

Care for the Caregiver –

Hello, and welcome to today's webcast which is part of the PNC Senior Care Resources Sessions. The title of today's presentation is "Care for the Caregiver". My name is Sandra Caffo and I am the Director of EAP Operations for your employee assistance program, and I will be facilitating today.

Let me start with some facts to set the stage. In the USA, more than 44 million people or roughly 23 million households have provided care for chronically ill, disabled, aged family member or friend in the past year. Eighty percent of those who received care are age 50 or older. Sixty five percent of those receiving care are female and 42% are widowed. On the care giving side, 61% of those providing the care are female. Another fact, the market value of these "free services" that family members provide is 257 billion dollars annually. There is a cost to businesses as well. American businesses and industries lose between 11 million all the way up to 29 billion dollars a year because employees are taking time off to meet the needs of family members age 50 and over. So, we are here today to deal with the very real and the very challenging part of life.

The webcast is designed to give information on this topic in two parts. The first part is with our panel of 4 experts, each of whom will be delivering information about a particular aspect of care giving. This will be followed by an opportunity for questions and answers. For those of you who are watching us via the website, we ask that you e-mail your questions to seniorresource@upmc.edu. For those in our live audience, you have been given note cards and we ask you to put those questions on those cards. Please include your e-mail address as well. We're thinking that we will not be able to answer all the questions that come in but are making a promise that if we have e-mail addresses, we will respond after the webcast today so that you get your questions answered. There also will be information on screen on how to access both the Institute on Aging and the Employee Assistance Program for questions that come in after our webcast is completed today.

Finally, this webcast will be archived. You can archive it to review the information presented to give it to others who may also find the information useful and that is available on the web. The screen will give you access points but you can also get it on the infonet. So with that, let's get down to the business at hand.

We are going to begin with the first member of the panel who is actually a UPMC staff member and will addressing care giving. Her name is Beverly McMann, and she is a Manager in the UPMC Payor Contract Services. Ms. McMann is going to talk about her experience, looking at the challenges of balancing work and care giving; and also some of lessons that she has learned should she need to do this again. Ms. McMann, I turn it over to you, welcome.

About 2 ½ years ago we decided that we would bring my Dad and his wife into the Pittsburgh area because they were up north by themselves and at that time we were just aware of her having Alzheimer's and we thought we got that straightened out and my

father took a total downhill and I became a nurse and I learned a lot of things I didn't know. The biggest thing that I would do differently, is try to get them to do things in advance because we were scrambling. We didn't have the appropriate paperwork, we didn't have wills, we didn't have Powers of Attorney, so that just complicated things. I don't think you can really do something differently because ¾ of things you do, you do just by gut reaction. You just keep on going and moving and hoping. You just do things instinctively almost, and then after the fact sometimes you will say well, maybe I should have done it this way but that is hindsight. But ¾ of the things you do, you don't remember that you did them, you just do them and keep on going and say that the day is not long enough at times because there are other things. Then you are saying at the same time the day is so long because I am so tired. It's very circular, crazy, and emotional. It's scary because you look at yourself and say is this going to happen to me? You get all these emotions and then you feel guilty for feeling bad that you didn't do the right thing or you think you did the right thing or you didn't do enough. It's very crazy at times. The biggest thing that would have taken a lot of that stress off of me for part of it was my job because I do need to work. I had children, and at that time I didn't know that family leave was not a one stop 10 week period that you just leave right now. I didn't know it could be extended for a day here a day there. If I had known that I would have done that differently because that would have eliminated that worry about is my job going to be there. It is not over with, my Dad is still there in the hospital, his wife is mentally not aware, but physically she is 100%. We are still going on day by day and that's about all I can say really.

Sandra Caffo - Terrific, thank you, thank you. Our next speaker is Dr. Richard Schultz who is the Associate Director, The University of Pittsburgh, Institute on Aging. Dr. Schultz is going to talk about the self assessment of the care giver, figuring out the level of stress. He is also going to look at some of the causes of that stress, as well as sharing care giving responsibilities with family members, advance care planning, distance care giving, and resources. Dr. Schultz, welcome.

Dr. Schultz – Well, thank you for giving me the opportunity for participating in this meeting. I think it is a very important meeting and just to tell you a little bit more about myself, I have been doing care giving research for more than 3 decades now, and in that course of time we have interviewed, talked with, assessed thousands of caregivers providing support and help to individuals of varying diseases and varying kinds of challenges. So, it has been useful to get that perspective and come away with it with a couple of general conclusions that I would like to share with you.

