

# Caregiver's

## HOME COMPANION

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H E L P I N G T H O S E W H O H E L P O T H E R S

## A Roll of the Dice

### Guarding Our Elderly Against Problem Gambling

By Paula S. McCarron

**"**If you go to any casino on any day of the week in Arizona, you'll see rows of seniors in line ready to gamble. Most of them are there because they have the time, the money and enjoy the recreation. But for some, they're losing assets that they don't have the time to recover," says Don Hulen, director of the Arizona Council on Compulsive Gambling (ACCG) and a self-described recovering compulsive gambler.

"It's true that casino gambling has become widespread. They do a great job of marketing themselves to seniors.

They offer great catered meals, transportation, people to talk to and discount packages," adds Ricky Bromfield, who works with Hulen and covers the ACCG hotline.

But even with the high degree of popularity of casino gambling among seniors, neither Hulen, who is 66, nor Bromfield feels that older adults are any more or less predisposed to becoming problem gamblers. They both attribute the rise in



problem gambling among seniors to the increased gambling opportunities, especially casino gambling.

In fact, while the elderly are not statistically at higher risk for becoming problem gamblers than anyone else, they are the target of a high degree of marketing by casinos. As a result, this has created a "perfect storm" for older adults who are predisposed to gambling addiction and

risk the loss of both finances and family relationships.

Here are some facts: The National Gambling Study Commission says the percentage of seniors who gambled jumped from 20% to 50% between 1974 and 1998. But national studies also show that 60% of all American adults have gambled at least once in the past year. Why is there so much gambling across all age groups? In part, the answer may lie in the fact that until two decades ago, only two states had legalized gambling. Now 48 states allow legalized gambling.

Lia Nower, JD, PhD, a well-known expert in the field of gambling addiction, agrees with Hulen's assessment. "The rate of problem gambling is proportionately the same for seniors as it is to the gen-

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*Paula McCarron has more than 20 years of experience in healthcare, including nursing homes and hospice. She lives in Chelmsford, Massachusetts, and can be reached at paulamccarron@gmail.com.*

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## Problem Gambling *Continued from page 1*

eral population. Casinos have simply made gambling more available. The more available it is, the more people are willing to try it."

One reason that much attention is placed upon the older adult gambler is that there has been a shift in the types of problem gambling. Until recently, compulsive gamblers tended to be "action gamblers," the so-called real or pseudo high rollers portrayed in movies and TV. These gamblers were most often male, domineering and highly manipulative. But the aging boom has led to the recognition of another kind of problem gambler identified as an "escape gambler."

Escape gamblers tend to be women and are often widowed. They are seeking an escape from loneliness and boredom. They may have unresolved grief issues, and a history of abusive relationships is not uncommon. In the words of gambling hotline staff member Bromfield, who has talked with many of these kinds of problem gamblers, "They start gambling to have some fun. They think they deserve to have a good time at this point in their lives."

But problem gambling can also stem from behavioral conditioning, brain chemistry or depression. As Nower points out, "Irrespective of the reason they have become addicted to gambling, they are now hooked."

Just as alcoholism is not determined by the amount one drinks, problem gambling is not determined by the degree of one's losses or debts. According to the National Council on Compulsive Gambling, problem gambling is an emotional problem with financial consequences.

So what are some signs that family caregivers should look for if they suspect a loved one is becoming a problem gambler? Nower offers this list:

- Frequent or unusually high withdrawals from ATMs
- Cash advances against credit cards
- Increasing frequency of casino excursions
- Bills piling up even though assets should be adequate for expenses
- Casino withdrawals (borrowing from a casino)
- Income of \$1,200 or greater reported as gambling income on tax statements

In turn, look for these characteristics in someone you suspect with a gambling problem:

- A need to gamble more often
- A growing sense of restlessness or irritability when attempting to stop
- "Chasing" losses
- An inability to quit even when gambling is taking a toll on one's finances, relationships, health or work

In the presence of these indicators, family caregivers may feel ready to step forward with the hopes of helping a loved one. But be forewarned: According to Nower, "You can always expect to be met with resistance and denial when confronting a problem gambler. So you've got to go armed with facts. It's not about asking if there is a problem but instead it's about saying that there is a problem and we're going to help you do something about it."

