

Inside this Issue:

- 2 "Communication for Elder Family Members Who Need Care" continued
- 3 Calendar
- 4 Wheelchair bags, Family BBQ reminder, Birthdays/Welcomes, More
- 5 "Fitness at 50+: Five Barriers You Can Beat
- 6 "Fitness" continued, New Transport Bus Graphics, Communication for Elder Family Members Who

Communication for Elder Family Members Who Need Care

Contributed by Amy Hoch Altwegg, Village Manor Executive Director

Communication

"No family member is ever fully prepared for the challenges of caregiving. The tasks and responsibilities involved can be demanding, even more so when caregivers themselves are frail, have been thrust into their role unexpectedly or reluctantly, or must care for someone who is uncooperative or combative." - The Merck Manual of Health and Healing

Caregivers can face overwhelming physical, financial, and emotional demands as a function of their service. In the face of these challenges, communication can sometimes be difficult. This article presents techniques for compassionate communication, as well as ideas for caregiver self-care and empowerment.

Communication is a process that allows a cyclical exchange of information through speaking and listening. However, as we all know, communicating is not as simple as that. Effective communication requires clarity from the person who is speaking and openness and attention from the person who is listening. This takes great commitment.

And to be compassionate, the communication should touch the heart. Compassionate communication can be understood through a breathing exercise. Put a hand on your heart; this is the center of compassionate communications. Notice your state of well-being. Imagine your whole being is entirely cared for. Take a breath in, and imagine this as a listening breath. Allow the breath to be touched by your heart, to be oxygenated and returned out. As you breathe out, imagine this as a speaking breath. And so is the cycle of breath and communication – incoming breath – touched by heart – and out going breath.

Compassionate communication includes:

1. Awareness
2. Speaking with Clarity
3. Listening with Openness and Attention.



1. Awareness

Compassionate communication begins with an awareness of your own well-being because when we focus on our well-being we create a space for the well-being of others around us. We create a space for authentic listening and speaking.

CONT. ON PAGE 2 -- See "Communication"

“Communication”- continued from Page 1

Identify Needs and Values. To create a dialogue of compassion, become familiar with your needs, values, expectations, and motivations. How did the role of caregiver come to you? Was it out of choice, obligation or circumstance? Does this role fulfill an underlying need or value to give or to feel appreciated? What other needs or values may be present for you? Perhaps there may be the need or value for connection, sense of purpose, or financial security.

Options for Meeting Needs and Values. Once you’ve identified some of your core needs and values, you can evaluate how you might have these needs met. It’s possible that your needs are met through caregiving. It’s possible that you hope or expect these needs to be met through caregiving, but they are not. Clarify for yourself what your expectations and motivations are and then determine what is realistic for this relationship. Use the “here and now” in your determination, rather than remembering how things were at one time or how you wish things to be. Consider all of the ways your needs and values can be met, including but not limited to this relationship.

2. Speaking with Clarity

We all have many years of experience in speaking, but may not have skills in expressing ourselves with clarity.

Use “I” statements. Probably the easiest tip for compassionate communications is to use “I” statements. These statements begin with the word “I” and they clearly express something about our own view, not something about the other person. For example “I am finding it hard to believe what you are saying” Notice the difference between the “I” statement and the following “You” statement. “You are lying!” When we start sentences with the word “You” we tend to put the other person on the defensive.

Use observations, not evaluations. An observation is a statement of fact, similar to what might be recorded on a video camera. For example, the statement “Aunt Ann has been talking on the phone for one hour.” An evaluation is a statement of fact with an added value (a judgment of good or bad). The statement “Aunt Ann talks too much on the phone.” is an evaluation.

Speak Authentically. There are times when we choose to protect those we love from the truth about our feelings. We are the best judges of the impact of such non-disclosures. It’s possible that when we choose not to share our feelings, an opportunity for distance not closeness is created. Although it may feel very risky, the loving and heart-centered sharing of your feelings may be a beginning to more open communications. Sharing of feelings could begin with a sentence like “When you said [insert the Observation], I felt [insert the feeling].”

