Caregiver and Family News: Living Well in our Best Years

Contents

Welcome!

Summer is here and so is the very first edition of "Living Well in our Best Years". This newsletter is a collaborative effort between the Bayfield County offices of the Aging and Disability Resource Center (ADRC) of the North and the UW-Extension. Both departments are committed to providing a broad array of information and resources to older adults, caregivers and family members to assist them in growing and aging with grace, dignity and respect.

Bayfield County is rapidly aging; 49% of the total county population will be age 60 or older by 2030. This presents challenges and also tremendous opportunities for intergenerational learning, sharing and support. Knowing where to start with an age or disability related question is the first step in meeting the challenges in life's journey.

We hope you find the information in this and upcoming issues useful. Feel free to suggest topics and look for another issue in early fall.

Until next time, live well!

Carrie Linder
Carrie Linder
ADRC of the North Bayfield Office Manager

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Elizabeth Lexau
UW Extension, Family Living Educator

What would you like to learn…? "Is there a topic about aging or family caregiving you'd like to know more about?" Call or email UW-Extension at: (715) 373-6104, x 252; liz.lexau@ces.uwex.edu

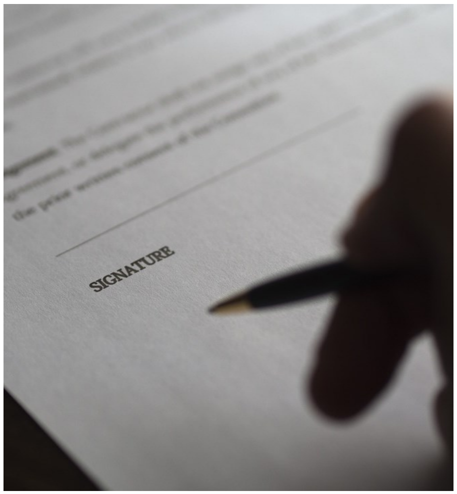
LIVING WILL OR HEALTH CARE POWER OF ATTORNEY: What's the Difference?

I made a Living Will once, isn't that enough…?

Not necessarily. Both are types of "advance directives," documents that express your wishes for medical care in the event you are unable to make medical decisions yourself. But a *Living Will* applies only in very limited circumstances, while a Health Care Power of Attorney covers many more situations.

A Living Will gives physicians your instructions only about certain life-sustaining measures and it only applies if you are in a persistent vegetative state or you are terminally ill and death is imminent. However, there are many other situations (for example, accidents and non-terminal illness) when adults may not be able to make their own decisions and a *Living Will* doesn't apply. For example, in the case of an injury, there may be important decisions about the kinds of treatment you'll receive, medications, surgery or hospitalization. In Wisconsin, spouses and family members are not automatically authorized to make these decisions and a *Living Will* does not apply to most of these decisions.

A *Health Care Power of Attorney* allows you to appoint someone you trust to make decisions for you in the event you are unable to make decisions yourself. This can help make sure you are getting the kinds of care you want. It can also prevent family conflict or feelings of guilt during times that are already extremely stressful for families.



On the following page is a summary of the differences between these two types of Advance Directives from the Greater Wisconsin Agency on Aging Resources, Inc.

Are You Concerned about an Unsafe Driver?

Many of us know a friend, relative or neighbor who has become an unsafe driver due to disability or dementia even though they have a valid driver's license.

The WI Department of Transportation offers resources related to driving with disabilities on their Driver Medical Concerns Website. Included on the site is information about anonymously reporting unsafe driving. While it can be a very difficult decision, reporting dangerous driving could help protect the driver and others. Visit: http://wisconsindot.gov/Pages/dmv/license-drvs/mdcl-cncrns/citizens.aspx (Or visit www.Wisconsindot.gov and search "*reporting an unsafe driver*")

Note: If you see a car on the road with an unknown operator and they are driving in an unsafe manner, please call your local police to report it.

