

The Caregiver's Home Companion

"Helping Those Who Help Others"

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This Month Online

Join your fellow caregivers and experts in sharing experiences, thoughts and questions on the new message boards at our website:

www.caregivershome.com

Just click on the Community tab on our homepage, then click Forums to register and enter the message board area.

We at *The Caregiver's Home Companion* are committed to providing you, the caregiver, with easy to use platforms from which you can communicate with other caregivers as well as caregiving experts. Our goal is to help you do your caregiver task better while taking the best care of yourself.

Our first two message board topics are up and running. So check out [Caring for a Parent From a Distance](#) and [Balancing Act: Career vs. Caregiving](#) today and return often. You can also start a caregiving topic of your choice and watch as other caregivers join in.

On the Decline

When Home Care is Not Enough

By Gwen Morrison



With the advances in healthcare over the last few decades, from new medications to abundant resources and technological enhancements, our elderly loved ones are living longer than ever, into their 80s and beyond. But who cares for their needs when their health starts to seriously decline?

As a caregiver, you might be riding an emotional and physical roller coaster. As your loved ones age and disabilities take hold, you will find that their needs may outweigh your own capabilities as a caregiver. It's okay to admit you need help. It's okay to admit that you can't care for your loved ones on your own, in your home or in theirs.

Caregiver Options

Although caring for a chronically ill person can be very rewarding, it can also be very demanding, both emotionally and physically. When it becomes inevitable that your loved one needs more help than you can provide, around the clock, there are options.

Don't feel guilty. It is impossible to predict what the future holds for families caring for their ailing loved ones. The impact of ongoing caregiving can be uncertain. Circumstances can change drastically, for either you or your loved one.

There are many housing options for older adults, depending on their level of disability. The AARP lists the following options for those needing assistance with everyday activities:

Assisted Living. Assisted living facilities generally provide housing, group meals, personal care and support services, and social activities in a residential setting. Some health care may be provided. Costs may be \$1,000-\$3,000 a month or more. A few states help pay for personal care services for those with limited incomes; more typically, assisted living residents must pay their own way.

Board and Care Homes. Board and care homes are smaller in scale than assisted living facilities. They provide a room, meals and help with daily activities. Some states allow limited nursing

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The Caregiver's Home Companion is produced by caregivers and professional healthcare workers. While this publication is not intended as a substitute for professionally administered medical advice, the practical suggestions, advice and tips made in this newsletter have been tested or reviewed by an individual or organization involved in caring for elderly loved ones. The Caregiver's Home Companion also strives to obtain the input of educators and researchers in all branches of medical and scientific research. We welcome your comments and suggestions at editor@caregivershome.com.

More Than Just the Blues Stress of Caregiving Requires You to Be Watchful for Signs of Your Own Depression

By Paula Sanders McCarron



Let's be honest. As caregivers, we are sometimes frustrated, anxious, exhausted and overwhelmed. There are times when a good night's sleep helps, and there are times when we try to dismiss those feelings as simply "having the blues." But has it ever occurred to you that those feelings may be the warning signs of clinical depression?

According to the Family Caregiver Alliance, an estimated 20% of family caregivers suffer from depression, twice the rate of the general population. Other estimates of caregiver depression run much higher.

"Caregivers often are reluctant to ask for the help they need, and they can get focused on the person who needs care, and neglect their own well being," says Dr. Tina Tessina, marriage and family therapist and author of "The Ten Smartest Decisions A Woman Can Make After Forty" (Renaissance, CA 2001).

Neglecting signs of depression can lead not only to increased emotional distress but also may increase your risk of physical illness. Drs. Janice Kiecolt-Glaser and Ronald Glaser, of Ohio State University, studied the immune systems of family caregivers and non-caregiving peers. Each group was tested for the presence of the blood chemical, Interleukin 6 (IL-6). Overproduction of this blood chemical can be responsible for the development of type-2 diabetes, arthritis, some types of

cancer and heart disease. Higher levels of IL-6 appeared in family caregivers than in non-caregivers and in some cases, blood samples revealed that the negative impact of emotional stress lingered for as long as three years after the caregiving role had ended.

Given these sobering facts, how can you tell if you are experiencing the normal "ups and downs" of caregiving or if you are dealing with something more serious than "the blues?"

