

Bensing is New OEAP Manager

Andy Bensing was promoted to the Ohio Employee Assistant Program (OEAP) benefits manager. Andy has management oversight for OEAP and is responsible for the day-to-day business operations.

Andy is no stranger to OEAP or the State of Ohio. He has been with the program for more than 18 years. During his tenure, he has served as an EAP intervention specialist, a clinical supervisor and a consultant.

He brings more than 40 years of experience providing mental health treatment and employee assistance program services in a wide range of clinical settings. Andy has a Master of Science degree in Social Agency Counseling and has completed 24 hours of post-Master's advanced clinical study.

Alzheimer's Disease: Caregiving Challenges and Strategies for Coping

Caregiving Challenges

Some of the specific things that are challenging for patients with Alzheimer's disease usually stem from the memory problems that are so predominant in this disease. The lack of memory for events or people can make the individual extremely anxious about daily life. This can be exhibited with asking questions and repeating information, preparing for appointments/day care well ahead of time, and use of notes and reminders endlessly. Apathy or a lack of initiative can be due to tasks that used to seem routine now being overwhelming. For example, the person who always enjoyed puzzles but no longer does them because they are too overwhelming and require skills he/she no longer possesses. Finally, agitation can occur often

as people become less able to interpret the environment and control or express their feelings. This can be seen in people with dementia who may strike out when people are caring for them. These behaviors are very difficult for caregivers who are trying to provide care and understand the changes in their loved one.

Strategies for Coping

The major strategy for coping is to keep the goal in mind. Often, caregivers trying to make everything all right, will end up exhausted and frustrated. The truth is they can't



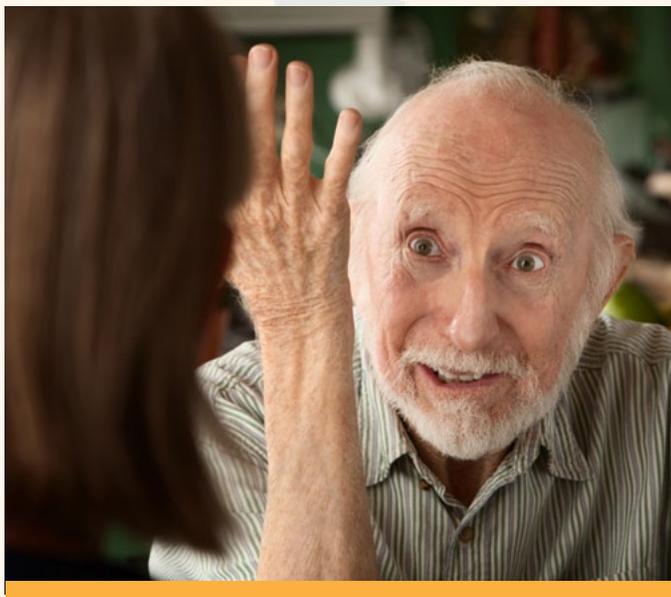
make everything all right and an adjustment of goals to be realistic and attainable may be helpful. Perhaps the goal is to be sure the patient is clean, comfortable and well fed and realizing that success might be 80%. Being comfortable with a less than perfectly groomed spouse or perfectly organized home is bound to be a difficult task but accepting this will allow you to perhaps enjoy time you might otherwise have spent fretting about hygiene issues.

Anticipate misinterpretation

They are often no longer able to accurately interpret verbal or non-verbal cues which can result in anxiety and

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frustration in both the individual and the caregiver. Try to be clear and concise in your communications — repeating things as needed using the same words or message. Reduce extraneous noise and distractions when trying to communicate. Do not use confusing pronouns (he, she, it) but rather names and specific titles. Try to imagine what someone MIGHT think you are trying to do or say if they were unable to think clearly.



Remember that all behavior has a purpose.

Many experts believe that some of the behavioral symptoms that people with dementia exhibit such as shouting or striking out are meaningful. Although the person does not generally intend to disrupt things or to hurt someone, they do intend to be noticed and perhaps communicate a need that is not being met. In addition, it is important to remember that while these behaviors are meaningful, they are not intentional and the individual is not doing this “on purpose” but more likely in an attempt to convey a message that they can no longer explain in words. Slowing down, trying to see the world through their eyes and trying to respond to the “feeling” behind the behavior rather than the behavior itself, may allow you to prevent an emotional crisis.

Many people with Alzheimer's disease remain physically fit and retain their ability to be comfortable and involved in social situations quite late in the disease. Therefore, enjoy the good times and continue to socialize, travel, be physically active and participate in activities that are enjoyable to both the person with Alzheimer's and the caregiver. Often, familiar activities that may be well

memorized will continue to be enjoyable for the person with Alzheimer's disease and should be encouraged. However, trying to learn new tasks or starting new hobbies may be frustrating or overwhelming.

Since memories from the distant past are not usually affected, reminisce about the past and encourage discussions about people and places that are familiar and evoke pleasant feelings for both of you. Watching family videos, looking at photographs or reviewing travels from the past can allow the person with Alzheimer's disease and the caregiver to continue to share experiences and feelings. Allow the person to share the history they remember with family members, grandchildren and friends. It can be fun for all involved and so satisfying for the person with dementia to continue to feel connected and to contribute.

Be flexible. The disease is progressive. The symptoms and needs will change over time. If strategies such as notes or reminders, are no longer working, don't use them! A successful intervention at one stage, can be a frustration and disaster at another. Seek help, ask for advice, learn from others who have had similar experiences. More challenging behavioral symptoms such as resisting care or being aggressive can be particularly difficult and often require a very individualized approach. Talk to your doctor about approaches, both pharmacological and non-pharmacological.

