



Resourceful Thinking

Vol 22 No 4
July / August 2017

COMPASSION FATIGUE; PERSON-CENTERED CARE

COMPASSION FATIGUE: CAREGIVING STRESS

Dr. Charles Figley, Professor at Tulane Traumatology Institute in New Orleans, LA defines compassion fatigue as “a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper.” This state of physical and mental exhaustion affects caregivers’ abilities to provide care in a compassionate manner, and increases the likelihood of burn-out.

Compassion fatigue can be experienced by the professional caregiver as well as the family caregiver, and it is essential that we become aware of the symptoms so we can recover from ill-effects or avoid them.

It sometimes seems like a journey that doesn’t end. As professionals, we may be tied into our careers and may not be in a position to make a career change (financially or emotionally). As family caregivers, we may be tied to the care receiver and may not be in a position (financially or emotionally) to make a life change.

Compassion Fatigue symptoms are normal displays of stress resulting from caregiving that is performed on a regular basis. The symptoms are disruptive, depressive, and irritating. Your awareness of the symptoms and their negative effect on your life can lead to positive change and healing that will enable you to carry on with your caregiving tasks – whether you are a professional caregiver or a family caregiver.

It is imperative that we recognize the symptoms and work toward improving our situation so as to avoid illness, burn-out or breakdown.

Normal symptoms present in an individual include:

- Excessive blaming
- Bottled up emotions
- Isolation from others
- Substance abuse used to mask feelings
- Compulsive behaviors such as overspending, overeating, gambling, sexual addictions
- Poor self-care (i.e., hygiene, appearance)
- Legal problems, indebtedness
- Chronic physical ailments such as gastrointestinal problems and recurrent colds
- Apathy, sad, no longer finds activities pleasurable
- Difficulty concentrating
- Mentally and physically tired
- Preoccupied
- In denial about problems

Now we know the symptoms – what can we do? With support, insightful information, and self-care, you can begin to understand the complexity of the emotions you've been juggling and, most likely, suppressing. It takes work but it is necessary for our overall well-being.

- Be kind to yourself
- Be aware of what you’re going through and learn about ways to cope
- Ask for and accept help
- Accept where you are on your journey
- Understand that those close to you may not be there when you need them most....and you cannot make

them do what they are unwilling to do.

- Exchange information and feelings with people who can validate you. Is there a support group you can attend? Do you have a close friend who will listen and support you? You may also consider seeing a therapist to help you.
- Clarify your personal boundaries. What works for you; what doesn't. KNOW your limits and NO your limits.

[Source: Compassion Fatigue Awareness Project, <http://www.compassionfatigue.org/pages/pathtowellness.html>]

PERSON-CENTERED CARE

Person-centered care means that caregiving is centered around the individual preferences of the older adults we serve. The Centers for Medicare & Medicaid Services (CMS) published rules for long term care that went into effect in November, 2016, and according to CMS, the regulations 'focus on the resident in making their own choices and having control over their daily lives'.

As most of our readers know, nursing homes are surveyed by regulatory bodies in their state. In West Virginia, surveys are conducted through the Office of Health Facility Licensure & Certification. These entities will be looking at person-centered care as their surveyors do nursing home inspections.

Do residents have choices over their daily schedules, including what time eat, when to bathe and what type of bath?

Do residents have the right to engage in preferred activities and are they permitted to choose group or one-on-one activities?

Are meal choices offered including what time to eat and where to eat?

Is the resident given choices about medical care including pain management, dialysis and more?

Nursing homes must develop a personal care plan for each resident within 48 hours of admission, and must include information about the older adult's preferences while they are in the facility. CMS indicates that the overall goal is to create environments that support person-centered care. [Note: Some states require a care plan be done within 24 hours of admission.]

The key is much the same for the facility as for home caregiving: Get to know your older adult.