Dr. Linda R. Harper, clinical psychologist and author of "Give to Your Heart's Content...Without Giving Yourself Away" (Innisfree Press, Inc. 2002), suggests, "Most of the time, we have a sense of when we are losing ourselves and no longer are just coping with sadness. Trust your instinct or observations by close friends or relatives. If in doubt, seek professional help. Let someone more objective help you evaluate what you need to best cope with your particular situation and help you find the resources that you need."

As caregiver for her terminally ill father, Dr. Harper speaks from both professional and personal experience. She says, "When caregivers find themselves having trouble just completing the basic functions of life like sleeping, eating, getting up, going to the store, and facing the day for a prolonged period of time, or find themselves battling feelings of hopelessness or suicidal thoughts, this is the time for professional intervention."

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“How I Cope”

Developing a Plan for Transitioning to an Assisted Living Facility

By Amelia Fletcher

Pearl closed the door for the last time on the two-bedroom apartment she had occupied since 1974 and handed the key to her son-in-law. It was a tough day for everyone involved, and the car trip 10 miles north to her “new home” seemed to last hours instead of minutes. She appeared sad and forlorn as she clutched a box of family pictures in her lap. “What could we have done to make this trip a happier one for all of us?” I asked myself the question over and over again as I sat in the front seat of our car.

As of 2001, the National Center for Assisted Living reports that approximately 800,000 people throughout the country now live in assisted living settings. Fully 46% of them moved from their own homes into assisted living communities. Each person faced moving into a residential care facility and the enormous stresses and changes in lifestyle it brings. Although impossible to alleviate all the anxiety, it may be lessened by taking some simple and thoughtful steps.

Robin Crum, an assisted living facility administrator in Foley, Alabama, suggests, “Let your loved one be involved with as much of the process as possible. The more input a resident has in choosing everything from the floor plan options he/she might prefer to which end table looks best in the corner, the more easily an adjustment in living style can be made. A family must leave behind the preconceived notions of what they think individual and personal preferences might be. Asking what those preferences actually are can be the easiest and best solution.

By making a pledge and commitment between your family and your elder to the new surroundings, the transition then becomes a joint venture. By choosing an assisted living community that reflects and meets the social and physical needs of your loved one, many obstacles and objections to the new environment can be smoothed. One of Pearl’s initial problems was adjusting to eating in on a schedule. She had been a widow since 1976 and had eaten when she decided to eat, and most of the time she ate alone. The first week Pearl was introduced to a table of ladies. They welcomed her and began the process of becoming friends as well as tablemates. It is very apparent that a sense of belonging, whether at the dinner table or bridge table, is very important to your

family member’s happiness. Facility staff can help by matching your loved one with those already in residence who have similar physical abilities and interest, but the final success lies with the individual. Pearl became fast friends with the women who share the same food, some of the same infirmities and problems, and a common history.

It is also helpful if the move into a facility is over a period of a few weeks instead of a drastic and sudden one- or two-day move if at all possible. Family members can remove some of the tension of cleaning out a home, putting it on the market, and dividing up memorabilia and family treasures by not trying to do everything in a condensed and limited time frame.

In turn, having placed selected familiar treasures around the new setting evokes a feeling of being home. Ms. Crum points out, “We encourage our residents to hang their favorite pictures anywhere they choose and to bring beloved and familiar pieces of furniture with them in the move from their old home to their new one.” The picture, which has always hung in the bedroom, the special lamp, or the Hummel figures bought on a happy trip to Europe, can lend an atmosphere of belonging to an impersonal space. Pearl hung a seascape she had purchased from a local artist in 1979 after Hurricane Frederick tossed her belongings all across the Gulf Coast. She was satisfied that the room was becoming “her place.”

Once a decision has been made to make a move into a residential facility, some personal groundwork needs to be done. Encourage honesty, confidence and trust by providing time for your loved one to talk alone with a staff member. Begin early to develop a relationship with those who will be around when you, the family caregiver, are not there.

Most administrators are quick to point out that just because a person lives in an assisted living facility does not mean that there is a loss of personal freedom. As Pearl settled into the new routine, she talked with the staff who came to clean her room and to help her with medications and errands. She even began to keep a shopping list for the weekly Wal-Mart run. No need to worry family about toothpaste or powder, she could take care of it herself.

A positive dialogue about the move should be initiated. Explain that there can be

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Timely Tip:

As our loved ones get older, mobility and dexterity become more of an issue. Help them in their home by installing simple floor or tabletop light switches, like those used for Christmas tree lights, to make turning table and hanging lamps on and off a much simpler task. This reduces overhead stretching and eases the burden on arthritic hands.

