

# The Orleans County Office for the Aging's Caregiver Corner

“You care for them—we care for you”

VOLUME X ISSUE 3

DIRECTOR, MELISSA BLANAR

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To all caregivers-

It's almost summer, the flowers are blooming and it's warming up. The beautiful weather is here at last. It's time for many of us to make the journey back home to visit our parents, grandparents, or other elderly loved ones. During these visits there are things that you can look for to see how your loved one is coping with the everyday challenges of aging.

- ♦ Look for changes in their mobility- are they moving slower or are they less steady? Are they having trouble getting up or sitting down?
- ♦ How does their home look? Is it not as clean as it once was? Does the door bell still work?
- ♦ Do you notice any changes in them such as weight loss or gain ? Do you notice any bruises or scratches from a fall?
- ♦ Do you see a difference in what they are eating ? Were they once great cooks and now they are eating pot pies and frozen meals?
- ♦ Are there any changes in their mood or behavior? Are they repeating themselves or have you heard from their neighbors and friends that they are forgetting things? How are they sleeping? Where are they sleeping? Are they sleeping on the sofa or in their favorite chair, rather than their bed?

If you are concerned about your loved one call Tammy Graham at Orleans County Office for the Aging, 585-589-3192. She can set up an appointment to discuss your concerns and go over options.

If you are a caregiver and feeling overwhelmed, depressed, frustrated or angry it is time to get help for yourself and your loved one. We offer a monthly Caregiver Support Group where you can freely express yourself without fear of what others will think. Meetings focus on providing emotional support, tips for coping with behavior issues and sharing experiences. Meetings are held every Tuesday from 4-5pm at Hospice of Orleans, which is located at 14080 Route 31 West. Albion NY 14411. All meetings are confidential, for more information regarding the support group contact Sister Delores at 585-589-0809.

Take care,

Tammy Graham  
Caregiver Coordinator

## *Financial Abuse: Could You Spot it?*

*Despite the hit their savings and investments took during the "Great Recession," Americans between 70 and 90 are still the wealthiest group in the US. Not surprisingly, they are also prime targets for financial exploitation and abuse. "It's all their assets – a mortgage-free home, steady income from Social Security or a pension, investments – that make them a target," says attorney Page Ulrey, a senior deputy prosecuting attorney for the King County Prosecutor's Office in Washington.*

*According to experts "prime" targets are:*

- ◆ *Women, most often between ages 80 and 89*
- ◆ *Men who have recently lost a spouse or partner*
- ◆ *Living alone and may require some help with either health care or home maintenance*
- ◆ *Lonely and vulnerable*
- ◆ *Especially at risk during the holidays*

*In addition, financial exploiters target those with diminished mental capacity and decision making ability, says Lori Stevic-Rust, PhD, Director of Senior Services at Lake Health System, in northeast Ohio. A nationally-recognized psychologist, she is often called in to evaluate the capacity and competency of at-risk seniors.*

*"They target them," she adds, "because their ability to pay attention, process information, analyze situations, or figure out what the long-term consequences will be for a given action is significantly impaired... Even when they know the day and year and can perform simple activities in the home – prepare a meal for instance – they aren't able to make important decisions or judgments or carry out complicated activities that involve many steps."*

### ***It's a MOM thing***

*The majority of exploiters and abusers are strangers: telemarketing scammers after credit card or Social Security numbers, paid caregivers, or "sweethearts," con artists who prey on lonely elders. After that, it's friends, neighbors or family members – most often a son or son-in-law. Then it's unscrupulous professionals – accountants, financial planners, bankers, lawyers, physicians, contractors, etc. Many have histories of drug or alcohol abuse and/or have gambling or other financial problems.*

*Those fighting financial exploitation and abuse say it's all about:*

**Motive:** *Most of the time exploiters and abusers are after assets: money, jewelry, property. But sometimes greed or sibling rivalry are motives, too.*

**Opportunity:** *Most exploiters and abusers have unrestricted – and unobserved – access to their victim.*

**Means:** *With "access," they are able to gain the elder's trust, confidence or affection and use their "special" relationship to charm, cajole, coerce and steal – outright – from their victim.*