Who are they? The care receiver has an identity. What do they want to be called? Find out what they like to do, what their interests are, what foods they like (what foods do they dislike?), what are their 'life-long loves'? What music do they like? Talk with them! Engage the person in conversation, encourage reminiscence about life events, their jobs, their families, their pets. ASK about their interests, hobbies and wishes. Really TALK to the care receiver!

Person-centered care is a rule for our nursing facilities based on CMS regulations but professional caregivers as well as family caregivers will find that personalizing care and getting to know the care receiver will make caregiving more rewarding for everyone. Person-centered care helps our older adults in many ways: more quality of life, faster recovery from illness, less depression and fewer problem behaviors. Person-centered care is important and effective for all care receivers, including those with dementia.

Person-centered care has been shown by multiple research studies to be effective in reducing challenging behaviors in people with dementia. Inpatient hospitalizations (which sometimes result if challenging behaviors are not able to be safely handled in a care facility) and the use of psychotropic medications (which can be somewhat effective but also can have serious side effects) were both significantly reduced.

Reduction of the use of psychotropic drugs is also a goal of CMS. It is also important to note that 'chemical restraints' are regulated. Nursing homes can't use any physical restraints (like side rails) or chemical restraints (like drugs) to discipline the resident or for the staff's own convenience.

We all thrive on having a purpose and quality time with those around us. We thrive on knowing that people care about us. Our care receivers depend on us to provide the best care possible. Knowing who our care receivers are and how they arrived at this place in their journey will add quality to their lives.....and ours. After all, how will we want to be treated?

[Sources: Nurse Aid/VIP, Frieberg Press Inc, Vol 29, No 7, July 2017; Centers for Medicare & Medicaid Services, www.cms.gov; VeryWell,

<https://www.verywell.com/what-is-person-centered-care-in-dementia-97737>; Medicare website, "Rights & Protections in a Nursing Home", www.medicare.gov]

POWER OUTAGES AND THE CONSUMER

Power outages can occur at any time. Spring and summer storms with lightning or high winds can create outages just as winter ice and snow can create a problem with our electricity.

During an outage, unplug all major appliances that are power sensitive such as computers, stereos and televisions. This can protect these items if a power surge occurs when the power comes back on. Leave one lamp plugged in and turned on so you know when power has been restored.

Have a back-up plan. Keep a battery powered radio and flashlight on hand (make sure the batteries are still good). It is recommended that you have one gallon of water per person per day (and enough to last 3 days), as well as food for 3 days (non-perishable canned goods) and a manual can opener. If you know a storm is approaching, charge your cell phone. Make sure to have adequate medications for 3 days.

If you or a loved one has critical needs (life support devices such as ventilators), let the electric company know. Register with the electric company. Electric companies offer a program that alerts them about consumers with critical needs. By law, all companies are required to maintain and update their list of critical customers annually. Consumers need to send a letter or fill out an application from the electric company stating that they are on life support. The consumer's doctor must verify the need for immediate power. Contact your power company for more information. NOTE: customers should always have a back-up plan as being on the list will does not guarantee that power will be restored immediately!

Generators provide electricity during an outage but will probably not run all electric devices in the home. If you're considering a generator, you will want to make sure that it is properly installed and also make sure that you are following safety guidelines! Generators should not be used inside the home or in an attached garage because of carbon monoxide build-up, and should be placed away from windows. Carbon monoxide is a colorless, odorless gas that

can be fatal! Rely on a professional to install the generator, follow safety guidelines and let the electric company know that you have a generator.

If you are using fuel-filled lanterns, heaters or generators, fill them outside and wipe up any spills. Do not use charcoal indoors as toxic fumes are given off by charcoal. Never use these without proper ventilation.

[Sources: Office of the Ohio Consumers' Council, "Power Outage: Safety Tips & Customer Rights"; and, Appalachian Power, "Outage Safety Tips", www.appalachianpower.com]

DEMENTIA: NOT JUST ALZHEIMER'S

Dementia affects nearly 10% of individuals 65 and older according to the Alzheimer's Association.

