

The Northland Caregiver: Episode 1 - Essential Tips for Caregiver Safety

Transcript

Leeza: Welcome to the Northland caregiver, a podcast that's all about providing support to family and unpaid caregivers looking for helpful information and advice on how to safely and effectively care for aging loved ones, family members, friends and themselves along the way.

I'm your co-host, Leeza Ochsner, from Duluth Aging Support, a nonprofit behind this podcast on a mission to help enhance the lives of older adults and caregivers in the Northland through outreach, awareness, advocacy, and collaborative partnerships. And here with me is your host, educator, and Occupational Therapist, Dr. Mary Lou Donovan.

Dr. Mary Lou Donovan: Thank you, Leeza. Thanks for the introduction. And welcome everyone who's listening out there, it's great to have people out there. I'd like to give a little bit more information about my background before we dive into some of the foundational caregiving concepts that we'll be covering here today and in future episodes.

I've been an occupational therapist for 42 years. And following getting a bachelor's degree in occupational therapy, I got a Master of Education and Exercise Science for people with disabilities at University of Minnesota Duluth. And that really changed the perspective that I have, or had, on working with people not as patients, but as people who are out of rehab and living life. So, moving from people care, to beyond rehab and getting people involved into everyday life opportunities, which is a huge shift for therapists.

Later, I got my doctorate in post-secondary education. And I really could see the writing on the wall about what was happening with the number of people who are going to have dementia, and not only in our country, but across the globe. And I wanted to find an answer to whether there are any positive things about caring for a person with dementia. And so that's what I did my dissertation on was positive aspects of dementia care. It was interesting some of those findings, maybe in a later session, I can share what those are. And I also wanted to let you know that I have taught at a master's level in an occupational therapy program at the College of St. Scholastica. And then went back into clinical practice. And now I'm retired from that and have my own business, which is dementia caregiver

training and education and it's called Positive Dementia Paths. I also come at this topic, not only from a professional standpoint, but from a personal standpoint. My mom had vascular dementia before she died. And it was an interesting journey to help my large family along the way to help them understand where my mom was at and the kind of things that they could do for her that would be most helpful. And now I have a friend who's in her 90s, who has been a good friend for many years. And she's also developed kind of a fastly progressing dementia, and she's in a Memory Care Unit. And, again, I worked with her family who are friends of mine to help, to really help them know when it was time to move her out of her house into assisted living and then into the Memory Care Unit. And that was very helpful for them. And I miss her. And I'm glad COVID is done, because now I can visit with her again.

Leeza: Thank you, Mary Lou. Your background is really inspiring. And I love how you come at it from both a professional and a personal standpoint. It really adds a lot more depth to what we're discussing here.

And while we may focus on local resources during certain times of this podcast, you know, caregiving as a whole really touches everyone on such a broader level. It really doesn't matter where you're located. In fact, it reminds me of a quote that you shared with me by Rosalyn Carter. And it's that there are only four kinds of people in the world, those who have been caregivers, those who are currently caregivers, those who will be a caregiver, and those who need a caregiver.

Dr. Mary Lou Donovan: Yeah, I love that quote! And it's so true. If you're not already receiving or giving care to someone, caregiving is one of those things that's going to be a part of all of our lives in some way.

So that's why it's important to talk about safety and teach people how to interact with a person who has any kind of disability, really, not only a cognitive disability, but a physical disability too.

We're going to talk about that during the session and towards the end of the show, we're going to answer a question from a local caregiver. To start with the four foundational concepts, the first one is safety and health are bottom lines for both the caregiver and care recipient, period. And I really mean that period part. This is really critical for people to stay safely in their home for as long as possible. And it's important for both the caregiver and the care recipient. So, safety and health. People have to keep those things first most in their minds.

