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CAREGIVER LINK

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Coping with Post Traumatic Caregiving

by Mike Verano, LPC, LMFT, CCISM, CEAP, BC-TMH

According to a 2015 AARP study, over 40 million Americans are caregivers. While we know a lot about the experiences of this group—the financial, mental, and emotional impact—what is not always clear is how they entered their caregiver roles. Studies on stress, burnout, and compassion fatigue have identified the challenges faced by caregivers and often provide survival tips. What has not garnered the same amount of attention is the fact that many people enter this realm shell-shocked—stunned into emotional turmoil by witnessing a critical moment in the life of a loved one.

Psychotherapists, trained in assessing and providing support for trauma victims, know very well both the short- and long-term impacts of being exposed to situations that overwhelm one's natural ability to cope. Even those who do not inhabit the world of psychological diagnoses know very well that PTSD refers to post traumatic stress disorder and how serious and pervasive it is in a world where traumatic events happen with alarming regularity.

Many caregivers do not have the luxury of moving into their roles along a gradual learning curve. To the contrary, many are thrust into this role with no notice. Whether it is the sudden heart attack, stroke, diagnosis of a cognitive disorder etc., many caregivers begin their journey in the wake of a traumatic event to a loved one that leaves them reeling and experiencing many of the symptoms of PTSD to include:

- Unwanted upsetting memories
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

The unofficial diagnosis for these folks is best described as post traumatic caregiving, or PTCG for short. PTCG can be thought of as a precursor to PTSD, having the added dimensions that the triggering event has happened to a loved one and often involves a cascade of critical moments. Additionally, the random nature of the next crisis—known as "what now?" moments—and the challenge of having to juggle multiple demands sets PTCG apart from other psychological syndromes.

That most caregivers do not go on to develop PTSD is a result of multiple factors, not the least of which being the resiliency many find during crucial moments in life. That almost all will experience PTCG is the result of the natural stress response when faced with high impact situations that rattle all areas of life. While psychotherapy, supported by cutting edge techniques and possibly medications, is the standard treatment for PTSD, those experiencing PTCG are well-known for the "where will I find time for that?" response when told to practice self-care.

While professional treatment would be beneficial, in the absence of profound dysfunction, more practical are techniques that one can practice while going about the busy-ness of caregiving. These include the following:

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An Area Agency on Aging

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Mission

To provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families in Muskegon, Oceana, and Ottawa – a mission compelling us to target older persons in greatest need but to advocate for all.

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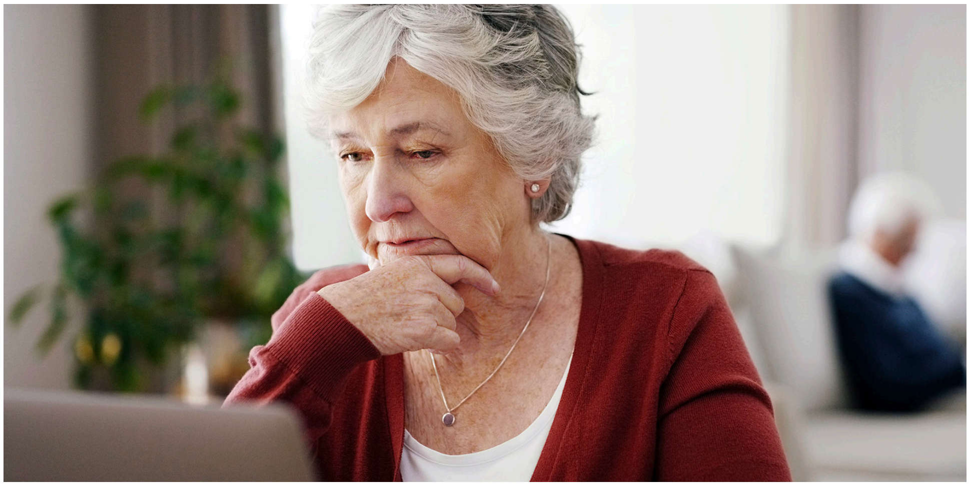
Coping with Post Traumatic Caregiving, continued from page 1

1. Don't wait for someone to offer help, tell people what you need. Too many caregivers take the offer, "call if you need anything," as an invitation to a party they'd rather not attend. Critical moments require stepping out of one's comfort zone—throwing up one's hands and saying, "I'm not waving at you, I'm drowning over here!"