One is, and this I think is the overriding message, I continue to be astounded by the compassion of human beings to care for family members under circumstances that are just unimaginably challenging. It's a heartening message about the human condition to know that this kind of work goes on out there. People do it willingly and they do it with great love, and for the most part, with great skill. As was noted earlier, replacing this work of care that family members provide would be immensely expensive, and even if we could hire people to deliver that care it wouldn't be the same. So, I am immensely appreciative of what family members are willing and able to do for their relatives.

Let me tell you a little bit about how a care giving experience typically progresses. It usually begins when there is some typically cognitive difficulties as might be the case with dementia or there is an abrupt illness like a stroke that immediately demands some intervention in help in a home setting. In the early stages, people do relatively well. They deal with the challenges effectively, they provide good care and their spirits are very positive for the most part. Over time though, and this is particularly the case when you are looking at individuals who might be caring for a person with dementia over a period of 5 and sometimes even longer years, that positive spirit begins to erode away and you end up with problems with respect to sometimes mental health issues as well as physical health problems. As time progresses and the individual may be institutionalized, in some cases even there we find there isn't a great deal of relief for the care giver. The distress that we see during care giving tends to continue because family members remain involved in the care giving experience. You follow that through the death experience and you find similar kinds of effects, although there is often some relief. Relief in the sense that it is the end of suffering for the patient, and it's an end of some of the incredible demands the care giver has been faced with over the years to provide that support to their loved one.

What are some of the things you might look for? First of all, as we noted earlier, most care givers are women. They are usually adult children or wives of the person who needs the support, and women as a group do worse in a care giving context with respect to things like their own mental health than men do. So, women are particularly vulnerable, and they're the ones who end up providing most of this care. You can look for things like disturbed sleep, fatigue, anxiety, depression, are also frequently present; moodiness, feelings of total lack of control, inability to affect important outcomes in your lives. Those are all symptoms of the care giving experience, and they often translate into serious mental health problems, and occasionally, to physical health problems and in one study we have been able to show that care givers under high levels of stress are at increased risk of mortality. This is a serious challenge that should be confronted effectively if the care giver is to remain in that roll do their job effectively and provide the kind of support that the individual might need.

What are some of the things that you can do to face these challenges? Well, before I get to that, let me put in a plug for a website that you might want to look at called www.caregiversstress.com. It's an interesting website in that it has a self assessment for stress for caregivers, so you can answer these 20 multiple choice questions which will take you 5 minutes and they will ask you questions about fatigue, about trouble sleeping, about having to travel long distances to provide care, some of the pragmatic of care provision and so on. It will enable you in the end to do a self assessment to identify what level of stress you're at with respect to the care giving challenges that you face. So, that might be a handy tool for some of you if you feel you are in that boat and would like to get more information on where you stand with respect to care giving stress.

Once you have figured out, and certainly people in mid career and late care giving careers have been doing it for a relatively long period of time, invariably find themselves under conditions of relatively high levels of stress. What are some of the things you can do

about that. One of the things, and probably the number one item on my list, would be to see if you can get help from someone else, particularly other family members. That is sometimes difficult and challenging to negotiate, but a caregiver frequently, and this is particularly true for spousal care givers, older women who are taking care of a disabled husband, they feel it is their responsibility and only their responsibility to provide this care, but that one shouldn't take that perspective and look into your environment to see if there are resources particularly other family members that might be tapped to share the load that you are carrying.

Second item, it is important to take care of your own health. Many individuals jeopardize their own well being because of the care giving tasks that they take on. They don't eat right, they don't sleep well, they don't get exercise, they don't see a doctor when they become ill or when they should for preventive reasons, and that's an important regiment to keep in place and to follow carefully even if one is a caregiver and those areas are often neglected. There are also resources, community resources that tend to be disease linked. For example, our community has a very active Alzheimer's Association which provides a number of resources for people caring for individuals with dementia. At the national level, virtually every disease that you can think of now has a national support organization that provides information, sometimes referral resources, even organizations at the Federal level such as the Administration on Aging and the National Institute for Health provide very valuable information on how to deal with some of the challenges of care giving.

Other things that are important and we'll hear I think more about some of these later, things like meditation have been found to be helpful, taking a break, getting respite if that's an option in your community. Eating well is critical, indulging yourself in taking a break is not only what you have to do, but also going out of your way to do something very pleasant and fulfilling for your own life is often a very helpful kind of strategy for dealing with the stresses of care giving. Also extremely important is avoiding isolation. Again, we see repeatedly that individuals become so focused on the tasks at hand they are unable to reach out and remain part of the support system they may have established over many years. And then finally, I think it's important for people who surround the care giver, other family members, co-workers, to keep an eye on what is going on and to step in and provide help when it's appropriate. So let me stop there and answer any questions you might have later.