Greater Wisconsin Agency on Aging Resources, Inc.
Guardianship Support Center

1414 MacArthur Rd, Suite 306, Madison, WI 53714
Hotline: (855) 409-9410 ◆ guardian@gwaar.org
www.gwaar.org

COMPARISON OF WISCONSIN'S LIVING WILL AND POWER OF ATTORNEY FOR HEALTH CARE

03/2011, updated 12/2014

	LIVING WILL (DECLARATION TO PHYSICIANS) *Ch. 154, Wis. Stats.*	POWER OF ATTORNEY FOR HEALTH CARE *Ch. 155, Wis. Stats.*
What it is	**Document signed by a patient giving instructions to physicians under certain circumstances.**	**Document signed by a "principal" appointing another individual as "agent" to make health care decisions for principal.**
When it becomes effective	When two physicians personally examine patient and sign statement that he or she is "terminal" and death is imminent, <u>or</u> is in a "persistent vegetative state."	When two physicians (or one physician and one psychologist) personally examine patient and sign statement that he or she is incapacitated (not able to make health care decisions).
Conditions under which document is effective	• "Terminal" and death imminent; or • "Persistent vegetative state."	Anytime incapacitated. **A Power of Attorney is more comprehensive than a Living Will because it covers more situations.**
Procedures covered	• "Life-sustaining" procedures to be used or withheld/withdrawn if in "persistent vegetative state." • Feeding tubes to be used or withheld/withdrawn if "terminal" or in "persistent vegetative state."	Almost anything. Agent may consent to or decline procedure. *Authority must be specifically authorized for:* • Long-term nursing home/CBRF admissions; • Tube feeding withholding/withdrawal; and • Continued effect during pregnancy.
Does not apply	• Neither "terminal" nor in "persistent vegetative state;" or • Terminal but death not imminent; or • Pregnant.	• Electroshock therapy; • Experimental mental health, drugs and treatment; and • Admission to mental facilities, certain treatment facilities, or intermediate care facilities for person with intellectual disabilities.
Use of alternative forms	Permitted, but no immunities for health care providers apply.	Permitted, and immunities for health care provider apply.
Individuals who may be agent or alternate agent	**NOT APPLICABLE**	Anyone, other than health care provider, employee of a provider or facility where patient or resident, or spouse of provider/employee, unless also a relative. Usually a family member or close friend.
Witnessing requirements	Two disinterested persons. May <u>not</u> be: relative, person who will inherit or has claim on estate, directly financially responsible for patient's health care, or health care provider/facility employee (except social worker or chaplain).	Two disinterested persons. May <u>not</u> be: relative, person who will inherit or has claim on estate, directly financially responsible for patient's health care, or health care provider/facility employees (except social worker or chaplain).
Distribution and storage	Sign one original and make several copies. Copies to doctor/clinic, hospital, a family member. Original at safe place at home; may file with Register in Probate for small fee. Complete wallet card.	Sign one original and make several copies. Copies to doctor/clinic, hospital, agent, alternate agent, family member. Original at safe place at home; may file with Register in Probate for small fee. Complete wallet card.
Procedures to revoke document	1) Destroy all copies; 2) Signed & dated written revocation; 3) Oral Revocation with notice to doctor; 4) Execute new Declaration; or 5) Revoke with POAHC.	1) Destroy all copies; 2) Signed & dated written revocation; 3) Oral revocation in presence of 2 witnesses; or 4) Execute new POAHC.
Where to obtain	http://www.dhs.wisconsin.gov/forms/AdvDirectives/index.htm or for forms with instructions and informational materials, go to www.gwaar.org or call (855) 409-9410.	

Tips for Diffusing Family Conflict

Providing care for a loved one through a debilitating illness or at life's end can create stress on individuals and families alike. Each family member has his/her own response to the difficult situation and will have varying levels of commitment to help. Each person handles stress, grief and change in their own way and will also have different ideas of what is best for the loved one needing care.