2. Put down the Caregiver's Handbook and pick up the latest novel and lose yourself in it. Reading about all the challenges ahead can easily re-traumatize and move one from anxious moments to full-blown panic attacks. Safety is the first rule of trauma recovery and allowing the mind to move into imaginary worlds helps protect it from overload.

3. Get "techy" with it. Old school caregivers had to rely on professionals who were often over-worked and under-paid. Today, there are countless websites and apps that can bring experts into the home at the speed of the internet.



4. Create a sacred space wherever you can. Caregivers seldom have time to head off to spiritual retreats, travel to the mountains for peace of mind etc. Use the down moments while at the doctor's office with your loved one, the time spent driving to appointments, the preparation of the next meal as meditative moments by simply bringing your full attention to what you are doing now. Feel free to support these moments with silent mantras, prayers or simply recalling personal moments of joy.

5. Open yourself to the kindness of strangers. Caregivers often find that family members are either nowhere to be found or, sometimes worse, overly critical of their efforts. Many helpful encounters come out of nowhere and from people unknown. One need not be spiritual to heed the advice to "be not forgetful to entertain strangers: for thereby some have entertained angels unawares."

Once the caregiver train leaves the station for territories unknown, the one certainty is that the ride is going to be filled with ups and downs, gain and loss, joy, and sorrow. When arising out of trauma, caregiving becomes a practice in the awareness that one has been thrown off balance and that a myriad of demands is drawing on energies, that while heightened, may not be channeled in a positive direction. Since decisions during the initial stages of caregiving can have a profound impact on both the caregiver and the loved one being cared for, it's important that these energies are managed in ways that support their enhancement and staying power. Identifying when one is dealing with PTCG is one-way caregivers can practice the art of caregiving and self-healing simultaneously. ❖

A Medical Look at Dysphagia

by Valeri Thelen

Swallowing difficulties are a serious problem for many loved ones and a stress factor for caregivers nationwide. There are four main families of dysphagia, which have many of the same symptoms, but different causes and treatments.

First, preparatory dysphagia is the actual loss of smell or taste sensation and saliva. It also includes weak chewing muscles as well as painful gums and cheeks.

Second, oral dysphagia is caused when part of the tongue is missing and there is then impaired tongue control and sensory loss.

Esophageal dysphagia is the sensation of food sticking in the base of a loved one's throat or chest. There are quite a few causes of this dysphagia, ranging from narrowing or weakening of the esophagus muscles to food or other objects causing obstruction.

Oropharyngeal dysphagia relates to nerves and weakens throat muscles, making it difficult to move food from the mouth to the throat and esophagus. This is mainly caused by neurological disorders or cancer, causing choking, gagging, or coughing when a loved one attempts to swallow.

Regardless of the type, dysphagia can be debilitating to a loved one's daily life but is also treatable. Each diagnosis and treatment is as unique as the person suffering from the swallowing disorder.

Symptoms

The signs and symptoms that a caregiver should be aware of if suspecting dysphagia include:

- Pain while swallowing
- Inability to swallow
- Sensation of food getting stuck in the throat or chest or behind breastbone
- Increased drooling
- Hoarseness
- Bringing food back up (regurgitation)
- Frequent heartburn
- Food or stomach acid backing up into a loved one's throat
- Unexpected weight loss
- Coughing or gagging when swallowing

It's important to seek immediate help if obstructions are interfering with breathing or swallowing. If occasional swallowing difficulty becomes ongoing, or is accompanied by weight loss, regurgitation or vomiting, a caregiver should seek medical treatment for a loved one.

If left untreated, dysphagia can lead to serious issues such as malnutrition, dehydration, and respiratory problems. When preparing for the initial doctor's appointment to discuss swallowing issues, a caregiver can help make the most

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October's Website

www.aarp.org/aarp/caregivers

Quotes

"When you are a caregiver, you know that every day you will touch a life, or a life will touch yours."
– Unknown

"Some days there won't be a song in your heart. Sing anyway."
– Emory Austin

"Put one foot in front of the other, no matter what."
– Eleanor Brown

This Month's Book

Plan for Aging Well

by Stephanie Erickson MSW, LCSW

We are doing aging wrong. Our medical and healthcare systems are reactive, not proactive, and emphasize interventions that treat only our body. But we are more than just our bodies...

