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Hope and Healing



America is aging. In a little more than a decade and a half, one out of every five people is expected to be aged 65 or older, according to a new U.S. Census Bureau report. Everyone from economic experts to political pundits to health care specialists have offered their perspectives on what this means for the future of our country's financial and health care systems.

But what does the aging of America (and the rest of the world) mean for us as individuals? How will we cope as more and more of us are called upon to take care of elderly loved ones in declining health?

The answers to these questions will be as unique as the men and women faced with this dilemma. But there is common ground to be found in community—in sharing our personal stories and experiences as family caregivers of the aging to support and inspire one another.

In this issue, caregivers candidly discuss their battles with burnout and share tips for finding the right home care provider. As a nod to summer, you'll discover a list of farmer's market foods that seniors and their caregivers are sure to love, as well as a recipe for an easy-to-make, frozen treat. One of AgingCare.com's experts weighs in on the benefits of geriatric psychiatrists, and one former doctor shares his experience being misdiagnosed with Alzheimer's.

Our cover story subject, Mary Dempsey—whose brother just so happens to be Patrick Dempsey, or “Dr. McDreamy” from the hit drama *Grey's Anatomy*—shares her journey as the primary caregiver for their mother, Amanda, during a 17-year battle with ovarian cancer. The experience of helping Amanda through multiple recurrences inspired Mary and her two siblings to create The Patrick Dempsey Center for Cancer Hope and Healing, which offers free integrative care and support for cancer patients and their families. Hope and healing: two elements that family caregivers could always use more of.

Keep caring and sharing,

Anne Marie Botek

Anne-Marie Botek
Editor In Chief

INSIDE OUR SUMMER ISSUE 2014



COVER IMAGE: Courtesy Bowdoin College/
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Battling Burnout by Bonding with Other Caregivers



PHOTOGRAPH: Erik Kellar

My grandparents were very present in my life growing up. A babysitter, a home-cooked meal and a few quarters for the candy store were always available, just next door. To this day, Sunday dinners are a multi-generational affair in our house, as my own children have now joined the table with my wife, our parents and our grandparents.

But aging has taken its toll on us and, with the passing of time, the conversations around that table have changed.

A 2008 breakfast table conversation between my mother and mother-in-law led to a mutual revelation: they were becoming caregivers for their parents. Each woman lamented the increasing need for answers and support from others who had walked in their shoes, the shoes of a family caregiver. Sharing their experiences and insights gave them a sense of empowerment—a feeling that every caregiver should (but often does not) have the opportunity to experience.

Thus, AgingCare.com was born. A website where caregivers could go to gain knowledge, comfort and strength by connecting with others who went through similar experiences. Forming a true bond with other caregivers can be a powerful support tool—it certainly was for my family. I am proud that AgingCare.com exists as a place where caregivers can come, regardless of where they are in their journey, to connect with one another.

Sincerely,

Joe Buckheit
CEO and Founder,
AgingCare.com

Designed for (and by) Family Caregivers

The wants and needs of family caregivers form the foundation of each and every one of AgingCare.com's resources. We take our cue from the millions of men and women who come to the website, crafting custom materials such as full-length eBooks, informational articles and online tools to help you navigate your caregiving journey. Each of the following resources is available online at www.AgingCare.com/Guides and completely FREE for caregivers: Caregiver's Survival Guide, How to Find and Manage Home Care and Funeral Pre-Planning Guide.

Visit www.AgingCare.com/Guides and Download Your FREE Guides



Caregiver to Caregiver

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BATTLING BURNOUT

Family caregivers go to AgingCare.com to share with each other their strategies for managing stress and preventing burnout.

How do I cope with caregiver guilt?

“Guilt is something you put on yourself. Sit down and decide you’re going to put the guilt aside.”

“Guilt is awful to deal with; that nagging voice in the back of our heads makes us feel like we’re going to be judged for giving up or walking away from a loved one. But you can let it go—if you’re strong enough. Realize that you do not have to put yourself through this.”

It's been a rough day with mom, any advice?

“Some days, there’s just no pleasing a loved one. Make sure she’s taken care of, but don’t spend too much time around her when you’re stressed.”

“Take it one day at a time and don’t look too far down the road.”

“Make sure you take a break. We get to a place where we think we are the ‘best’ at taking care of our loved one and so we’re reluctant to leave them, like we are failing them in some way. But they will survive a short time with someone else.”

Why don't I like my mom anymore?

“Welcome to the crazy emotional roller-coaster that is caregiving. We all love our moms and dads, but it can get to be too much, very quickly. It’s important to strike a balance—to make sure you get rest and find some ‘me’ time.”

“I feel your pain. I don’t like my dementia dad much either, these days. I love him, but liking him isn’t there anymore.”

I'm burnt-out. How do I cope?

“It’s completely OK to feel frustrated. Reaching out to others for help and support is not an easy thing to do, but it’s necessary.”

“If you care for your loved one at home, try looking into other housing arrangements—assisted living, or even hiring an in-home caregiver to give you a rest!”