The second one is really to encourage the caregiver to figure out what the care recipients' ability to function is, where that's at, and give activities to that person that are possible for them to be successful at. So, a lot of times caregivers forget that the person can do things and step in and do the things for them. And that really takes away the opportunity for that person to do things for themselves even to put on a shirt or pair of pants or socks, because that's giving them physical exercise, as well as completing something successfully and feeling good about themselves for doing it. So really being thankful for what the person can do and acknowledging that's really important. The third foundational concept is that we caregivers have to change how we communicate, how we set up activities, and the environment that we're in to meet the needs of the person with a cognitive loss because they can't do it. That's not a realistic expectation. So, caregivers can learn how to change those things. And that's what part of these sessions will be about is to help them or help the caregivers really figure those things out in the best way. Because if you're successful, you're going to be happier in your care recipients going to be happier too. Everybody appreciates that. And the fourth foundational concept is to keep a sense of humor, and to practice gratitude. And that goes a long way. This isn't an easy job to care for a person who has some kind of cognitive loss 24 hours a day, seven days a week, is a lot. So, trying to keep that sense of humor and being present in practicing gratitude with them on a daily basis is really important.

Leeza: Mary Lou, those are really helpful foundational concepts to build on. And as you had mentioned, you know, for this first episode, we'll really be diving into the safety and health. It's absolutely the kind of the foundational piece of the foundational pieces so to speak. So, what are some immediate steps that caregivers can take to ensure the person that they're caring for is staying safe?

Dr. Mary Lou Donovan: Well, the goal for most people is to stay in their homes as long as possible, that provides more time with family and it's financially better option. Most people really understand that. Most people don't know a lot though, about living with a person who has a cognitive loss, like when you would see with a person who has Alzheimer's or other types of dementias. There maybe may not be huge changes for the household at the beginning of the person's disease. But as it progresses, there can be more and more challenging issues for both the caregiver and the care recipient. Some that can be emotionally frustrating, and some that can be physically dangerous.

I always like to start educating caregivers with the safety and health information early on, because those are crucial bottom-line concepts for every household. During the early stages of the disease, while your loved one still has some higher-level thinking abilities, it's

important to start having conversations with them about some of the tougher, quote unquote, topics that might come up. This may not work for everyone but try and try more than once. Sometimes people are resistant to these conversations, but you want to have them participate and be involved in decisions about their future care and wants and desires as much as possible. So, during those conversations, hopefully you can introduce ideas about safety, and safety not only to your family, but the neighborhood, the community in general, and use really practical, realistic terms with the person without threatening or, you know, threatening to take things away from a person. Have the conversations when the person's calm and not distracted. And when they feel safe talking about things. You don't want to start these conversations if at the end of the day, and people are tired or hungry.

It's also a really good time early on, to have some of the important paperwork completed, like the advanced directives, or wills, or power of attorney documents. A lot of times templates for those things can be found online.

Now back to safety. I am talking about guns and knives and motors. When I'm thinking about safety, there are other things that I'll mention too. But those are the primary things that really can be dangerous because a person might lose judgment about how to safely use them. Early on, remove all guns and ammunition from the home. Not only the ammunition, sometimes families think that's enough, but if the person with cognitive loss goes to the door holding a gun, and a police officer is there, the police officer isn't going to know if that gun is loaded or not. So, I really emphasize the importance of trying to get guns out of the house. And maybe sometimes family members can help with that like they want to borrow that shotgun or go practice with something. So again, you really want to avoid those negative consequences of having an unloaded gun, be in the house and people not be aware of that.

So, if possible, again, let the care recipient make the decision to remove those items and I've seen many families where that's been successful. So, you want to think about hiding sharp objects, knives, you know, exacto knives, you know, get those into secure places where you can find them, but they're out of the way for the care recipient to access them.

For a motorized vehicle, such as a car or a four-wheeler, try to remove component of that car so that it won't start, maybe even take the sparkplug out of it. Think about the things that are in your household for indoor or outdoor maintenance, that could really get a person in trouble because they're dangerous, like chainsaws or power tools, you know. Think about how could that person heart be harmed if that's not used correctly? Again, people in early stages of cognitive loss might be able to make safe decisions about how to use mowers and other well-known tools, motorized tools, but you don't want to take

chances. And know too, that even if the person can still push a lawn mower around, that machine has to be maintained. And would that be done correctly and safely by person with cognitive loss? Those are big questions.

A couple of other safety things that I think are important to mention to people are to make sure that the water temperature that you have in your house isn't scalding temperature, because again, people might not be able to adjust for that. And that's an easy fix, really, is to just turn down the water heater temperature to one that's more compatible to somebody who's maybe not wanting to be in that dangerous situation.

Leeza: Are there other everyday items in the home that caregivers should be thinking about in terms of safety as well, in addition to some of those, you know, things that you just talked about early on?