The good news is that there are resources available for both the problem gambler and the family caregiver. For example:

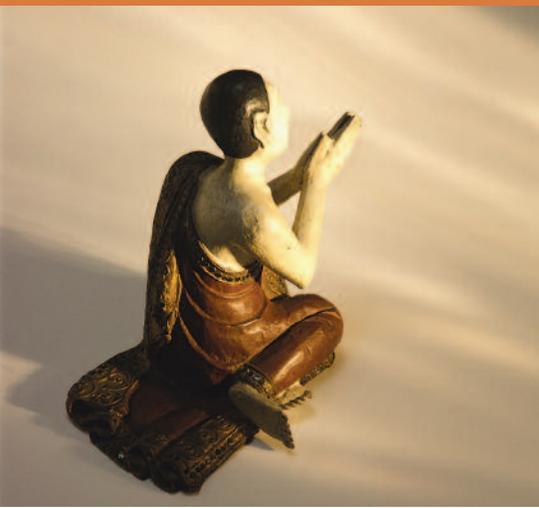
- The National Council on Problem Gambling ([www.ncpgambling.org](http://www.ncpgambling.org)) offers a national toll-free helpline at 800-522-4700. NCPG also

*continued on page 4*

## Guidelines for Gambling Seniors

*The following Guidelines for Responsible Gambling, which are used by all gambling addiction aid groups in one form or another, is intended to help the elderly assess their own gambling and family caregivers to better gauge if their loved one is gambling responsibly.*

- **Treat the money you lose as the cost of your entertainment**  
Treat any winnings as a bonus.
- **Plan ahead—set a \$ limit and stick to it**  
Decide before you go not only what you can afford to lose, but how much you want to spend. Do not change your mind at the casino after losing.
- **Set a time limit and stick to it**  
Decide how much of your time you want to allow for gambling—leave when you reach the time limit whether you are winning or losing.
- **Be prepared to lose**  
The odds are that you will lose. Accept loss as part of the game.
- **Make it a private rule not to gamble on credit**  
Do not borrow to gamble.
- **Create balance in your life**  
Gambling should not interfere with or substitute for friends, family, work or other worthwhile activities
- **Avoid "chasing" lost money**
- **Don't gamble as a way to cope with emotional or physical pain**
- **Become educated about the warning signs of compulsive gambling**



# 'Don't Step on Your Father'

## A Lesson in Zen from My Mother...and Alzheimer's

By Robert Hirschfield

**M**y father's body lay curled up like a ball of wax outside the bathroom. My mother was busy eating her Sabbath chicken in the kitchen.

"Have some chicken," she said, dislocating a drumstick. She had forgotten whose body was lying on the floor on the other side of the wall. But that morning her memory had leaped across the chasm. A dead body must not be moved on the Sabbath! Dad would have to stay put until sundown.

A friend had just given me Joseph Goldstein's *The Experience of Insight*, the first book on Buddhism I'd ever read. That led me to read more: In olden days, young monks were sent off to burial grounds to contemplate corpses, so as to drive the teaching of impermanence deep into their bones.

Lowering myself into a cross-legged position, I stared at my father's cratered buttocks beneath his soiled whites. (A two-pack a day Pall Mall smoker, he died of lung cancer during the early days of my mother's mind-robbing illness.) I felt desolate and heroic, surprised to find myself still breathing in this space where breathing had stopped, in the absence of a man who had never been present—a man of impenetrable silences, who would plunder the sports section of the newspaper to the exclusion of war, fraud, famine, the tears of the world.

En route to the bathroom, my mother stopped to shoot a quizzical look at the corpse. The face was familiar, but the context threw her. She, with her Alzheimer's, was beginning to have the same effect on me.

"Don't step on your father," she said.