Safety

One of the priorities for caregivers is the safety of their loved one with dementia. As dementia progresses, the memory and judgment of the individual become impaired and he/she is often no longer able to anticipate or avoid dangerous situations. This can be an overwhelming responsibility for a caregiver and require some creative strategies for coping. The recommendations below are some areas to consider planning for in terms of safety.

Supervision

In the early stages, concerns about supervision may be minimal as the person with dementia is still able to make appropriate judgments about safety. However, the need for supervision usually increases as the person with dementia becomes more forgetful and their judgment becomes poorer. It is important at this stage to try to provide the appropriate level of supervision. This is often difficult to determine and involves evaluating the risk of the behavior actually or potentially occurring, the consequences should it occur and the ease/discomfort involved in protecting

the person with dementia. Supervision can include simple reminder phone calls for medications, alarms on doors to prevent exiting, and actual personal supervision to prevent physical injury or harm. Some areas to review when considering level of supervision include the ability to handle emergencies when left unsupervised, ability to use appliances safely, and ability to safely answer the phone or door when left alone. Wandering often occurs in later stages when people may be confused about where they are or are trying to find a familiar person or place. If there is a concern about this, enrolling in the Safe Return program should be considered. This program, which is administered by the Alzheimer's Association, provides national registration and identification of people with dementia to assist in locating them should they wander away or become lost.

Environment

Providing increasing supervision is a difficult and time-consuming task for many caregivers. If possible, modifying the environment to limit exposure to potentially dangerous situations can allow patients to continue to be independent and safe. Especially in the early stages, reminders and cues in the environment may be enough to keep the individual safe, for example, posting the steps involved in a task or labeling where things are kept. Later, strategies which limit the exposure to potentially dangerous situations may be considered. Removing stove handles when using the stove is anticipated to be a problem or using childproof handles on cupboards with dangerous materials in them. When more supervision is needed, it is best to assess each situation individually and gradually increase the amount of supervision needed to maintain as much independence and autonomy as possible in as safe a setting as can be provided. There are some resources that provide tips and products to modify the environment and protect the patient.

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I'm Caring for a Relative with Traumatic Brain Injury (TBI) - What Do I Need to Know?

What is Traumatic Brain Injury?

Traumatic brain injury (TBI) happens when something hits the head hard or makes it move quickly. Injuries may be due to blasts in combat, or as a result of motor vehicle accidents, falls, falling or flying objects, or assaults. TBI is called "mild," and may also be referred to as a concussion, when there is a brief change in awareness or consciousness at the time the injury occurs. It is called "moderate" or "severe" when there is a longer period of unconsciousness or amnesia, which means memory loss. The initial injury does not necessarily predict what long-term symptoms an individual may have.

Treatment may include rehabilitation therapies, exercise and other activities, medication, education, and support.

Physical and Mental Changes to Expect

There are some common physical and thinking changes that can occur with TBI depending on the type and severity of the injury. Some symptoms may be present immediately, while others may appear later. An individual's symptoms and course of recovery may differ from others with a similar type of injury. One individual may recover with little remaining problems, while others experience symptoms that can last for days, weeks, or sometimes

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longer. In general, recovery from TBI is slower for older individuals, and for those who have had a previous brain injury. For individuals with a more severe TBI, there may be lifelong changes to or problems with physical, emotional or cognitive (thinking) functioning.

Physical changes may include:

Problems with vision, weakness and coordination, as well as headaches, dizziness, fatigue, pain, and sleep disturbances.

Thinking changes may include:

Memory and learning problems, decreased concentration, problems with judgment, and slower thinking.

Emotional issues may include:

Irritability, problems managing anger or frustration, depression, anxiety, adjustment difficulties, and problems with social functioning.

What Does This Mean for Me?

Family caregivers play an important role in recovery. In fact, many people who work with TBI patients believe that having a family caregiver is one of the most important aids to recovery. You can offer support, encouragement and guidance to your injured family member, and help ensure the treatment plan established by the medical professionals caring for your loved one is followed.

At times, you may feel overwhelmed, angry or scared. You may also feel alone, or feel worn out by caregiving responsibilities. These reactions are normal and typically come and go. If you feel like there is just too much to deal with, seek help either by confiding in a friend, participating in a support group or consulting a professional mental health practitioner.

Caregiving Tips

- It is often difficult for an individual with TBI to multitask, so give one instruction at a time. Try using lists and memory notebooks. A calendar is also a helpful tool to organize daily tasks.
- Be sensitive to the issue of fatigue. If your family member seems tired or overwhelmed, suggest they take a break.
- Establish a routine in which your family member pre-plans activities for the day. Scheduling the most important activities for the morning is a good idea, because energy levels tend to decline over the course

of the day. Remember that your loved one will have good days and bad days, both emotionally and physically. This is a normal part of recovery.

- Know what resources are available and reach out to friends, family, and professionals.
- Attend visits to the medical provider with your family member and provide detailed information about your loved one's progress and challenges. Ask questions and take notes.
- Be supportive and patient, but also remember to take care of yourself. If you find yourself completely overwhelmed or you feel yourself "losing it," take a moment and call someone — a friend, a family member are good places to start. Support groups may also be available in your community.
- Visit your doctor regularly, and get plenty of rest so you can stay strong. Remember, you are doing the best you can and you are making a difference in your loved one's life.

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Your employee assistance program offers confidential help for personal problems and concerns. Concerned about a troubled family member who won't get help? Feel tired and exhausted, but don't know if it's burnout, loss of motivation, depression or all three? Late for work too often? Has use of alcohol or drugs created a crisis you are facing right now? The bottom line, never wonder if your concern is appropriate to contact OEAP. So, if you've been putting off taking action to solve a serious issue that is weighing on you, give OEAP a call today.

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