Good communication and a commitment to making the caregiving plan work are essential in keeping families strong through a difficult time. Disagreements are sure to arise but the key to success is to diffuse the conflict before feelings are hurt and long-lasting damage is done. Here are some tips that will help you avoid conflict and make your caregiving journey less stressful and more successful.

Be honest. Say that you are feeling stressed, overwhelmed, scared, sad, etc. Then work together to diminish these feelings.

Use "I" statements to avoid blaming others.

Value everyone's ideas and opinions. Don't judge. There is not just one right way to provide care for someone. "Learn something from someone with whom you disagree."

Consider counseling. Caring for a loved one is stressful for even the healthiest families. Attend a support group with family members or seek private counseling if you fear relationships are about to be torn apart.

Share responsibility. When everyone has a task or responsibility (however small) a sense of teamwork is shared.

When times get tough, remind each other that it is the disease that has caused the challenge. Blame the disease, not the person with the disease (or each other) for hard times.

Step back and look at the larger picture. Sometimes we get hung up on a certain issue and lose sight of the more important goal (like happiness, safety and/or independence).

If you are the main caregiver, get some respite! Taking a break from your daily duties can boost your spirits and in turn help you be a better communicator.

LISTEN! Be an active listener by focusing on what is being said, including body language, without interrupting. We often miss much of what someone is saying because we are busy thinking about what we will say next. Or we "tune out" what is being said because we think we've already heard it.

Never assume anything. When doling out tasks, be specific and clear to avoid misunderstandings. Write down tasks so everyone is clear about expectations.

Find a good time to communicate. If you need to talk to someone don't do it while they're in the middle of something else. Always ask, "Is this a good time?" before diving in with a heavy topic.

Steer away from emotions. If something you've said has sparked strong emotions in someone (anger, tears, sarcasm), apologize and try again at a different time and in another way. If you are becoming emotional, ask to talk about it later after you've calmed down.

Schedule regular family meetings, either in person, over the phone or by e-mail so everyone is kept updated on how things are going.

If you need help in your caregiving role, contact The ADRC of the North: 1-866-663-3607

http://adrc-n-wi.org/

Jane Mahoney, Greater Wisconsin Agency on Aging

Compassion Fatigue: When Caregivers Go Beyond Burnout

"*Compassion Fatigue: When Caregivers Go Beyond Burnout*" by Carol Bradley Bursack, was contributed by AgingCare.com.

Most long-term caregivers have times where the fatigue and frequent frustration of providing care for a vulnerable person can border on burnout. Even though I've handled caring for multiple elders' situations reasonably well, there have been times when I've wondered how much longer I could keep it up. Those times have come dangerously close to burnout, but I have always moved through them with a focus on faith and self-care. Since my darkest days, however, I've learned that there is another stage that exists beyond burnout—one that can be extremely scary. This stage is called compassion fatigue.

Many readers have had feelings similar to mine. Some have even told me that they feel they have progressed beyond burnout. In the interest of helping these readers, and clarifying how a somewhat common feeling of caregiver burnout can turn into compassion fatigue, I looked for assistance. After some research, I contacted Christine M. Valentin, a Licensed Clinical Social worker in New York City and the state of New Jersey and asked her to educate all of us about burnout and compassion fatigue. Christine has a Master's Degree in Social Work. For the last six years, she's owned a private counseling practice where she works with adults who are experiencing anxiety related to work, relationships, family, multiple sclerosis and/or caring for a loved one with Alzheimer's disease. Prior to her private practice, she worked for six years with older adults and family caregivers in various non-profit organizations in NYC.

CBB: Christine, as I mentioned above, I've read about compassion fatigue and heard it sometimes used interchangeably with caregiver burnout. Can you please explain what this phenomenon actually is?

CMV: Compassion fatigue is an extreme state of great tension and stress that can result in feelings of hopelessness, indifference, pessimism and overall disinterest in other people's issues.