Sandra Caffo - Thank you, I just have a comment that Ms. McMann was shaking her head a lot as you were talking about some of those symptoms, so right on the money, thank you. Our next speaker is Dr. Richard Citrin who is Vice President of UPMC Health Plan and EAP Solutions. He is going to talk about resources; EAP, FMLA, Worklife Program we have here and other resources available to employees who seek help. In addition, he is going to give some recommendations regarding long distance care giving. Dr. Citrin, welcome.

Dr. Richard Citrin – Thank you Sandra, it is a pleasure to be here speaking on this important topic. You know we work for an institution that is really a care giving

institution. So, although our topic this afternoon is sponsored by UPMC Senior Institute on Aging and Senior Services, everything we do at this institution is about care giving whether it's from, obviously, services we provide to our patients but also the kind of caring and concern that we have for each other, creates a caring environment that we all work in. Additionally, of course, care giving services include things like helping our children, helping our spouses, helping our friends, so care giving is really a universal phenomenon in one that we are all in the business of doing. Fortunately, and a pleasure for me as Vice President of Employee Assistance Program, we like to think of the EAP as the care giver to the care givers. So, our job is about helping you as care givers both as staff, family members, concerned friends as providing you the support, ideas, resources, problem solving, to help you solve the issues that you are dealing with and to be able to create and find a balanced life for yourself that helps you identify strategies to address the issues you are coping with, but also as we like to say, have a life yourself because we all know we certainly deserve one.

Most of you, or many of you, know about the Employee Assistance Program. You can find our phone number on the infonet and our website on the infonet under departments, Employee Assistance Program. But the EAP of course, is a benefit provided by UPMC for all employees, spouses, and family members which provide short term counseling services around any particular issue that an individual may have. It may be around issues of stress, it may be issues of care giving, it may be issues of dealing with a difficult co-worker. We provide one to six sessions for you at no charge for those services and we have offices throughout the system, both in Oakland, St. Margaret's, at Passavant, at Braddock. We have offices all around the system to serve our staff as well as our affiliates to help meet employee needs if you are not located in one of those particular areas where we have an office.

So, how does the EAP help? There are 3 ways that we really help with employees to address their issues. As I said, we are the care givers to the care givers, so our first important job we do is listen. We want to identify what your concerns are and we want to give you a chance to express your problems, your concerns, your issues and the second step is for us to help you problem solve and identify what the strategies are that will help you think through the problem. We find in the EAP, most everybody I should say who come to see us, are pretty well functioning and pretty successful and capable people so our job is to help you figure out what the choices, options, and resources are that are available for you and to help you get connected with them. And that, of course, would be our third big piece that we provide is helping you identify resources that will help you to address the particular issues that you may have. Beverly talked about Family Medical Leave which of course is a benefit to all employees. It's a Federal Law that allows employees to take time off from work to address family issues. Often times people think of FMLA as dealing with a spouse that may be injured, or in the hospital, or taking time off for raising a child after pregnancy, but certainly the kinds of issues we are talking about today, care giving for our aging parents, is certainly a very appropriate use for FMLA and by contacting your HR Manager or your Supervisor, you can find out more information about the specifics of FMLA and the flexibility it offers like being able as

Beverly was saying, to take a day off here or a day off there. It doesn't have to be a consistent or straightforward period of time.

Additionally, of course, in the EAP we can help you get connected with resources that are available. The reality of care giving is that it presents real problems, and Beverly was sharing with you that kind of the reality on how you deal with not only the fatigue of being a care giver, but how do you find arrangements about In Home Nursing Care services, or resources for a parent that might have Alzheimer's. What people are looking for, what care givers are looking for, are the solutions and the answers to these kinds of problems that at the EAP we are very excited about being able offer; a new program service starting this January 1st which we are calling "Worklife Resources". Worklife Resources are really a benefit that are designed to help employees find balance between their home and work life, by providing specific resources designed to help you get help in dealing with difficult issues. The help that we are talking about is not simply help around answering a question, as much as getting support, and getting a specific resource to help you deal with this specific problem.

