining that his toes were stinky and it was that stinky feet humor that made the boy laugh. His eyes still fixed off in the distance, he was responding. He was laughing, He then made a noise that sounded like a yell you might make in a dream. He wanted to talk to. *Scribbles* he nurses called the doctor and they all just watched. The energy in the room, in ICU and even the hospital was changing. Healing with humor was witnessed by *Scribbles* and he believes it is nothing short of a miracle. Perhaps all the training I took to become a clown was for the moment when *Scribbles* could show up for his nephew.

'If sense and meaning collide, be content to suspend judgment.'