### ***Spotting the signs***

*Financial abuse of older adults has become so rampant that when the US Government created the Consumer Financial Protection Bureau, it designated a special Office of Older Americans (<http://www.consumerfinance.gov/older-americans>) within the Bureau to deal with it. The office's goals: track down and expose scams; ensure laws currently on the books are enforced; and educate seniors and those who care about them, to identify, avoid and report financial scams.*

- ◆ *lack of care when the person has sufficient funds available*
- ◆ *changes in banking or spending habits*
- ◆ *excessive use of the ATM or credit cards, especially for non-care-related items*
- ◆ *abrupt changes in a will, power of attorney, or financial documents*
- ◆ *unpaid bills and utilities*
- ◆ *lack of knowledge of financial status*
- ◆ *new "best friends"*
- ◆ *unexplained disappearance of valuables or money – or both*
- ◆ *unexplained transfer of money or assets to a family member or someone outside of the family*

- ◆ *discovery of the person's signature forged on checks, financial transaction documents, or documents or titles related to his or her possessions*
- ◆ *unusual degree of fear of or submissiveness to a caregiver*
- ◆ *bruises, trips to the ER, broken bones – where there is financial abuse there is often physical abuse*
- ◆ *isolation – by aide or new "best friends" – from family, friends, community, or other stable relationships*
- ◆ *signs of intimidation and/or anxiety when questioned about new "best friend"*
- ◆ *missed appointments or uncharacteristic nonpayment of bills*
- ◆ *anxiety about personal finances*

*The following are time-tested strategies for keeping financial abusers at bay:*

- ◆ *Stay connected. "Financial abuse and exploitation occurs in the shadows, where people are isolated from those who could spot the signs that something isn't right," says Ulrey.*
- ◆ *Become hyper-vigilant about the person's physical health and cognitive state. "Declines in both can make them vulnerable to manipulation and exploitation," explained Stevic-Rust.*
- ◆ *Help the person get information about exploitative situations, schemes, or scams they may encounter (see resources below) and to become better educated about their finances.*
- ◆ *Help the person consult with legal and/or financial professionals who can draw up documents (trusts, limited powers of attorney, conservatorships, etc.). "These can – and for the most part do, deter financial exploiters," says Ulrey.*

*Report suspected cases of financial abuse to local authorities. Adult Protective Services departments are listed for every state at the National Adult Protective Services Association's Web site ([www.napsa-now.org](http://www.napsa-now.org)). "This site doesn't just have the telephone numbers for reporting financial abuse, they take anonymous tips too," says the Association's executive director, Kathleen Quinn.*

*If all else fails, you may be able to file for a protection order. "This will limit the contact the abuser has with their victim...and perhaps protect assets, too," says Ulrey.*

*By Eileen Beal, MA*

*(Eileen Beal is a Cleveland, Ohio-based writer who has been writing about caregiver issues for more than a decade. This article was written with the support of a MetLife Foundation Journalists in Aging Fellowship grant administered through New America Media ([www.newamericamedia.org](http://www.newamericamedia.org)) and the Gerontological Society of America).*

*The Alzheimer's Association, WNY offers an evening support group. It is held the second Tuesday of every month at 6:00pm. This support group is at the Hoag Library, which is located at 134 South Main St., in Albion. Please call 1-800-272-3900 for more information.*

## “An Inside Take on Dementia Behaviors”

Written by: Rick Phelps, Diagnosed with Early-Onset Alzheimer's

*"I can't believe what my husband did."*

*"I am sure that Dad is doing that to get attention. He knows better, and I will tell him so."*

*"You are not going to believe what Mom is doing now to aggravate me."*

This is heard over and over by family members, caregivers and even patients. They simply cannot believe their loved one is doing what they are doing, and saying what they are saying.

These behaviors include repeating themselves constantly, shadowing their caregiver, or flipping the TV channels non-stop. Dementia patients are known to engage in many unusual and often annoying behaviors.