Dr. Mary Lou Donovan: Yeah, that's a great question. And you know, health and safety can be quickly compromised with everyday household items, such as things found in our medicine cabinet. So, it's really important to remove items from the medicine cabinet that may be harmful if ingested, like prescribed, or over the counter medications. Instead, you know, you want to keep some things in your medicine cabinet, simple things, like band aids, toothpaste, those types of things. So, it's not totally empty, because person will recognize that, for sure. So, think about that for your medicine cabinet.

And the other thing that people don't often think about is, if the person starts to wander, they want to get outside of the home. And maybe they want to go to the bus station, or maybe they want to go out for ice cream. And that's not really realistic for them. So, if the person that you care for starts to wander outside the home, you might want to think about doing something with your locks. And sometimes the visual perspectives of a person change as their dementia changes in their field of vision becomes smaller. So even putting a lock up at the top part of the door, which is out of sight for them might be an easy fix. So, you don't have to even add terribly complicated types of things. But just a little sliding lock on the top of the door that the person won't see or can't reach is an idea. Or do you want might want to have a warning system like a bell on a door so that you know when they are opening the door and trying to go get the ice cream or go to the bus station. So, you may also want to take some extra precautions and try alerting your neighbors and the local police about the potential of the care recipient or the care receiver wandering.

Leeza

Those are great points, Mary Lou! You know, but what happens if they do wander off? What if those systems that you have in place, you know, work but work a little bit too late and the person does wander off? What's a plan that you should have in place?

Dr. Mary Lou Donovan: That's a really important point, Leeza. So, one thing you want to discuss early with your care receivers is if they're willing to wear some kind of identification bracelet or some type of a smartwatch so that the caregiver can help identify them in case or if someday, they do wander off so that somebody can identify them. And ideally, you want that to be something that the person you care for can't easily remove because otherwise it kind of defeats the purpose. So sometimes people wear pendants, but a bracelet is common to and again can be a safe return means for a person if they do wander away from home.

Another important thing to think about (and this is financial safety for the whole family) is protection of finances. So as the person's cognitive abilities decline, it might be best to take over the care of the financial matters. Because some of these concepts are abstract like credit cards and checks don't really seem like they're going to take money out of accounts. A better option is to have dollar bills and coins available for the person to use when they want to go shopping. That's more concrete versus abstract like those credit cards and checks are. I know in my own mom's case; she had started to send checks to many charities and started to order a lot of magazines that she didn't really have interest in. And finally, we figured out, oh yeah, she's capable of making out a check of some sort. But when we gave her cash, she was totally satisfied with being able to go to the store in her facility and buy a candy bar or something. So that's one example of the concrete versus abstract means.

The other thing that a lot of caregivers often forget, is that while taking care of others, it's imperative for caregivers to prioritize taking care of themselves. It's a challenging job that can easily lead to burnout if you're not careful and attentive to your own needs as a caregiver. So, remember to ask for help because you simply can't do it all on your own. So, call in your lifelines, call in your friends. This is really an opportunity when people say what can I do to help to specifically say, if you could come from two to four on Tuesday afternoons and sit with my husband and play cards that would be really helpful for me. Because then I can run some shopping errands or go for a cup of coffee with my friend. So, if you can make it concrete, ask for help. Don't just say, oh, yeah, sometimes I could use some help make it concrete. And then friends can help fulfill that need. So, it might really sound like common sense. But you want to do your best to eat healthily, you want to get enough sleep, and that can't be stressed enough. In research today, there are many, many more studies coming out that emphasize the importance of sleep to our health. So that's very important. And make sure that you attend to your own medical or social or emotional

or spiritual and physical needs to get your exercise and go to the doctor for yourself. So, keep those things up for yourself as caregivers, that's really critical.

Leeza: I really love that last one. You know, I've talked to a handful of family caregivers and unpaid caregivers, my mom is one for her mother-in-law, and I've heard how much it can take a toll on their health. So, I think that's such an important reminder for caregivers to prioritize their own self-care. Because at the end of the day, you know, you really can't pour from an empty cup. If we're not providing care for ourselves and attending to our own needs, you know, we can't do our job as caregivers.

