

# Meeting the Challenges

Summer 1999  
Volume 8 Number 1

## QUARTERLY

A SPECIAL PUBLICATION TO HELP US MEET OUR DAILY CHALLENGES AND AGE MORE SUCCESSFULLY

### CARE GIVING AND CAREGIVERS

by Lynn Brancato, Peer Counselor/Trainer, Amputee Information Exchange, Inc., and  
Lee Nattress, Ph.D., Director, Community Relations and Training, Community Health Systems, Inc.

**M**ost of us, at one time or another in our lives, have recited these words: . . . . *for richer, for poorer; in sickness and in health; till death do us part!*

Perhaps we were young — feeling invincible — doing what was expected — repeating words that had no meaning. Maybe we were older — focused and responsible — blinded by love — following tradition. Or, we were more experienced — more cautious — more aware. Nevertheless, we made a commitment to these vows. Whatever the circumstances, how many of us really understood the meaning of “*in sickness and in health,*” and how many of us are prepared to participate in caring for a spouse, a parent, or a child when catastrophic illness or multiple trauma is experienced? The answer is all

too obvious!

In our lives, we have both now been the recipient of care giving and we have both experienced the responsibilities of being the redoubtable care giver.

Care giving is a daily fact of life for more than 25 million Americans who provide essential health care and personal services for their chronically ill or disabled loved ones. For the most part, such services are unreimbursed and unreimbursable. Think of what health care would cost in this country were it not for these caregivers! To make matters worse, the health care community too often co-ops family members into the role of caregivers without asking — it is **assumed** that a spouse, a mother, a

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**Office on Aging  
Senior HELPLINK:  
1-800-  
510-2020  
"A Gateway to  
Senior Services"**

**"It's hard to hold the  
hand of anyone  
who is reaching for  
the sky.....  
just to surrender."**

-Leonard Cohen

*Meeting the Challenges*

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.....CALLED UPON TO SERVE

sister, or a daughter will provide the needed care for an ill or disabled family member.

To further complicate matters, a caregiver is seldom given the necessary training to assume her — most caregivers are female — new responsibilities, often has the care giving tasks added to her already full set of responsibilities, and is seldom included as a member of the health care team when decisions about the ill or disabled lived one are made.

This situation is being addressed by the National Family Caregivers Association which has issued the following "Recommendations for Change:"

- Health professionals, government agencies, and managed care organizations should recognize explicitly, in policy and practice, that family caregivers who assume significant care responsibilities are a valuable but vulnerable resource.
- This recognition of the critical role of family caregivers must be built into medical, nursing, and social work training and continuing education.

- More research is urgently needed to understand the impact on family caregivers of changes in the health care system and on interventions that families need and want.
- Health care providers must make discharge planning and transitions from one care setting to another a process rather than a single event.
- Hospitals and other health care institutions should develop model programs that offer innovative ways of involving and meeting the needs of family caregivers.
- Public and private insurance plans and managed care organizations should evaluate benefits and service plans to reflect the importance of training, supporting, and communicating with family caregivers.

Caregivers can have a great deal of difficulty expressing their feelings, while those cared for indicate that the care giving experience is loaded with feelings. Obviously, caregivers often are doing what was expected of them — what needs to be done — while those cared for are struggling with the changes

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*BOARD OF DIRECTORS, 2000 Program Year***George F. Dickerman, President**

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.....CARE GIVING AND CAREGIVERS

in their lives. How much better it would be if caregivers could talk openly about the changes in their lives too!

There is a Website that is now developing "experiential learning through multimedia simulations." It is maintained by Interactive Drama, Inc., a Maryland based corporation. The idea is to provide a series of Virtual Conversations™ that permit caregivers and those cared for to interact with someone else who has lived through a similar experience. These "conversations" combine digital video and voice recognition technology to allow the user to engage in a dialogue with a virtual human subject using spoken language. You can visit the Interactive Drama Website by going to *Vital Connections* at <http://www.vitalco.net> ...then selecting the *News & Information* department on the front page...the *Health & Medical* category ....and under CAREGIVING you will find a link to Interactive Drama.