With regard to caregivers, this can manifest through actions like yelling, hitting or neglecting a loved one. Basically, any action that is not characteristic of the caregiver's typical behavior but is now present and consistent could be considered a result of this condition.

While some may simplify and attribute this change in behavior to frustration and/or resentment, it is important to understand that this is not something that occurs overnight. It is the cumulative result of days, weeks, months and years of managing caregiving responsibilities that are often unrecognized, seemingly endless, emotionally demanding and physically exhausting. As a result, it is not uncommon for feelings of frustration, resentment, hopelessness, guilt and/or a diminished sense of self to manifest.

CBB: How do long-term caregivers who are close to or already experiencing burnout avoid reaching an even more dire state?

CMV: Being proactive is one of the best ways to combat this or at least prevent it from getting out of hand. First and foremost, be aware of the warning signs:

- Feeling overwhelmed, exhausted and drained
- Not wanting to be around your loved one (choosing to work late, daydreaming about no longer having to care for them, etc.)
- A decrease in patience and tolerance
- Angry outbursts that are uncharacteristic of your behavior

CBB: Being aware of the changes in your behavior is obviously the first step toward preventing compassion fatigue. What comes next?

CMV: The next step is to begin making yourself a priority and tend to, at the very least, some of your needs. While many caregivers feel this is impossible to do, it is important to understand that if you don't make time for yourself, no one else will.

Therefore, allocate at the very least five minutes each day to eat, pray, dance, laugh, walk, sing, read an inspirational quote, meditate, chat with a friend, the list can go on and on. My point is to give yourself

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Compassion Fatigue: Continued from page 5

a mental and physical break from actively caring for a loved one. The ability to do so in small bursts can allow you to begin the practice of adequately caring for yourself and hopefully get you to increase these efforts moving forward.

CBB: What else would you suggest?

CMV: Having a non-judgmental outlet to express your thoughts can also be beneficial. Outlets like writing in a personal journal, talking with a confidant, or seeking advice from a healthcare professional can help you with processing your feelings and offer a safe place to release pent up thoughts and emotions.

CBB: What if a reader is experiencing what they now recognize may be compassion fatigue?

CMV: If you find yourself already experiencing these feelings and symptoms, then let others know and seek professional help. Believing the feelings will not subside, especially while you are still actively caring for a loved one, can cause some individuals to become depressed, develop panic attacks and/or potentially put their loved one in harm's way.

CBB: Thank you for clarifying this for us Christine.

Readers can get more information about you and your services on your website: http://www.familycaregiversocialworker.com/

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BenefitsCheckUp®
National Council on Aging

BenefitsCheckUp is a free service of the National Council on Aging. Many adults over 55 need help paying for prescription drugs, health care, utilities, and other basic needs.

There are over 2,000 federal, state and private benefits programs available to help. But many people don't know these programs exist or how they can apply.

BenefitsCheckUp asks a series of questions to help identify benefits that could save you money and cover the costs of everyday expenses.

After answering the questions, you will get a report created just for you that describes the programs you may get help from.

https://www.benefitscheckup.org/

It's not the hard part of caregiving!

When someone you love needs care, it's natural to want to be the one to provide it. But when caregiving becomes difficult, talking with people who understand can help. Find support by joining the **Family Caregiver Call-In**. You'll talk with caregivers and experts who share resources that can help you better care for your loved one – and yourself.

Family Caregiver Call-In. It's FREE, <u>available statewide</u>, and easy to participate.

Step 1: Call **1 (877) 416-7083** to reserve your spot on the call and to get the call-in phone number

Step 2: Dial in on the 2nd Tuesday of each month from 1:00pm - 2:30 pm.

For more information, contact Lynn Scheinoha at the ADRC of the Lakeshore 1-877-416-7083

For additional Bayfield County caregiver support programs, contact Ann Marie Mackin at the ADRC of the North 1-866-663-3607 Ext. 224.

