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*Strategies and
Resources
for Caregivers*



**MOOD
FOOD:**
5 minute meditation
& **MIRTH AID**

**CULTURAL
DIVERSITY IN
HEALTHCARE**



GOT STRESS?

Spring 2008
Volume 4
Issue 1





The Art of Distraction

From the Editor:

Distracton, as we caregivers experience it, could be getting a bad reputation. We all do battle with the onslaught of demands placed on our time. But what about those magical moments when a well-timed distraction creates a moment of relief? The concept is worth considering.

For example, have you ever tried to pry something dangerous out of a determined little toddler's fist? Seeing my panic, my mother simply took a nearby toy and, with a jiggle, the unwanted item was discarded for the new one. "It doesn't always have to be a confrontation," she declared confidently. "Distraction can be your friend." It was one of those *ah-ha* moments.

Even now, many years later, I have come to appreciate the benefit of a well-timed change of subject, scenery or course of action. Indeed, distraction can not only be your friend and ally; it can be a blessing. Distraction works just as well with an apprehensive family member as it does with an overly stimulated four-year-old, or a bored nursing home resident. Changing the energy of an encounter may be just what is needed to make life a bit more pleasant for everyone.

If you are a caregiver, those around you may welcome the opportunity to extend themselves in some way but simply do not know how. Reach out and offer suggestions such as, "Aunt Rose loves to get pictures of your children." Or, "I'm putting together a scrap book with Dad, so please send photos and stories."

For caregivers, each day presents new challenges. Becoming entrenched in the necessity of controlled routines brings about a certain comfort level. But personal enrichment demands that we open ourselves to positive diversions—for caregiver and receiver alike!

Positive distractions are therapeutic. Give yourself permission to smile each day. Even that brief diversion will make you feel better, and your face will thank you!

What are your favorite distractions? Reading, cooking, movies, walking? Share them on our website at www.familiesoflovedones.com. To assist you in your quest for nurturing the art of distraction, I invite you to enjoy our newest feature on Laughter Therapy.

Milton Berle once said, "Laughter is an instant vacation."

~Bon Voyage! *René*



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FAMILIES OF LOVED ONES



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Spring 2008

4...CULTURAL DIVERSITY

COMMUNICATING FAMILY BELIEFS

Stephanie L. Schneider, Esq

6...LEGAL PERSPECTIVE

AFTER THE FALL

David L. Hirsch, Esq

8...LAUGHTER, THE BEST MEDICINE

NATURE'S HEALING REFRAIN

Susan M. Stewart, RN, MA, CLL

9...GIGGLES

BABY BOOMERS PLUS

10...MINUTE MEDITATION

FIVE MINUTES OF TIMELESSNESS

P.M. Kearns

11...BOOK SHELF

THE CAHILL FACTOR-

Turning Adversity into Advantage

Norma Steinberg, MLS

12...COPING

HOSPICE CARE

Rebecca Sands

15...MAKING A DIFFERENCE

NATIONAL FAMILY

CAREGIVERS ASSOCIATION

THE INFLUENCE OF CULTURAL DIVERSITY ON MEDICAL, LEGAL AND FINANCIAL DECISION-MAKING

BY STEPHANIE L. SCHNEIDER

Health care professionals and elder law attorneys provide information to caregivers and people with disabilities regarding long term care planning, options and advance directives. It is important to communicate and understand different cultural beliefs and practices in the medical decision-making process for all parties involved. This article explains different cultural approaches toward medical decision-making and suggests how we all can raise our awareness and improve the communications process.

Culture plays a significant role in the way in which an individual approaches care planning and end-of-life choices. The U. S. is a melting pot of many cultures, religions and races, with more than 300 languages spoken. While some of the older generation were not born in this country but immigrated here, other individuals may be the first or later generation born in this country. Subsequent generations may or may not adopt what some consider a Western attitude of 'individualism' and 'autonomy'.