Each and every one of us may be called upon to be a caregiver at sometime in our life. That task is not a responsibility without a reward. However, when one assumes the role and responsibility of caregiver, one must recognize that she or he must also take care of him or herself. It is so easy to get lost in or overcome by the role of caregiver that one denies needs and rationalizes wants. The end result will be anger, resentment, depression, stress, and burnout. Caregiver resources are available — find and use them.

For additional information about care giving and caregivers, write to the AMPUTEE INFORMATION EXCHANGE, P.O. Box 10245, San Bernardino, CA 92423-0245. █

If you are the caregiver for a person with Alzheimer's disease or for a person with any form of dementia, the ALZHEIMER'S ASSOCIATION can help you.....

Call them today at 1-800-660-1993 █



Read selected articles and send them to your friends at.....  
[www.vitalco.net](http://www.vitalco.net)

- I**s your disaster plan in-place? We should not delay. Being prepared for possible Y2K problems is the smart thing to do, but earthquakes or other disasters could happen anytime! So here's the basic checklist again:
- Flashlights with extra batteries
  - Non-electric can opener
  - Canned foods that don't require heating
  - Extra blankets
  - Minimum of 14 gallons of water per person (don't forget more for your pets!) - recommended for two weeks
  - Emergency first aid kit
  - Adequate supplies of needed medications
  - And always have enough gasoline in your vehicle for emergency driving. █



NEW Health Education Video Series  
 NOW Available for Viewing  
 At Locations Across Riverside County....  
 By Richard Smith

**8** 30 minute videos on various interesting subjects have now been produced and distributed across Riverside County by The Partnership in cooperation with the Riverside County Office on Aging and a variety of other agencies and organizations.

The videos are available at public and college libraries and at all senior and community centers. Many support groups and other service organizations also have the videos available for viewing.

In a recent phone call from a cataloger at the University of California, Riverside - Library, I was told that a great part of her job was watching videos so that she could describe the content AND that she was really enjoying, and learning a great deal, from these videos! Based on the comments of many others, we know you will find them interesting and informative as well!

This year's series includes:

- **Feel Better Right Now!** - Dr. Arthur R. Davis, Jr., a physician who practices in Indio, discusses, in straight-forward and easy

to understand terms, how our bodies work and he gives practical tips on simple things we can do to help our bodies work better! I remember one of the pre-viewers of this video commenting "That guy know what he is talking about!" and my wife commented that she "...felt better just watching the video!" Production of this video was supported by additional funding from Braswell's Health Care.

- **Making Good Health Care Decisions** - There may be nothing more confusing than Medicare and health insurance! HICAP, the State funded Health Insurance Counseling and Advocacy Program, partnered with us in making this video. In it you will see and hear real HICAP counselors presenting objective and unbiased facts about this subject and you will learn how you can easily get more information to make good decisions for yourself!
- **In Need of Love: Understanding the Alzheimer's Victim** - This video, made in

cooperation with the Alzheimer's Association - Riverside/San Bernardino Chapter, features the real experiences and observations of a panel of family caregivers juxtaposed with comments of a leading Southern California expert on Alzheimer's - Dr. Gerald McGuire. You will learn the early warning signs, common symptoms, how to better assist victims and some of the things that can be done to slow the progression of the disease.

- **Tai Chi for Health and Vitality** - In this video, featuring Noel Pittman who is an instructor at the Tai Chi Center in Palm Springs, you will learn the history, art, and many of the principles and movements of the ancient, slow-moving, graceful exercise of Tai Chi. The practice of Tai Chi has health benefits for all, including people with disabilities or issues of frailty. Additional financial support for this video was provided by the Olive Grove Retirement

continued on next page.....



## .....VIDEOS

Resort in Riverside.

- ***How to Recognize, Avoid and Report ELDER ABUSE*** - Elder Abuse is one of the most mis-understood and under-reported crimes, and it could be happening to you or someone you know right now! This video, made in cooperation with Riverside County's C.A.R.E. teams and representatives of law enforcement, explains the most common forms, identifies typical offenders, and provides practical information so that viewers can protect themselves and others from this crime.
- ***Alone, but Not Lonely*** - In excerpts from seminars presented at Joslyn Senior Center in Palm Desert, viewers learn the difference between being alone and being lonely, including the importance of achieving emotional, psychological, spiritual, and sexual maturity. The video, featuring Dr. Herbert C. Lazenby, Director of the Desert Council for Aging, discusses practical things to do to avoid being lonely and also explores issues of new relationships, dating, re-marriage, and the expectations and influence of the children.