She was always tripping over time: "Where is dad?" she asked.

"Dead," I answered.

"Where is papa?"

"Dead."

"And mama?"

"Dead."

"Who is alive, then?"

I'd go down the survivors list.

Where am I? I ask myself. In Hell. A tiny space in which all the grass was burned away.

Buddhist teacher Suzuki Roshi was trying to grow a new patch for me: "The true purpose of Zen is to see things as they are, to observe things as they are, and to let everything go as it goes."

When my mother was not hiding dollar bills inside her tissues, or imprisoning her dinner in the refrigerator, she was mistaking living relatives for dead ones, and day for night. As her caregiver, I was there to extricate and disentomb, to illustrate and explain. It was like wrestling with wild air. But to let go? I was too busy waging jihad against calamitous change to let go.

One day, when she said, "It's so dark out!" (it was a bright spring day), it occurred to me that maybe she saw the darkness outside as a reflection of the darkness inside.

Sitting in meditation on my sky-blue zafu, I breathed in and breathed out my first-ever conscious breaths. Such a simple thing really, noticing that I was breathing, discovering a silent space where the weary dance could come to a full stop. Every caregiver should try this, I thought.

"Bobby, aren't we going shopping?" she asked on a good day.

It might have been the seventh or 10th

time she had asked me that. I took her to the little grocery owned by a squat, clean-shaven, Hasidic survivor of the concentration camps, and his squat, wigged wife. That day my mother was light on my arm. I'd have a long wait before she was that light again.

Across the marble counter, the three of them used to return at will to the Jewish ghost lands of Eastern Europe. A few zany mouthfuls of Yiddish, and muddy streets would stir once again in the New York City borough of Queens.

The dialogue between them was now stripped bare. "So, you are out shopping with your son," on their part. A request for a packet of cheese on hers.

As a new Dharma (or divinity law) student, my confrontation with Alzheimer's was rather like asking someone just learning how to swim to swim across the English Channel.

I came to think of caregiving for Alzheimer's as the burial ground of the mind. A fire that incinerates light. For seven years I sat beside that fire. It periodically burned awareness into me like a good teacher should.

How to describe it? The sadness, like mold, that would settle in the throat, in the defeated marrow of the bones. The sadness was especially strong when I was about to enter my mother's house, or when I had just left. On one side of her door, her absent presence; on the other my pulverized love, my desire to be with her, to be gone from her, my desire for her never to go, my desire for her to be gone. n

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## Problem Gambling *Continued from page 2*

provides contact information for the 35 affiliated state offices across the country that provide education and information on local resources.

- Gamblers Anonymous ([www.gambler-sanonymous.org](http://www.gambler-sanonymous.org)) is a 12-step program of free meetings for people who want to quit gambling. Gam-Anon ([www.gamanon.org](http://www.gamanon.org)) is the 12-step program for family and friends of problem gamblers. Both organizations offer a directory of meetings on their websites. Local newspapers often carry announcements of meetings, or contact information may be found in a local phone directory.

Through the NCPG, individuals can find a listing of nationally certified gambling counselors. Each counselor has completed specialized training in the area of gambling addiction and treatment, has received supervision during their training and is required to participate in ongoing education.

While there are inpatient treatment programs for problem gamblers, few seniors have the financial resources or inclination to utilize these kinds of services. Medicare does not cover this kind of treatment, and few older adults feel comfortable or can relate with the younger compulsive gamblers most often found in these kinds of programs.

The good news is that many problem gamblers are reaching out for help much sooner, according to Bromfield. Rather than waiting until their financial and emotional resources are depleted, seniors are identifying themselves as problem gamblers or as being at risk for a gambling addiction. In 2004, 20% of the 150 calls into the hotline operated by the Arizona Council on Compulsive Gambling came from senior callers.

Bromfield says more seniors are calling in response to what they are learning through educational programs offered at senior centers and by state agencies promoting responsible gambling. That is the good news.