Our Worklife Resource Program falls into 6 areas. The first area of course is senior care, and the service will help you identify resources around Assisted Living services, In Home services, getting answers to questions about Medicare; we have been taking, as everyone who deals with senior services these days has been, taking questions about Part B the new Pharmacy benefit in Medicare. So, we have been getting questions about that, and employees call us about that, and we know a lot about a lot of things but we don't know everything about everything so if we don't have the answer we know where to direct you and do this directing not in a way in which we just give you the phone number, but we connect you with a person who can help you answer that particular question and we stay on the line to make sure that transfer has been successful. Also, of course, dealing with health referrals, a lot of employees have issues around where to get proper health care and we can help particularly in relation to senior issues, helping people to identify the proper place to get the resources. So, if there is a special service that you need, we can help you identify where that service is located, and perhaps more importantly, to help you connect with a person at that resource so that you can get a specific answer to your question. The second area that our Worklife Resources are serving in is child care services. These include things like child care centers, family care centers, summer camp programs. We are not really too concerned about camps this time of year, but come March and April, we'll be getting a lot of calls from people wanting to know about summer camp options. We will be offering those services. The third area will be financial and legal services. And again, our thinking about these resources is that these are answers to problems that people are having on an every day to day basis. If you are having a problem making credit card payments, or having trouble with a mortgage payment, we want to be able to help you and we can help you get in touch with resources not necessarily who can give you the money for your mortgage payment, but if you have a debt problem, we can certainly connect you with the person who can help you manage that debt and perhaps even find a way to help get the creditors to cease calling you, to work out a plan of repaying that debt in an appropriate way so that you can get the stress and pressure of that situation off of your back. Legal support as well, issues around wills

and estates, referrals to attorneys, these are also important services that if you need them the EAP Solutions Worklife Resources can provide that service. Academic services are another one. We talked about services for children and child care certainly relates to small children, but what about parents who are dealing with teenagers, junior high school students who are needing support for academics which could be everything from tutorials to wanting to look for a private or parochial school, looking at academic or scholastic information for students who are maybe getting ready to go to college, we can help you connect with people who can identify those resources. For those of you who have recently put a child in college and have looked for financial support you know that is a maze of complexities that is overwhelming. Our academic resource staff can help you identify those appropriate resources and put you in touch with people you need to talk with. The fifth area is adoption services. For parents who are looking for adoption, it's a very complex issue, very challenging issue. We have an adoption specialist available to work with you on all phases of adoption services. We even offer services for pet care. I know people always kind of get a good laugh out of that, but my wife and I just decided this weekend that we were going to go away for New Years. Some friends invited us down to North Carolina, and we realized we didn't know what we were going to do with our little Westie, Clancey. So, we were able to call the Worklife Resources and they put us in touch with some kennels that had some availability for New Years Eve, even here it is just 2 weeks away, and we are going to go away scott free and the dog is going to be hanging out with some of his buddies over New Years. That's a good resource and it is something that we need and it saves me time for having to research this in the evenings and helps my wife to find that resource very easily as well. Those are the services we are talking about for Worklife.

We are offering it through 2 vehicles. The first is going to be an online service which is going to be a database that has over 1.2 million national resources that you can access through our website, which is through the infonet, or you can also reach it through EAP.Infonet@upmc.com. When you go there you will see a little link called Worklife Resources, and when you connect on that link, you will see our databases for childcare and eldercare services and we will be adding services for those other areas as well, so we'll have links for all of those. Those are particularly helpful for looking at national databases as well as addressing issues if you have parents or children who are out of town and you need those resources.

The second area we are providing support for is in personalized referral services, and those services are going to be telephoned based. We are very excited about those services. This would involve an employee calling our offices; our number is 1-800-647-3327, again it is on our website. By calling and asking about the Worklife program we are just really saying I need some help in dealing with my aging mother who lives in San Antonio. Our staff will help you think through what the issues are and then we will refer you to one of our Worklife Specialists who will develop a personalized referral package for you so that if your parent is living in San Antonio, in fact I use San Antonio because we had a situation a couple of weeks ago where an employees' father was getting discharged from a hospital and he needed some rehab services, and she wasn't sure where to start or how to begin, and we walked through with her looking at the different rehab

facilities that were available and she was able to connect with the Social Worker in the hospital and help make sure that her Dad got an appropriate placement and she was able to go down there and visit him knowing that she had kind of covered the landscape around what services were available. In this personalized service, you will talk to a Worklife Specialist. They'll prepare a packet of information for you, they'll help you to understand what the issues are around Senior Assisted Living services, or childcare services, or even what to look for in a good dog kennel, and will help you then strategize where the best place is to go, in many situations, will provide you with the names of people who may be the Directors or Manager's of those organizations so that you can make a direct connect to the individual who is there. We'll send you a follow-up packet of information on your personalized Worklife services, and then we'll follow up with you every week or two to make sure that the resource that we provided you has worked out and you are getting the answer to the situation that you need.