- ***The Medicare Changes: How Are You Affected?***

- In this video, a health economist, Thaine H. Allison, Jr., and a health care consultant, Olga S. Betancourt, frankly discuss the history and future of the Medicare program. The presenters do not endorse or recommend any individual health plan, but offer practical advice on how to choose the Medicare Plus Choice plan that is right for you and how to choose your primary care physician.

- ***Some Practical Tips For Good Mental Health***

- Dr. Robert B. Gordon, M.D., a psychiatrist and the Medical Director of Charter Behavioral Health System of Southern California/Corona, is joined by two clinical psychologists, Dr. Pamela Foley and Dr. David E. Libert, in down-to-earth discussions of things we can all do to achieve better mental health for ourselves.

In addition to the availability of these videos for public viewing at 100 locations in Riverside County, copies may also be obtained by individuals or organizations for a suggested donation of ten dollars per video requested. You may send your

donation, and the title of the video you would like to receive, to Health Education Program, The Partnership, 6296 Rivercrest Drive, Suite K, Riverside, California 92507. Donations received will go towards the support of new non-profit video projects and related programs.

We are very grateful to the many, many people and organizations who generously volunteered their time, experiences, expertise and effort to make this video series possible. You will see them credited in the videos and I request that you thank them in person when you see them or visit their offices.

We are just beginning a new video project year, so let us know what you thought about these videos and the subjects you would like to see us cover. You can call us at 1-800-510-2020 or contact us on the Internet at [www.LivingPartnership.org](http://www.LivingPartnership.org)

## SOME OF THE BASICS OF MEDICARE + CHOICE

**W** *hat are the health care choices available under Medicare + Choice?*

Original Medicare Plan -

The traditional pay-per-visit (also called fee-for-service). The Original Medicare Plan has two parts, Part A for hospital services and Part B for physician services, but not everyone is eligible for both parts (you can find out your eligibility by calling your Social Security office). Under this plan, you may choose to go to any doctor, hospital, or other health care provider, like a home health agency, which accepts Medicare payment. Medicare pays its share of the bill and you pay the balance.

Original Medicare Plan with Supplemental Policy -

You can purchase what is referred to as Medigap insurance (also called supplemental insurance) from private insurance companies to help pay for what Medicare does not pay.

Medicare Managed Care Plan - Under this plan, a Medicare approved network of doctors, hospitals, and other health care providers agrees to give care in return for a set monthly payment from Medicare. A managed care plan may be any of the following: A Health Maintenance Organization

(HMO), a Provider Sponsored Organization (PSO), a Preferred provider Organization (PPO), or a Health Maintenance Organization with a Point of Service Option (POS).

Private Fee-For-Service Plan (PFFS) - This is a Medicare-approved private insurance plan under which Medicare pays the plan a premium for Medicare-covered services.

Medicare Medical Savings Account (MSA) - This plan is being contemplated as an option that would provide a health insurance policy with a very high yearly deductible. Under this plan, Medicare would pay the premium and deposit money into an account established by beneficiaries.

Beneficiaries would then use the money in the MSA to pay for their own medical expenses. The next year's deposit is added to any balance remaining in the beneficiary's MSA.

**Who is Eligible and Who Can Enroll in Medicare + Choice?** Not everyone who gets Medicare is eligible for Medicare + Choice. To be eligible, a beneficiary must be enrolled in Medicare Parts A and B, must not have end-stage renal disease and must live in the service area

of the plan they have chosen (not all plans are currently available everywhere).

**How Can I Find Out More About Medicare and Medicare + Choice?** Go to your computer, or get someone with a computer and access to the Internet to help you. Log on the *Vital Connections* Internet Community of Information and Resources at <http://www.vitalco.net> and then select **News and Information** on the front page. Next, select **Health and Medical** .... Among the many Online Resources available there you will find *The Official U.S. Government Site for Medicare Information*, from which the material for this article was gathered.