Dementia is an umbrella term for a number of cognitive disorders including Alzheimer's disease, vascular dementia, Lewy Body dementia, Parkinson's dementia and frontotemporal dementia – to name but a few. A similarity of symptoms exists among these disorders.

Alzheimer's disease is the most common cause of dementia, affecting 1 in 9 people 65 and over. It is the 6th leading cause of death. The typical course of Alzheimer's involves a gradual onset, often with an inability to pinpoint when memory began to decline. The ability to sequence activities, difficult verbalizing thoughts, difficulty recognizing familiar people, places and items are common. There is no cure. Aricept (donepezil), Exelon (rivastigmine), Razadyne (galantamine) and Namenda (memantine) are approved treatments. The combination of memantine and donepezil (Namzaric) is indicated for moderate to severe Alzheimer's. (See www.alz.org for more information.)

Vascular dementia is second in prevalence comprising about 15% of all dementias. Vascular dementia can be differentiated from Alzheimer's by the early onset of gait disturbance, falls and urinary changes. Signs of vascular dementia include apathy, emotional lability, lack of motivation, depression, a slowing-down of thought and a reduction of physical movements. Vascular dementia may result from brain hemorrhage, multiple infarcts, strokes, or brain lesions. Research on medications to treat vascular dementia is lacking. Lifestyle factors such

as smoking, obesity and alcohol abuse raise the risk of vascular dementia.

Lewy Body dementia is more common than previously thought. Some traits of Lewy Body dementia include fluctuation of cognitive functioning and alertness during the day; visual hallucinations are common although auditory, tactile and olfactory hallucinations can occur (usually not upsetting); person has adverse reaction to anti-psychotic medications; person has fluctuating blood pressure and heart rate, poor regulation of body temperature, sweating and poor balance. (See www.lbda.org for more information.)

Frontotemporal disease (FTD) was first called Pick's disease, and usually strikes at a younger age. Typical symptoms of the Behavioral Variant of FTD may include: Disinhibition often showing bizarre behaviors, apathy or inertia, loss of sympathy and empathy as to how actions affect others, perseverative or compulsive behaviors, difficulty with planning, judgment and decision-making.

Mixed dementia exists when a person has two or more dementing conditions. The most common combination is Alzheimer's disease and vascular dementia. This mix makes diagnosing and treating more challenging as some treatments for one disorder may be contraindicated for another.

It is important to get an accurate diagnosis so families and those with dementia can prepare for the course of the disease, and make necessary preparations for care, legal issues, and financial issues. There are also safety risks that vary by dementia type such as fall risk in Lewy Body or a higher stroke risk when using the wrong pharmaceuticals in vascular dementia.

This article is for informational purposes only. Talk to your care receiver's physician and/or neurologist. Be informed. Ask questions.

[Sources: Today's Geriatric Medicine, "Differentiating Dementias: Alzheimer's Disease and Its Management", March/April 2017, Vol 10 No 2; Today's Geriatric Medicine, "Differentiating Dementias: Focus on Accurate Dementia Diagnosis", May/June 2017, Vol 10 No 3; Creative Forecasting, "The Other Dementias", April 2016, Vol 28 No 4]

PROJECT LIFESAVER IS NOW IN OHIO COUNTY!

The Ohio County Sheriff's Department is now working with Project Lifesaver. Citizens enrolled in Project Lifesaver wear a small personal transmitter around the wrist or ankle that emits an individualized tracking signal. If an enrolled client goes missing, the caregiver notifies their local Project Lifesaver agency, and a trained emergency team responds to the wanderer's area. Project Lifesaver is helpful to those with dementia, autism, or other cognitive issues. Contact the Ohio County Sheriff's office for more information on how you can enroll your loved one. There is a fee for the service.

Project Lifesaver is available all over the country. Over 1500 member agencies in 50 states participate in the program. For more information and to see if there is a Project Lifesaver program in your area, go to www.projectlifesaver.org or call them at 772 446-1271.