The Patient Self Determination Act PSDA* (*see box at right*) was intended to promote education of surrogate decision-making and end-of-life care as well as the principle of self-determination. There are inherent assumptions that may act as a barrier to the PSDA being useful for some ethnic groups.



FOR EXAMPLE, THE PSDA:

- ~Promotes written advance directives and assumes all Americans can read and write.
- ~Presumes that people will trust the medical profession and that every reasonable effort to preserve life is desired before "the plug is pulled."
- ~Assumes that every culture has an autonomous approach to medical decision-making as opposed to family, group decision-making, or community decisions via spiritual leaders or others.

By being aware of these inherent assumptions and not expecting that all individuals hold the same values and belief systems, we can assist people to make medical decisions that best serve them.

ASIAN CULTURE

Traditional Asian culture values the group (family and society) ideals over the individual. For example, 'courtesy' and 'thoughtfulness' are highly valued in the Japanese culture. A suggested approach for providing legal & medical counseling is to be respectful, thoughtful, and empathetic but not direct or blunt.

If the traditional hierarchy is maintained in a Japanese family, the husband fulfills the role as the decision-maker. The alternate decision-maker is the eldest son who would attempt to make a decision that is compatible with the wife's preferences.

A traditional family will not openly discuss or argue in front of a physician because this would be seen as shameful and reflect negatively on the family name.

The degree of acculturation** will determine the extent to which an open discussion on death and dying can take place. An elder may defer completely to the children to make a decision. The view called "ShiKata ga nai" may be observed when a person has a terminal illness. It means "it can not be helped." This approach removes blame, responsibility or failure from the ill person and embodies acceptance of the illness. Japanese families are likely to pursue traditional remedies while simultaneously receiving Western medical treatment.



AFRICAN-AMERICAN CULTURE

Studies show that there is a preference for life-sustaining treatment despite the state of the disease and the educational level of the patient. Key concepts about end of life, medical care preferences and decision-making were observed:

- ~ Not wanting to be a burden and death as an avoided issue
- ~Need for hope and faith
- ~Fear of pain and suffering
- ~Skeptical of the health care system; wanting to stay at home
- ~Need for resources i.e. information on finances, access to care, family and extended family and community support

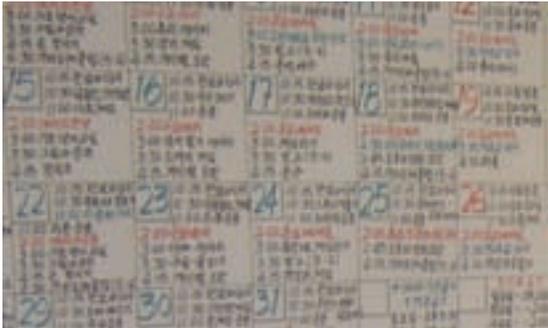
HISPANIC CULTURE

The Hispanic culture values the importance of family and the expectation that family members will care for each other. Like African Americans, there is a preference for life-sustaining treatment. Studies indicate that Mexican-Americans are more likely to hold a family-centered model of medical decision making. This finding suggests that professionals should ask the person if they wish to receive information and make decisions or, if they prefer that their families handle such matters.

One study looked at ethnicity and care of people with dementia. They studied female Caucasian and Latino care-givers. Non Hispanic white care-givers placed their relatives with dementia in an institution sooner than Hispanic care-givers. Latinos reported greater benefits and a more positive outlook toward care-giving.

Diversity cont.

These observations may indicate that Hispanics who have not fully assimilated may not reach out for services available in the community. It may take a lot of time and encouragement to help them overcome their feelings of isolation, both culturally and emotionally, before they are comfortable seeking help.



BUDDHISM AND THAI CULTURE

Buddhists believe in the interdependence of all phenomena and a correlation between mutually conditioning causes and effects. The mind and body are viewed as interdependent and life is not limited to a single existence on earth but goes beyond space and time. Buddhism has a belief called “karma” that is the correlation between a deed/action and its subsequent consequences. Nothing is completely predetermined so there is always the opportunity to fulfill and complete the karma and thereby end one’s suffering.

