

# Caregiver Courier

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**January – February – March 2014**

***“If you try to be  
everybody’s everything,  
you become nobody’s anything”***

*“Hat’s Off to Caregivers” November 2013*

***Don’t Ask Me to Remember***

*Author Unknown*

*Do not ask me to remember  
Don’t try to make me understand  
Let me rest and know you’re with me  
Kiss my cheek and hold my hand.*

*I’m confused beyond your concept  
I am sad and sick and lost  
All I know is that I need you  
To be with me at all cost.*

*Do not lose your patience with me  
Do not scold or curse or cry  
I can’t help the way I am acting  
Can’t be different though I try.*

*Just remember that I need you  
That the best of me is gone  
Please don’t fail to stand beside me  
Love me ‘til my life is done*

*Submitted by CN @ “Hat’s Off to Caregivers”*

***“You teach others  
how to treat you”***

*Anne Elizabeth Quinn, “Hat’s Off to Caregivers” November 2013*

# Caregiver Burnout

By Dr. M. Ross Seligson via Caregiver.com

Being able to cope with the strains and stresses of being a Caregiver is part of the art of Caregiving. In order to remain healthy so that we can continue to be Caregivers, we must be able to see our own limitations and learn to care for ourselves as well as others.

It is important for all of us to make the effort to recognize the signs of burnout. In order to do this we must be honest and willing to hear feedback from those around us. This is especially important for those caring for family or friends. Too often Caregivers who are not closely associated with the healthcare profession get overlooked and lost in the commotion of medical emergencies and procedures. Otherwise close friends begin to grow distant, and eventually the Caregiver is alone without a support structure. We must allow those who do care for us, who are interested enough to say something, to tell us about our behavior, a noticed decrease in energy or mood changes.

Burnout isn't like a cold. You don't always notice it when you are in its clutches. Very much like Post Traumatic Stress Syndrome, the symptoms of burnout can begin surfacing months after a traumatic episode. The following are symptoms we might notice in ourselves, or others might say they see in us. Think about what is being said, and consider the possibility of burnout.

- Feelings of depression.
- A sense of ongoing and constant fatigue.
- Decreasing interest in work.
- Decrease in work production.
- Withdrawal from social contacts.
- Increase in use of stimulants and alcohol.
- Increasing fear of death.
- Change in eating patterns.
- Feelings of helplessness.

Strategies to ward off or cope with burnout are important. To counteract burnout, the following specific strategies are recommended

- Participate in a support network.
- Consult with professionals to explore burnout issues.
- Attend a support group to receive feedback and coping strategies.
- Vary the focus of caregiving responsibilities if possible (rotate responsibilities with family members).
- Exercise daily and maintain a healthy diet.
- Establish "quiet time" for meditation.
- Get a weekly massage
- Stay involved in hobbies.

By acknowledging the reality that being a Caregiver is filled with stress and anxiety, and understanding the potential for burnout, Caregivers can be forewarned and guard against this debilitating condition. As much as it is said, it can still not be said too often, the best way to be an effective Caregiver is to take care of yourself.

*M. Ross Seligson, Ph.D., P.A., is a Licensed Psychologist in Ft. Lauderdale Florida. He has supported Caregivers in his community for a number of years, including participation in AIDS, Mental Health, Cancer and Educational organizations.*



# Home Modifications

*Adapted from the Administration on Aging Fact Sheet*

Home modifications are changes made to adapt living spaces to meet the needs of people with physical limitations so that they can continue to live independently and safely. These modifications may include adding assistive technology or making structural changes to a home. Modifications can range from something as simple as replacing cabinet doorknobs with pull handles to full-scale construction projects that require installing wheelchair ramps and widening doorways.

The main benefit of making home modifications is that they promote independence and prevent accidents. According to a 2000 AARP housing survey, “89% of older Americans want to stay in their current homes for as long as possible,” but other studies show that most homes are not designed to accommodate the needs of people over age 65. A house that was perfectly suitable for a senior at age 55, for example, may have too many stairs or slippery surfaces for a person who is 70 or 80.

## **HOW CAN I TELL WHAT HOME MODIFICATIONS ARE RIGHT FOR ME?**

The best way to begin planning for home modifications is by defining the basic terms used and asking some simple questions. According to the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), home modifications should improve the following features of a home:

Accessibility. Improving accessibility means making doorways wider, clearing spaces to make sure a wheelchair can pass through, lowering countertop heights for sinks and kitchen cabinets, installing grab bars, and placing light switches and electrical outlets at heights that can be reached easily.