Dr. Mary Lou Donovan: Leeza, that's a very good visual, a visual way to think about caregiving, the empty cup, it needs something to pour from. So, the next point that I wanted to make was, and this is probably one of the most important ones is to have a plan B in place. And I was taught this by a nurse practitioner friend of mine. And part of what this is about is as caregivers thinking about who's going to care for you, your loved one or the rest of your family if something happens to you as the primary caregiver. I know it's not an easy or fun thing to think about but it's important to have a plan in place. And the sooner the better. So, as I stated earlier in this podcast, and it bears repeating, good things do. Getting things like an advanced directive, durable power of attorney and medical power of attorney and the wills completed as soon as possible is very critical.

Leeza: You're so right, Mary Lou, you know, having that plan B is a must. And unfortunately, it's something that often gets put on the backburner. There are always excuses that come up like we're too busy, but by then it's usually too late. So, it's really important to address that.

So, before we wrap up the first episode, can you believe it? We do have a question I'd love for you, Mary Lou to answer from a family caregiver that was submitted online. And the question is, what is the best way to communicate with someone who has a cognitive loss?

Dr. Mary Lou Donovan: Well, aging itself can quickly start to take a toll on communication because we do lose some of our principal sensory sensitivity. Our vision and our hearing. Even for a person who doesn't have a cognitive loss. That's, that's a key thing for us to think about. So, it's important for us to step back and think about some helpful things that might make it easy for caregivers to use techniques that would make communication more effective.

Tip number one is to always make sure that glasses and hearing aids are in place and working as some people aren't going to remember to clean their glasses or change the batteries in their hearing aids and if they can't hear you or see you, your message isn't going to get across correctly.

And tip number two is to minimize background noise as much as you can so that it's easier for the person to hear what you're saying and it's easier for you to hear what they're saying.

Leeza: Those tips are so wonderful. What about some additional resources for our listeners to find out more in-depth information to help with effective communication? Are they out there?

Dr. Mary Lou Donovan: Oh, there are lots and lots of resources out there. And there are things available online, or things available in hardcopy, and I'll mention a few here. But the websites will be available in the show notes down below. So, I'm not going to give you the www right now.

But the first one that I could suggest is called the Alzheimer's and Related Dementias Education and Referral Center, that abbreviation is ADEAR, and it is from the National Institutes of Health, and it has a lot of information about research what Alzheimer's or dementia is about or what current treatments that are effective. So that's a really great one to access.

The next one is this the Alzheimer's Association website, which has a ton of information, both for professional and family caregivers, and describes the different types of diseases, different types of dementia variations. The third one, I really like this one because it really focuses on caregivers, and it's called the Family Caregiver Alliance. So those were three key ones that I wanted to mention in this particular podcast.

And one good book that's really known as one of the classic Alzheimer's resources is called the 36-hour Day by Nancy Mace and Peter Rabins. Again, that information will be in the show notes below. And this is a family guide for caring for people who have Alzheimer's disease related diseases and memory loss. There are multiple editions of those so you might want to try to get the most current edition but that is very helpful in describing what families typically go through when they're caring for a person who has a cognitive loss.

Leeza: Thank you, Mary Lou for such a thoughtful and thorough response. And you know if you're a family or unpaid caregiver that's listening that has a related question to aging issues that you would like us to address, we'd love to answer your questions on future episodes, or of course in private. Simply email us your questions to podcast@duluthagingsupport.org or call 218-576-7123. Once again, that's podcast@duluthagingsupport.org or 218-576-7123 and you can just leave us a message with your question.

And don't forget to subscribe to our podcast, The Northland Caregiver on www.DuluthAgingSupport.org/podcast or on Spotify. And if you're looking for additional caregiver resources, please check out www.DuluthAgingSupport.org/resources. There's a whole section dedicated to caregiver support featuring our collaborative partner like AgeWell Arrowhead, which offers transportation homecare and food services as well as provides assistance for caregivers and helpful information and resources for dementia and reducing isolation and with with Covid, this is really, really important. Again, that's www.DuluthAgingSupport.org/resources. Well, that wraps our first episode of The Northland Caregiver.

Dr. Mary Lou Donovan: Thanks everyone for joining us. We hope it's beneficial for you and make sense and hope to see you quote unquote, the next time.

Leeza: Absolutely. And we hope you'll join us next month as we explore how to determine your care recipient's ability to function and be present for activities at the highest level of success. And as always answer any questions from local caregivers in the area. Until next time, take care!

Transcribed by Otter.