At this website you can also actually compare the benefits and quality of health plans you may be considering. A new California Medicare + Choice site is being developed and will soon be available through *Vital Connections* as well.

If you don't have computer access, you can call 1-800-633-4227 to learn more about Medicare health plans. ■

**NEW SUPPORT FOR INDEPENDENT LIVING AVAILABLE THROUGH OFFICE ON**

**T**he Riverside County Office on Aging is now enrolling individuals who need case management support in order to live independently in their own homes and who otherwise might face the risk of going into nursing facilities.

The Multipurpose Senior Services Program (MSSP) is for persons 65 years of age or older who are on Medi-Cal, who have sufficient disability to require ongoing support, and who live in Riverside, Moreno Valley, Perris, San Jacinto, Hemet, Banning, Beaumont,

or the Eastern Coachella Valley.

In addition to MSSP, the Office on Aging is also accepting referrals for the new Linkages Program that is for persons 18 and older who may need case management support to remain in their homes.

There is no financial eligibility requirement for Linkages, however there must be a sufficient level of disability to make remaining at home and living independently difficult.

The Linkages Program was designed to provide assistance for clients who

would not normally be eligible for other case management services due to age, income or disability criteria.

Linkages is open to all residents of Riverside County who meet the age and functional level criteria and are eligible for case management services from the Department of Mental Health, the Department of Developmental Services and the Department of Rehabilitation.

For more information on either of these programs, call HelpLink at 1-800-510-2020. **I**

***IF you have no idea what transportation is available in your area, or how to get where you need to go.....***

***IF you have been unable to travel to get to your doctor, or shop for groceries, or get prescriptions, or for other reasons.....***

***IF you have called a transportation company with a problem or complaint and they have been unwilling to help you.....***

**CALL HelpLink @ 1-800-510-2020**

**from anywhere in Riverside County**

**WHAT DO YOU THINK?**

**E**very four years, the Riverside County Office on Aging conducts a County-wide "Needs Assessment." Part of the study includes focus groups and this year includes a special component on *HOW support services should be made available to County residents.*

If you would like to participate in this year's needs assessment, call Laura Orozco at 1-800-510-2020, x245. **I**



## What is a "Conservatorship" and How Does It Work?

By George F. Dickerman

**M**any of us know a friend or loved one who is becoming more and more forgetful. We often poke fun at ourselves by calling these absent-minded moments a "senior moment." But when memory loss becomes a persistent occurrence, and begins to create problems, it is no longer a joking matter.

The warning signs of trouble may include unpaid bills, notices from bill collectors, utilities being shut off, unopened mail, property taxes overdue, and lack of personal grooming or an unkempt house. These warning signs may indicate that a conservatorship may be needed.

A conservatorship is a court proceeding that grants one (or more) person(s) the authority to make financial or health care decisions for another because of a mental or physical incapacity that renders a person unable to make informed and sound decisions. A conservatorship can be over the person, the estate, or both.

The person who is appointed by the court to make decisions is called the conservator, and the person about whom decisions will be made is called the conservatee. Conservators

are generally family members or may be a professional conservatorship company. In some cases, the Public Guardian's office may be appointed.

Regardless of who the conservator is, their duty is to act solely in the best interests of the conservatee. To insure this, court evaluation, supervision and monitoring of the conservatorship is established. In appropriate cases, the court may appoint an attorney to represent the interests of the conservatee. A court investigator is often assigned to interview the proposed conservatee and provide the court with a written report.

A conservatorship over the person is recommended when a proposed conservatee is unable to provide for his or her own food, clothing, and shelter. If appointed, a conservator over the person will have the authority to make decisions which might include where the conservatee will live, how the conservatee will be clothed and fed, and may include the power to make medical decisions.

A conservatorship over the estate provides the

conservator with authority to make financial decisions. The conservatee's property will be inventoried and appraised and reports will be provided to the court. A bond may be required to protect the assets of the conservatee.

