

Caregiver Corner

... Ideas and information for people caring for others 778-2411

Tips For Caregivers During The Holidays

Holiday Tips

Adapted from an article by IOWA State University - University Extension

Holiday preparations can be overwhelming for caregivers of family members. Many caregivers wish to hold on to holiday traditions, but their old traditions don't always fit with new realities.

Experienced caregivers offer the following suggestions to help you and your family keep the holiday without the hassle.

- ☛ Invite guests to the home. This works best if it is now too hard to take the care receiver out. It also allows you to control the environment.
- ☛ Suggest a potluck meal or ask guests to bring items such as festive paper plates and cups. Ask a few people to be in charge of clean up.
- ☛ Keep the number of guests manageable. Noise and hectic activity can be difficult for a person who is frail or confused. Perhaps a couple of smaller gatherings would work better.
- ☛ Talk to family and friends before they arrive. If the care receiver is confused, has trouble eating or has any behaviors that guests might not understand, explain the circumstances to them and tell them how to approach the situation.

- ☛ Make gift giving manageable. Consider giving a gift of love such as an offer to reserve conversation time with a friend or a promise to attend a special event together. Caregivers who wish to purchase gifts might consider giving one gift per family; mail-ordering purchases or asking a neighbor or friend to help with shopping. Consider ways to save time.
- ☛ If guests ask what they can bring, suggest gifts that really will help -- frozen prepared foods, an IOU for caregiving that offers you respite time, a trip to the beauty or barber shop for your care receiver, or an offer to run specific errands.

One caregiver said she thought for years that nobody could do it except her. But when she did ask for help, she found that holiday joy doesn't depend on doing everything the same way it's always been done.

Caregiver Chat to Address Medicare Changes

At the December **Caregiver Chat** Cathy Tulloch will provide an overview of changes for the coming year with Medicare. Cathy will review options available as Medicare supplemental policies and prescription plans. Cathy is the Program Coordinator for Action for Older Person's Health Insurance Counseling Program, also known as HIICAP. To register to hear this non-biased, objective review of the various Medicare plans call Judy Bobinski at 778-2411. Chat will be hosted at the **Stay Health Center** near Sears in the **Oakdale Mall on Monday, December 7th from 1-3pm.** Seating is limited to 25.

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FDA Launches New Website About Hearing Aids

Last week, the FDA launched a new website containing basic information about hearing aids and hearing loss. Information featured includes the different types and styles of hearing aids, benefits and safety issues, hearing aids and cell phones, how to obtain hearing aids, other products and devices to improve hearing, and a checklist of steps to remember and consider before making purchases. The site also addresses the difference between an actual hearing aid, which is regulated by FDA to ensure safety and effectiveness, and a personal sound amplification device which is not a medical device.

To learn more <http://www.fda.gov/MedicalDevices> and search hearing aids. (top right hand corner)



Offers 5 Week “Preparing Now” Course

“There is never enough time to do everything, but there is always enough time to do the most important thing.”

Preparing Now is a five week seminar series designed by Action for Older Persons, Inc. to help you prepare successfully for the end of life – whether you’re 18 or 80, in good health or poor health. Meeting once a week to hear experts discuss important end of life issues, will equip you with stress reducing information and guide you on a path to responsible decision-making. By thinking through your wants and wishes ahead of time, you’re taking control and preserving the quality of your life, the way *you* choose.

“Preparing Now” topics include: Advance Directives (i.e. health care proxies, living wills, DNRs); Estate Planning; Hospice & Palliative Care; Funeral Pre-Arrangements; and Organ & Tissue Donations. The series concludes with Pastor Heckman sharing a spiritual and religious perspective on grounding your wishes in faith. Together, we’ll explore ways that

our personal beliefs and values help shape our health care and end of life decisions.

The **Preparing Now** Series will begin on **Wednesday January 6th at 6pm** at Northminster Presbyterian Church in Endwell. It will then be continued each **consecutive Wednesday until February 3rd**. Individuals are encouraged to come to all of the seminars in that they will provide a comprehensive understanding of end of life issues in a way that may be difficult to garner from other sources. However, if it is impossible for you to commit to all five weeks, we encourage you to come to as many of the seminars as feasible. Registration is encouraged through the church office or by **calling Action for Older Persons at 722-1251**.