A Buddhist takes a holistic view toward health as an outward manifestation of the balance (harmony) or imbalance that exists within and the world around them. Buddhism promotes taking personal responsibility for one’s health by bringing one’s actions and words into alignment; health may be gained by good efforts.

Being aware of the Buddhist practice of compassion and forgiveness can assist us by practicing compassion toward the individual who is ill. Compassion comes in many forms: setting aside adequate time to serve a patient’s mental as well as physical needs; doing what is within one’s power to relieve suffering.

**Acculturation-The degree to which a person and their family maintain the traditional beliefs of the ethnic group.



Stephanie L. Schneider is a Board Certified Elder Law Attorney practicing in Fort Lauderdale, Florida. She can be contacted at 954-382-1997 or www.fl-elderlaw.com.



Photos courtesy of Bergen Regional Medical Center, Paramus, NJ-The Korean Unit’s commitment to making the residents feel at home is evident. Far left, wall mural painted by teenage church volunteer; Therapeutic Recreation Aide Sarah (Soon Buen) Kim oversees ladies playing traditional Korean card game “Wha-too”; This page top, Recreation Calendar; and nimble fingers shuffling the cards.

***Patient Self-Determination Act (PSDA)**
On November 5, 1990, Congress passed this measure as an amendment to the Omnibus Budget Reconciliation Act of 1990. It became effective on December 1, 1991. The PSDA requires many Medicare and Medicaid providers (hospitals, nursing homes, hospice programs, home health agencies, and HMO’s) to give adult individuals, at the time of inpatient admission or enrollment, certain information about their rights under state laws governing advance directives, including: (1) the right to participate in and direct their own health care decisions; (2) the right to accept or refuse medical or surgical treatment; (3) the right to prepare an advance directive; (4) information on the provider’s policies that govern the utilization of these rights. The act also prohibits institutions from discriminating against a patient who does not have an advance directive. The PSDA further requires institutions to document patient information and provide ongoing community education on advance directives.



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...After the Fall

FALLING: A LEGAL PERSPECTIVE

BY DAVID L. HIRSCH

Each new day is precious. Independence, mobility, self-reliance and good health are the barometers by which the quality of life is measured. Falls for the elderly can be wicked things. They are not anticipated and it is difficult to prepare for them.

Parachutists joke, "It's not the fall that gets you, it's the sudden stop!" But a parachutist knows the landing is imminent. When a pedestrian falls, the landings are usually unexpected. In some cases resulting injuries can tremendously affect the future quality of life for an elderly person.

If you or a loved one experiences a fall, here are a few things to keep in mind.

Falls among the elderly are generally more severe due to Osteoporosis and the effects of aging on the bones, spine and circulatory system.

Truth vs. Fiction:

After a fall, a premises owner generally anticipates that recovery rights will be exercised. For that reason they generally have safeguards in place, including policies and safety training for employees, as well as casualty insurance to address such a problem.

A common misconception is that a premises owner is the insurer of the safety of the persons who visit their stores as customers. This is not the law in Florida, nor has it ever been the law in most states.

A premises or storeowner's obligation to the individual shopper is only to warn the patron of the hazards and dangers that may cause a fall. As they can only warn of the dangers of which they are aware, they are obligated to keep a close eye out for such conditions.

Perhaps you have heard the reminder for floor managers to "check their areas"? The reason for this periodic inspection goes to the legal concept that a hazard or dangerous condition must have existed long enough for the proprietor to know about it and put up a warning (i.e., cones, ropes or signs) for there to be store liability for not warning.

If an elderly shopper fell or was injured due to a store owner's failure to warn of a danger, which the owner could see but the shopper could not reasonably discover, then the store can be held liable for medical bills and for monetary funds to compensate or make "whole again" the elderly shopper in restitution for the experience of the fall, the pain and suffering caused by the fall, and the resulting mental anguish.