Even when it is obvious that a person needs help, a conservatorship may not be the proper procedure. If a properly executed durable power of attorney was created before any signs of mental incapacity developed, then the "agent" named in the power of attorney may be able to handle all of the financial decision-making tasks without the need for a conservatorship. Likewise, a power of attorney for health care decisions may eliminate the need for court intervention.

George F. Dickerman is a private elder law attorney. He is a member of the Riverside County C.A.R.E. Team, devoted to Curtailing Abuses Related to the Elderly, and the president of the ~~Partnership to Preserve Independent~~ Living for Seniors and Persons with Disabilities. For information on other related subjects, visit the Elder Law Center in the *Vital Connections* Internet Community at <http://www.vitalco.net>

## A Personal Perspective on Hospice.....

By Cis LeRoy

**A**bout a year ago, I told you about my aunt, Margie, who had just been diagnosed with breast cancer. As an 84 year-old resident of an Alzheimer's care facility, we finally determined that radical surgery was not in her best interest. We also discovered during cancer screening that she had serious degeneration of her lower spine, so our efforts during this last year have focused on managing her arthritic pain.

During the last year, the Alzheimer's progressed, she had a stroke, and at this point is unable to speak, feed herself, or communicate in any manner. After she had a seizure, I had a long talk with her doctor, and we agreed that hospice care was appropriate at this time.

Hospice care for someone in a nursing home is an 'overlay' of services. I met with a hospice nurse who, after approximately 3 hours of talking and observing Margie, made a series of recommendations to improve her care, increase her comfort and decrease her pain. These recommendations for treatment and medications must be adhered to by the nursing home, and no changes in medications or

anything else involving Margie's care can be made by anyone without the approval of the hospice nurse.

Margie retains her current physician, who basically 'reports' to the hospice care nurse regarding Margie's condition. A social worker met with Margie and me to discuss other possible needs for her. She will now get back massages to help manage pain and she now has a medicinal pain 'patch'. And, since she is also having problems chewing food, she is now on a 'puree' diet to ensure she gets nutrition without the risk of choking.

The hospice facility also has a doctor to assist if Margie's doctor is not available. The point of the hospice care is not to prolong her life in any way, but to ensure that her final time here is as comfortable and pain free as is possible. By visiting Margie several times a week, the hospice tries to ensure that staff at the nursing home is responding to their instructions and that Margie's pain is being managed.

I was extremely impressed with the attentiveness displayed by hospice staff and the true

concern about Margie. We discussed Margie's life, her interests, hobbies and her personality in an effort to be sure they knew her and could understand her better. For example, Margie has never been the type of person to complain about anything, and wouldn't want to 'bother' someone unless it was really important. While that personality trait may seem sweet, it is the critical type of information that hospice workers need to know about her for pain management, especially in her current condition.

Hospice services are also available in the home environment, and volunteers are also available to assist caregivers. Other types of services available include nursing care, social work intervention, spiritual care, medical supplies and equipment, dietician services and even bereavement counseling. These types of services are intended for the terminally ill and their families during a very difficult time. I strongly urge family members of the terminally ill to consider hospice care. Not only do I feel that it has helped Margie, but, surprisingly, I feel a great sense of relief knowing that I have someone out there



helping me with tough decisions and ensuring that Margie is not forgotten within the specific 'ward' of the nursing home. █

### "Grandparents Becoming Grand Parents"

FREE Grandparents Raising Grandchildren and Care Giver's SEMINAR 8:30-12:30, October 11, 1999:

- ➔ Featuring Dr. Stephen Glenn, author of "The Second Time Around" and Robert E. Lee, Minister
- ➔ Complimentary breakfast and door prizes
- ➔ For more information, call Pam Scott at 909.686.4021 or Lillian Reyes at 909.788.3109 █

*Special Clinic for Persons 65 Years of Age or More*  
 Tuesday and Friday Mornings  
*Now At the Riverside County Regional Medical Center*

**T**he special clinic has been designed to bring together a multi-disciplinary staff and special consultants to:

- ❖ Conduct comprehensive physical examinations
- ❖ Provide full evaluations of functional, nutritional, mental, and psychosocial conditions
- ❖ Provide screening examinations, which include: pap smears, tests for prostate cancer, rectal cancer, Alzheimer's disease, diabetes, and hypertension, and examination for skin cancer
- ❖ Provide diagnostic services such as laboratory tests, x-ray, MRI, ultra sound, ct scan, and mammograms
- ❖ Administer needed immunizations
- ❖ Provide educational materials on health maintenance and disease management
- ❖ Conduct a "Stop Smoking" program which offers medication and counseling
- ❖ Conduct classes for diabetes disease management.