What do all the terms mean?

In our day to day lives we are exposed to numerous terms, abbreviations & acronyms - not to mention an entirely new "language" if you text. It's often challenging to understand all the terms that are thrown at us daily. Professionals use a variety of terms and sometimes forget that not everyone knows the meaning.

ADRC (Aging and Disability Resource Center)

According to the Wisconsin Department of Health Services, "ADRCs are the first place to go to get accurate, unbiased information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone -- individuals, concerned families or friends, or professionals working with issues related to aging or disabilities -- can go for information specifically tailored to their situation. The ADRC provides information on broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care."

ADLs (Activities of Daily Living)

Activities of Daily Living include dressing, bathing, and eating and all the necessary activities required to function on a daily basis such as cooking meals, managing finances and completing housework.

Adult Day Care

An Adult Day Care facility provides services during business hours Monday through Friday in a group setting. A variety of activities are provided for socialization, physical and mental stimulation. Utilizing an Adult Day Care is a great way for you, the caregiver, to take some time for yourself and have peace of mind that your loved one is safe, engaged and cared for.

Advance Directives

An advance directive is a legal document that allows you to communicate your health care wishes. The advance directives used in Wisconsin are the Power of Attorney for Health Care and the Living Will. Both are excellent documents to complete. They allow you to "speak for yourself" and allow your wishes to be known in the event you are no longer able to.

CBRF (Community Based Residential Facility)

CBRFs are staffed group living settings that provide room, board, supervision and other supportive services to 5 or more adult residents. They are intended for people who cannot live alone but do not require a nursing home level of care.

MOW (Home delivered meals or meals on wheels)

This service delivers hot, nutritious meals to people who are homebound. A great way to get the nutrients both you and your loved one needs without having to take the time to prepare the meals. Many people are surprised by how good these meals really are!

Respite or respite care

Respite care provides a temporary break from the responsibilities of caregiving. Respite care is provided in-home, at Adult Day Care centers or in a care facility (such as a CBRF). It benefits both you the caregiver and your loved one. By taking some time for yourself, you are able to recharge.

SNF (pronounced "sniff" - Skilled Nursing Facility)

Also known as nursing homes or long term care facilities, these facilities provide medical care to persons who reside in them. Most provide both short term (rehabilitative) and long term care and are staffed with Registered Nurses, Certified Nursing Assistants, Physical, Occupational and Speech Therapies.

Supportive home care.

Supportive home care provides in-home non-medical care. Services include (but are not limited to) housekeeping, meal preparation, companionship and assistance with personal cares. Utilizing supportive home is a great way for caregivers to run errands and keep their own medical appointments.

So many programs, services and resources are available to assist on your caregiving journey. If you would like to meet with someone to discuss services and options that can assist you, please call us at **1-866-663-3607**

We'd love to hear from you!

by Victoria Johns
Caregiver Support Coordinator
Aging & Disability Resource Center of Central Wisconsin
Source: Wisconsin Department of Health Services. What is an ADRC?
http://www.dhs.wisconsin.gov/ltcare/adrc/

Bayfield County Dept. of Human Services
117 E. Fifth St.
P.O. Box 100
Washburn, Wisconsin 54891

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ADRC
Aging & Disability Resource Center

Hours of operation:
8:00-4:00 Monday through Friday
Phone Number:
1-866-663-3607

Visit the ADRC office:
117 E 5th Street
Washburn, WI 54891

Appointments are not necessary, but are helpful.
Website: www.adrc-n-wi.org

UW Extension
University of Wisconsin-Extension

Bayfield County – UW Extension
County Administration Bldg
117 E. 5th Street
Washburn, WI 54891
Phone: 715-373-6104
Fax: 715-373-6304
Office hours 8 AM – 4 PM.: Monday – Friday
Website: http://bayfield.uwex.edu/

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