Managing Guilt

Source: Agency on Aging of South Central Connecticut

One of the most frustrating things about being a caregiver is the guilt that most of us carry. What do we feel guilty about?

- We tend to feel guilty that we aren't doing enough to help the person we're caring for.
- We feel guilty that we sometimes resent the time we are spending as caregivers.
- We may feel guilty that we are not doing as much for the person we are caring for as other caregivers are doing.
- Sometimes we feel guilty about things we have done or said in the past that we cannot take away now.
- We may feel guilty that we lose our tempers from time to time.

We are guilty about being human! None of us is perfect. All we can do is our best with what we must work. Whether were talking about our time, talent, or treasure, each of us only has so much to give. Sometimes we're spent. We have done all we can do that day and it might not be enough.

The best way to manage the guilt without being eaten up by it is to

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A Medical Look at Dysphagia, continued from page 3

of the short time with the professional by preparing information. First, make sure that there are no pre-appointment conditions such as diet restrictions, then prepare a list of a loved one's symptoms (including their severity and frequency), as well as lists of current medications and questions for the practitioner.

Some things to discuss with a health care provider are cause, treatments, longevity of issue, side effects from treatment, alternatives, existing health conditions, resources, etc.

Therapies

Swallowing disorders affect each person differently and a specialist will look at those particulars to come up with a specific treatment plan. It's not a "one size fits all" way of addressing the issue, and a loved one's plan will be tailored to their needs.

The goals of treatment, however, are standard:

To be at a place where swallowing is done as safely as possible, and minimizes the risk of choking or aspiration, and ensure the correct amount of nutrition and hydration is able to be provided for a loved one. An important thing for a caregiver to realize is that treatment for dysphagia involves a loved one's family and other support systems. Swallowing can be improved by addressing the overall condition, including strength, stamina, motivation, and emotional state.

First, a loved one and caregiver will need to understand what is wrong with the swallowing. A basic understanding will help them connect with the therapies the specialist recommends.

For oropharyngeal dysphagia, a speech or swallowing therapist may be recommended by the doctor. Common therapy includes exercise and learning swallowing techniques.

With a diagnosis of esophageal dysphagia, treatment may be more aggressive, including esophageal dilation, surgery, or medications.

If a medical professional recommends medications, professionals suggest a loved one help a person sit upright, stay calm and take one pill at a time during administration. Use plenty of liquid and applesauce to help with the swallowing of pills. They should be taken early in the day, and a loved one remains upright for 30 minutes after swallowing.

Treatment for a swallowing disorder most likely will include a diet modification. A caregiver should make sure their loved one is avoiding foods that may have caused problems in the past, such as tough meats, crusty breads, raw vegetables, whole nuts, some fruits, and sticky foods like peanut butter or frosted treats.

Another thing to monitor is food with mixed consistency, meaning both liquid and solid elements. An example is cereal with milk. The milk can get to the throat sooner and cause swallowing issues. Mushy cereal may be a good fix. Salad is another big no-no for those with swallowing

concerns. Lettuce is very difficult to make manageable. The dressing is the other concern, as with the milk and cereal scenario. It can get to the throat sooner and be swallowed before the person is ready.

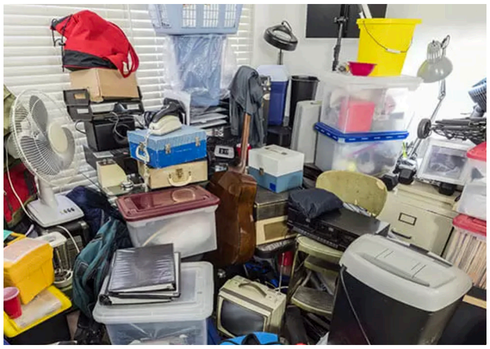
Fruit is many times a mixed consistency food, with skin and juices blending, as may be ice cream and gelatins that start out as solids and melt to a thin liquid in the mouth.