“I quit being my mom’s caregiver because I just couldn’t take it anymore. I still feel bad sometimes, but it was the right decision for me and my family.”

“You are not alone, we’ve been there too. Just realize that you are only one person and you can’t do everything for them. Take a break and do things that enrich your soul.”

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USING FREE ONLINE RESOURCES TO FACILITATE FAMILY CAREGIVING DECISIONS

Feeling overwhelmed for stretches of time – some longer than others – is a natural part of living in a household facing the challenges of dementia. Although some caregivers and families may feel alone in these challenges, the inspiring truth is that there are a number of new resources available for those facing these same struggles – perhaps more now than ever before.

The nation's largest senior living resource, A Place for Mom (toll-free **866-344-4997** with hours Monday-Friday **5:00 AM-9:00 PM** and Saturday-Sunday **8:30 AM-5:30 PM** Pacific Time), helps caregivers cope with those difficult stretches by meeting the increasing adversity of dementia head-on. Empathetic support, professional advice and centralized tools are some of the ways in which A Place for Mom supports families in the early stages of dementia. However, the later stages of dementia can introduce a new set of challenges. For families in this situation, the increasing unpredictability of the disease often brings about a need for a level of care beyond what can be provided by the typical family – but how does one go about finding the right care?

Research shows that families frequently begin their search for senior living options without a full understanding of what is available. This is understandable, since the senior care industry has been scurrying to meet the rising needs of the growing senior population over the past two decades. As a result, the industry has witnessed the development of many levels of care options. When families begin their search without the safety net of a Senior Living Advisor, they can run into problems. In a recent study conducted by A Place for Mom, 59% of those seeking “nursing home care” ultimately chose an entirely different level of care after they had been educated about the various options by a trusted Senior Living Advisor. It is this advice that can be vital to a family's search.

A Place for Mom's over 240 Senior Living Advisors across the United States help thousands of people each month, providing assistance 7 days a week. These trained professionals perform a thorough consultation, collecting specific details about the senior's needs and budget in order to identify the appropriate care type. Once the Advisor has a complete profile of the senior, several care options in the area are selected for the family. This invaluable assistance is offered at no charge to families – A Place for Mom carries out its mission of being a comprehensive senior living resource through payment from the participating senior communities in the A Place for Mom network.



When it comes to selecting a senior living community for a loved one, A Place for Mom also offers families additional resources to find only the best care for their loved one. With over 100,000 senior living communities and care providers across the country, selecting a senior housing option can be daunting. However, SeniorAdvisor.com (toll-free **877-663-0049** with hours Monday- Friday **5:00 AM-9:00 PM** and Saturday-Sunday **8:30 AM-5:30 PM** Pacific Time) – a ratings and reviews site designed for people engaging in this search process – provides a helping hand to aid in the selection process. With over 25,000 ratings and reviews from real families across the country, SeniorAdvisor.com provides a way for families to get an inside look at the communities in their area, with relevant feedback from other families. Caregivers use the information available on SeniorAdvisor.com to determine which senior living communities they would like to tour or investigate in more detail.

Regardless of the stage of a family's journey, A Place for Mom can offer support and guidance. Caregivers.com, AgingCare.com and Alzheimers.net are examples of three separate online resources providing a sense of community to those involved in the daily ups and downs of caregiving. These resource hubs act as a respite, providing inspirational quotes, valuable tips and smart, poignant advice from healthcare professionals. These online resources can help minimize the stress and fatigue of caregivers. One of the most significant benefits of utilizing these free resources is that families can feel empowered knowing that they are making the best possible decisions for their loved one.

Paid for by A Place for Mom

A BLOGGER'S JOURNEY

Do I Really Have Alzheimer's Disease?

By David Hilfiker

When, in conversation with another person about my Alzheimer's, I mention one of my particularly frustrating symptoms, they'll often respond with something like, “Yeah, I know what you mean; I've been getting a lot more forgetful, too.”

It drives me nuts.

Usually, I just let the comment pass, but it most often feels like a dismissal of my diagnosis, as if to say, “Everybody gets like that sometimes; don't take it so seriously.”

It irritates me, so I list a few of my more abnormal symptoms to shut the person up. But sometimes they'll respond to that by saying something like, “Well, you said you're not 100 percent sure you have Alzheimer's, didn't you? It could be something else, right?”

Yes, it could be something else. But it's not.

I can't blame my friends; they're just trying to be optimistic or make me feel better or, perhaps, shield themselves from the fear of the disease. Or maybe they're just trying to make sense of the disease, to understand what I'm going through and I'm just being overly sensitive.

A definitive diagnosis of Alzheimer's disease can only be made at autopsy. In clinical practice, however, the diagnosis is made by testing for dementia using a cognitive function test and then ruling out other causes of that dementia.