So, we are very excited about this new service. As I said, it is going to be rolling out January 1st, so please call us, use your EAP, it's there for you to help find this balance and to give all of us more strength and energy as caregivers, so that we can take care of ourselves as well as the ones we care about. Thank you.

Sandra Caffo – Thanks Dr. Citrin. I was thinking about even if you have a problem in any one of the areas you were talking about that's not directly related to care giving, if you can deal with that problem it frees up the energy that you need for the ongoing care giving needs. Thank you.

The 4th member of our panel is Dr. Bruce Rabin who is the Medical Director of the UPMC Healthy Lifestyle Program. Dr. Rabin is going to be addressing how to cope with stress for better physical and mental health. Dr. Rabin, welcome.

Dr. Bruce Rabin – Thank you, delighted to be here and have a chance to contribute to this fascinating and extremely important discussion. There are 2 aspects that I would like to speak to. The first is you, the caregiver and what do you want to do with your life in regard to your children or grandchildren. Do you want to be in the same position where you need care someday? And this addresses the issue of keeping ourselves healthy as we get older, and engaging in activities that will keep us mentally and physically healthy as we age. We know that the longer we stay healthy as we get older, the faster we are going to die, and that is important. We want to get old and we want to have a very short demise. It would be wonderful if we were not in the situation where we required care giving but simply to be healthy, functional, contributing to society, to life, not being a burden to children, to family members and simply dying very quickly, and that will happen if we keep ourselves healthy as we get older.

One of the things to be aware of is the importance of engaging in behaviors that will keep ourselves healthy as we go through the aging process, and being a roll model for children and grandchildren showing them that by engaging in healthy lifestyle behaviors, we will contribute to the quality of our health as we grow older. Knowing that certainly, is a positive thing which will have a meaningful mental effect on ourselves. I am doing

something that will have a positive impact on my children when I get older because I will be healthy and I will do everything I can to keep myself healthy. Now, for those who are care givers, this is only one of the stressors which we have in life. Nobody is living in a stress free world where the only stress that they have is providing care for a relative, a family member. So, we have an accumulation of stress which is now made even a little bit more severe by being a care giver. When we have an accumulation of stress, when we have stress in our life that we are unable to cope with, and by being unable to cope with, I simply mean that the stress is causing an elevation of various hormones in our body, we just call these stress hormones. The elevation of these hormones brought on by stress will have an impact on our mental and our physical health. Mentally the elevation of the stress hormones will cause us to become depressed. When one is depressed, they find it difficult to carry on functions that can help other people. We tend to want to sleep more, it's hard to focus, it's hard to carry out the activities of daily life that will take care of ourselves, make sure we are functioning in the workplace, plus take on the added burden of being a caregiver. So, depression is something which is associated and brought on by stress and certainly is a factor in being a caregiver. The health problems are an elevation of blood pressure, an accumulation of cholesterol in the blood vessels of the heart, so we are more prone to having heart disease and increase risk of having infections, if one has an autoimmune disease, an increase risk of that disease becoming worse, if one has diabetes, an increase risk of complications of the diabetes because the stress hormones interfere with normal glucose control, so there are a number of mental and physical health effects of the stress we are going through. When we are under stress and the hormones are high, it is also difficult to think clearly, it is difficult to focus and that means it takes a longer time to get things done because of our inability to focus. So what we would like to do is engage in behaviors that will lower the concentration of our stress hormones, so that we can think more clearly, that there will be less depression, we can become more effective in what we are doing.

There are a number of things which can be done, a number of behaviors. Now certainly in a few minutes I can't address all of those, but there is the UPMC Healthy Lifestyle Program which does have a website, it's <http://healthylifestyle.upmc.com>. There is a lot of information there and techniques. Now just to do something quickly, if you want to rapidly lower the concentration of stress hormones, you simply have to increase your depth of breathing, increase the amount of oxygen in blood, and that will rapidly lower the concentration of stress hormones you will think more clearly, you'll be able to focus and become more efficient in what you do. The website will teach you how to do that with a video. Now, in our daily life what will help us, is friends, social interaction, having people to talk to, having people to share things with. Individuals who are caregivers, who are socially interactive, have a better quality of health than individuals who are lonely. If you are a caregiver and you are lonely, and you have nobody to talk to, the risk of health problems increases. Being physically fit is extremely important. Individuals who engage in physical activity and the physical activity we are talking about is walking, one of the 10,000 step type programs where you walk approximately 10,000 steps a day which is approximately 5 miles, when you do that your brain becomes less reactive to stress and there will be less of an elevation of stress hormones, so we need to increase our physical activity. Having a sense of humor is also effective. In a situation

where you have a lot of stress, it's hard to have a sense of humor, but what we ask you to do is to think of 3, 4, 5 things that are funny, things that make you laugh, jokes, family situations, movies, and take those things and place them into an imaginary box in your brain, a white box you can put a lid on it with a red cross and you can call it your humor first aid kit. And when you are down in the dumps, pull something out of that humor first aid kit and think about it and you will achieve relaxation.

