Message from the Coordinator

In a few weeks, we will be approaching the Memorial Day holiday. Many refer to this holiday as the official beginning of summer. Everyone yearns for time to get away, relax, and refresh during the summer months. But if you are a family caregiver, a ‘carefree’ vacation may be hard to come by.

Being a family caregiver does not mean you are unable to take a vacation. Respite care at an assisted living facility is a possibility. Respite care is substitute care given to your loved one so you can take a break and get some relief from the burden of care giving. An assisted-living community can offer short-term “respite stays” which will allow you to vacation. These short-term stays can be at an assisted living or memory care community. Respite care is a great living option for an elderly or disabled person who needs day-to-day supportive services, but still desires social simulation, engagement and activities.

Assisted living respite care can help a family caregiver because their time frames range from a day or weekend to several weeks. The stay gives residents and their families a peace of mind, knowing that a caregiver is always close at hand. The arrangement allows a commitment-free way for a potential resident to check out whether the facility might be a good fit down the line.

Life can be complicated for family caregivers even on the best of days. Planning a vacation may take some work, but the well-earned rest and refreshment you enjoy will be worth the extra effort.
Lonely Seniors Visit Doctors More Often

Study findings suggest increasing social connections might reduce health costs
By Robert Preidt (HealthDay Reporter for WebMD)

Older adults who are chronically lonely visit the doctor more often than those who feel more socially connected, according to a new study.

The findings suggest that taking steps to reduce loneliness among older adults may lead to significant fewer doctor visits and lower health care costs, the University of Georgia researchers said.

They looked at the responses of more than 3,500 American adults 60 and older who were living independently and took part in national surveys in 2008 and 2012. Those who said they were lonely in both surveys were considered to be chronically lonely.

There was a significant association between being chronically lonely and an increased number of doctor visits, but not with a higher number of hospitalizations, according to the study.

“This finding made sense to us. You build a relationship with your physician over the years, so a visit to the doctor’s office is like seeing a friend. Hospitalizations, on the other hand, require a referral from a doctor, and you don’t know who you will see,” study co-author Jayani Jayawardhana, an assistant professor in health policy and management at the University of Georgia School of Public Health, said university news release.

Results of the study were published online in the American Journal of Public Health.

Though the study only found an association between seniors’ feelings of loneliness and increased doctor visits, the findings suggest that health care providers should take loneliness into consideration when seeing older patients for other illnesses and complaints, according to the researchers.

Study co-author Kerstin Gerst Emerson, also an assistant professor of health policy and management, said it’s all about the way a patient feels.

“We often assume that if a person has enough friends and relatives, they are doing OK. But loneliness is not the same as being alone. You can be lonely in a crowded room. It’s very much about how you feel about your actual social relationships,” she said in the news release.

The study also found that the percentage of respondents who said they were lonely rose from 53 percent in the first survey to 57 percent in the second survey. Those who said they were lonely had more symptoms of depression, more problems with normal daily tasks, and were less likely to rate their health as good, very good or excellent.

Despite high rates of loneliness among older adults and the impact it has on health and the use of medical services, loneliness receives little attention from public health officials and medical professionals, said Emerson.

Source:  http://www.webmd.com/healthy-aging/news/20150407/lonely-seniors-visit-doctors-more-often
The Four Stages of Caregiving

According to a model developed by Martha Grove Hipkind, a researcher with the Health Planning Source, and Denise M. Brown, the editor and publisher of Caregiving, a newsletter for caregivers, there are four stages of caregiving that all caregivers go through to some degree or another. Look for yourself in these stages: Where are you now? What are the best things to do for yourself and your care recipient now? Where will you be? What can you expect now and in the future?

Stage I: Anticipatory Caregiver
In this category, you see the possibility of becoming a caregiver within the next 12 to 18 months. You watch as an elderly relative’s health begins to fail, and you know that you will become at least one of the caregivers.