For some of us with early disease, however, we don't even meet the official criteria for dementia, which, in practice, usually means a score of less than twenty-five out of thirty questions on the Montreal Cognitive Assessment (MoCA). Those of us who score between twenty-five and thirty are given the diagnosis of “mild cognitive impairment” (MCI). If the other causes of dementia have been ruled out, however, MCI virtually always progresses to Alzheimer's.

So do I always feel absolutely certain? Well, mostly I do.

My personal neurologist believes my MCI will progress to dementia, as does the research neurologist I've asked. At an intellectual level, I'm convinced this is Alzheimer's disease.

But am I absolutely, 100 percent certain? No. And that little bit of uncertainty makes this difficult disease even more difficult.

As a doctor, I understand that in medicine almost nothing is certain. Sometimes we just have to wait and see. But the three

Continued on page 9

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A BLOGGER'S JOURNEY



years since my first symptoms feels like a long period to wait. Most neurologists, I suspect, don't mention Alzheimer's to people with early MCI unless they ask.

There's really no way around this dilemma of uncertainty, but it raises uncomfortable issues for those of us with mild cognitive impairment.

We ask ourselves questions like:

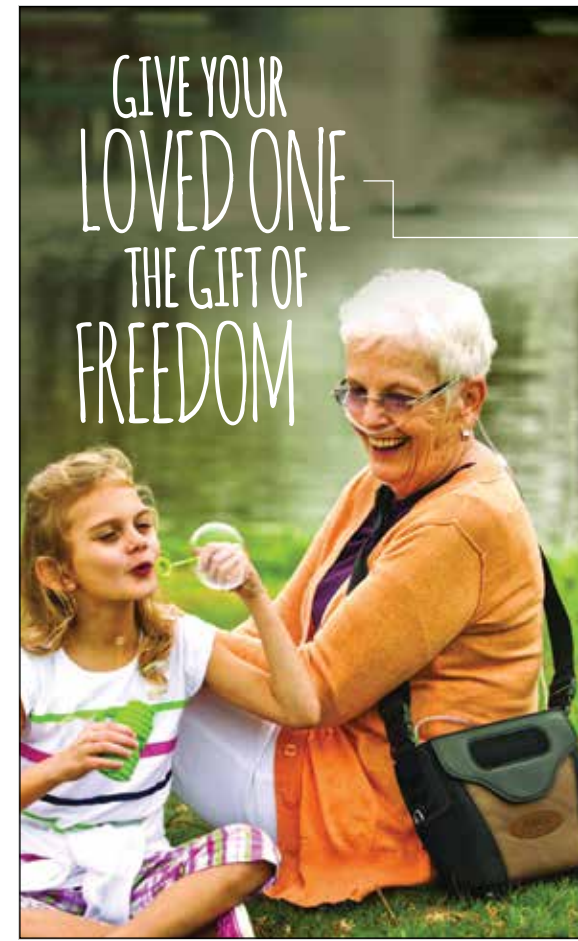
- If it's not Alzheimer's, what else is it?
- If I'm not 100 percent sure, should I inform my friends?
- Should I get started on my "bucket list"?
- What kind of advance directives should I make?

Obviously, some people would rather not know and deliberately avoid the diagnosis. Others move into active denial, perhaps never facing reality.

But for those of us who want to know what's happening to us, why we're forgetting so much, why we've declined intellectually, the uncertainty can wear us down.



About the author:
David was diagnosed with Mild Cognitive Impairment in 2012. His doctor thought he had Alzheimer's, but additional testing ruled out the disease. David blogs about his day-to-day experiences to shed light on what it's like to live with a mind that's fading for unknown reasons.
Follow his ongoing journey at: AgingCare.com/Blogger/David-Hilfiker



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Aging the Search for Professional Home Care

BY ANNE-MARIE BOTEK

Aging adults often desire to grow old in the comfort of their home, even if living on their own places their well-being in jeopardy. An ingrained aversion to the stereotypical nursing home—viewed as a brutal environment of decay and death—can blind a senior to the wider impact of their decision.



All too often, it is a single family member who takes on the lion's share of an elder's care, a scenario which can quickly become overwhelming. "I feel as though I am losing myself and who I am. I do nothing but care," laments Murphy, an AgingCare.com member.

Professional home care companies can fill the gaps for family caregivers who need a break. There are many different levels of home care, but two main categories: medical and non-medical.

Most home care is non-medical in nature and includes such services as companionship, housekeeping, meal preparation, transportation, shopping, money management, as well as assistance with activities of daily life (ADL)—bathing, eating, toileting, dressing and other personal care tasks. Non-medical care is typically provided by either a home-maker or a home care aide.

Medical care must be performed by a licensed medical professional (i.e. a certified nurse or a therapist). Dispensing medication, wound care, and physical or speech therapy all fall under the umbrella of medical home care, which requires a doctor's prescription.

Finding a good fit

Inviting a stranger into the house to look after a loved one is a daunting prospect, but the proper screening process can help you find the right home care fit.

A home care agency should take time to learn the specifics of your loved one's physical, mental and emotional needs, and match them with a caregiver they'll feel comfortable with.