In the News...

Tiny buttons and hidden zippers are frustrating both to caregivers and the elderly, reports the Alameda Times-Star in an article on fashion and clothing convenience for seniors. "Cut tops don't fit on postures bent or altered with osteoporosis or multiple sclerosis. And buttoned waistbands can be difficult to put on or take off," according to the California newspaper.

One caregiver, who searched large department stores for apparel designed for seniors, became so frustrated at their lack of appropriate merchandise, she tracked down Silvert's Clothing Company, a small Canadian manufacturer specializing in seniors. It sells apparel for people with arthritis, Alzheimer's disease and other aging conditions.

Contact Silvert's at 800-387-7088 or www.silverts.com.

Transitioning to an Assisted Living Facility Continued from Page 3

more independence now than ever before by no longer having the need to worry about such things as cutting the lawn or the dusting a big house. With most of the household chores reduced to a minimum, a new resident, like Pearl, may feel freer and have more energy to visit with family and friends or pursue a hobby.

There are several issues, which may become very emotional and need to be addressed before a physical move. Make it clear that as a resident, a person does not relinquish control of personal finances, or the personal responsibility for taking medication, or making medical decisions. Pearl continues to write the check to the assisted living facility by herself each month and gladly takes the mail when it is time for her monthly dividends to be dispersed. Many times an elder has the impression that all power of decision-making is lost when the facility door opens.

A study on placement reports that on average, caregivers visit residents three times a week and continue to provide "hands on" help to their relatives, but the most important thing a family can provide is good support. "Our residents who feel the consistent support of close and extended family make the move so much better than those who do not keep in contact with their loved ones," facility nurse

Beverly Deavers emphasizes.

Although the transition from independent living to assisted living will never be without recognition of life changes, it does not have to be traumatic and bleak. Pearl has settled into her daily routine and loves to watch her cardinals outside her window gather at the feeder and birdbath she brought with her in the move. She has developed her own sense of privacy and space past the "clinical" feelings of the first weeks and is a positive example of making things work. Our family feels Pearl is no longer isolated by her inability to drive and is socializing once again. We also acknowledge that better attention to her nutrition and general health is in place, and we recognize that time has passed and brought with it physical changes and demands that have been met.

For more information on this topic, including a Checklist for Making a Successful Move, Tips for Making a Smooth Transition and a list of Resources, visit us online at www.caregivershome.com and go to the News & Info tab on the homepage.

Amelia Fletcher is a writer and family caregiver living in Gulf Shores, Alabama. She can be reached at kenboh@gultel.com.

Tips on Medicine Maintenance

Caregivers Must Be Vigilant in Monitoring Medications

By Ursula Furi-Perry

Could you name the contents of your parents' medicine cabinet? The uses of medications you administer to them? The last time medicines were updated, medicine cabinets were cleaned out and expired medications properly disposed of?

As a caregiver, knowledge and awareness about a loved one's medicines is not only useful — it's imperative. Caretakers must be able to administer medications in a timely and precise manner, know the types and dosage of medicines loved ones take, help maintain orderly and clean medicine chests or boxes at home, and properly dispose of old, expired or unused medications.

"Keep medicines in a safe, dry place that's easily accessible by adults," says Herta Bellefleur, a registered nurse in Stafford, Virginia. Be sure medications are stored in an orderly manner, in separate bottles. Designate a box or cabinet specifically for this purpose, keeping out any other products. Perform cleaning and maintenance

of the medicine cabinet or chest regularly as needed, and at least once a month.

Keep a close eye on expiration dates. "Always throw away old medications, even if the bottle is not finished," Bellefleur advises. Although many people keep old medicines, such as antibiotics for future use, that practice can be dangerous. "Not only may the medication be expired by the time the patient takes it, it may also interact with newly prescribed pills and cause serious problems," Bellefleur explains.

Be sure to dispose of all medicines properly. Throw out leftover medicines from past ailments. It's also a good idea to throw away any medication that hasn't been used in the past year. Generally speaking, dispose of topical creams that have changed color or become hardened, and drops that have become cloudy. Watch out for pills that have become

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Tips on Medicine Maintenance

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cracked or crumbly to the touch.

Do not flush medicines down the toilet. Doing so may result in remnants of the medication seeping into the water supply. Throw away old medicines in the trash, packaged in childproof containers and/or sealed plastic bags.

