

# Boomers, Elders, and More E-Newsletter

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## *Message from the Coordinator*

### **July is Social Wellness Month**

No matter how old you are, engaging socially with other people is important. Social wellness refers to the ability to interact with people around you. The social dimension of wellness involves developing, nourishing and encouraging satisfying relationships.

The lack of social support contributes to negative impacts on health and well-being. Having a variety of positive social supports can contribute to the psychological and physical well-being of your loved one. Support from others can be important in reducing stress, increasing physical health and defending against psychological problems such as depression and anxiety.

Senior centers, assisted living facilities, religious organizations, and adult day centers are community based services that can provide social support to your loved one. These services can provide positive social supports that can help older persons defeat loneliness and isolation.

The month of July is a great time to help your loved one develop their social support.

Some information from <https://www.longtermcarelink.net/article-2011-08-8.htm>

# News Highlight

## New Study Identifies Challenges for Family Caregivers, Caregiving Solutions Needed

National Alliance for Caregiving and AARP research data and profiles of family caregivers today

The profile of the family caregiver in America is changing as the population ages, according to a new research study from the National Alliance for Caregiving and AARP. While the “typical” family caregiver is a 49-year-old woman who takes care of a relative, caregivers on the whole are becoming as diverse as the American population.

Caregiving in the U.S. 2015 (a joint report between the National Alliance for Caregiving and AARP) provides surprising insight into today’s family caregivers. The typical higher-hour caregiver (who provides unpaid care for at least 21 hours a week) has been caregiving for an average of 5-1/2 years and expects to continue care for another 5 years. Nearly half of these high-hour caregivers report high emotional stress (46 percent.)

With an average household income of \$45,700, caregivers report not only emotional strain, but financial strain. Higher-hour caregivers report difficulty in finding affordable caregiving services, such as delivered meals, transportation, or in-home health services, in the community for them and their loved ones. Caregivers who live more than an hour away from their care recipient also report higher levels of financial strain (21 percent), perhaps because 4 out of 10 long-distance caregivers report the use of paid help (41 percent.)

Also surprising are findings from subpopulations of caregivers. Today, nearly a quarter of America’s caregivers are millennials between the ages of 18 and 34 and are equally likely to be male or female. On the other end of the spectrum, caregivers ages 75 or older are typically the sole support for their loved one, providing care without paid help or help from relatives and friends. Men, a group often stereotyped as failing to take on caregiving responsibilities, currently represent 40 percent of family caregivers and provide an average of 23 hours a week supporting a loved one.

“We’re especially concerned that not enough is being done to support family caregivers in the public or private sector as they age,” explained Gail Gibson Hunt, president and CEO of the National Alliance for Caregiving. “There’s a double-edged sword when we fail to support caregivers,

because we put both the caregiver and the care recipient at risk.”

Caregivers of a close relative—like a spouse or a parent—who are likely to provide care for 21 hours or more, indicate that being noted as a family caregiver in the medical records of the care recipient would be helpful in managing their caregiving responsibilities. Other desired supports include respite care, as well as access to resources and tools to assist the caregiver with managing stress and to enable the care recipient to live at home.

“As previous AARP research has shown, we’re facing a caregiving cliff,” said Dr. Susan Reinhard, senior vice president and director, AARP Public Policy Institute; and chief strategist, Center to Champion Nursing in America. “By mid-century, there will be only three family caregivers available for each person requiring care. That means, to avoid putting them at higher risk as they age, we need to provide support for existing caregivers who are underserved by the current long-term services and support system.”

Source: <http://www.aarp.org/about-aarp/press-center/info-06-2015/caregiving-in-the-us-2015.html>

### Highlights of Today’s Caregivers:

- 82% care for one person who is likely either living with the caregiver or living within 20 minutes of the caregiver.
- 60% of caregivers are female. The typical caregiver is a 49-year-old female caring for a 69-year-old female relative, most likely her mother.
- 40% of caregivers are male.
- 34% of caregivers have a full-time job, while 25% work part time. Caregivers who work do so for 34.7 hours per week on average.
- Caregivers have been caring for 4 years on average, spending 24.4 hours per week helping with activities like bathing, dressing, housework, and managing finances.
- 32% provide at least 21 hours of care a week, on average providing 62.2 hours of care weekly.
- 38% of caregivers report high emotional stress from the demands of caregiving.

*Caregiving in the U.S. 2015* is a joint report between the National Alliance for Caregiving and AARP. The report was made possible through generous sponsorships from AARP, the Archstone Foundation, Eli Lilly, Home Instead Senior Care, the MetLife Foundation, Pfizer, UnitedHealthcare, and the Family Support Research and Training Center in conjunction with the University of Illinois at Chicago.

# When Loved Ones With Dementia Feel Ashamed and Cover Up Mistakes

## How to respond to the challenges of forgetfulness, memory loss

By Barry J. Jacobs, PsyD, a clinical psychologist and family therapist

“I can’t find the remote control for your TV. Did you misplace it again?” I ask my mother one evening, as I have many times during the past few years.

She replies hastily with the usual defensiveness: “No, I didn’t.” When I look at her skeptically, she presses her case by saying, “One of my aides must have lost it.”