"Taking the time to find the right personality fit can do wonders for your loved one's well-being, as well as your personal peace of mind."

When comparing different home care agencies, be sure to find out:

- How long they've been in business.
- Whether they're Medicare-certified.
- What insurance they accept.
- How they find, screen and train their caregivers.
- How they monitor and evaluate caregivers.
- Whether their caregivers are licensed, bonded and insured.
- How they develop an individual care plan for each elder.
- How they handle complaints.
- The back-up plan if a scheduled caregiver can't make it.
- How they handle emergencies.

It's important not to rely solely on an agency's estimation of which caregiver will work well with your loved one. When you meet the home care aide(s) who have been assigned to your family member, use these five questions to get a feel for their personality and expertise:

1. How long have you been in the elder care field?
2. Why did you decide to become a caregiver for seniors?
3. What type of care are you most experienced with providing?
4. What ailments do you have experience dealing with?
5. How will you keep me informed of my loved one's condition? ■

Caregiver to Caregiver

AgingCare.com/Caregiver-Forum

HIRING IN-HOME HELP

When searching for home care, family caregivers turn to AgingCare.com for information and insight:

How do I get dad to accept outside help?

“I had a similar situation with my mom. The way I got around it was to let her know it was me who needed the help because I worried so much about her when I was not with her.”

“One of the ways I've dealt with my parents over this issue is to point out that if I lose my health—physical or otherwise—they will not have me to take care of them, even some of the time.”

“Blame it on doctor's orders.”

Should I expect the same group of home health aides to care for my mom each time?

“Depending upon what hours you need aides to work, there should always be 'familiar' working with you—people you are familiar with and have worked with before.”

“I remember feeling that way. We had a revolving door of professionals every week, all week long. It drove me nuts.”

Any advice for someone who's hiring a home health aide for the first time?

“Whether you use an agency or independent caregiver, you still need to interview and screen.”

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The Bearable Lightness of Battle

MARY DEMPSEY DISCUSSES CANCER ADVOCACY, CAREGIVING AND HER MOTHER'S ENDURING SPIRIT.

By Anne-Marie Botek

Every year, for one weekend in August, the air above the Simard-Payne Memorial Park in Lewiston, Maine, is adorned with dozens of hot-air balloons, flashing their jewel-bright colors and sporting names that range from “Waddles the SnoBird” to “Serendipity.”

The Great Falls Balloon Festival is a time for the community to come together and support local non-profits. The event draws 100,000 visitors each year—none more eager to take part in the festivities than Mary Dempsey and her mother, Amanda.

But in 1997, the weekend that the Dempsey family had set aside for celebration was forever tarnished when Amanda received a devastat-

ing diagnosis: ovarian cancer. “From that day forward, life changed forever,” says Mary. “It was like a door was slammed in my face. When I opened the door, all I saw was fog. We quickly had to choose the right path.”

Armed as she was with a health care background that spanned several decades, Mary became the obvious choice to take up the caregiver mantle for her mother. Her brother, actor Patrick Dempsey (known for his role as Dr. Derek “McDreamy” Shepherd on the medical drama *Grey’s Anatomy*) and sister, Alicia, put their faith in Mary’s experience to secure the best care and quality of life for their mother. “It brought comfort to my mom and siblings knowing that I had a pulse on everything from day one.

I was able to quickly navigate the situation and get the answers and options for the family to discuss.”

Mary became the clan’s medical translator, using her skills to decipher doctor-speak so that her mother could make informed choices about treatment. But Mary would never let

her mother abdicate the decision-making process, even though Amanda at times wanted to. “She would gently look at me with her beautiful blue eyes saying ‘Is this right?’ My response was always ‘Mom, it’s your answer, therefore it’s the right choice.’”

Different Days, Different Strengths

Amanda’s cancer battle spanned nearly two decades and a dozen relapses. It was a capricious journey that tested the mettle of both women, and the family as a whole. “Being a caregiver is a full-time position. I would never let my hair down. Always available and on call to go as needed, with my phone by my side,” says Mary, who witnessed her mother handle multiple relapses with a mixture of pain and awe. “It was so difficult to hear and watch. Mom was very strong and fortunately taught me strength at an early age. Being able to watch her quickly recover and fight—one day at a



Clockwise from left: Amanda and Mary prepare to walk in the Dempsey Challenge; Patrick, Amanda and Mary enjoy the sunshine together; Patrick speaks during the Dempsey Challenge ceremony.

time—to rise above cancer was so rewarding.”

The term “fight” is the ideal distillation of the essence of Amanda’s journey. Mary describes the joy of watching her mother “beat up cancer” on her good days and adopt a mantra of “one foot in front of the other” when threatened with the bad. The mother-daughter duo chased down countless clinical trials over the years, attempting to gain access. Despite being denied entry on multiple occasions, they persisted in their pursuit.

Mary confesses that there were times when she was plagued by the double-edged nature of her medical knowledge base. “I was never afraid to politely speak up for Mom, when necessary,” she says. “But having medical knowledge can be good and bad; you know just enough, which can be hard.”