According to the Regional Medical Center, any person aged 65 years or more is eligible to participate in the special Geriatric Assessment Clinic, but the services offered

will be most beneficial for:

- ❖ Any patient aged 85 years or more
- ❖ Patients who live alone
- ❖ Patients who have multiple medical problems
- ❖ Patients who are wheelchair bound
- ❖ Patients with multiple psychosocial problems.

Home visits are also available in cases where they are required.

RTA bus and van services are available to transport patients to the Regional Medical Center, which is located at 26520 Cactus Avenue in Moreno Valley.

For more information on the program, or to make an appointment and get directions to the Medical Center, call the Family Care Clinic at 1-800-900-0888, or locally at (909) 486-5590. █

**Riverside County Regional Medical Center**  
**FAMILY CARE CLINIC**  
**26520 Cactus Avenue, Moreno Valley**  
**1-800-900-0888**



## From THE INTERNET: Gaining inner peace; centering

EDITOR'S NOTE: During the last year, we have often talked about the information available at the Internet Community that we help to sponsor ..... *Vital Connections*. We continue to urge you to visit *Vital Connections* <<http://www.vitalco.net>> yourself to explore the incredible wealth and magnitude of its resources . We have decided, however, beginning with this article, to reprint some of the information you can find there in each issue of the Quarterly. To get more information that is similar or related to "Gaining Inner Peace", in *Vital Connections*, go to [Services & Assistance](#) ...[Health and Medical](#) ...[Mental Health](#) ...and select *Mental Health Net*. *Mental Health Net* is a psychological self-help resource.

"Gaining Inner Peace" is presented solely for its positive psychological approach to helping us better deal with the physical challenges that many of us now face. This article, and its advice, is not intended to replace or influence personal spiritual or religious beliefs in any way.

**M**any people believe there is a peaceful place inside us, called "the center." From that place, you can see things clearly without distortions; you can think straight without confusion; you can relax without tension.

The crux of this idea is to think of "the center" as

being an internal place from which you are aware of all the other parts but you can remain detached or apart from all the other parts of yourself. Examples: from the center, you are aware of your body and its feelings, but you are not your body. You (the centered observer) recognize your emotions, but you are not your emotions. You are not your behaviors nor your thoughts; you are an objective observer. Indeed, the centered self may decide to change any of these parts--your body, feelings, actions, and mind. But, when you are "centered," you can not be hurt, you are not vulnerable. You can observe your behavior and see that you are messing up, but the centered self does not emotionally react. You observe the agitation of the mind, the pain of the body, and the hurt emotions, but the centered self remains calm and at peace, just observing in a clear, calm way.

### Purposes

- To develop a safe "observation station" from which you can see all your conscious parts.

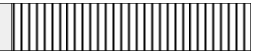
- To become able to escape the stress of external pressures or intense emotions.

### Steps

STEP ONE: Gradually develop the capacity to be "centered." The "center" or the "centered self" has to be built through conscious effort. We have to learn to go there and "center" or calm ourselves. How can we do this? Through efforts to relax and detach yourself from a constantly active mind and from demanding emotions, you can find some peace. With practice, you can get better at withdrawing from the stress (while becoming an even keener observer). Several other steps will help you do this.

STEP TWO: Meditation will also help you detach yourself from the mind. Periods of relaxation will help. Meditation is very effective in quieting the mind. This is good training for centering.

STEP THREE: Increase your acceptance of what is happening - an accepting frame of mind; a tolerance of whatever is. It takes time to understand this viewpoint. By



understanding that there are causes for everything that happens, we can start to focus more on observing the true causes and less on some emotional reaction, such as "ain't it awful," "that should never have happened," etc. As Mikulas (1983) points out, this accepting attitude gives us a certain freedom--a toleration of whatever happens.