Religion is important. Individuals who enjoy participation in religious activities will have a better quality of health; will have less stress reactivity than individuals who do not enjoy participation in religious activities. Now, if you participate in religious activities and don't enjoy it, you are doing it because your spouse, your significant other, or parent made you do it and you don't like it, there are no health benefits to it. If one is not religious, they can be spiritual and we use a definition of spirituality that is slightly different than the definition of the clergy. Our definition is doing whatever you find calming, whatever you find relaxing. If you come home and there has been a lot of stress and you are upset about things and there is a book you enjoy reading and there is music you enjoy listening to, there is a poem you enjoy, getting out and going for walk, just looking at the clouds. Whatever you find personally relaxing and calming, we will consider spiritual because it has a positive effect on the quality of health of the mind and the body. Engaging in these activities will contribute to a lowering of stress hormones.

Then in addition, there are a couple of other things which you can do. I mentioned the breathing, the deep breathing, the humor first aid kit. There is something called guided imagery and guided imagery is something that you listen to, and it is a voice that takes you to the most beautiful place you have been, you create this in your mind. If you go to the website there are several guided imageries for you to listen to. The more you listen to them, the more effective they become. It's a condition type of response, just like Pavlov's Dogs, you listen to these guided imageries when you are calm, when you are feeling well, and after a while, simply thinking about them produces relaxation. You will find that if you listen to guided imageries that your sleep will improve, you will be calmer, you will be more relaxed, and you will focus better.

Then there is what we call expressive writing and this is a very powerful technique. For expressive writing, what you would do is take some paper and something to write with; you cannot use a keyboard, you must actually write and for 15 minutes you write about something that is bothering you, it could be something that happened yesterday it could be something from several years ago but you write about what is bothering you, you don't pay attention to your spelling, you don't pay attention to grammar, and you don't read what you wrote. You must write for 15 minutes. At the end of the 15 minutes you take the sheet of paper, you tear it up and you flush it away. What this allows you to do is to put down on paper those thoughts which you cannot share with anyone, those thoughts which you do not want anybody to judge you about. What will happen, and I must say you may start to cry while doing this; you may start to sob while doing this, that's completely normal. What will happen is that the thoughts that have been of concern to you, the issues that you have been thinking of will still be there but they will be less significant, they will be less bothersome. You'll have the feeling as if they are

moving to the back of your brain, still there but not of the nature that they are causing sleep problems, or that they are causing you to not be able to focus on things which you need to do. You can do this technique daily, weekly, monthly. Many people will do it when they get up in the middle of the night and cannot fall asleep. You will be able to go back to sleep after doing this.

I encourage you with the situation that one is in of being a caregiver and dealing with the stress of it and dealing with the difficulties of care giving plus the other stressors in your life to try some of these techniques, to go the website to listen to the guided imagery, to try these techniques and it would wonderful if care givers had the opportunity through the EAP of sharing some of these issues with others and Richard can provide wonderful resources to bring people together to share their experiences and to share how they are handling their stress. But remember the critical thing, in addition to taking care of yourself so that you can take care of the person that you are caring for, is taking care of yourself so that you will die quickly. I know it may sound harsh, but when you think about it that really is what we want to do and also to be a healthy roll model for children and grandchildren. Children and grandchildren learn from our behaviors they respect the parent, the grandparent; they look to them for guidance and if we can come home from a stressful day and not lie on the couch, eat fatty foods and say to kids “leave me alone, I’ve had so much stress I don’t want to deal with you”. If we could be the type of role model that comes home and says boy I’ve had a tough day at work, let’s talk about it or let’s go for a walk, or let’s listen to some wonderful music and spend time together. Now you are creating a situation where the next generation will learn behaviors from you so that the next generation will be healthier than our current generation and that’s really what we want to achieve. Thank you.

Sandra Caffo - Thanks Dr. Rabin, good advice for all of us. Thank you. Now it is your time to go to work, yours and audience members, and that is to submit your questions for the panel. We have a few questions to get us started to give you time to get yours formulated so let’s begin with those.