Cancer Curse to Community Gift

Ten years into Amanda’s battle, the

‘Practice patience, kindness, love and support from the heart. Caregivers need to make good use of their ears, their shoulders and their heart.’

Dempseys came up with a way to share her quiet strength with other families who’d been affected by cancer.

The Patrick Dempsey Center for Cancer Hope & Healing, located in the family’s hometown of Lewiston, was born from the synthesis of Mary’s medical know-how, and Patrick’s vision and financial backing.

Since it opened in 2008, the Center has provided a range of support

services to cancer patients and their caregivers, free of charge. Health and wellness services including oncology counseling, youth and family support programs, nutrition and exercise consultations, yoga, Tai Chi, mindfulness meditation, massage and Reiki are all offered on an ongoing basis. The facility also boasts a library packed with educational DVDs and books, as well as a beautiful Healing Garden that was recently re-named in Amanda’s honor.

“We took Mom’s cancer diagnosis and made it a ‘gift’ to the community,” Mary says. “Patrick, after seeing what I could do as one person for our mother, made us realize the possibilities of what we could do with a whole team of dedicated individuals. The vision was huge, but made possible with passion, hard work, and of course Patrick helping with financial support to get us started.”

Once the Center was up and running, each Dempsey infused the endeavor with an offering that reflected his or her unique gifts.

Amanda volunteered constantly—sewing blankets to give to the patients, keeping the facilities neat and tidy, even bringing apples and homemade jam to the Center on a

regular basis. Mary assumed the role of Assistant Director and Patrick developed a way to ensure that the Center's services could remain free for the families: The Dempsey Challenge, an annual run, walk, cycle event that takes place each fall in Lewiston.

Equal parts festival and fitness, the Challenge has its roots in the Center's belief that maintaining a healthy lifestyle is key to cancer prevention and coping with the disease. Survivors are celebrated with a special walk, led by Amanda, Mary, Patrick, Alicia and other Dempsey family members.

This year's Dempsey Challenge, set to take place on September 27th and 28th, will have a slightly different tenor. Amanda passed away in March, leaving a void that is sure to be felt by every participant. "She was a role model to many, even those who'd never met her," says Mary, who admits that her personal grief journey is still ongoing. "Some days are good, and others I feel like I have tripped in a pothole."

But Mary continues on as her mother would have, putting one foot in front of the other and channeling Amanda's essence into



Caregivers and patients participate in a nutrition counseling session in the demo kitchen at the Patrick Dempsey Center for Cancer Hope and Healing.

efforts that enrich the lives of cancer patients and their families. She also advocates for increased funding for cancer research, a role that recently had her testifying before the U.S. Senate Special Committee on Aging. Her goal is to keep growing the Center and continue offering no-cost assistance to those affected by cancer "as long as we are needed"—the hopeful implication being that cancer will one day be eradicated, rendering the very notion of a cancer support center obsolete.

In the meantime, Mary's message to her fellow family caregivers is: "Practice patience, kindness, love and support from the heart. You will

need to make good use of your ears, your shoulders and your heart. And remember to stop and re-charge your own batteries once a day—even if it's only for five minutes."

This past year, just prior to one of her final chemotherapy treatments, Amanda was finally able to cross "take a ride in a hot air balloon" off of her bucket list.

In light of their journey together, Amanda and Mary's annual pilgrimage to the balloon festival takes on a deeper meaning—the unrelenting heavenward ascension of the flamboyant inflatables echoing the strength of two women with identical powder blue eyes, gentle smiles and indomitably caring spirits. ■

Caregiving Insights From Every Angle

AgingCare.com's library of thousands of online articles offers insights from all kinds of caregivers on issues that range from avoiding burnout, to navigating the complexities of the health care system, to dealing with the emotional ups and downs of the caregiving experience. The stories of family caregivers—whether they're a famous face, like Mary and Patrick Dempsey, or a next door neighbor—contain common experiences and revelations that can help guide their caregiving compatriots.

- What's it like for Glen Campbell's daughter, Ashley, to perform onstage with him while he battles Alzheimer's disease?
- How does Amy Grant handle family conflicts while caring for her father?
- What universal caregiving experience did Jodie Foster reveal during her Golden Globes acceptance speech?

Find the answers to these questions and be inspired by the journeys of caregivers who are walking in your shoes at AgingCare.com.



5 Legal Documents Every Senior Should Prepare

BY ANNE-MARIE BOTEK

There are many issues to consider as a beloved family member ages, but perhaps the most important is to ensure that a loved one takes the legal steps necessary to guarantee their medical and financial wishes are carried out. ➔

Conversations about end-of-life issues are never easy, but it's essential that elders and their families plan for the future by preparing the following legal documents:

1 HIPAA AUTHORIZATION: The Health Information Portability and Accountability Act (HIPAA) prohibits medical professionals from discussing a patient's health information with anyone but that person. Even family caregivers can't access a loved one's medical records or talk to the doctor about an elder's condition until they sign a HIPAA form, which most doctors' offices have copies of.