While lifestyle changes are likely, many people with swallowing issues find ways to manage the concern and live full, social lives. A caregiver can help with the embarrassment factor, especially in public settings, by planning, whether it's calling the restaurant or talking to the party host. ❖

Three Ways to Deal with a Loved One's Hoarding

by Rebecca Rushing, BSN, RN

When it comes to their loved ones, family caregivers are often prepared to deal with the stereotypical effects of aging: memory loss, mobility issues, frailty; however, sometimes they can be at a loss to deal with unexpected issues.



For example: How do you deal with loved ones who have begun exhibiting hoarding behavior?

In seniors, this tends to be associated with anxiety, dementia, or obsessive-compulsive disorder (OCD). The reasons behind hoarding behavior in seniors are varied. For some, as their memories fade, physical possessions provide a link to the past that they fear losing. For others, particularly those without social interaction, their possessions become their only anchor to the world.

Hoarding behavior goes beyond just collecting mementos of the past. The homes of loved ones exhibiting hoarding behavior will often be filled with clutter or even trash that they find it difficult or impossible to discard. The hoarded items eventually become a health or fire hazard. The home may become filled to the walls, with only narrow pathways to navigate from room to room.

When hoarding reaches unhealthy levels, it's up to the senior's loved ones to intervene, but this is a delicate process that can backfire if approached incorrectly. Here are three ways to deal with your aging loved one's hoarding.

1. Talk to a Doctor

It's important to remember that the body is not separate from the brain. Underlying health conditions can lead to mental health problems, too. The first step in addressing your loved one's hoarding is to talk with their doctor. Let their healthcare providers know about your concerns, then schedule a visit for a check-up if it's safe to do so in your area.

Anxiety disorders in seniors often coincide with other problems like heart disease, diabetes, and depression. Some medications can also have anxiety as a side effect.

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Managing Guilt, continued from page 4

acknowledge it. It is normal to feel guilty sometimes. Examine your feelings in the reality of the entire situation.

- Are you trying to be a good caregiver?
- Do you make sacrifices for the person you are caring for?
- Would you expect people to do more for you than you are doing for your loved one?

Most caregivers are trying very hard to be the best caregivers they can be, and they are sacrificing regularly, and they would not ask anyone else to make more sacrifices.

The best way to manage guilt is to accept yourself and give yourself a pat on the back for all you are doing well. ❖

Please Join Us

Senior Resources' Support Groups meet regularly to provide advice, support, tips, guidance and a safe place to share concerns. Our meeting location, date and times are:

Grand Haven
Every Thursday – 1-2:30 PM
Four Pointes
Center for Successful Aging
1051 S. Beacon Blvd., Grand Haven

Hart
Monthly 3rd Wednesday–2-3:30 PM
Oceana County Council on Aging
4250 Tyler Rd., Hart

Muskegon
Every Wednesday – 1-2:30 PM
Tanglewood Park
560 Seminole Rd., Muskegon

Whitehall
Every Tuesday – 1-2:30 PM
White Lake Community Library
3900 W. White Lake Dr., Whitehall

Diabetic Foot Care Tips

by Dr. Tamara D. Fishman

If your loved one has diabetes, be sure to take foot care seriously.

- Never soak your feet.
- Never apply heat of any kind to your feet.
- Never cut your own toenails, refer to a podiatrist or medical doctor.
- Never go barefoot.
- Never assume that the circulation or sensation in your feet is normal.
- Never use strong medications on your feet (be careful of over-the-counter preparations).
- Never allow corn or calluses to go untreated.
- Never perform bathroom surgery on your feet.
- Never wear shoes that do not fit properly.
- Always wear white socks, as colored socks contain dyes.
- Wear acrylic fiber socks, which are actually more absorbent than cotton as it "wicks" moisture away from the skin.
- Never keep your feet too moist or dry.
- Seek medical attention immediately if you have any questions about or problems with your feet. ❖

Three Ways to Deal with a Loved One's Hoarding, continued from page 5

Often, treating these conditions will also make the hoarding behavior easier to address. Medication and psychotherapy may be recommended to help your loved one.

2. Get Involved

The seniors who most often develop hoarding tendencies are those who are isolated and alone. Isolation worsens the conditions that can lead to hoarding, including anxiety and depression. A hoarding senior will often self-isolate out of paranoia or shame.