Know many realities exist. If a group of five people go to the same movie and each is asked the question “what happened in the movie”, we would get five each different stories. Each person’s story is based on the unique backdrop of each person’s perceptions. Many times our perceptions are based on our values or experiences. Remember, your reality belongs to you. Another person’s reality belongs to them. Neither reality is “right” or “wrong.” We simply perceive and interpret things based on our own values.

3. Listening with Openness and Attention

Many communication breakdowns occur because of difficulties in listening.

Waiting is not Listening. So often in our conversations we are “waiting to speak” while the other person is talking. We are formulating our ideas in response to what is being said. We become engaged in our own thoughts and their importance. Anxiously waiting for the other person to stop talking, we find that we are not listening.

CONT. ON PAGE 6 -- See “Communication”



JUNE



Sun

Mon

Tue

Wed

Thu

Fri

Sat

						1	2
						9:30 Coffee for All 11:00 Noodle Ball 1:30 Uno 3:00 Gift Cart 6:30 Puzzle Time	10:30 Noodle Ball 3:00 Puzzle Time 6:30 Cinema Night
3	4	5	6	7	8	9	
10:30 Noodle Ball 4:00 Church 6:30 Coloring Fun	9:30 Reminisce 11:00 Noodle Ball 3:00 Bingo 6:30 Board Games	9:30 Resident's Council Meeting 11:00 Noodle Ball 3:00 Singing w/Joan 6:30 Coloring Fun	9:30 Learn & Grow 11:00 Noodle Ball 3:00 Bible Study w/Beverly 6:30 Puzzle Time	10:00 Fingernails 11:00 Noodle Ball 3:00 Piano Time 6:30 Board Games	9:30 Coffee for All 11:00 Noodle Ball 1:30 Cinema 3:00 Gift Cart 6:30 Puzzle Time	10:30 Noodle Ball 3:00 Puzzle Time 6:30 Hall Choice	
10	11	12	13	14	15	16	
10:30 Noodle Ball 4:00 Church 6:30 Coloring Fun	9:30 Reminisce 11:00 Noodle Ball 3:00 Bingo 6:30 Board Games	9:30 Memorial Service 11:00 Noodle Ball 3:00 Singing w/Joan 6:30 Coloring Fun	9:30 Learn & Grow 11:00 Noodle Ball 3:00 Bible Study w/Beverly 3:30 LIBRARY 6:30 Puzzle Time	9:30 Headlines & More 11:00 Noodle Ball 3:00 Piano Time 5:30 Family BBQ	9:30 Coffee for All 11:00 Noodle Ball 1:30 Uno 3:00 Gift Cart 6:30 Puzzle Time	10:30 Noodle Ball 3:00 Puzzle Time 6:30 Cinema Night	
17	18	19	20	21	22	23	
10:30 Noodle Ball 4:00 Church 6:30 Coloring Fun	9:30 Reminisce 11:00 Noodle Ball 3:00 Bingo 6:30 Board Games	9:30 Headlines & More 11:00 Noodle Ball 3:00 Singing w/Joan 6:30 Coloring Fun	9:30 Learn & Grow 11:00 Noodle Ball 3:00 Bible Study w/Beverly 6:30 Puzzle Time	9:30 Headlines & More 11:00 Noodle Ball 12:00 BBQ 3:00 What's for Dinner? 6:30 Board Games	9:30 Coffee for All w/Ken 11:00 Noodle Ball 1:30 Cinema 3:00 Gift Cart 6:30 Puzzle Time	10:30 Noodle Ball 3:00 Puzzle Time 6:30 Hall Choice	
24	25	26	27	28	29	30	
10:30 Noodle Ball 4:00 Church 6:30 Coloring Fun	9:30 Reminisce 11:00 Noodle Ball 3:00 Bingo 6:30 Board Games	9:30 Memorial Service 11:00 Noodle Ball 3:00 Singing w/Joan 6:30 Coloring Fun	9:30 Learn & Grow 11:00 Noodle Ball 3:00 Bible Study w/Beverly 6:30 Puzzle Time	9:30 Headlines & More 11:00 Noodle Ball 3:00 Piano Time 6:30 Board Games	9:30 Coffee for All w/Ken 11:00 Noodle Ball 3:00 Birthday Party 3:00 Gift Cart 6:30 Puzzle Time	10:30 Noodle Ball 3:00 Puzzle Time 6:30 Cinema Night	
			Available Daily: games, books, cards, puzzles, movies, pool table, manicures, and more.	One-to-Ones Daily *Activities Subject to Change			