STEP FOUR: Give up trying to control everything, loosen up. As it is said in *Desiderata*, whether you understand it or not, the world is unfolding as it should. Eastern philosophies advocate acceptance or "going with the flow of the river." Going upstream is very

hard and probably isn't the right direction anyway. Focus on learning to control your own life within a little bubble, don't worry much about changing the course of great rivers.

STEP FIVE: With practice you can learn to have a detached, calm, accepting attitude. That is peace of mind.

Peace of mind includes more than inner calm, it is accepting oneself, others, and the world. It is being sensitive to being off center, i.e. things beginning to go wrong, and doing something about the problems right away. It is a wonderful mental state, but no one can achieve it all the

time.

Recommended reading: Mikulas, W. L. (1983). *Skills of living*. New York: University Press of America.

[SOURCE: Chapter 14, "Methods of Changing Emotions" in Psychological Self-Help (an online book at Mental Health Net) by Dr. Clay Tucker-Ladd.

- Mental Health Net is a non-profit, created and directed by psychologist John Grohol, Psy.D., as a free service to the worldwide mental health community of professionals and laypeople.]

## *What IF....Placement Becomes Necessary?*

By Michael S. Goryan, MA

**A**rmring yourself with good information can make one of life's most difficult decisions - placement of a loved one - a little less difficult.

**Nursing homes, or skilled nursing facilities (SNFs)**, are for individuals with a medical condition requiring "professional care" from an RN or LVN. Finances may also dictate SNF placement, as SNFs are currently the only 24-hour care option that accepts Medi-Cal payment.

The State of California has very stringent regulations for SNFs. How well a facility conforms to regulations can be found in a facility's "state survey." Ask to see the latest survey. *It is public information.* What, if any, "deficiencies"

were found? What is the facility doing to reverse its deficiencies?

Be subjective in your evaluation. Use your eyes, ears and nose. Facilities with a problem controlling odors will use undue amounts of perfumed disinfectants. Getting an occasional whiff of urine is not out of the ordinary as incontinence is universal, but smelling urine or feces everywhere is not a good sign.

Observe the patients. Are they dressed? Are their faces washed? Do they have access to fluids? Are they involved in activities (not just watching TV)? Are they "tied" into chairs and lined up in the hall? Is there enough staff? If you feel the

continued on next page.....



.....USE YOUR SENSES

patients are not well cared for, they probably are not. Your "gut feeling" can be of great value.

Are the rooms dark and gloomy? Are the bathrooms clean? Is there dirty linen on the floor?

Visit a facility during meals. Is the food appealing? Are patients eating?

**Residential care facilities for the elderly (RCFEs), or assisted living or board and care,**

are private pay and charge from \$1300 to \$3500 per month. Some long-term care insurance will pay for residential care, but most do not. Medi-Cal does not currently pay for RCFEs.

RCFEs are licensed locally and inspected by Community Care Licensing. RCFEs have restrictions regarding acceptance of residents. For instance, they cannot accept individuals with gastrostomy, tracheostomy, or naso-gastric tubes, someone with a serious infection, or with artificial means of hydration or administration of medications. Some conditions can be accepted but require a waiver or exception.

Like SNFs, use your senses. Look for a license when you walk in. It should be visible. If the person you

are placing has Alzheimer's disease or "dementia", the facility must have a dementia waiver or it cannot accept your loved one.

Is the facility clean? Are the residents clean? Is the atmosphere pleasant? Is the furniture safe and clean? Are the outdoors "secured" and safe? Is the food palatable? Taste it! Does the staff speak your loved one's language? Is there enough staff?

No one will be able to care for your loved one as well as you, but there comes a time when your ability to care is diminished, usually by the loss of personal health. You must feel comfortable and confident about the care facility. Follow your senses and your intuition!

Michael S. Goryan served as the Executive Director of the Riverside/San Bernardino Counties Alzheimer's Association. He is a consultant, counselor and teacher to care facilities and care professionals. He holds an RCFE administrator's license. He also serves families caring for someone with Alzheimer's disease through his support of the Alzheimer's Alliance of America. ■

FREE PETS for Seniors

**A**ny interested senior may go to the Riverside Humane Society *Pet Adoption Center*, at 5791 Fremont Street in Riverside, and speak to an adoption counselor who will assist them in finding the right dog or cat for them.