2 DURABLE POWER OF ATTORNEY (POA): Obtaining financial and health care POA for an aging loved one is a must for family caregivers. These forms allow a senior to designate a trusted family member as an "agent" who can make medical and monetary decisions on their behalf. An individual with financial and health care POA has the authority to perform a variety of activities on behalf of an elderly loved one including: paying bills, liquidating assets to cover living expenses, making investments, choosing where a senior lives, what medical care they receive, what they eat, who bathes them—the list goes on. A Durable POA is one that endures, even after the elder dies or becomes mentally incapacitated.

3 WILL: There are many different kinds of wills, each with separate stipulations regarding how assets and property are to be disbursed after an elder dies. A will can only be activated by the death of the individual who prepared it.

4 DO NOT RESUSCITATE ORDER (DNR): This form instructs medical professionals and emergency responders to avoid performing cardiopulmonary resus-

citation (CPR) if a senior ceases to breathe or their heart stops beating.

5 TRUST: A trust is an essential estate planning document that specifies how a person wants certain assets distributed after they die. There are several different types of trusts, each with its own set of rules and requirements for fulfillment. The primary difference between a trust and a will is that a trust can be enacted either while the individual is still alive or after their death, while a will only goes into effect when a person passes.

“Even family caregivers can't access a loved one's medical records or talk to the doctor until they sign a HIPAA form.”

Sometimes POAs will be bundled together with a DNR and a living will in a package of documents called advance care directives. A person who has been diagnosed with Alzheimer's or some other form of dementia can sign legal documents, as long as he or she still has so-called "legal capacity"—the ability to make rational decisions and comprehend the consequences of signing a particular document.

An elder law attorney can assist with the preparation of legal documents, determine whether a senior still has legal capacity, and provide valuable guidance to help families plan for the future, given their circumstances and personal preferences. ■

**LEARN MORE AT
WWW.AGINGCARE.COM/
ELDER-LAW.**

Caregiver to Caregiver

AgingCare.com/Caregiver-Forum

DOCUMENTS AND DECISION-MAKING

From POA to HIPAA, family caregivers discuss a variety of legal matters on AgingCare.com:

How can I get a copy of mom's will?

“A good attorney would file a copy with the county clerk for her home address. Check there and make sure to bring proof that you're her POA.”

Are doctors required to notify a POA if they make changes to a patient's medication?

“Unless the patient has been declared incompetent to make their own decisions and you have authority to make their medical decisions, I doubt a doctor is legally obligated to inform you.”

“Each state has its own legal requirements by the medical community. Some states accept health care POA and some don't.”

My dad can't sign his name because of arthritis, can I witness his mark?

“It's probably best to get a notary to witness his signature and you might want to consider having him give you POA so you can continue to help with whatever comes up in the future.”

Can my mother-in-law's POA prevent me from visiting her?

“Unless she has a restraining order on you, I don't believe that she can prohibit you from seeing her.”

“A POA has only as much power as granted by the patient. Visitation should have no medical impact, so a person with a healthcare POA shouldn't be able to regulate that.”

Preferred Elder Law Attorney Registry

When it comes to legal issues for aging family members, the importance of advance planning cannot be overstated. The right legal and financial documentation can ease a family's burden and ensure a loved one's wishes are fulfilled. The nationwide AgingCare.com Elder Law Directory helps seniors and their families find the elder law attorney who can help them navigate the legal aspects of elder care. Discover the elder law specialists practicing in your area at: www.AgingCare.com/Elder-Law

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Stacey L. Johnson
Stacey Johnson is a passionate advocate for the benefit of elderly and vulnerable adults. Firm practice areas include: guardianship/conservatorship, probate, family, estate planning, estate and trust administration, real estate and litigation.

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Jeffrey M. Janeiro
As Managing Member of the firm, Mr. Janeiro guides his clients through the process of creating an estate plan using innovative elder planning and tax strategies. His techniques are based on long term goals that provide for the client and their loved ones during all stages of life.

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Seven Senior-Friendly Farmer's Market Foods

A farmer's market is an affordable way to get into the fruit and veggie groove this summer. A trip to the local market can also be a great excuse to get some exercise and enjoy the warm weather with a loved one.

BY TAJI MORTAZAVI



Fava beans: Boiling fava beans completely strips them of their nutrients. Try sautéing the beans in a little olive oil instead, or mixing cooked fava beans with steamed basmati rice, chopped dill and freshly minced garlic.



Asparagus: Asparagus is rich in glutathione, an antioxidant that fights aging and potentially prevents cancer. Add raw, chopped asparagus to salads, or roast spears in the oven with a little olive oil, garlic and salt for a crispy alternative to French Fries, that won't cause a blood sugar spike.



Radishes: Radishes have a crisp bite that makes them perfect for summer. They are also one of the most fiber-rich vegetables; one cup can pack eight grams of fiber. Be careful to add radishes into dishes gradually. Too much too soon might cause an upset stomach.