What is the bad news? Bromfield is very concerned about the next generation of adult gamblers. As she points out, "Teens are getting hooked into this national poker craze, and now proms are being held in casinos. They've got Internet gaming and then casinos. With those kinds of options, this next generation is already at risk before they are even into adulthood." With this prospect on the horizon, problem gambling for seniors will be with caregivers for decades to come. n

# Canine Caregivers

## Four-Legged Companions Can Change Elder-Caregiving

By Donna C. Moss, Associate Editor

**W**hen Yuka Koike was looking for a way to help in her community, she found a place called East Coast Assistance Dogs, a non-profit organization in Connecticut that has been breeding and training caregiving and assistance dogs for several years. Specifically trained with the elderly and disabled in mind, these dogs make life easier for their masters and caregivers in a myriad of ways.

These canine caregivers go through an intensive training program to guarantee that they'll simply retrieve without being asked twice. This, says Koike, is the real bonus. Elderly and family caregivers begin to feel a new sense of "the hierarchy of things"—they are no longer dependent on other humans to do the simple tasks that many take for granted.

Koike, 23, of Yonkers, New York, takes a dog home almost every weekend to further their training. The dogs can do a variety of things, but perhaps most vital is the emotional support they provide. "You don't have to ask anyone for anything," says Koike. "Dogs cannot reject you."

While the organization (ECAD) sometimes finds resistance to their program from nursing homes and other caregiving facilities, the laws have recently been changing, making it easier for them to find acceptance. For example, the Americans With Disabilities Act (ADA), a federal civil rights bill passed in 1990 which also covers many elderly, guarantees disabled Americans the right to be accompanied by their assistance dogs in all places of public accommodation. The organization contracts with local facilities to make these arrangements.

Those who choose to take advantage of the assistance dog program frequently report an increased feeling of independence and safety, and an overall



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**“I visited a client with dementia in a nursing home. When we entered the room, she did not even recognize me...As soon as Fleur got in bed with her, she was perfectly cognitive. She spoke normally and just adored the warm dog who was giving her sweet nuzzles.”**

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improvement in their quality of life.

In terms of caregiving, assistance dogs are not a substitute for human contact. However, they can prove lifesaving when you are caregiving from a distance, when you're out of range, away on business, or dealing with your own problems. The dogs seem reliable enough to alleviate the constant crisis of calling 9-1-1 when a fall occurs, for example. Caregivers can also feel good about their loved one's psychological health, as it has long been observed that animals give more than they get.

The International Association of Assistance Dog Partners (IAADP) is another organization committed to supporting the responsible development of new tasks for service dogs. These tasks include alerting people with seizure disorders to the onset of an episode, making emotional connections with people immobilized by disorders such as Parkinson's disease, obtaining help in medical emergencies, and a variety of other everyday actions that individuals with physical or psychiatric disabilities may find difficult.

In keeping with IAADP's mission to educate caregivers, healthcare providers, and the consumer public about assistance dog issues, IAADP has posted a report on its web site ([www.iaadp.org](http://www.iaadp.org)) identifying approximately 30 physical tasks that a service dog can be trained to perform. A number of these tasks were suggested by early pioneers of the psychiatric service dog concept.

Among these are:

- Pulling open a door
- Picking up a phone
- Balancing, harnessing or helping a person walk and stop
- Turning on a light switch
- Pushing elevator buttons
- Pulling wheel chairs
- Pressing ventilator alert for clients with breathing problems
- Leading the way to landmarks (such as hospitals)
- Gripping and pulling objects up and down stairs

Dr. Bonita Bergin is frequently credited with inventing the modern concept of the service dog as a viable way of assisting people with mobility impairments. In 1975, she founded Canine Companions for Independence (CCI), the first non-profit organization to train and place service dogs. After leaving CCI in 1991, Bergin founded the Assistance Dog Institute (ADI).

Under Bergin's leadership, ADI continues to break new ground in "helping dogs help people." ADI has founded the only college offering Master of Science and Associate of Science degrees in dog studies, created the High School Assistance Dog program for at-risk teens, and researched how to train pups as young as three weeks.