Resident Birthdays

Annadene Ayers	Jun. 3
Lana Wagner	Jun. 4
Gerald Howell	Jun. 25
Wallace Welton	Jun. 27



Thank you to Auburn Pharmacy for providing the birthday cake

Welcomes

Verna Cook
 Mary Linn
 Shirley Copas
 Kenneth Brown

In Memory

Lawrence Lehner

Discharges

Dorothy Burton
 Marcella McMahon
 Ann Smith

Staff Birthdays

Kindly Hodgson	Jun. 21
Nichole Bruggman	Jun. 23
John Hampton	Jun. 26
Elizabeth Ellis	Jun. 30



Welcome to our Team!

Rochelle Smith	R.N.
Audrey Berkland	C.N.A.
John Hampton	C.N.A.
Carley Rohleder	C.N.A.
Jakob Rutschman	C.N.A.
Kimberly Slaght	C.N.A.
Lakiva Chisolm	N.A. II
Jade Crable	N.A. II
Amber Mascareno	Room Attendant
Molly Burleson	Homemaker

Beverly Sutter (pictured in first photo below at sewing machine) sews bags for wheelchairs for the residents, and rumor has it-for some of the CNAs. Beverly donates her time for projects at Village Manor. Also pictured are: Ann Robson, Judy Day, Florence Smith, Carolyn Lehner, Mabel Gilberg, Deb Davis, Ann Winters, Debbie Stover, and Rascal.



You are invited to attend a family barbeque at Village Manor on Thursday, June 14, beginning at 5:30 p.m. Village Manor will be providing the meal, no side dishes are needed. Free will offering. Please call 785-263-1431 with questions. R.S.V.P.s appreciated, but are not necessary.

Fitness at 50+: Five Barriers You Can Beat

Contributed by Amy Hoch Altwegg, Village Manor Executive Director

While exercise is often touted as a fountain of youth, it often gets harder to do as you get older. Physical medicine and rehabilitation (PM&R) physicians, also called physiatrists, are doctors who restore and maintain function lost due to injury, illness and age-related conditions such as osteoporosis, arthritis, joint replacements or stroke.

They often prescribe exercise to prevent and treat many of these conditions, working with their older patients to help them get the right kind of exercise so that they can remain active and independent. PM&R physicians offer these tips to help caregivers and their loved ones overcome five common fitness obstacles:

OBSTACLE: Declining strength

What you can do: Use your endurance. It's true we lose muscle mass as we age, and older people have been told that weight training will help prevent this loss of strength and keep them young.

However, many seniors find they can't lift the heavy weight experts say is necessary to actually build muscle. A recent study has shown that while muscle strength diminishes with age, muscle endurance does not. You may benefit from working muscles longer - doing more repetitions - with lighter weights. Exercises that emphasize endurance, such as swimming, walking or biking, may be more enjoyable and beneficial for you and your loved one than those that require great strength.