Make sure you and other family members are frequently checking in, visiting, and getting your loved one involved in your lives if possible. This will help you identify the signs of hoarding before they get out of control and build trust with your loved one to get them the help they need. If you can't visit, consider reaching out to a home care service to do so.

3. Be Patient

It is undeniably difficult to see an aging loved one engaging in hoarding behavior, often actively resisting help or becoming combative when help is offered. But remember that this behavior is not intentional. There is no easy on/off switch for hoarding. Those coping with mental health disorders often want to change the behavior but cannot without professional help.

Be patient and compassionate with your loved one. Celebrate small victories, like clearing one surface or throwing out one or two items. These steps are phenomenally difficult for them, and their resistance should not be taken personally.

Caring for an aging loved one is a challenging task, but it is also rewarding. Making sure your loved one's needs are met gives both of you peace of mind. When you encounter an issue like hoarding behavior, it's important to reach out to healthcare professionals to find the most effective solutions. Together, you can ensure that your loved one is safe, happy, and healthy. ❖

Caregiver Family Checklist

The most loving gift a person can give to one's family is to put their affairs in order before a disaster or medical emergency.

- All bank accounts, account numbers and types of accounts and the location of banks.
- Insurance Company, policy number, beneficiary as stated on the policies and type of insurance (health, life, long term care, automobile, etc.)
- Deed and titles to ALL property.
- Loan/lien information, who holds them and if there are any death provisions.
- Social Security and Medicare numbers.
- Military history, affiliations, and papers (including discharge papers).
- Up to date will in a safe place (inform family where the Will is located).
- Living Will or other Advanced Directive appropriate to your state of residence.
- Durable Power of Attorney.
- Instructions for funeral services and burial (if arrangements have been secured, name and location of funeral home.)

The Stay Healthy Checklist

Caregivers tend to put their health last on their list of priorities. They usually put the needs of their loved ones first. However, the stress caregivers experience makes their health issues more important than ever. Here is a checklist of ways for you to stay fit, both physically and mentally:

Organize!

Invest in a weekly planner for on the go and a calendar to hang on the wall at home. This will assist with keeping track of doctor appointments (yours and your loved one's), shopping days, when bills are due, or time to yourself (yes, you should schedule that in, too). You can try a program like Google Calendar, which includes a color coordinator. Therefore, your appointments and tasks can be one color, while your loved one's appointments can be another color.

Keep your appointments!

Don't neglect your health needs! Make sure to visit your doctors regularly. This includes your specialists if you have any. Your heart health, breast health, prostate health, foot care, and dental care are also very important to your overall well-being. Make sure to keep up to date with these doctors as well. You can always use your planner to keep track of your appointments!

Buy healthy snacks!

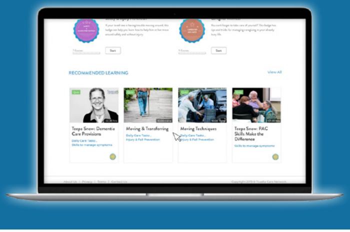
Caregivers are usually so busy taking care of others, they don't think about what they're eating. While it's easy to go grab a slice of pizza or make a pit stop at McDonald's, a little preparation the night before can help nip bad habits in the bud. Add peanut butter to celery sticks, grab a baggie of bran cereal, bring along some string cheese and grapes or an apple. These are easy to make and place in sandwich bags the night before, so at least when you grab something to eat, it's a little healthier than before.

Exercise whenever possible!

I know this seems like the most difficult thing to fit into your schedule, but it is one of the best ways to stay fit and energized. If you can take a small walk around your neighborhood, even with your loved one, it can make a big difference. You can also do small exercises while at home–lunges, sit-ups, and even stretching can keep you energized throughout the day. You can even do exercises with your loved one, as long as it is safe for them.

Take time for yourself!

Take a walk, treat yourself to the movies, attend church, volunteer a couple of hours a week, or curl up and read a book. All of these are ways you can make time for yourself. This is important to keep down stress levels and allow you to regroup. This may also seem too difficult to achieve, but even 20 minutes a day can make you feel re-energized. ❖



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