Organizing for the Year Ahead

The responsibility for the care of seniors often falls on the shoulders of one family member. The tools at www.caregiverhelper.com help you organize crucial information, divide and delegate responsibilities, and give you the support you need to meet the daily challenges of providing quality care to your loved ones. Now you can organize information, collaborate with siblings and find outside resources you need to provide quality care for your loved ones. Join now and start sharing the care. It is free, easy and secure.

Stages of Alzheimer's

Experts have documented common patterns of symptom progression that occur in many individuals with Alzheimer’s disease.

Staging systems provide useful frames of reference for understanding how the disease may unfold and for making future plans. But it is important to note that not everyone will experience the same symptoms or progress at the same rate. People with Alzheimer’s die an average of four to six years after diagnosis, but the duration of the disease can vary from three to 20 years.

This 7 stage framework is based on a system developed by Barry Reisberg, M.D., Clinical

Director of the New York University School of Medicine's Silberstein Aging and Dementia Research Center.

Stage 1.

No impairment (normal function)

Unimpaired individuals experience no memory problems and none are evident to a health care professional during a medical interview.

Stage 2.

Very mild cognitive decline

(may be normal age-related changes or earliest signs of Alzheimer's disease)

Individuals may feel as if they have memory loss and lapses, especially in forgetting familiar words or names or the location of keys, eyeglasses or other everyday objects. But these problems are not evident during a medical examination or apparent to friends, family or co-workers.

Stage 3.

Mild cognitive decline

(early stage Alzheimer's)

Early-stage Alzheimer's can be diagnosed in some, but not all, individuals with these symptoms

Friends, family or co-workers begin to notice deficiencies; Problems with memory or concentration may be measurable in clinical testing or discernible during a detailed medical interview.

Common difficulties include:

- ☞ Word- or name-finding problems noticeable to family or close associates
- ☞ Decreased ability to remember names when introduced to new people
- ☞ Performance issues in social or work settings noticeable to family, friends or co-workers
- ☞ Reading a passage and retaining little material
- ☞ Losing or misplacing a valuable object
- ☞ Decline in ability to plan or organize

Stage 4. Moderate cognitive decline

(Mild or early-stage Alzheimer's disease)

At this stage, a careful medical interview detects clear-cut deficiencies in the following areas:

- ☞ Decreased knowledge of recent occasions or current events
- ☞ Impaired ability to perform challenging mental arithmetic-for example, to count backward from 75 by 7s
- ☞ Decreased capacity to perform complex tasks, such as planning dinner for guests, paying bills and managing finances
- ☞ Reduced memory of personal history
- ☞ The affected individual may seem subdued and withdrawn, especially in socially or mentally challenging situations

Stage 5.

Moderately severe cognitive decline

(Moderate or mid stage Alzheimer's disease)

Major gaps in memory and deficits in cognitive function emerge. Some assistance with day-to-day activities becomes essential. At this stage, individuals may:

- ☞ Be unable during a medical interview to recall such important details as their current address, their telephone number or the name of the college or high school from which they graduated
- ☞ Become confused about where they are or about the date, day of the week or season
- ☞ Have trouble with less challenging mental arithmetic; for example, counting backward from 40 by 4s or from 20 by 2s
- ☞ Need help choosing proper clothing for the season or the occasion
- ☞ Usually retain substantial knowledge about themselves and know their own name and the names of their spouse or children
- ☞ Usually require no assistance with eating or using the toilet

Stage 6. Severe cognitive decline

(Moderately severe or mid-stage Alzheimer's disease)

Memory difficulties continue to worsen, significant personality changes may emerge and affected individuals need extensive help with customary daily activities. At this stage, individuals may:

- ☞ Lose most awareness of recent experiences and events as well as of their surroundings
- ☞ Recollect their personal history imperfectly, although they generally recall their own name
- ☞ Occasionally forget the name of their spouse or primary caregiver but generally can distinguish familiar from unfamiliar faces
- ☞ Need help getting dressed properly; without supervision, may make such errors as putting pajamas over daytime clothes or shoes on wrong feet
- ☞ Experience disruption of their normal sleep/waking cycle
- ☞ Need help with handling details of toileting (flushing toilet, wiping and disposing of tissue properly)
- ☞ Have increasing episodes of urinary or fecal incontinence
- ☞ Experience significant personality changes and behavioral symptoms, including suspiciousness and delusions (for example, believing that their caregiver is an impostor); hallucinations (seeing or hearing things that are not really there); or compulsive, repetitive behaviors such as hand-wringing or tissue shredding
- ☞ Tend to wander and become lost

Stage 7.