Family members and caregivers often try to correct or stop these mannerisms, but this attempt usually falls flat.

Here is something you will not hear anywhere else, yet it is absolutely true: You cannot stop these annoying traits that patients pick up. You can try all you want, but it will not work.

As human beings, we are wired to tell someone who is doing something annoying to knock it off. This just is not how it works with dementia. If it was that easy, we would not have the plethora of issues that arise with caring for a dementia patient. It isn't that easy. Period.

For example, you may have the best of intentions when trying to keep your loved one from constantly following you from room to room and being by your side every waking second. This is called "shadowing" and many dementia caregivers have struggled with this overwhelming behavior.

The patient does this because they have a fear of being alone. How do I know this? Because I have done this on many occasions. Once this starts, the only person that can change it is the patient.

You may read suggestions on how to stop shadowing, but that's all they are: suggestions. What you are essentially doing is trying to get a person with a progressive brain disease to realize that what they are doing is unnatural and has to stop.

In short, good luck with that. Whatever your loved one may be doing, you can be sure that they are doing this unknowingly. In other words, it is like completely involuntary. They do not wake up in the morning with a plan to follow you around all day. That simply does not happen. In order to do this, they would have to have the ability to plot and execute such a plan. Most dementia patients who display more problematic behaviors no longer have these capabilities.

The very best advice I can offer caregivers who are struggling with dementia behaviors is to deal with it. This sounds simple, but it never is. However, trying to change these things is nigh impossible.

Say for the sake of argument something you did actually stopped them from shadowing. My guess is this improvement would only be temporary at best. The only thing that can stop these quirks lies within the patient themselves.

For example, your loved one is not going to follow you around until the day they die. Given time, this will stop, even if for no other reason than they are no longer capable of walking.

Or there will come a time that they no longer repeat anything. This may be due to a loved one's deteriorating communications skills. Many dementia patients eventually become mute.

For example, I ask Phyllis June about five times each morning, "What day is it"? She tells me, and five or ten minutes later I'll ask again. I don't repeat the question because I forgot what day it is. I ask again because I forgot I even asked her in the first place.

Instead of her reminding me that I just asked her this question or somehow trying to help me remember what day it is, she simply tells me the date. She knows full well that I am going to ask again in just a few minutes.

You see, she has learned over a period of time that it does absolutely no good to try to figure out how to get me to remember things like this. None. I no longer have the ability to remember the date because I have no short term memory. It's as simple as that.

Do this with your loved one. Instead of wasting your time and energy on trying to figure out how to help them remember something, just give them an abbreviated answer to their question.

You see, we try to micro manage what is going on here. We think, "What can I do to help them remember?" In the grand scheme of things, family members or caregivers tend to lose site of the truth. The truth of the matter is you can't help dementia patients remember.

Accepting the truth is difficult, yes, but this approach is much simpler in the long run. It will keep your stress levels down as well, since you won't be trying to win a losing fight. All caregivers must take a moment from time to time to realize that they cannot fix or change what is happening.

Another thing to keep in mind is, as bad as some of your loved one's new habits are, there can be, and probably will be worse ones coming.

If they stop shadowing you, for instance, they may end up exhibiting another behavior that is far worse in your mind.

The bottom line here is try not to be surprised by what your loved one is doing. You can try your hardest to help them with it, but it will most likely be useless and leave you even more frustrated.

We all want to fix whatever it is our loved one is going through. While this is a compassionate and noble thing to want to do, the problem is that, with dementia, it is never that simple.

**Is Respite For Me ?** - To help you, the Caregiver, decide; look over the checklist that follows. If you check even one of the items as being true, you should begin to plan for respite. Even if you do not find any of the statements true for yourself at this time, it may be worthwhile to monitor your weekly routines before you become tired or isolated.

