

Boomers, Elders, and More E-Newsletter

2140 Belcourt Avenue
Nashville, TN 37212

<http://vanderbilt.edu/child-family-center/>

Message from the Coordinator

Vanderbilt Child & Family Center's 7th Annual Elder Care Fair is right around the corner. The Elder Care Fair is designed as an opportunity for the employees of Vanderbilt to obtain helpful information about the resources and services in the community that are offered to seniors and their adult caregivers.

More than 15 vendors are expected to fill Light Hall. Display tables will be occupied by organizations and businesses specializing in the health, comfort and general well-being of the elderly and their caregivers. Examples include assisted living facilities, in-home care agencies, adult day programs, future planning consultants, and much more.

The 2016 Elder Care Fair will be held Wednesday, September 28, 2016 from 11:30 a.m. until 2 p.m. in Light Hall, North Lobby.

For questions about this event, please contact Stacey Bonner, Family Services Coordinator, at stacey.l.bonner@vanderbilt.edu or 936-1990.

News Highlight

Strong social support is related to shorter stay in inpatient rehab after hospitalization

Source: *University of Texas Medical Branch at Galveston*

A recent study from The University of Texas Medical Branch at Galveston showed that patients with strong social support from family and friends spend less time in an inpatient rehabilitation facility.

“When someone does not have the social support of family and friends, they take longer to return home to the community. We believe that support from loved ones may lead to better recovery and better quality of life,” said lead author Zakkoyya Lewis, a doctoral student. “Our study is one of the first to look at how level of social support impacts how long patients need to spend in a rehab facility.”

Following certain injuries or surgeries such as a lower body joint replacement or fracture or when recovering following a stroke, patients are often sent to an inpatient rehabilitation facility before they return home.

Under the current Medicare payment system, Medicare agrees to cover a certain number of days for patients to stay in a rehabilitation facility, depending on their health situation. There is a financial incentive for facilities to discharge a patient earlier than his or her projected length of stay while still providing quality care. However, there is little information about variables such as a patients’ home life or support system that impact expected lengths of stay. Some of those variables may affect discharge planning decisions and how well the patient does when they return home.

For 119,439 Medicare beneficiaries who spent time in a rehabilitation facility in 2012, the researchers compared the amount of time that Medicare determined patients would need to spend in rehab with the actual length of their stay. They also analyzed social support based on information that the patients provided.

The study showed that having strong social support influences how long patients need to spend in rehab. Compared with patients who have strong support from family or friends, those with little social support were more likely to need extra time than predicted by Medicare.

“Our findings provide new information to the growing body of evidence that inpatient rehabilitation experiences can be substantially impacted by a patient’s level of social support,” said coauthor Catherine Cooper Hay, a doctoral student in University of Texas Medical Branch’s department of rehabilitation sciences.

<https://www.sciencedaily.com/releases/2016/09/160907125257.htm>



Caregivers: Living with Guilt

How to keep it in check by tolerating ambivalence, maintaining balance and staying realistic

By: Barry J. Jacobs

Whenever I'm too busy to visit my mother at her nursing home, I feel guilty for neglecting her. "Cancel other family plans," I say to myself. Then you can go see her and alleviate your guilt." But when I announce this to my wife, I suddenly feel guilty for disappointing her. She rightly points out that it is excessive guilt that compels me to see my mother so often. I then feel guilty about feeling so guilty.

Pretty neurotic, huh? I wish it weren't so. But guilt is an ever-present emotion for many family caregivers for a variety of reasons: Because of what we haven't done for our ailing loved ones. Because of what we did, which we think was inadequate. Because we still can function physically and cognitively in ways in which they are no longer capable. A little guilt along these lines probably makes us more sensitive and attentive. But too much of it torments us and saps all possible joy.

And guilt usually is joined by other challenging emotions. Caregivers who are harshly self-critical—those who beat themselves up—are more prone to depression. Former caregivers of now-deceased loved ones grieve longer if they second-guess their previous caregiving. And guilt often leads to what I call reactive cycles: I feel guilt. I then feel angry for having been made to feel guilty. I then feel guilty for having felt angry. I then feel angry again for feeling guilty again. And so on.