The elderly shopper, however, is not without obligations for their own safety. It is incumbent upon them to make a reasonable inspection and look at the areas in which they walk.

However, a "reasonable inspection" for an elderly shopper is different than a "reasonable inspection" for an employee whose job description should include instructions to keep a vigilant eye for such conditions.

If, for instance, an individual falls in a puddle from a drink spilled by a small child deep in the store aisle within moments of the spill, there may be no liability. However, if the fall occurs within moments of the youngster's spill upfront, near the checkout lane where a cashier had time to see and warn, there likely would be liability.

If the individual readily saw the danger, which became the cause of the fall but chose to ignore the danger, knowledge of the danger would affect the liability of the store. But remember: the law does not impose upon any shopper the obligation to inspect their surroundings with a magnifying glass. The briefest scan of the area ahead may be more than reasonable under the circumstances.

No amount of recovery can replace good health, mobility or an active, independent lifestyle, all of which can quickly disappear for an elderly fall victim. Therefore, though the idea of seeking a monetary recovery is abhorrent for many elderly individuals, it is certainly the most civilized approach to redress life-altering injuries that any society has yet to devise.



David L. Hirsch is a partner in Brawer, Hirsch and Associates, P.A. He is member of the Florida, Georgia and Alabama and American bar associations and has tried slip and fall cases in state and federal courts for over thirty years.

For additional questions concerning injuries such as these, contact Brawer Hirsch and Associates PA, Sunrise FL dlhirschpc@aol.com.

RECORDING ESSENTIALS:

- ~**Create a written report.** Including a description of the substance or hazard causing the fall is important.
- ~It also is imperative that the names and **contact information of all eyewitnesses and employees who were at the scene are obtained.** Precise words any employee may have said should be jotted down, as such statements can be critical to a recovery.
- ~**Examining and keeping the clothing and particularly the shoes worn in the fall is also important.**

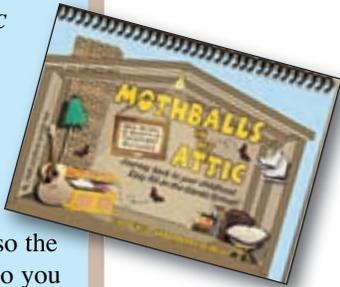
WHEN A SERIOUS FALL OCCURS:

- ~**Primary immediate concern is for the injured.** Emergency or speedy medical attention is a must. Never risk complicating the injury by moving the individual before the extent of the injury is clear.
- ~**Proper evaluation of why the fall occurred is essential.** If the injury is insignificant, it will serve as a tool to evaluate and remedy any future fall risk. If the injury is serious, proper assessment may be critical to the recovery in a case where the injured has a right to seek compensation for the unnecessary reduction in their quality of life.

A MIMA MOMENT

**MOTHBALLS IN MY ATTIC
BRINGS SPRINGTIME
MEMORIES TO LIFE:**

By Cindy O'Neill



Remember your childhood umbrella or holding your hood atop your head so the wind didn't blow it off? Do you remember the feeling of your rubber boots rubbing back and forth on your lower legs with each step you took? How about the first time you took your mother's rain bonnet from its gold packet? Available at the beauty salon to protect those teased-up hairdo's, you opened it up and spread out the accordion folds, and then tried to get it back!

Remember, rainy days lead to sunny tomorrows!

**MIMA reflections of
Springtime:**

Think about rain showers, fresh air and daffodils. Plant flower seeds and watch them grow.

Fill in the blanks with just one word, and see how the memories flood back. Take your time, this is not to be rushed but rather enjoyed. Remember all the feelings and visual sensations, and experience the places where your mind travels.

My favorite rainy day card game was _____.

The flowers planted around our house were _____.

Smell the fresh scent. Our clothesline was located _____.