NORTHERN PANHANDLE WALK TO END ALZHEIMER'S

The 2017 Walk to End Alzheimer's will be held on Saturday, October 14 at Bridge Street Middle School in Wheeling. Registration begins at 8:30am, the Opening Ceremony is at 10am and the Walk begins at 10:30am. You can register online at http://act.alz.org/site/TR/Walk2017/WV-WestVirginia?fr_id=10240&pg=entry.

ADULT SERVICE GROUPS

The Belmont County Adult Services Coalition does not meet in July. Join us on August 3 for our summer get-together! Bring a covered dish to share and also your business cards! Our August meeting starts at 1pm at Mark H. Kennedy Park in St Clairsville OH. (September's meeting will begin at 2pm.) For more information, contact Ann Koegler at 304 243-0996.

The Marshall County Adult Services group meets the second Wednesday of the month at 2:00pm at Reynolds Memorial Hospital, Glen Dale WV in the Community Room. Agencies providing services to older adults in the Marshall County, WV area are welcome to attend. For more information, contact Sarah Barickman at 304 281-8719.

The Jefferson County Senior Services group meets the third Wednesday at 2:00pm at the Prime Time Office on Aging in Steubenville Ohio. Agencies providing services to older adults in the Jefferson County, Ohio area are welcome to attend. For more information, contact Melissa Evick at Melissa@jarvisfirm.com.

CAREGIVER SUPPORT GROUPS

Alzheimer's Support Group - Wheeling

The Wheeling Alzheimer's Caregiver Support Group meets the first Wednesday of the month downstairs at First Christian Church, 1343 National Road, Wheeling WV from 6:00pm – 7:00pm. For more information, contact Chris (group facilitator) at 304 780-6504.

Alzheimer's Support Group – St Clairsville

The St Clairsville Alzheimer's Caregiver Support Group meets the fourth Tuesday of the month at 1:00pm at St Mary's Church in the Parrish Hall Basement at 212 West Main Street in St Clairsville. Contact Carolyn Lake at 800 272-3900 for information.

Alzheimer's Support Group – Bellaire

Country Club Retirement Center, 55801 Conno Mara Drive will be starting a caregiver support group on August 3rd. Meetings will be held the first Thursday of the month at 1pm and 6pm. Contact Alishah Hardway at 740 676-2300 for more information.

Lewy Body Support Group

The Lewy Body Caregiver Support Group meets the first Thursday of the month at Christ United Methodist Church, 1232 National Road, Wheeling from 6pm-7pm. Contact Lori (group facilitator) at 304 281-5778 for information.

Grief & Loss

Amedisys Hospice offers several bereavement groups around the area. Contact Kellie (Bereavement Coordinator) at 740 526-0970 for information on a group near you.

Mental Health Adult Support Group

NAMI Greater Wheeling offers a support group for anyone living with mental illness on the 2nd & 4th Thursday from 6pm – 7pm at Marian House, 115 – 18th Street, Wheeling. Contact Amy at 304 281-4494 for more information.

CAN WE HELP YOU?

Internet searches have become our way of gathering information but we need to be aware of the reliability of the websites and the accuracy of the information that is given. TV advertises agencies that may not be available in your area. Let us help. We serve anyone in need of assistance regardless of location, age or income.

Altenheim Resource & Referral Services has been helping older adults, caregivers and professionals locate services and learn about aging issues for over 22 years.

Consultation, information, and referrals are provided without charge and remain confidential. If we are unavailable and you need to leave a message, our answering system is easy – just speak after the beep!

We also

*offer programs that are free and open to the public

*offer workshops with Continuing Education Credit for social workers and nurses

*offer presentations to your group

Feel free to call us at 304 243-0996, email Ann at akoegler@frontier.com or contact us through our web site at www.altenheimcommunity.com. We'd be happy to help you!

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Let us be
Your Gateway to Care for Older
Adults!

Hours:

Monday – Friday
8am – 4pm

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