Very severe cognitive decline

(severe or late-stage Alzheimer's disease)

This is the final stage of the disease when individuals lose the ability to respond to their environment, the ability to speak and, ultimately, the ability to control movement.

- ☞ Frequently individuals lose their capacity for recognizable speech, although words or phrases may occasionally be uttered
- ☞ Individuals need help with eating and toileting and there is general incontinence of urine
- ☞ Individuals lose the ability to walk without assistance, then the ability to sit without support,

the ability to smile, and the ability to hold their head up. Reflexes become abnormal and muscles grow rigid. Swallowing is impaired.

SOARing Through a Family Meeting

Adopted from an article written By Jean Wise on www.caregiving.com

SOAR is an acronym for Synchronize, Organize, Analyze, and Recognize. SOAR can be a helpful tool when having a family meeting.

S = Synchronize

The first step in holding an effective meeting is to get all family members involved. Getting people together can be challenging. Do what you can to accommodate all family members and care partners. Explore creative options. For example, a phone or internet conference.

Whether or not the loved one participates depends on his or her current medical condition. The loved one has the right to make their own medical decisions unless incompetency or dementia interferes.

The meeting begins by reviewing the older person's current mental and physical status. This summary gets the entire family "on the same page." Next, they decide what topics to address. Limiting topics and taking the time to get consensus may make it necessary to hold several family meetings.

Ideas for topics include: personal care, finance/bills, transportation, cleaning, groceries/food, legal issues, doctors' appointments, community resources, safety, emotional support and housing. Discussing everyone's expectation creates an atmosphere of honesty and a willingness to listen to each other.

Though this discussion may produce awkward and uncomfortable feelings for some family members, it helps to acknowledge and accept their feelings.

Written communication is vital, so notes should be taken and sent to everyone.

O = Organize

Other good organizational questions to discuss are: What are our options? What do we need to know? What if (fill in the blank) happens? What can each of us contribute? Who else needs to be involved? How

will daily schedules, holiday and emergencies be handled? Talking in advance about difficult situations will lessen future problems and clarify communications.

Emotions may be fragile as sensitive issues are discussed. Remember organizing provides structure, not ownership. All decisions should be flexible and considerate of all involved.

Designate a note taker to record how tasks are divided. Categorizing is the next step. Who is doing what? What needs to be explored? What deadlines need to be established? If one person is taking on too many assignments, this will be clear to see in a written summary. Or is that okay with that person? Sometimes it is helpful to have one person in charge as the coordinator. What if that person makes a decision not all agree with? Talking now will reduce problems later.

Sometimes an out of town sibling could offer to pay for services instead of traveling to participate. Exchange key phone numbers such as cell and work numbers and agree to back one another up if scheduling conflicts arise.

A = Analyze

Coming to consensus on decisions is not always easy. Gaining factual knowledge and recognizing things will not always run perfectly is a good start. Analyze and reassess the planning as the situation progresses.

Assess how the skills of family members are being used. Evaluate if all family members have been included. Sometimes in-laws or “significant others” are uncomfortable in participating, not understanding how much they should speak up. They may have wonderful skills to offer.

R = Recognize

Recognize the emotional factors that underlie all family meetings. Remember family members will be at different places emotionally. One may have territorial feelings. “I am the daughter, I have to do everything!” Some may feel frightened or

uncomfortable at the prospect of caring for a sick person.

Respect the other person’s right to express feelings, even to say no. If the tension becomes too great, bring in a third party, such as the social worker or a faith leader, to facilitate the discussion.

Family meetings are an effective means of discussing difficult topics. They open the door to forgiveness to listen. The stress and confusion in families should lessen after a series of meetings to clarify issues and to create a plan of action. Instead of a family falling apart due to the tension, misunderstanding, and miscommunication, a family can SOAR. SOARing creates the atmosphere for openness to discuss the full range of topics to best plan for the care of a loved one.

Jean Wise is an RN who has worked with caregivers as a public health nurse. She is also a freelance writer and speaker at retreats, gatherings and seminars. Find out more at her website: www.jeanwise.org

“Powerful Tools” - a six week class for caregivers will be offered again in 2010. Call 778-2411 if you are interested in receiving a flyer when the dates are announced.

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