Peas: Green peas are no longer the vegetables you hated as a child. Peas are rich in vitamins C, E and the mineral zinc, and can be added to salads, soups and casseroles to reduce inflammation that causes indigestion, heart disease, even Alzheimer's.



Strawberries: Strawberries are one of the sweetest fruits to feed your loved one during spring and they contain antioxidants which can help with all sorts of health problems and ailments. Strawberries' high vitamin C content may alleviate the severity of bruises and promote faster healing.



Green onions: Green onions and scallions add a punch to any dish and are milder in flavor and texture than white onions. Adding a handful of scallions to a bowl of chili or soup is an easy way to instantly boost the flavor of the dish.



Arugula: Instead of bland lettuce mixes, try a peppery lettuce like arugula. Arugula is very rich in selenium—which gives the leafy green its peppery flavor and is known for its antioxidant properties—and folate (an important B vitamin), making it a great base for spring salads. ■



About the author: Taji is devoted to democratizing health and believes anyone can live a healthy lifestyle, regardless of age, medical illness or budget. You can follow her senior nutrition and health blog at

www.AgingCare.com/Blogger/Taji-Mortazavi

“Strawberries’ high vitamin C content may alleviate the severity of bruises and promote faster healing.”

QUICK AND EASY BANANA ‘ICE CREAM’

Bananas, another popular farmer's market food, are high in potassium, making them an excellent fruit choice if your loved one has a history of heart disease. Here's a simple recipe for a fruit-based frozen treat:

Ingredients: (serves 2)

- 4 bananas, peeled, cut into chunks and frozen
- ¼ cups cacao nibs, plus more for garnish

DIRECTIONS:

- 1 Blend the bananas in a high-speed blender until smooth and creamy
- 2 Transfer to mixing bowl. Mix in cacao nibs. Freeze for 30-60 minutes. Garnish with other toppings such as strawberries, graham crackers and dried goji berries.



Caregiver to Caregiver

AgingCare.com/Caregiver-Forum

The challenge of keeping a loved one properly fed leads many family caregivers to seek tips from fellow caregivers on AgingCare.com:

“Taste buds start disappearing later in life, the ones that last the longest are the ones for sweets. You may want to steer your loved one towards healthier sweets—ice cream, yogurt and fruit. That way, they'll be getting protein and vitamins.”

“Think about nutrition as a whole day goal, rather than in meals. Over the course of the day, Dad usually gets what he needs, just not in the traditional format.”

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For someone living alone, the SafePresence® Bedtime nTouch™ provides dignified nighttime monitoring without the discomfort of wearing to bed a push-to-call pendant or wristband.

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The Bedtime nTouch™ senses if the user is in bed with a hidden sensor pad. Nothing is worn and nothing is visible except for a control box that looks like a clock on a bedside table. It is a clock ... and more. The system sends a text message when the user is not in bed when expected. A text message is sent if a user is not in bed after the time selected for a toilet break. A text also is sent if the user is not out of bed in the morning when expected. If no assistance is needed, the user has the opportunity to cancel the text before it occurs.

The SafePresence® Bedtime nTouch™ works during those out-of-touch hours at night. It can be the best choice for shortening response time when help is needed. It is discrete and fits the lifestyle of users who don't want to wear an emergency device at night. It can make a difference and can help the user remain independent.

For more information, call or visit our website. (855) 553-8003 • www.SafePresence.com