Adaptability. Adaptability features are changes that can be made quickly to accommodate the needs of seniors or individuals with disabilities without having to completely redesign the home or use different materials for essential fixtures. Examples include installing grab bars in bathroom walls and movable cabinets under the sink so that someone in a wheelchair can use the space.

Universal Design. Universal design features are usually built into a home when the first blueprints or architectural plans are drawn. These features include appliances, fixtures, and floor plans that are easy for all people to use, flexible enough so that they can be adapted for special needs, sturdy and reliable, and functional with a minimum of effort and understanding of the mechanisms involved.

You can begin your home survey by examining each area of your home and asking the following questions:

### ***APPLIANCES, KITCHEN, BATHROOM***

- Are cabinet doorknobs easy to use?
- Are stove controls easy to use and clearly marked?
- Are faucets easy to use?
- Are there grab bars where needed?

### ***DOORS, WINDOWS***

- Are your doors and windows easy to open and close?
- Are your door locks sturdy and easy to operate?
- Are your doors wide enough to accommodate a walker or wheelchair?
- Do your doors have peepholes or viewing

### ***ELECTRICAL OUTLETS, SWITCHES, SAFETY DEVICES***

- Are light or power switches easy to turn on and off?
- Are electrical outlets easy to reach?
- Are the electrical outlets properly grounded to prevent shocks?
- Are your extension cords in good condition?
- Can you hear the doorbell in every part of the house?

Do you have smoke detectors throughout your home?  
Do you have an alarm system?  
Is the telephone readily available for emergencies?  
Would you benefit from having an assistive device to make it easier to hear and talk on the telephone?

### **FLOORS**

Are all of the floors in your home on the same level?  
Are steps up and down marked in some way?  
Are all floor surfaces safe and covered with non-slip or non-skid materials?  
Do you have scatter rugs or doormats that could be hazardous ?

### **HALLWAYS, STEPS, STAIRWAYS**

Are hallways and stairs in good condition?  
Do all of your hallways and stairs have smooth, safe surfaces?  
Do your stairs have steps that are big enough for your whole foot?  
Do you have handrails on both sides of the stairway?  
Are your stair rails wide enough for you to grasp them securely?  
Would you benefit from building a ramp to replace the stairs or steps inside or outside of your home?

### **LIGHTING, VENTILATION**

Do you have night lights where they are needed?  
Is the lighting in each room sufficient for the use of the room?  
Is the lighting bright enough to ensure safety?  
Is each room well-ventilated with good air circulation?

Once you have explored all the areas of your home that could benefit from remodeling, you might make a list of **potential problems and possible solutions**.

Are all appliances and utensils conveniently and safely located?  
Can the oven and refrigerator be opened easily?  
Can you sit down while working?  
Can you get into and out of the bathtub or shower easily?  
Is the kitchen counter height and depth comfortable for you?  
Is the water temperature regulated to prevent scalding or burning?  
Would you benefit from having convenience items, such as a handheld showerhead, a garbage disposal, or a trash compactor?

### **WHERE CAN I LEARN MORE ABOUT HOME MODIFICATIONS?**

Mentioned as a resource earlier in this fact sheet, the National Resource Center on Supportive Housing and Home Modifications (NRCSHHM) is one of the best sources for more information about home modifications. The center is a major clearinghouse for news on government-assisted housing, assisted-living policies, home modifications for older people, training and education courses. Visit the center's web site at <http://www.homemods.org> . The Fulton Co. Office for Aging has available information in the Caregiver Resource Center, call us at 736-5650.

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## **6 Steps to Protect Your Older Loved One from a Fall**

*from the National Council on Aging*

Did you know that one in three older Americans falls every year? Falls are the leading cause of both fatal and nonfatal injuries for people aged 65+. Falls can result in hip fractures, broken bones, and head injuries. And even falls without a major injury can cause an older adult to become fearful or

depressed, making it difficult for them to stay active. If you have an aging parent, grandparent, or neighbor in your life, helping them reduce their risk of falling is a great way to help them stay healthy and independent as long as possible. The good news about falls is that most of them can be prevented. The key is to know where to look.

Here are some common factors that can lead to a fall:

**Balance and gait:** As we age, most of us lose some coordination, flexibility, and balance— primarily through inactivity, making it easier to fall.

**Vision:** In the aging eye, less light reaches the retina—making contrasting edges, tripping hazards, and obstacles harder to see.

**Medications:** Some prescriptions and over-the-counter

medications can cause dizziness, dehydration or interactions with each other that can lead to a fall.

**Environment:** Most seniors have lived in their homes for a long time and have never thought about simple modifications that might keep it safer as they age.

**Chronic conditions:** More than 90% of older adults have at least one chronic condition like diabetes, stroke, or arthritis. Often, these increase the risk of falling because they result in lost function, inactivity, depression, pain, or multiple medications.