Be familiar with the contents of all medicine bottles. "I always accompany my loved one on doctor's visits," says Rosalie, caregiver for a family friend in Palm Springs, California. "I make sure I get to know the names, dosage and use of all medications she takes." Be sure labels are clear and visible. Do not administer any medication if its contents and dosage are unclear, as doing so may result in serious health problems or injuries. If the contents of a bottle become ambiguous, take the bottle to your loved one's physician or pharmacist and ask a medical or pharmacy professional to decipher it.

Get to know any precautions, special instructions or side effects that accompany each medication. After administering medicine, watch carefully for any serious side effects or allergic reactions. Should such a reaction develop, bring your loved one to her doctor or the emergency room right away. If your loved one takes different pills on different days of the week, take care not to mix up the daily containers. Be especially careful not to confuse medicines when dealing with memory loss or a medical

condition that keeps your loved one from remembering her medications.

"Working in the Emergency Room, we have many elderly patients who come to the ER and say they take 'a heart medicine, a little white one, and a blue one for constipation; then there is the yellow one, no wait—the pink one' for such and such," recounts Bellefleur.

In order to avoid confusion, Bellefleur suggests keeping an up-to-date list of medications currently taken, including proper names and dosage. Also include on the list any allergies your loved one has, as well as emergency contacts. Carry a copy of the list with you at all times, and give your loved one a copy to keep as well. "Rewrite this (list) as medications change from time to time, and ... remember how many of these lists you have so each one can be updated," Bellefleur states.

Keeping track of medications, being familiar with pills, and making sure medicine cabinets are clean, orderly and updated are absolute necessities for all caretakers. After all, proper maintenance and administration of medicines can save the life of your loved one.

Ursula Furi-Perry is a freelance writer based in Woburn, Massachusetts. She can be reached at perry11@rcn.com.

"Tips on Medicine" Resources

For more information on this article, check out these resources:

Center for Drug Evaluation and Research, Consumer Education website:

www.fda.gov/cder/consumerinfo/DPAdefault.htm or phone toll free (888) INFO-FDA.

U.S. National Library of Medicine, Drug Information (MEDLINE Plus) website:

www.nlm.nih.gov/medline-plus/druginformation.html or phone toll free (888) FIND-NLM.

American Association of Poison Control Centers, emergency hotline telephone number: phone toll free (800) 222-1222 or visit www.aapcc.org/.

Nursing Home Care

Stay Involved to Ensure the Best Care

By Judith Reppucci

Has your loved one entered a nursing home for temporary or long-term care? Remember that you're still an essential part of his or her health care team.

In fact, when the person you've been caring for enters a facility, your role shifts from hands-on care to advocacy, says Patricia Hart, director of an elder services ombudsman program for the state of Massachusetts. "He may be out of your home at this point, but you're still that person's caregiver."

How do you ensure that your family member gets the best possible care? Hart recommends taking an active role in health care and other decisions, and letting the staff see the resident interacting with his or her family. Making sure the staff recognizes the resident as an individual is essential, she says. Advice from other caregivers:

- Stay involved. Visit often so that you can assess changes in care and behavior. Ask questions. How is the resident doing? What activities did the resident take part in today? What kind of treatment is being received?

- Stay alert to physical conditions. Check for bruises, bed sores and skin irritations. Make sure the

patient has been bathed and groomed and that bed linens have been changed recently.

- Likewise, keep abreast of diet and weight change, as well as eating and chewing problems. Inspect gums to see if dentures are inserted and removed regularly. Take special note of whether the patient is thirsty because of dehydration.

- Most states require facilities to assess resident care plans on a regular basis. Attend the meetings, and get to know the key people in each department.

- Show the staff a resident who is loved and cared for by his or her family. Help them see not just a frail shell of what the person once was, but a person who has had an interesting varied life. When facility staff connects with a resident's essential humanity, the result is compassionate and quality caregiving.

Judith Reppucci is a freelance reporter who writes on issues of health, safety and aging from Cape Cod, Massachusetts. She has worked in volunteer respite care and for her regional Council on Aging. She can be reached at jreppucci@attbi.com.

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“Most of the time, we have a sense of when we are losing ourselves and no longer are just coping with sadness. Trust your instinct or observations by close friends or relatives. If in doubt, seek professional help. Let someone more objective help you evaluate what you need to best cope with your particular situation and help you find the resources that you need.” — Dr. Linda R. Harper

Timely Tip:

Help your loved one with Alzheimer's disease more easily identify where and how to lie in bed by using different colored top and bottom sheets. Be consistent with the colors for top and bottom to avoid confusion for the Alzheimer's patient. The different colors will help your loved one recognize that they are to slip between the sheets for sleep.