Julie Diamond, who represents the Farmingdale, New York, regional office of Canine Companions for Independence (CCI), says they have about 200 labrador and golden retrievers in circulation and 30 others in the advanced stages of training. The dogs are trained to respond to more than 50 commands, many caregiving-related. Of course, the learning rarely stops there, as recipients usually teach their four-legged companions additional commands, generally specific to their

## Four-Legged Caregiving

For more information on these ground-breaking programs and how caregiving is being aided in an entirely new way, or for instructions on how to apply for an assistance dog for yourself or a loved one, visit these websites:

Dogs for the Deaf at [www.dogsforthedeaf.org](http://www.dogsforthedeaf.org)

CNN Article on caregiving dogs at <http://archives.cnn.com/2000/HEALTH/08/10/super.dog/index.html>

How to find a caregiving dog near you: [www.inch.com/~dogs/service.html](http://www.inch.com/~dogs/service.html)

individual needs.

CCI also provides "facility dogs" that travel around to multiple sites with staff, inducing patients to walk, talk, and generally feel good. They are used in therapy as a mobile "emotional and physical motivational tool," says Diamond. Take Fleur, for example, the canine companion and "facility dog" of Marjorie Shoemaker. In a recent letter Marjorie sent to CCI, lauding their initiative and innovation, she related this story:

"Several weeks ago, I visited a client with dementia in a nursing home. When we entered the room, she did not even recognize me and was blabbering nonsense. As soon as Fleur got in bed with her, she was perfectly cognitive. She spoke normally and just adored the warm dog who was giving her sweet nuzzles. It was so incredible, another therapist in the room was also surprised at the impact Fleur had on (the client's) brain chemistry." n

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## Do You Need a Break?

# Be a Better Caregiver by Caring for Yourself

By Shelly Harvey

There's never a "right time" to take a break from your daily caregiving responsibilities.

Something always needs to be done...doctor visits, dealing with insurance, administering medicines. Besides, you'd feel guilty, right?

But what if your well has run dry? If you're at the point where even a 15-minute catnap in front of the TV sounds like a week in the Bahamas, you need a break. Read on.

The following suggestions and tips will help you unwind and relax. You deserve it. Remember, when you feel as if your life is in balance, you'll be a better caregiver and both you and your loved one will rediscover the joy in life.

### Healing Spa Treatments

The healing qualities of massage have been known for centuries. The Chinese were practicing this hands-on approach as early as 3000 B.C. "Massage and other healing touch therapies came into mainstream focus soon after September 11, 2001, when many of New York City's top day spas banded together and opened their doors to policemen, firemen, doctors and nurses who sought the strength to face another day as they provided emergency services at the World Trade Center site," says Susie Ellis, president of Spa Finder Inc., an organization that reviews and rates the best spas in the world, both expensive, and not so expensive.

"Caregivers taking care of the elderly are facing a lot of stress, too, and they need someone to soothe them to replenish

the mind, body and spirit," Ellis says. For caregivers with the financial resources and time to take a week or even a long weekend, Ellis suggests a destination spa. "Destination spas focus entirely on you. They truly engage all of your senses; they provide serene and nurturing environments, freshly prepared healthy meals and healing touch therapies, yoga and meditation."

If you have only an afternoon to spare, Ellis recommends massage as the single most therapeutic treatment available. "Massage can transform you in about an hour," she says. "Also, heat treatments; Jacuzzi, steam and sauna will relax you instantly." Here's an added advantage: you may just learn a few techniques, such as aromatherapy, salt baths and massage, that you can apply to your loved one, too.



### Caregiver Cruises

Meet Gwendolyn De Geest, a soft-spoken Canadian R.N. who has worked with dementia care patients and their families for 20 years. De Geest says, "I worked with caregiver families who were isolated and struggled every day trying to juggle all of their responsibilities, yet it was a quite a challenge convincing them to take necessary time for themselves—they felt guilty for even taking a few short days away." To help caregivers make a commitment to themselves, both emotionally and financially, Gwendolyn started Cruise Respite three years ago.