Column based on **Mothballs In My Attic**, a new fun nostalgia book that contains over 220 questions with 12 chapters, poems and illustrations.

To order a book, visit www.mothballsinyattic.com

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LAUGHTER: Nature's Healing Refrain

LAUG

BY SUSAN M. STEWART RN, MA, CLL

Do you believe that laughter is the best medicine? Have you ever laughed so hard that tears ran down your face? Or laughed for joy and afterwards said, "WOW, I needed that"? Humans need laughter - it makes us feel good and is essential for optimal health and well-being. Laughter is a built-in, mind-body defense system designed by nature to keep us well: it is an antidote for stress. It promotes healing.

The benefits of laughter have been known for centuries. Ancient folk wisdom in virtually every culture recognized the power of laughter.

Norman Cousins jump-started the contemporary laughter movement and the scientific study of laughter in 1979 with his best selling autobiographical book, **Anatomy of an Illness**.

Hospitalized with a painful, progressive illness, he practiced daily bouts of laughter to test his theory that positive emotions promote healing. His numerous observations included "...the joyous discovery that 10 minutes of genuine belly laughter resulted in 2 hours of pain free sleep."

Laughter is a whole mind-body experience.

Psychoneuroimmunologist, Dr. Lee Berk (University of California) notes that during laughter, brain chemistry changes and affects virtually every system of the body in a healthful way. Laughter stimulates the cardiovascular system and uses respiratory muscles to take in large quantities of fresh oxygen.

Our brain and body love oxygen because it relaxes muscles, relieves stress and anxiety, strengthens the immune system, enhances relationships and improves sleep.

Laughter is a present-tense activity.

During laughter, the mind concentrates only on being in the moment. You can't

"think" while you're laughing, so you "forget" problems, stress, etc. Often, this brief respite provides a shift in perspective, rescuing the one who laughs from "terminal seriousness" and thereby promoting harmony and peace of mind. So simple yet profound, this potent form of natural medicine is free, but is often underutilized in our daily lives.

As a nurse educator and certified laughter leader, I've talked with many caregivers. I know that caregiver's lives are very busy, jam-packed with responsibilities, and that laughter and other self-care activities often get overlooked. I encourage you to add regular laughter to your daily life. It doesn't have to be overt guffawing - just a big smile and a few giggles or chuckles are enough to help. The first step is recognizing that you have to go after laughter, so resolve now to get more mirth in 2008.

Living in balance and harmony is an ongoing process. Consciously incorporating laughter into your daily life can have dramatic results. Live well, make the joyful sounds of laughter; it is nature's healing refrain!



About the Author: Susan M. Stewart, RN, MA, CLL is a laughter educator who especially enjoys working with seniors. A graduate of Mt. Carmel School of Nursing and The Ohio State University, she studied therapeutic laughter and became a Certified Laughter Leader (CLL) through the first training program offered by the World Laughter Tour (WLT) in 2000.

MIRTH AID

(i.e. laughter first aid)



~Start each morning with . . .

A BIG SMILE.

~Make time for laughter.

Schedule it. Put it on your calendar and "to do" list. (Studies by Dr. Berk have shown that even the anticipation of an upcoming laughter event decreases the amount of stress hormones in the blood!)

~Develop a laughter library.

Collect favorite cartoons and put in a photo album for handy viewing; keep books with humorous and inspiring short stories handy, collect comedy videos, DVDs or CDs (or borrow materials from the public library.)

~Read, listen to, or watch something you find humorous every day.

~Look for the humorous elements in everyday activities and situations.

~Practice laughing in a mirror.

You don't have to feel like laughing: just make the person in the mirror laugh!

~Find a laughter buddy.

Be around people who laugh, or have a designated person you can call to share a laugh.