How can we come to terms with guilt and still feel proud to be hard-working, well-meaning caregivers? Here are some ideas:

Don't aim for guilt-free caregiving. The feeling that we should do more and better for one another seems to be built into our species as a group survival mechanism. Guilt is part of who we are. So that discrepancy between what you think you should do and what you're willing and able to do may always cause some guilt. Let's accept that as a given, then, and work on tempering the feeling.

Give up the fantasy of rescuing others. Caregivers sometimes try to ward off the sadness they feel witnessing a relative's suffering by believing they can provide complete relief or even a cure. But that sets an absurdly high standard. We owe our loved ones good effort, but perfect outcomes can be impossible. Hold yourself to realistic goals, not fantastic ones.

Maintain balance. Few of us have only one family role. We are children, parents, siblings, spouses and dear friends in myriad loving relationships. At some points in our lives we do have to commit far more energy to one person than another, but we still need time to maintain our other social connections. While taking those breaks from caregiving may bring up feelings of guilt, they're necessary for our own emotional health.

Tolerate ambivalence. Some caregivers experience guilt and harsh self-criticism if they feel at all negatively—angry, anxious—about their caregiving duties. It's as if we think that dreading some aspect of caregiving means we no longer love the care recipient. But having negative feelings is part of normal family life. In the years before old age and illness, our family members were probably sometimes irritable toward one another without so much self-condemnation. Caregiving doesn't make us angels. We're still cranky humans.

Find other motivations. Guilt sometimes induces us to do things we really don't want to do. We then become resentful. It is far better for us to act on more noble impulses—wanting to provide care because it is important to us or pleases us.

That has been my wife's main point to me. I shouldn't see my mother on some rigid schedule because I would feel guilty otherwise. I should visit her because I want to see her whenever I can.

Source: http://www.aarp.org/home-family/caregiving/info-2016/caregivers-living-with-guilt-bjj.html?cmp=EMC-DSO-NLC-RSS-CAREGIVING--CTRL-060816-P6-1285700&ET_CID=1285700&ET_RID=5730659&encparam=UmmWDIUXmqfwh6ETs4yZyu27nkgmdCsh7ymh1w4BhIE=

10 Tips for Family Caregivers

The National Family Caregivers Association offers these 10 tips for family caregivers.

1. Choose to take charge of your life, and don't let your loved one's illness or disability always take center stage.
2. Remember to be good to yourself. Love, honor and value yourself. You're doing a very hard job and you deserve some quality time just for you.
3. Watch for signs of depression and don't delay in getting professional help when you need it.
4. When people offer to help, accept the offer and suggest specific things they can do.
5. Educate yourself about your loved one's condition. Information is empowering.
6. There's a difference between caring and doing. Being open to new technologies and ideas that promote your loved one's independence and help you do your job easier.
7. Trust your instincts. Most of the time they'll lead you in the right direction.
8. Grieve for your losses, then allow yourself to dream new dreams.
9. Stand up for your rights as a caregiver and as a citizen.
10. Seek support from other caregivers. There is great strength in knowing that you are not alone.

Source: <http://www.jcfs.org/node/1178>



Upcoming Events

Julie Moore, LMSW of HighPoint Hospice and Home Care, will discuss Five Wishes. Five Wishes is the first living Will that talks about your personal, emotional, and spiritual needs as well as your medical wishes. Five Wishes is written in everyday language and helps start and structure important conversations about care in times of serious illness. All attendees will receive a free Five Wishes document. October's boomers, elders, and more lunchtime session will be held Wednesday, October 5, 2016 from 12 p.m. to 1 p.m. in Light Hall Room 412. Please feel free to bring your lunch.

Vanderbilt Family Resource Center's Caregiver Support group will be held on Wednesday, October 12, 2016 from 12 p.m. to 1 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 role, contact Stacey Bonner, Family Services Coordinator, at stacey.l.bonner@vanderbilt.edu or 936-1990.