Cruise Respite offers caregivers sup-

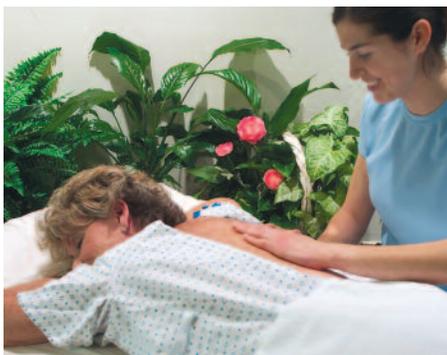
port seminars at sea rolled into 7, 12 or 14-day cruises. The two-hour ship-board seminars provide the latest techniques, tips and resources for caregivers. They cover everything from communication issues to behavior modification to successful navigation of insurance issues.

"It all adds up to a supportive bonding experience," says De Geest. Cruisers get top-notch recreation: island hopping in Hawaii's lush tropical islands, the Mexican Riviera or an Alaskan Cruise where ships depart from Vancouver, Canada, Los Angeles or San Diego. "Affordability is a priority," says De Geest. She projects the cost for an upcoming 12-day Hawaiian Islands cruise to fall "within the \$1,000 range." Contact Cruise Respite or an organization such as the Alzheimer's Association for details.

### Healing Retreats

The Healing Palms of Kauai in Hawaii offers healing retreats and vacation packages designed especially for burned out caregivers. Hawaii's fourth-largest island, Kauai, is the backdrop and offers unspoiled beaches with soft sand, majestic mountain ranges and spectacular waterfalls. The retreat was started by Sheila Christianson, an experienced caregiver whose husband recently passed away after a lengthy battle with ALS, Lou Gehrig's disease. "While Grant was entirely dependent upon me, I did not reach out and ask for help," Christianson says. "I only realize now how badly I needed time off." Following her hus-

*continued on back cover*



# Can We Talk?

## What to Ask Your Loved One's Pharmacist: 10 Tips to Get You Started

By Paula Tchirkow, MSW, LSW, ACSW

**H**ave you ever returned from the pharmacy a bit confused or concerned about a new prescription or over-the-counter (OTC) medicine for your elderly parent? Does the possibility of getting personalized attention feel like a distant memory—right up there with cotton stuffing in pill bottles and mercurochrome?

It's probably time for you to get closer to your local pharmacist, so you can get the critical advice you need on your elderly loved one's care. It isn't as hard as you might think. Just ask Julie Nowak, R.Ph, CGP, a certified geriatric pharmacist and manager of Lincoln Care Pharmacy in Pittsburgh. While filling prescriptions is her primary function, she says she feels it is equally important to be a resource and detective for potential problems.

"Caregivers already are under enough emotional and physical stress dealing with their parent's treatment decisions, insurance and other financial concerns," Nowak says. "For me to do my job right means I also have to provide a dose of reassurance and moral support in addition to meaningful counsel," she says.

Here are 10 tips to get you started on forging that helpful working relationship with your pharmacist.

### 1. Fill prescriptions at one pharmacy.

Sticking to one location gives the pharmacist a complete view of your parent's prescription and OTC use and allows him or her to provide the most thorough advice on potential drug interactions.

**2. Find the right fit.** Interview pharmacists until you find one who you can understand and feel comfortable talking to. Make sure the pharmacy participates in your parent's insurance program. Find a convenient location with hours that work for you.

**3. Consider a pharmacist with geriatric experience.** Special expertise helps—the elderly are particularly vulnerable

to medication-related problems and the impact aging and disease have on the body.

**4. Be prepared.** Identify and provide any documentation necessary (such as complying with HIPAA privacy requirements) to enable the pharmacist to speak with you on behalf of your parent.