~Join a Laughter Club* (see box at right) Find clubs in your area at www.worldlaughter.com

Now a Master Trainer for WLT, Susan travels the country training people who want to become CLLs. She conducts laughter sessions and seminars in hospitals, retirement and long-term care centers; at work sites; for Alzheimer's family support groups, and for professional organizations. She and Steve Wilson co-lead the monthly Organic Laughter Club at Wild Oats Natural Market in Columbus, OH. Contact Susan at LaughWalker@aol.com.

What are Laughter Clubs?

Laughter clubs are places where people come together to laugh away stress and have fun. Ohio



LOOK FOR HUMOROUS
ELEMENTS IN EVERYDAY LIVING

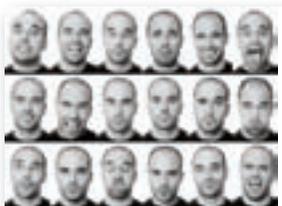
psychologist/joyologist Steve Wilson introduced laughter clubs to the US in 1999 after he founded The World Laughter Tour.

The method is unique because humor and jokes are not the laughter catalyst. Laughter Clubs are lead by a Certified Laughter Leader (CLL).

Participants warm up with gentle deep breathing and stretching activities before doing laughter exercises. Laughter exercises are simple activities paired with laughter (such as pretending to talk on a cell phone while laughing and waving to other participants.)

Due to the contagious nature of laughter, the simulated laughter exercises actually stimulate real laughter. Sessions also contain a mindfulness program called "Good Hearted Living" to prevent *hardening of the attitudes* and help develop an inner spirit of laughter.

Over 4,500 individuals have completed Wilson's two-day training to achieve the designation of Certified Laughter Leader (CLL). CLL's conduct laughter clubs in workplaces, hospitals, long-term care facilities, schools, military family readiness groups (a support network for families of deployed military personnel), support groups and other locations.



EXERCISE
YOUR
SMILE!



Humor in a varicose vein

"Wrinkles should merely indicate where smiles have been."

– Mark Twain

Jack Rothman, Carole Gordon and Wes Martens (pictured above) are three "fresh new" faces on the Los Angeles-based comics that, like a fine wine or wheel of cheese, really have gotten better with age.

Each has found new life in comedy after finishing their first careers. Wes Martens has been a small business owner for 28 years. He boasts that he was a tenacious but mediocre entrepreneur. His photography shop was clicking, but he has just given it up to follow the call (or as he says, the curtain call) of show business full-time.

Carole Gordon moved to CA ten years ago to pursue a career in comedy and acting. She has appeared in films, TV shows and commercials and has now ventured into the world of producing TV shows.

Jack Rothman is a retired UCLA professor. I first learned about Jack while watching a segment on *Retirement TV* where he spoke about his 75th birthday present from the family for an actual comedy class. Jack's daughter remarked that it made a perfect gift for a man who simply loved telling jokes.

In our telephone conversation, Jack told me of his initial inspiration to start the comedy troupe. "All of those senior citizen gatherings can be so boring! It needed a little something extra." And so Baby Boomers Plus was formed.

Having had decades of experience in front of his students, Jack noted one distinct difference. "In comedy, when you are talking to your audience, you don't want them to stop laughing. When you are talking to your students, you don't want them to start!"

Since beginning the comedy life, Jack has not only played the senior circuit, but put himself fully in the limelight with the youngsters in the LA comedy club scene.

Whether talking about life events that were big or small, happy or sad, these comics show that a little bit of humor can go a long way to making life brighter.

~René Cantwell

"Senior citizens oughta get into movies for half price. We sleep through half the movie. We oughta get in for free – the other half we can't hear." – Jack Rothman



"So this old guy walks into the lobby of the Red Cross and a woman approaches him. She says, 'I'm sorry, sir, we're handling all the disasters we can manage right now.'" – Jack Rothman

"I'm getting better with age. I just can't remember what I'm getting better at." – Carole Gordon



FIVE MINUTES OF TIMELESSNESS



Photo: R. Cantwell

By choosing to quiet your mind for even five minutes, you can find that peaceful place where you will feel restored.