First of all, there was a question about if the webcast can be made available to non-employees of UPMC. This individual had family members who they thought would be interested and the answer to that is yes. You can access it through the Institute on Aging and I have just blocked that website www.aging.upmc.com. Thank you. So, that question was a good one.

Here’s another question to get us started and I am going to direct this particular question to all of the panel members and you can answer as you would like. Here’s the situation. “I am overwhelmed trying to plan a meal for the holiday and have time with my children and family at home yet find time to visit with my father who is in a nursing home. He is unable to leave the facility due to his limitations. How do I find the time and please everyone?” I’m not sure who wants to start.

Dr. Rabin - One of the things that will happen, if you use behaviors to decrease your concentration of stress hormones, you will find that you become more efficient, because

you can focus and get things done more quickly. Now, what people say to us, is “I don’t have time to do those things, I’m too busy, I can’t take the time to do that, it is a waste of my time.” But what happens once they start to do these behaviors, do the breathing, do the writing, listen to guided imagery, you create time for yourself because you can focus, you get things done more efficiently and suddenly instead of less time, you have more time.

Richard Citrin - I think another approach to addressing this kind of issue is to create with your family a sense of ritual around visiting your father. It’s not really the case of how you are going to prepare a meal and get ready for your family. You really want to support an idea of where you are working together as a family to create a ritual and event for visiting your father, so that the children are involved, the aunts and uncles are involved, the brothers and sisters are involved, so that everybody’s involved in going to the nursing home, and going to the nursing home doesn’t become a burden but becomes a wonderful event, a celebration of the family because really, that is what family is and so if grandpa can’t come to the party, bring the party to grandpa.

Sandra Caffo – Anyone else?

Dr. Shultz - I’ll add one more one more note, I think sometimes family members, care givers, sometimes underestimate the ability of other family members to understand and help out with respect to these kinds of issues, and it’s always a good idea to share these kinds of concerns with your children or others that you feel conflicted with because of your care giving responsibilities, and I think more often than not what you’ll find is that they are very understand and are also very willing to accommodate your life in ways that will enable you to do the things you want to do.

Sandra Caffo – Dr. Citrin, I think this question sounds like it should go to you. “I need to take time off work to take care of my elderly father who has beginning stages of Alzheimer’s. I don’t want to get into trouble for calling off, but I need to be there for him. How do I approach my boss?”

Dr. Citrin – Well, a very interesting question. Of course so much of that depends on the relationship and the quality of the relationship that you have with your boss, but I think I started off my presentation by saying we work for a care giving institution so I’ll make an assumption perhaps correctly, perhaps incorrectly, that your boss fits into that care giving mode. I think the way to approach a situation like this is really to practice and rehearse different scenarios based on what your situation or your experience with your boss has been. I would suggest doing some homework by checking on the infonet around things like FMLA so that you are familiar with it, and explore some options around what might be some possibilities and then go to your boss, perhaps seeking his or her advice and problem solving support around this issue. Be frank about what this situation is and asking them for some advice about how they might suggest given the resources we have at UPMC, how they think the best way for you might be to handle the situation.

Sandra Caffo - Thank you. This question, Dr. Shultz I think we could start there and maybe others would have something to add. "My sister has Dementia and never made a living will. I am her only family. How do I know if I am making the right decisions for her?"

Dr. Shultz – Well, that is a difficult question as well. Close family member's are often the best position based on the lifetime of interacting with their relatives to get a sense, even if something hasn't been articulated, to get a sense of what an individual's preferences might be and really, that may be the best you have to go on with respect to making decisions on about how to perceive healthcare and other issues that you might confront. But I think the underlying message here is that it's very important to engage in end of life care planning early on. We stress this for the care givers that we work with, particularly those who are going through nursing home transition where end of life might be more eminent. But it is something that we all need to do and it is something we should do early and update as time progresses and people's feelings and preferences change. I think that is the key to avoiding these kinds of complexities down the road.

Sandra Caffo - Ok

Dr. Citirin – Sandra let me add that as I should have said with the question before, which is in a situation like this the EAP can help in this particular case, the employee get in touch with an attorney. A Worklife service would include up to 30 minutes of telephone consultation with an attorney at no charge, and then in addition, we can provide referrals to attorneys that would provide discounted services for legal consultation. So, perhaps speaking to an attorney around some legal issues, although the question may have an ethical one for the question they are covering, that legal basis one that again the EAP can help you with and the caller before dealing with the boss, call us and we can help you also think through a different strategy for working and talking with your employer.

Sandra Caffo – Thank you. Dr. Rabin this one would be a good one for you to start with I think. "My mother is in a nursing home and I am the only child that lives in the area. I feel guilty when I can't be there visiting her every night. Is this a normal way to feel and how can I get over feeling like this?"