## 6 Steps to Reducing Falls

Here are six easy steps you can take today to help your older loved one reduce their risk of a fall:

### 1. Enlist their support in taking simple steps to stay safe.

Ask your older loved one if they're concerned about falling. Many older adults recognize that falling is a risk, but they believe it won't happen to them or they won't get hurt—even if they've already fallen in the past.

If they're concerned about falling, dizziness, or balance, suggest that they discuss it with their health care provider who can assess their risk and suggest programs or services that could help.

### 2. Discuss their current health conditions.

Find out if your older loved one is experiencing any problems with managing their own health. Are they having trouble remembering to take their medications—or are they experiencing side effects? Is it getting more difficult for them to do things they used to do easily?

Also make sure they're taking advantage of all the preventive benefits now offered under Medicare, such as the Annual Wellness visit. Encourage them to speak openly with their health care provider about all of their concerns.

### 3. Ask about their last eye checkup.

If your older loved one wears glasses, make sure they have a current prescription and they're using the glasses as advised by their eye doctor.

Remember that using tint-changing lenses can be hazardous when going from bright sun into darkened buildings and homes. A simple strategy is to change glasses upon entry or stop until their lenses adjust.

Bifocals also can be problematic on stairs, so it's important to be cautious. For those already struggling with low vision, consult with a low-vision specialist for ways to make the most of their eyesight.

### 4. Notice if they're holding onto walls, furniture, or someone else when walking or if they appear to have difficulty walking or arising from a chair.

These are all signs that it might be time to see a physical therapist. A trained physical therapist can help your older loved one improve their balance, strength, and gait through exercise. They might also suggest a cane or walker—and provide guidance on how to use these aids. Make sure to follow their advice. Poorly fit aids actually can increase the risk of falling.

5. Talk about their medications.

If your older loved one is having a hard time keeping track of medicines or is experiencing side effects, encourage them to discuss their concerns with their doctor and pharmacist. Suggest that they have their medications reviewed each time they get a new prescription.

A mom had an elaborate spreadsheet to keep track of her medications and schedules. Adding a timed medication dispenser that her daughter refilled each month promoted her peace of mind and allowed us to ensure her adherence to the prescribed regime.

Also, beware of non-prescription medications that contain sleep aids—including painkillers with “PM” in their names. These can lead to balance issues and dizziness. If your older loved one is having sleeping problems, encourage them to talk to their doctor or pharmacist about safer alternatives.

6. Do a walk-through safety assessment of their home.

There are many simple and inexpensive ways to make a home safer. For professional assistance, consult an Occupational Therapist.

Here are some examples:

**Lighting:** Increase lighting throughout the house, especially at the top and bottom of stairs. Ensure that lighting is readily available when getting up in the middle of the night.

**Stairs:** Make sure there are two secure rails on all stairs.

**Bathrooms:** Install grab bars in the tub/shower and near the toilet. Make sure they're installed where your older loved one would actually use them. For even greater safety, consider using a shower chair and hand-held shower.

From “Hat’s Off to Caregivers” contact these local providers:

- Community Health Center, 2-8 West Main Street, Johnstown, NY, phone number: 518-762-8215
- Enable Your Mobility, 29 North Main Street, Gloversville, NY, phone number: 518-921-4023

## 2013-2014 HEAP Eligibility Guidelines

(Home Energy Assistance Program)

Household of 1 Income up to \$ 2175 per month

Household of 2 Income up to \$ 2844 per month (combined)

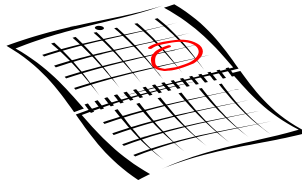
Household of 3 Income up to \$ 3513 per month (combined)

Household of 4 or more please call the Office for Aging



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## Fulton Co. Office for Aging Caregiver Discussion Group



### *2014 Meeting Dates*

January 6, 2014  
February 3, 2014  
March 3, 2014  
April 7, 2014  
May 5, 2014

June 2, 2014  
September 8, 2014  
October 6, 2014  
November 3, 2014  
December 1, 2014

**“No matter how you feel,  
get up, dress up, show up,  
and never give up!”**

*~Regina Brett*

**“In order to succeed,  
your desire for success must be  
greater than your fear of failure.”**

*~Bill Cosby*

**“The pain you feel today**

**is the strength you feel tomorrow.  
For every challenge encountered, there is  
opportunity for growth.”**

*~ Unknown*

**“Just remember: there is always  
someone out there happier  
with less than you have.”**

*~ Unknown*

**“Vital information  
for vital generations”**

*~Fulton Co. Office for Aging*