Resting quietly away from all activities, sit with your hands on your lap, your legs uncrossed, and your feet touching the floor— or your feet facing the door, if you've already distracted yourself by plotting a wild escape. If not, and you're still sitting.... **CLOSE YOUR EYES AND TAKE A DEEP, HEALING BREATH, AND EXHALE...**

Take another deep breath, thankful that the proven benefits of relaxation are easily available to you here at this time. For the best results, repeat the following affirmations for 30 days. If possible, have someone read each one slowly to you. It only takes five minutes. Or take turns with a caregiver buddy for a total time expenditure of ten uplifting minutes. Enjoy meditating on these transformational examples of a thought process meant to inspire your focus towards powerful results. Each time you practice with these tools for five minutes, you will be balancing your mental, physical, emotional and spiritual self while maintaining increasingly higher energy levels.

Excerpted from
LESSONS IN THE DIVINE FOR CAREGIVERS
by P. M. Kearns

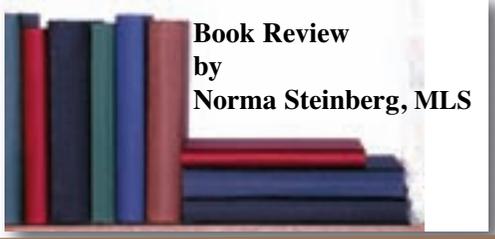
Browse Patty's book online at www.iuniverse.com. Her Removing Negative Thoughts© CD program of deep progressive relaxation is another way to find abiding calm, a solution to the 'I can't seem to relax' syndrome. Patty's soothing voice has helped guide many toward freeing themselves with ease from the depressing ideation and endless loops while finding a healing alternative for sleep medications.

To book some soul-comforting exhilaration for your events, e-mail pmkcommunic@hotmail.com. Subject code: FOLO

A BRIEF MEDITATION CYCLE

- ~Right here from one small room I can change the world one thought at a time.
- ~Here I can transcend any dark moments one-by-one, and send them packing.
- ~I can remove negative thoughts and have mastery over them.
- ~Any time I get scared, I can go to the Bliss of Timelessness. Each time I meditate, I come back rejuvenated and revitalized.
- ~I can change Rain into Rainbows simply by choosing a better word.
- ~I have more than enough energy within me to accomplish great things today, sometimes in the smallest, most tender ways.
- ~I let go of all blame and release everyone of any guilt instantly.
- ~Here I feel safe and calm and happy.
- ~I am now experiencing the feeling of Timelessness in this very comfortable state of mind, and my body is receiving the full benefit of this healing pause for rest.
- ~I am allowing myself to return to the natural balance that will bring me unexpected renewal so that I can feel I am having an accomplished day.
- ~Each day I plant happy thoughts in someone's heart. I know that, as they think, so it shall be. I can be their light and help brighten their thoughts.
- ~I am Pure Spirit living in Matter. It is my duty to find out What is The Matter and Do Something Good with it NOW because this Present has been given to me. It is unwise to waste one single precious gift, therefore I am taking much better care of my physical body.
- ~My body feels relaxed in countless ways as it receives this message of health and serenity.
- ~My conscious shift toward choosing an attitude of peacefulness continues to create changes in me at the cellular level that will strengthen me in every area of my life.
- ~I shall proceed refreshed to make good use of this present moment after I open my eyes.

Take another deep breath and awaken slowly to view your world refreshed.-PMK



Book Review
by
Norma Steinberg, MLS

Photos: istockphoto.com

"Turning Adversity into Advantage" is the subtitle of this motivational memoir that Dr. Teena Cahill has dedicated to her husband, Brooks. The book highlights the family's journey following Brooks' cerebral hemorrhage, stroke, spinal cord injury and subsequent recovery.