Dr. Rabin - I suppose that depends on your long term relationship with your mother. Some people it wouldn't bother at all and others of course it would, but more importantly than that, what does it mean to your mother? Does your mother want you there every day? Is your mother making you feel guilty not being there. Certainly, in a situation where it is becoming difficult for one, a good a discussion with your mother and maybe even engagement of your mother in some of the stress coping strategies if she is having difficulty with that. We have done some things in nursing homes and the use of music there has been so calming for individuals. We've talked meditation, we brought in some programs and there needs to be more activities actually within the assisted living within the nursing home environment. We are currently working in 12 of the Allegheny County senior citizen housing developments, and there needs to be attention to the quality of life of the individuals there, but in a particular situation like that ,if it can't be resolved, there

may be times when simply you are going to feel guilty so take a couple of deep breaths. We can't do everything all of the time and there is nothing wrong with that.

Dr. Shultz - Let me just add one quick point. We have looked at that transition in a number of studies that we've done and I would agree that with the question or the premise of the question, that placing someone, a relative in a long term care facility is one of the most guilt inducing experiences that anyone can have. It is something that makes family members feel extremely guilty, and frequently they will go on to blame themselves for the decline of the patient which frequently happens after institutionalization as well as other negative outcomes the patient might experience. So, this is a very common transition. The experience of guilt is very common in this context and as suggested by Dr. Rabin, those strategies might be very effective. But I think again, convincing yourself or accepting the fact that guilt is appropriate in this context and shouldn't be exaggerated is perhaps a little bit comforting in this situation.

Dr. Rabin – And it points out again, the next generation. We have got to think what we are going to be for our children.

Sandra Caffo – Great, thank you. I think we have time for one more question. I will direct this to the panel, I am not sure who would be the best one to answer it. “My mother-in-law will not talk about her advance directive wishes, what should I do?”

Dr. Citrin - We talked about one of the important roles, seeking support as a care giver so if you are concerned about your mother-in-law not talking about her advance directives, I would certainly start by talking to your spouse about having some strategies in which they could talk or he could talk to his mother about these kinds of issues. I often find that a more direct approach is important in terms of addressing these kinds of issues. As Dr. Rabin has been saying we're setting examples and we're roll modeling for future generations, and it's situations where our parents may not be roll modeling effectively for us. It's important sometimes to take a direct approach and address the issue forthrightly, it may create some challenges, it may create some unhappiness with your mother-in-law, but at the same time it may create an opening which, while not yielding results currently, may yield results 2, 3, 4, 5, 6 months down the road, and allow for that conversation to be brought into play repeated times in the hopes that your mother-in-law would be able to respond to it.

Sandra Caffo - Anyone else? I think if we can do this quickly we can get one more in, and my goal is to get as many questions addressed as I can. I think Dr. Shultz you might be able to answer this one. “What is a Living Will and where do I get papers and information for it?”

Dr. Shultz – Well a Living Will, maybe Richard would like to handle this.

Dr. Citrin – Well, actually, I know a Living Will relates to a directive that a person establishes to identify medical and other care giving services that an individual may need. The documentation for a Living Will, and I imagine it can be done by an individual on

your own, but we would recommend that you seek legal council to ensure that it's established properly. Again, the EAP could help in that regard by putting them in touch with a lawyer for legal consultation who can certainly clarify the specifics. But it does allow you to direct medical care and other services you may want to establish in the event that you become ill.

Dr. Shultz – It's your putting down on paper that when you get to a certain medical state that you do not want, for example, extraordinary life support systems to be done to keep you viable. Your decision, telling your family that when you get to a certain situation, that it's time for you to check out and that is what you want to do.

Dr. Citrin - I goes hand in hand with advance directives which identify who would be the person, who would be your spokes person in the event that you would not be able to care for yourself, or are disabled beyond the point of being able to speak for yourself. There's a combination of legal documents that would be used.

Sandra Caffo - And I think sources for those documents are also on the Institute on Aging website.

So, we are at the end of our time together. It went very quickly, far too quickly and I want to thank our panel very much for sharing their expertise and information. I just want to remind a couple of things. One is that the archived webcast is available at <http://benefits.infonet.upmc.com/senior> so you can access that. Also, ask that everyone fill out an evaluation so that we can get feedback on how to make these webcasts as productive as they can be. I want to remind you to follow-up with the Institute on Aging and the UPMC Employee Assistance Program with further questions as a source of additional information, and both of those organizations are there and waiting for you. Thank you so much for your attention today and have a good holiday.