“It's like living in a deep black hole and you don't have a ladder to climb out,” says Lynda Meyer, a psychiatric social worker. She adds that it is important to pay attention to physical signs of depression such as increased aches and pains, changes in sleep or appetite. “The good news is that there is help. You don't need to keep living in that black hole.”

Most people can benefit from medication or counseling or a combination of both. Relief can also be found by seeking support from other family members, community agencies, your faith community or from support groups, either locally or online.

Family caregivers may also find comfort and strength by tapping into spiritual beliefs. Beth Witrogen McLeod, author of “Caregiving: A Spiritual Journey of Love, Loss and Renewal” (John Wiley & Sons, 1999) was caregiver for her parents who were terminally ill at the same time.

“Taking a spiritual perspective - a larger view of what is happening - can allow caregivers to accept what is, and work from there,” she says. “When caregivers feel they are not doing enough, are not good enough, are doing it all wrong, and when they feel that they must uphold the world and keep everything together, they are setting themselves up for a depression that will endure as long as they make life so personal.”

One of McLeod's coping mechanisms is the use of affirmations. “The one I am using right now is, “I surrender to life,” she says.

“It is amazingly powerful and reminds me that not only can I not control everything that happens, but I need not.” She notes, “The more we resist life, the harder it is.”

Those are wise and compassionate words for family caregivers who may feel reluctant or embarrassed about seeking help for depression. In an attempt to ignore their symptoms, caregivers may be making life much more difficult for themselves and very likely more difficult for their loved ones.

Since most people become caregivers out of love, seeking help for depression may be the most loving action that a family caregiver can take.

For more information on this topic, check out these resources:

Five Simple Ways to Give to You and the Soulful Giver Test can be found at Dr. Linda R. Harper's website, www.harperhelper.com.

Caregiver Self Assessment. A simple, quick questionnaire to help caregivers identify signs of depression. Available from the American Medical Association at www.ama-assn.org/ama/upload/mm/36/caregivertooleng.pdf

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In the News...

For the elderly who require regular help with money matters, volunteers and a new breed of professional “daily money managers” are emerging, reports The Dallas Morning News. Their responsibilities include balancing checkbooks, depositing Social Security checks, filling out insurance claims and paying bills. Fees range

from \$25-\$65/hour, depending on the elderly's location, according to the Texas newspaper.

Contact the American Association of Daily Money Managers at 301-593-5462 or www.aadmm.com. For a list of volunteers who provide the service free, caregivers should consult their state's department of consumer affairs or health and human services.

We're on the Web at: www.caregivershome.com

When Home Care is Not Enough Continued from Page 1

services to be provided, but these homes are not medical facilities. These homes may be unlicensed, and even licensed homes are infrequently monitored by the state. Costs range from \$350-\$3,000 a month. Supplemental Security Income (SSI) may help pay for those with very limited incomes.

Foster Care. Some families will take an older person in to their homes when the person needs some help with daily living. The foster family provides services such as cooking meals and doing laundry. Ideally, the older adult becomes a surrogate family member and receives emotional support and companionship, as well as housing. Costs range from \$500-\$3,000 per month. SSI is often used to cover the cost.

Nursing Homes. For those who need skilled nursing care and/or substantial long-term assistance, nursing homes are an option. These homes provide medical services, personal care and meals. Bedrooms and bathrooms may be shared. Costs average about \$56,000 a year, but many facilities are more expensive. Medicare provides only short-term coverage, and coverage must follow a hospitalization. Medicaid offers coverage for low-income, low-asset residents.

Asking and Answering Questions

When seeking outside help for your loved one, it is a good idea to list your questions prior to contact. The following is a list of questions that a professional might ask you in order to evaluate your needs and the needs of your loved one:

- What problems are you having with caregiving in your home or the home of your loved one?
- Do you feel limited in caring for your loved one's physical or psychological needs? (List specific examples of incidents where you felt inadequate in helping your loved one.)
- Describe your loved one's disability or the behavioral problem you have difficulty managing in a home setting.
- How has this disability progressed over time?
- What is the clinical diagnosis and prognosis of the older individual in your care?
- What type of care do you feel your loved one needs? Round-the-clock supervision? Hospital-level? Meal preparation? Personal care? Counseling? Be sure to list exactly what you are looking for in the long term.