**Signs of the Caregiver Needing Respite:**

1. When I leave the care receiver alone, I worry about his or her safety.
2. When shopping, I often rush home so that he won't be left alone too long.
3. I find I am much more tired than I used to be.
4. I have quit doing things with my friends.
5. I am thinking about reducing my hours at work or quitting my job.
6. I spend a lot of time helping him with eating, dressing or toileting.
7. I often wish I had more time to myself for rest and relaxation.
8. I tend to get angry or resentful toward him because of all I have to do.
9. I have responsibilities for other people as well as for him.
10. Friends or family members have quit contacting me because of him.
11. I am having problems with my own health.

**A workshop presented by the Alzheimer's Association**

**Know the 10 Signs, Early Detection Matters**

**Know the 10 signs**

If you or someone you know is experiencing memory loss or behavioral changes, it's time to learn the facts. Early detection of Alzheimer's disease gives you a chance to begin drug therapy, enroll in clinical studies and plan for the future. This interactive workshop features video clips of people with Alzheimer's disease.

[alz.org/10Signs](http://alz.org/10Signs)

**800.272.3900**

**Time: 11am**

**Date: Monday June 27, 2016**

**Location: Orleans County Office for the Aging**

**14016 Route 31 West**

**Albion, NY 14411**

## LIFELINE PERSONAL EMERGENCY RESPONSE SYSTEM

Do you know about our Personal Emergency Response System-known as Lifeline?

For over 38 years, Lifeline has been providing innovative personal emergency response services that have enabled close to seven million subscribers to continue living their lives the way they want to – in their own homes. As the first, largest and leading provider of these services, Lifeline is committed to advancing the future of senior care. As we age, certain challenges can present a threat to active and independent living:

1. **Falls.** Every year in the U.S., one out of three people age 65 and over will fall and among seniors, falls are the leading cause of nonfatal injuries and hospital admissions for trauma, as well as injury-related deaths.
2. **Social isolation.** Studies show that older, isolated people have much higher rates of mortality from breast cancer, high blood pressure, heart disease and other chronic diseases. In 2010, 40 percent of people age 65 and over lived alone.

Combating these issues, Lifeline works to give seniors the tools they need to support independent living, focusing on personal emergency response systems (PERs).

### Home Based Personal Emergency Response System

HomeSafe, Lifeline's existing in-home system offers users access to help while in their own home, and is available through our office. The basic Lifeline Service allows subscribers to confidently and easily call for help 24/7. With the simple push of a waterproof Help Button that is worn unobtrusively around the neck, subscribers are quickly connected to a trained Philips Lifeline Response Associate, who can contact a loved one or emergency services to provide help.

Office for the Aging has personal emergency systems available. We are now able to offer buttons that will automatically detect when you fall and send in a help signal. We also have a PERS unit that you can use with your cell phone; you no longer need to be "attached" to your landline. Lastly, we have medication reminders if you are concerned your loved one is forgetting to take their medications (or you may be); two different types of medications reminders are available. **To make a referral or to learn more information, please call**

**Samantha Koons at 589-2863** between 9:00 am and 12 noon.

## Orleans County Office for the Aging Presents Workshops on Medicare 101 or Basics of Medicare

Whether you are not yet on Medicare, new to Medicare or have been on Medicare for a while this program is good for you. The free program will give you the A, B, C and D's of Medicare. What is Part A or B? When do you have to enroll, or when can you wait? What does Medicare cover, what doesn't it cover?

- ◆ **Medicare Part A** is hospital insurance (usually at no cost if you have worked enough quarters in the Social Security System).
- ◆ **Medicare Part B** is medical insurance (Monthly Cost; in 2016-121.80)
- ◆ **Medicare Part C** are Medicare Advantage Plans (Medicare approved private insurance companies)
- ◆ **Medicare Part D** is prescription coverage (Medicare approved private insurance companies)

The dates and locations for the programs are:

- ◆ **June 15, 2016 at 6:00pm** at the Hoag Library-South Main St., Albion
- ◆ **September 28, 2016 at 6:00pm** at the Lee Whedon Library-West Ave., Medina

**The program is free, but we do ask you to pre-register at 589-3191 or by email at [aging@orleanscountyny.gov](mailto:aging@orleanscountyny.gov)**