Once an animal is found, an application must be completed. Permission for owning an animal must also be received from the landlord/lady if the senior is renting or leasing. If the senior requires home assistance, the care giver must be involved in the adoption process.

Once the proposed adoption is approved by the Kennel Manager, the adoption counselor will spend time with the senior explaining health care for the animal, proper diet, exercise, grooming and required vaccines and veterinary visits.

For more information, call (909)688-4340, x4 or x5.

Subject to space availability, the *Pet Adoption Center* takes in and rescues dogs and cats and keeps them until they are adopted. The "Pets for People Program" is sponsored by Ralston Purina. ■

## Are You Microwaving in UNSAFE CONTAINERS ?

**Y**ou would not put metal in a microwave - we all know that can damage an oven! But, you should also know that using a plastic container not designed to be microwaved, could be damaging to your health.

Plastics designed for the microwave can withstand high heat - up to 170 or 180 degrees. Less sturdy plastics, certainly including margarine tubs and deli containers, can blister, warp, or start to melt under heat as low as 120 degrees. ***Even if there is no perceptible change in***

***the appearance of the container, certain molecules in the plastic may still gather enough energy during the heating process to leave the container and enter the food you are about to eat!***

Here are some tips for safe microwaving:

- ✓ Remove food from its packaging before defrosting or cooking in a microwave. Plastic wrap, styrofoam meat trays, and freezer cartons are not heat stable.
- ✓ Do not use food packaging plastics, like margarine tubs, to heat food in the

microwave.

- ✓ Do not reuse the trays or containers that come with frozen dinners.
- ✓ Whenever possible, use a glass container to heat foods in your microwave.
- ✓ Wax paper and oven cooking bags are usually safe, but do not use plastic bags of any sort.
- ✓ If you do use plastic containers, make sure they are labeled as microwave safe.

[SOURCE: Fresno Senior Info & Assistance - Spring 99 newsletter]

## Sometimes.....It's SO Obvious!

EDITOR'S NOTE: This is supposed to be a true story that was sent from some people who work for the government in the High Desert. Whether or not it is true, it is funny and carries an interesting message.

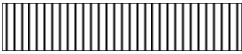
**S**cientists at NASA have developed a gun built specifically to launch dead chickens at the windshields of airliners, military jets and the space shuttle, all traveling at maximum velocity. The idea is to simulate the frequent incidents of collisions with airborne fowl to test the strength of the windshields.

British engineers heard about the gun and were eager to test it on the windshields of their new high speed trains. Arrangements were made to borrow the gun.

The British encountered a small problem, however, when they used the gun for their test. When the gun was fired the engineers stood shocked as the chicken hurtled out of the barrel, crashed into the "shatterproof" windshield smashing it to smithereens, then crashed through the control console, snapped the engineer's backrest in two and embedded itself in the back wall of the cabin.

The horrified Brits sent NASA the disastrous results of the experiment, along with the designs of the windshield, and begged the U.S. scientists for suggestions.

NASA's response was just one sentence: "Thaw the chicken."



## HOW TO SURVIVE A HEART ATTACK WHEN ALONE.....

EDITOR'S NOTE: This information was originally printed in a publication of The Mended Hearts, Inc., Rochester General Hospital, Rochester, N.Y. It has been reprinted several times and was forwarded to us by Debrah Phillips.

**M**any people are alone when they suffer a heart attack. Without help, the person whose heart stops beating properly and who begins to feel faint has only about 10 seconds left before losing consciousness.

These victims can, however, help themselves by coughing repeatedly and very vigorously:

- ❖ A deep breath should be taken before each cough, and the cough must be deep and prolonged, as when producing sputum from deep inside the chest
- ❖ A breath and a cough must be repeated about every two seconds without let up until help arrives, or until the heart is felt to be beating normally again.

Deep breaths get oxygen into the lungs and coughing movements squeeze the heart and keep the blood circulating. The squeezing pressure on the heart also helps it regain normal rhythm. In this way, heart attack victims can get to a phone and, between breaths, call for help. █

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