OBSTACLE: Arthritis or other conditions that make moving difficult

What you can do: Your loved one can, and should, still exercise. Ask your doctor, or physical therapist, about how to use a cane, rollator (rolling walker) or other assistive device. These can be especially helpful when recovering from a joint replacement, or a serious illness such as stroke or cancer. Another condition that becomes more common as we age is neuropathy, which is nerve damage in the feet and extremities that makes it difficult to maintain balance and walk steadily. For all of these conditions, assistive devices can keep your loved one active while helping to prevent a fall and further injury.

OBSTACLE: Exercise and activity after surgery

What you can do: Follow your doctor's orders, but the best general rule is to get your loved one moving as soon as possible. The type of surgery you had and the type of exercise planned will influence when you should start exercising after an operation. But a recent study found that people who began physical rehabilitation two days after heart surgery recovered faster than those who delayed. PM&R physicians say keeping active becomes more important as the body ages and loses its ability to recover. The longer you delay returning to activity, the more difficult it will be to regain fitness.

OBSTACLE: A history of inactivity

What you can do: Get started on the path to fitness by using everyday activities as exercise. Recent studies have shown that "functional exercises," those that mimic actual daily activities such as walking up stairs and getting in and out of chairs, can be most effective for you. Climbing a flight of stairs several times or repeatedly rising from and returning to a seated position is an effective way to build leg strength. As you become stronger and more fit, increase the challenge by holding some sort of weight on your shoulders, like soup cans. PM&R physicians say that even mundane household chores such as transferring wet laundry from the washer to the dryer, one piece at a time, can be used to increase strength and flexibility in your abdominal, low back and hip muscles. Once you've established a routine of exercise, functional fitness exercises can also be used to maintain your health.

Continued on Page 6-see "Fitness"

“Fitness”- continued from Page 5

OBSTACLE: Chronic pain and inflammation

What you can do: Choose low impact activities to keep moving and minimize pain. Experts say that certain types of exercise can reduce joint stiffness, pain and inflammation associated with arthritis conditions that affect more than 40 million Americans. A PM&R physician can advise you on the exercise best suited for your arthritis, but activities such as walking, swimming and water-based exercise are generally effective and well tolerated. PM&R physicians also advise arthritic patients to take breaks from long periods of sitting so that joints don’t become stiff and painful.

For More Information

If you or your loved one face chronic pain or other medical conditions, consult a PM&R physician who can help you overcome obstacles and develop a realistic and effective fitness program. PM&R physicians are experts at diagnosing pain and restoring function, treating the whole patient, not just symptoms. Many recommend a simple tool to help aid accurate diagnosis, development of tailored and effective treatment and evaluation of progress: keep a log of daily activity, pain and questions that you bring with you to appointments with PM&R physicians or other doctors.

Source: American Academy of Physical Medicine & Rehabilitation

New Transport Bus Receives Graphics



“Communication”- continued from Page 2

Avoid Unspoken Stories. Another pitfall in listening is when we interpret rather than listen. While the other person is speaking, we create a story about what is being said. For example, a simple statement like “I think you look very nice today” can be incorrectly interpreted to mean, “Today, unlike any other day, you look very nice.” So, you can see how easy it is to create your own a story about someone’s communication.

Active Listening. Listening is truly an art. It is a skill that can be acquired. One way to practice this skill is through active listening. Active listening is a technique in which the person listening re-states his or her understanding of what the speaker has said, before introducing their response to what has been said. For example; “What I heard you say is ...,” followed by “Does that sound about right?”

Reframe Hostile or Difficult Communications. It’s possible that the person you are caring for may speak to you in anger. It may be helpful to consider that their anger may be due to their own frustrations, and not about you. For example, “You are no good! You never help me!” This statement might be reframed: “What I hear you saying is that you are wanting help and it feels like I am not helping now. Is that what you meant to say?” In hostile or difficult communications, it is sometimes helpful to involve a third neutral person to help with this type of communication.

At the very heart of compassionate communication is our desire to be collaborative in our communications – to hold a balance between our needs and the needs of the other. This is particularly important for caregivers who are so often looking after the needs of the other.

Source: adapted from caregiver.org