Provide your pharmacist with a list of every medicine your parent is taking—whether or not it was filled by his/her pharmacy. Update the list regularly. Let the pharmacist know why each medication was prescribed. (Often a prescription is provided because of a positive side effect versus its original intent, e.g, a low dose of an antidepressant that may make your parent sleepy at bedtime.) Include all of the OTC products your parent is taking, including vitamins, herbal supplements, cough medicine, etc. which can have unforeseen complications.

**5. Minimize confusion.** Make sure you know the correct name and spelling of each medication—that means knowing the brand name, the generic name and even the trade name. Ask the pharmacist to provide a consistent name on each refill.

**6. Ask the following questions about each prescription:**

- When is the best time to take the medicine—morning, noon or night? Should it be taken with food, milk or an antacid to prevent stomach upset?
- What are the common side effects? At what point are they of serious concern?
- How long should my elderly parent take this medicine? Serious problems may result from not finishing a course of treatment or continuing too long
- What are the warning signs for a possible allergic reaction?
- Is it safe for my parent to continue to use an herbal remedy along with this medication?

**7. Discuss broader lifestyle issues.**



Should my parent avoid alcohol, specific foods or activities while on a certain medicine or combination of drugs and OTC products? Is it okay for my parent to drive?

**8. Know how to handle missed doses.**

What should I do if my parent misses a dose? Some drugs require that your parent take the pill immediately; for others it's best to wait until the next scheduled dose.

**9. Make sure your parent knows the drugs.**

Your parent should know the shape and color of each pill. Sometimes pharmacists use different suppliers, and when you get refills, pills may change in appearance.

**10. Address insurance or other financial considerations.**

Be forthright if you have concerns about whether a prescribed medicine is covered by insurance or if it may create a financial hardship. The pharmacist may be able to suggest other options or facilitate the necessary changes with your doctor or insurer.

Remember, a good relationship with your pharmacist will give both you and your loved one peace of mind. Advice is free for the asking, so ask away! n

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*Paula P. Tchirkow, MSW, LSW, ACSW, is president of Pittsburgh-based Allegheny Geriatric Consultants which specializes in geriatric care management for elderly parents and seniors planning for the future of their middle-aged adult children who have chronic illnesses. Paula is also a daughter of an elderly mother. Visit her website: [www.caregivingadvice.com](http://www.caregivingadvice.com) or reach her by e-mail at [Paula@caregivingadvice.com](mailto:Paula@caregivingadvice.com).*



**Caring for Yourself** *Continued from page 6*

band's death, Christianson began journaling, but she soon came to the conclusion she needed to do something more.

Healing Palms offers professional counseling and coaching for grief recovery, self-empowerment, stress management, anxiety, loss of identity, depression and more. There are packages for all budgets: 3-day weekends, five-day empowerment retreats.

**Garden Tours**

If flowers and beautiful gardens inspire you and lift your spirits, check your local newspaper. Most communities and chari-

ties sponsor garden tours at this time of year, ticket prices are reasonable and often, lunch is included. So, why not lose yourself for even a few hours in a world of fragrant roses and peonies? You'll be glad you did!

**Romance**

If peonies don't do the trick, try something simpler: schedule a romantic evening with your honey, complete with candlelight, flowers and dinner. It may sound a little like work at first, but it will be worth it. When you rekindle your romantic connection with your mate, you do a lot more than simply pump up those endorphins (though that side benefit of

romance certainly is a plus). You remember just how good life, and love, can be.

Whatever you choose to do, and no matter how small your budget, the first step is to commit yourself to carving out time for yourself. You and your loved ones will all benefit. n

*Shelly Harvey is Marketing Director of Pederson Publishing, the publisher of this newsletter, as well as a freelance writer and public relations consultant in Monroe, Connecticut. She has been a field reporter for Money and Fortune magazines in addition to her work representing several Connecticut clients in the health and wellness field. Harvey can be reached at sharvey@caregivershome.com.*

# Give the Lasting Gift of Care

how you care to those around you who can benefit from the same information, tips, advice and how-to features you receive every month in *Caregiver's Home Companion*.

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