The best thing you can do for yourself and your care recipient at this stage is to gather information. Find out about his or her financial status, health status and any important legal documents. Also spend time in this stage researching information about community services, health programs and safety-proofing the home.

Stage II: Freshman Caregiver
As a Freshman Caregiver, you will have been a caregiver for only about 6 to 19 months. In this stage you will most likely be realizing the immensity of the caregiving tasks that you face now and in the future, and you will begin looking to others for assistance.

As with Stage I, one of the best things that you can do at this stage is to research what kind of help you will be able to find. Will you be able to hire help? What kind of help is typically needed for someone with this particular illness or situation? Be sure to involve the care recipient in decisions regarding his or her care, and also communicate clearly and regularly with other family members.

Stage III: Entrenched Caregiver
At this stage, you have been giving care for a long time, and you may be exhausted. You might be so tired that you are compromising the care you’re giving—and you may also not be taking adequate care of yourself or your own immediate family. Because you may feel guilty about your anger and even your exhaustion, you tend to suppress your emotions.

Find alternatives to being the primary caregiver—perhaps day care or other respite care is a viable option. Make sure that you take good care of yourself as well: eight right, exercise and explore therapy options to get yourself back on track.

Stage IV: Caregiver in Loss
In this, the final stage, you have come to an end of the cycle of caregiving as you have known it; perhaps you have put your care recipient in a nursing home, or perhaps he or she has passed. You will be experiencing grief in your loss, both of the care recipient and of your own role as caregiver. Nonetheless, your life must go forward.

Care for yourself now. See a counselor, join a support group, honor and remember your care recipient and reflect on yourself and your life. This period of grief is completely natural, and it is also a natural progression from the many months or years that you have been a caregiver.

Source: http://www.lcsnw.org/caregivertips/FourStages.pdf
Five Tips for Caregivers
From the Alzheimer’s Association

 Manage your stress level
Consider how stress affects your body (stomach aches, high blood pressures) - and your emotions (overeating, irritability). Find ways to relax.

 Be realistic
The care you give does make a difference, but many behaviors can’t be controlled. Grieve the losses, focus on positive times as they arise and enjoy good memories.

 Give yourself credit, not guilt
It’s normal to lose patience or feel like your care may fall short sometimes. You’re doing the best you can.

 Take a break
It’s normal to need a break from caregiving duties. No one can do it all by themselves. Look into respite care to allow time to take care of yourself.

 Accept changes
Eventually your loved one will need more intensive kinds of care. Research care options now so you are ready for the changes as they occur.

Upcoming Events

The Vanderbilt Child & Family Center will host a free estate planning event for employees Friday, May 15th from 11:30 a.m. to 2 p.m. in Light Hall Room 437.

Attorneys will be available to answer your specific questions regarding power of attorney, living will, advance directives, last will and testament, trust, probate, and conservatorship.

Plan to arrive no later than 1:30 p.m. if you would like to take advantage of this service. Please note you may have to wait. Consultations will be provided on a first-come, first-served basis and will last approximately 30 minutes.

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Kim Lippard, R.N., M.S.N., of Home Instead Senior Care, will speak about the 40-70 Rule: An Action Plan for Successful Aging. The 40-70 Rule encourages individuals to begin vital conversations with their aging loved ones when they reach the approximate ages 40 and 70, respectively. The 40-70 Rule is designed to help families deal with sensitive topics related to end of life and come up with a plan that takes the guesswork out of aging. This month’s Boomers, Elders, and More Lunchtime Session will be held on Wednesday, May 20, 2015 from 12 p.m. to 1 p.m. in Light Hall Room 437. Please feel free to bring your lunch.

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Vanderbilt Family Resource Center’s Caregiver Support group will be held on June 10, 2015 from 12 p.m. to 1:00 p.m. 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. Our monthly meeting will be held in Medical Center East Room 8380A.

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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 or 936-1990.