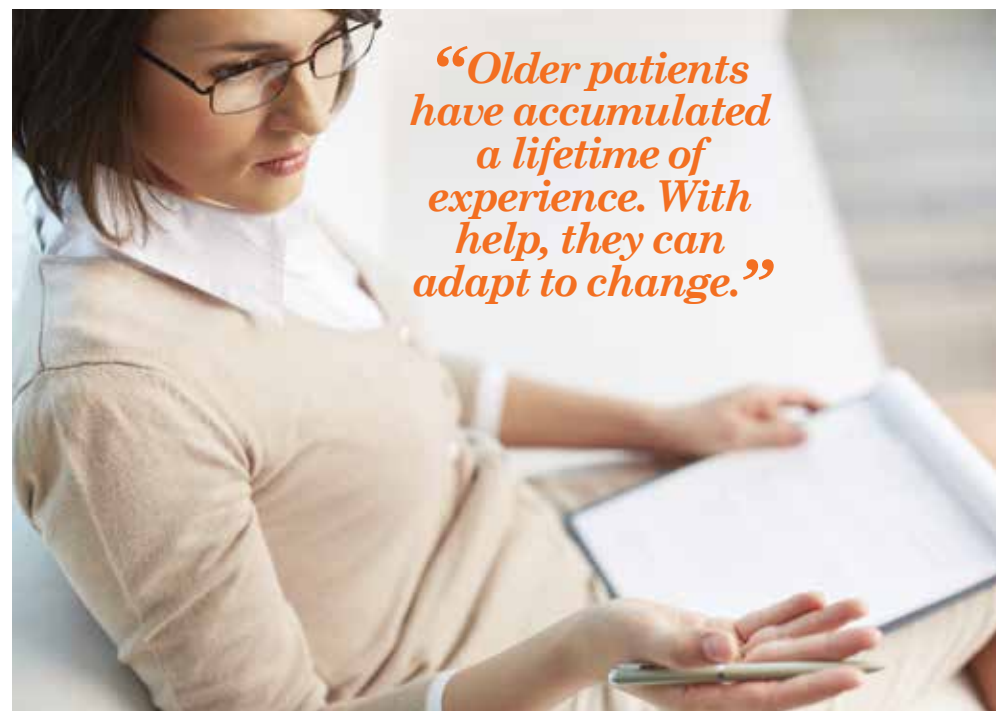


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How Geriatric Psychiatrists Can Help Seniors and Caregivers

By Dr. Helen Kales, professor of psychiatry at the University of Michigan

I am a geriatric psychiatrist. Um, what is that? An older psychiatrist who is ready to be put out to pasture? Nope. A psychiatrist that has an extra comfy couch so that older patients can lie down and tell me about their mother? Also, nope (although I do enjoy comfortable furniture).



A geriatric psychiatrist is a medical doctor with four years of psychiatry training in an internship or residency and extra training in a geriatric psychiatry fellowship.

Our goal is to maximize quality of life and functionality for older patients. We evaluate, diagnose and treat mental and cognitive health issues in older adults such as depression, anxiety and dementia.

Caring for older adults requires a special understanding of their physical, emotional and social needs. We manage patients with careful evaluation and assessment, medications (knowing when they can help and when they can't is key) and psychotherapy (mostly focused on the here and now, and no lying on couches). We maintain close linkage with the older adult's other health care professionals and family

caregivers, as well as community resources.

I was drawn to this profession for several reasons:

■ *I had a very positive experience with an older adult growing up, my grandmother. Late in her life, after she had a stroke, she also experienced depression. I saw the way it impacted our family when this strong, vibrant woman changed before our eyes. With treatment, she was able to recover.*

■ *I love the challenge of integrating the knowledge of psychiatry, neurology and medicine to understand the mental and cognitive problems of the older patient. Each patient's issues are different and present a puzzle to be solved.*

■ *Older patients have accumulated a lifetime of experience. With help, they can adapt to change and improve their level of functioning.*

Geriatric psychiatrists work with patients' other doctors and their family. I consider family caregivers my best partners.

We tailor care to the particular circumstances of each individual patient. Caregivers offer a window to the older adult's past personality, their likes and dislikes, and functional abilities that would be difficult for me to get in an office visit alone. We then work together to come up with tailored strategies to improve the older adult's function, which benefits the entire family. ■



Visit Dr. Kales' blog and learn how to find geriatric psychiatry services in your area:

www.AgingCare.com/Experts/Dr-Helen-Kales



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Could you use some help with the following? Review this list of home care services to determine what type of non-medical home care might be right for you or your loved one:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Skin care | <input type="checkbox"/> Meal planning | <input type="checkbox"/> Feeding |
| <input type="checkbox"/> Bed bath | <input type="checkbox"/> Nail care | <input type="checkbox"/> Cooking | <input type="checkbox"/> Assist to bathroom |
| <input type="checkbox"/> Tub bath | <input type="checkbox"/> Foot care | <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Assist with self-administered medications |
| <input type="checkbox"/> Shower | <input type="checkbox"/> Perineal care | <input type="checkbox"/> Serve meals | <input type="checkbox"/> Record food intake |
| <input type="checkbox"/> Sponge bath | <input type="checkbox"/> Change adult briefs | <input type="checkbox"/> Wash dishes | <input type="checkbox"/> Lively conversation |
| <input type="checkbox"/> Shave | <input type="checkbox"/> Assist with bedpan | <input type="checkbox"/> Light housekeeping | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Shampoo | <input type="checkbox"/> Assist with urinal | <input type="checkbox"/> Personal laundry | <input type="checkbox"/> Games |
| <input type="checkbox"/> Oral/mouth care | <input type="checkbox"/> Assist with commode | <input type="checkbox"/> Make/change bed | <input type="checkbox"/> Projects |
| <input type="checkbox"/> Brush teeth | <input type="checkbox"/> Reposition bed-bound clients to help prevent bedsores | <input type="checkbox"/> Help with organization | <input type="checkbox"/> Visits with friends |
| <input type="checkbox"/> Denture care | <input type="checkbox"/> Assist with range-of-motion activities | <input type="checkbox"/> Shopping | And many more client requests... |
| <input type="checkbox"/> Dressing | | <input type="checkbox"/> Errands | |
| <input type="checkbox"/> Grooming | | <input type="checkbox"/> Grocery shopping | |
| <input type="checkbox"/> Comb/brush hair | | <input type="checkbox"/> Transportation | |

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