•As a caregiver, your greatest concern has always been meeting the needs of your loved one. When choosing an alternative living arrangement for them, there are many things you should consider. Here are some of the questions you should consider before choosing housing:

•Is this a short-term or long-term housing decision? Will your loved one need to move to another care facility in the future? When?

- How much will it cost?
- How much is covered by outside benefits?
- Is there adequate care and support for my loved one's needs?

•What other services are available for my family member (social activities, recreation, exercise, therapy, personal care, counseling, meals)?

•Are they licensed or certified (applies to care facilities such as day care centers or nursing homes)?

•Is there an adequate staff-to-resident ratio?

Be sure to visit the nursing homes, if that is to be the residency choice, before your loved one moves in. Set up an appointment with the director

of nursing and take a tour. Bring your loved one with you for the visit, if at all possible. Use the following tips as a guide when touring the facility:

•Observe staff on the job. Administrators should be helpful. All staff members should treat residents with respect and patience. Staff should respond quickly to all requests for assistance from residents. The relationship between staff and residents is an important factor.

•Talk with residents. Ask some of the residents what they like best and what they would like to see changed. Ask what they think of the current staff and administration. Ask them how they feel overall about the way things are day-to-day for them. You will gain valuable insight into the more personal side of living in a care facility by allowing residents to share their thoughts on their current living arrangements. It can put your mind at ease.

•Visit several times. It would be a good idea to visit the same facility on more than one occasion. At least one of those visited should be an unannounced, unscheduled visit. Visit the nursing home at night to see how things run when there is a limited number of staff on hand. Be sure to tour both inside and outside.

•Talk with the staff. Talk with the people who will be providing the care for your loved one. You will get a sense of their commitment

Be sure to visit the nursing homes, if that is to be the residency choice, before your loved one moves in. Set up an appointment with the director of nursing and take a tour.

Timely Tip:

Long-distance caregiving is difficult even in the best of circumstances. Make your loved one's community more accessible to you by getting a copy of the local phone directory and keeping it handy. Phone companies are often understanding of this request and will mail one to you, or you can pick one up next time you're in town.

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Timely Tip:

If your loved one could benefit from the services of a psychiatrist, the American Association for Geriatric Psychiatry (AAGP) can recommend a selection of geriatric psychiatrists in your area. Visit www.aagponline.org and click on "Need a Referral," or phone 301-654-7850.

and how they feel about working in a caregiving environment. Ask them what they enjoy most about the facility and what they think could be improved upon. Find out what the turnover rate is for staff. Find out what kinds of activities are offered to the residents. Is there a schedule you can look at?

•Ask questions. This is a big decision for you and your family. Don't be afraid to ask questions. You will feel better if you are informed about all aspects of your loved one's care.

•Check the most recent inspection report. There is a report available that will show any violations, including any physical abuse that has occurred at the nursing home. This will be a huge deciding factor for you and your family member.

Making the decision on the best housing arrangement for your loved one can be a daunting task, to say the least. Armed with the right tools for the undertaking, you can make this transitional experience as painless as possible. Don't hesitate to enlist the help of professionals. They are the ones who can guide you to the answers you need. Call your pastor, your physician and social worker, or ask for input from other family members. It often helps to get outside

assistance if you are not sure what the best care would be for your loved one.

The law requires each state Agency on Aging to have an Office of Long-Term Care Ombudsman. Talk to him about your options and your concerns. These professionals have a lot of insight into local nursing homes. Ombudsmen visit their community nursing homes and they investigate any complaints made by or on behalf of the nursing home residents.

Currently there are more than 500 local ombudsman programs nationwide. To find one in your area, contact your local area Office on Aging and ask them to provide you with a contact for a long-term care ombudsman. The key to finding alternative housing for your loved one is to be prepared.

For more information on this topic, visit our website at www.caregivershome.com and read *Sorting Through the Assisted Living Maze* in Articles under the News & Info tab on the homepage.

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The Caregiver's Home Companion

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Upcoming in November

- Sorting through the fear and reality of falling in the elderly, a major problem that touches one of every three seniors each year. What you can do to guard against the reality and help put aside the fear.
- With the holidays around the corner, what can caregivers do to make the season pleasant for themselves and their loved ones?
- How I Cope: a first-person account of successful caregiving shared by siblings at long distance.
- Poor nutrition in the elderly can contribute to improper immune function, impaired wound healing and depression. Five warning signs of poor nutrition and what you can do to make sure your loved one is well nourished (and you too!).