There’s no point in arguing with her; she just becomes more vehement in her denials. There was probably even less point in having raised the topic at all. Repeated experience has shown me that my mother will concede on occasion that she has memory problems related to dementia but will almost never admit to losing objects, forgetting information or being wrong. It’s as if accepting blame for a mistake would mean she’s fallible, and being fallible feels to her like proof that she has become a failure.

My mother, like many people struggling with cognitive issues, has a problem with shame. Shame isn’t guilt; it’s far more self-critical and humiliating. When guilty, most of us admit we’ve done something wrong, but we still retain some shred of self-esteem. When we feel ashamed, most of us try to cover up our mistakes to hide evidence of our defectiveness.

When care receivers with dementia feel ashamed, then family caregivers are placed in a dilemma: Do we correct our loved one’s mistakes to keep them on track, even though this may make them feel terrible about themselves? Or do we look the other way and ignore the mistakes to protect our loved ones’ feelings, even though that may lead to other logistical problems or safety concerns? The following ideas may help guide you.

### **Distinguish back- and front-burner issues**

Not every mistake warrants the same chiding response. Losing the remote control can be annoying but pales in importance to losing house keys, a wallet, health-insurance identification cards, etc. It should be considered a back-burner issue to be aware of, either to leave alone or to work around.

On the other hand, front-burner issues are of such urgency that caregivers must speak up, often forcefully. These typically involve health and safety issues—for instance, insisting that a loved one use a walker to avoid another fall or drink enough water to avoid repeated episodes of dehydration. The care receiver may feel more ashamed because of the caregiver’s exhortations, but negative consequences are prevented that would have caused even more distress.

Unfortunately, many families of loved ones with dementia do not distinguish between back- and front- burner issues. They either treat all the care receivers’ mistakes as reasons to brusquely scold them or (more likely) stay mum even when potentially harmful miscues are occurring.

### **Play coach, not critic**

There are discernible differences in approaches between critics and coaches. Frankly, no one loves critics. Whether they are technically right or not, they put us on the spot with their know-it-all attitudes and finger-pointing. We bridle at their corrections.

On the other hand, we take less offense at coaches because they balance their attention to our weaknesses with instruction, encouragement and appreciation for our strengths. People with dementia are more apt to accept direction from a family caregiver who is a cheerleading coach; they are more likely to deny or cover up to ward off the attacks of a harsh critic.

### **Manage the cover-up without further shaming**

When loved ones with dementia deny their mistakes, it is important that we see them as individuals who are experiencing major losses and hurts, and treat them with the necessary tenderness. We do need to offer corrections to keep them safe, but we should always lead with empathy: “I know that it’s hard for you to have your memory problems pointed out. It’s also hard for me to bring them up to you. This dementia is an awful condition.” In this way, family caregivers can help care receivers feel that they have the love and support of devoted family members as they face this adversity together.

# Trusting My Decisions

I've had to make many difficult decisions as a caregiver. Some haven't turned out the way I hoped, but most of them have worked out all right. When I started all this, I didn't know if I'd be able to figure out all the things I needed to, but I've done okay.

It's a good feeling to know I can trust myself to make good decisions. I have the ability to gather information and get advice if I need it. I can think through all the possible consequences for everyone affected and then make the decisions that need to be made. I know that no decision is going to bring perfect results. Sometimes the consequences will be unpleasant. But that doesn't make my decision wrong. It is the best decision I could make at the time. Whatever the consequences, the next step is simply to make a decision about how to respond to them.

*I stay peaceful through each decision.*

Daily Comforts for Caregivers

By: Pat Samples

April 9

## Respite Assistance

The Alzheimer's Association has grants available for in-home care services. The grant is awarded to families living with Alzheimer's disease or another dementia. This opportunity is brought to you by Hilarity For Charity and Home Instead Foundation. For more information visit the website at [HelpForAlzheimer'sFamilies.com](http://HelpForAlzheimer'sFamilies.com).

The Alzheimer's Association local office has been awarded another respite grant for 2015 to serve 20 families. Please have the primary caregiver call to apply at 1-800-272-3900, please ask for Tiffany.

## Upcoming Events

Maribeth Farringer, Executive Director of Council on Aging, will be speaking about having a family meeting. She will speak on the purpose of a family meeting, preparing for a family meeting, and family meeting "do's" and "don'ts." Mrs. Farringer will also discuss long distance caregiving. This month's Boomers, Elders, and More Lunchtime Session will be held on Wednesday, July 15, 2015 from 12 p.m. to 1 p.m. in Light Hall 433. Please feel free to bring your lunch.

Vanderbilt Family Resource Center's Caregiver Support group will be held on August 12, 2015 from 12:00 p.m. to 1:00 p.m. in Medical Center East Room 8380A. The caregiver support group is a time to share information and openly discuss your problems without judgment, to process your feelings, and to hear others talk about their experiences.

**If you need information or resources to assist you in your caregiving journey, please do not hesitate to contact: Stacey Bonner, Family Services Coordinator, at [stacey.l.bonner@vanderbilt.edu](mailto:stacey.l.bonner@vanderbilt.edu) or 936-1990.**