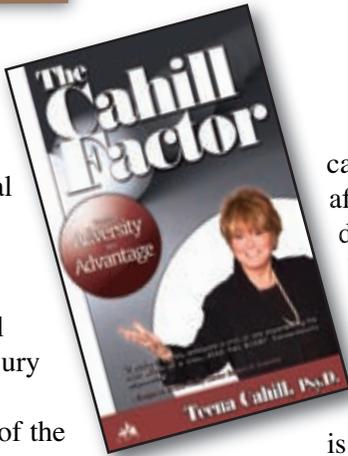
Setting the inspirational theme of the book, Cahill recalls the moment when the doctor advised her that her husband's life could not be saved. While fully engaged in the severity of her husband's condition, Teena instead concluded that in order for her to negotiate this journey and be of the most use, she needed a plan. Preparing for him to die was not an option she cared to entertain. Instead, she took fate into her own hands. "I'm going to plan on him living," she decided.

That simple change of strategy and the support of her family allowed Teena to help her husband accomplish what most would think impossible. Brooks lives a life filled with purpose. This tale of devotion, true grit, determination and growth serves as a template as to what we are capable of accomplishing when we are committed to making a dream a reality.

THE CAHILL FACTOR is a true-life love story. Each of the 182 pages of this amazing volume are filled with the clarity and authority that comes from years of professional studies and a passion for living life to its fullest.

The author inspires and informs us as she divulges the insights needed to carry on her role as wife, mother and caregiver. Allowing the reader to witness the evolution of emotions as well as developing a full range of coping mechanisms, Cahill boldly explores the release, loss and eventual redefining and capture of her own newly-enhanced identity.

So closely bonded through their experience, it was only as Teena found success in recreating her life that Brooks' life was set free to come to its fullest expression. Teena Cahill's book takes the reader through a journey where we learn that devotion, family and love are gifts not to be taken for granted. Cahill wants us to understand that there are times when tenacity and perseverance are as critical as food, water and love.



THE CAHILL FACTOR

Turning Adversity into Advantage

by Dr. Teena Cahill

168pp. 2007 \$18.95

ISBN-10: 1-58501-110-X

Pennsylvania, SterlingHouse Publisher,
Inc Paperback

Cahill's dream to become a national speaker and educator was postponed by a tragic event. It was a decade after that horrible night when her world was turned upside down that Cahill at last realized only she had the power to bring those long-buried dreams to life.

Wife, mother, stepmother, grandmother, Director of Wisdom and Beyond LLC and caregiver, Dr. Cahill's determination has put in our hands this gem of a book.

Nominated for multiple awards (*see below**), this book is powerful, funny, wise and filled with practical advice on how we can overcome the roadblocks we encounter. Her readers and listeners owe her a great deal of thanks for teaching us how to turn our defeats into victories.

Steinberg is a retired librarian from the Grand Army Plaza branch of the Brooklyn Public Library. You may contact her through the FOLO website at www.familiesoflovedones.com



The Cahill Factor: *Turning Adversity into Advantage has been nominated for the Best Books 2007 Award (Self-Help/Motivational) sponsored by USA Book News; the 12th Annual Books for a Better Life Self Improvement Award, sponsored by the National MS Society, NYC Chapter; and also nominated for the Association of Applied and Therapeutic Humor's 2008 AATH Book Award.

BULK SALES--BUSINESSES, CORPORATIONS, GROUPS, CLUBS AND OTHER ENTITIES: To order The Cahill Factor in quantities for corporate use or sales incentives, email info@sterlinghousepublisher.com or call 888-542-BOOK (2556). For additional information, visit www.teenacahill.com or contact Cahill at 609-802-7154 or tbookinginfo@yahoo.com.

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....Coping

HOSPICE~PROVIDING A BETTER WAY OF LIFE

By Rebecca Sands

A hospice is a method of healthcare that offers assistance to terminally ill patients and their families' during the last stages of life. It is an approach that cares for the total person, addressing the physical, emotional and spiritual needs of patients and their families-- making the last days of life the most fulfilling they can be. Care is provided by an interdisciplinary team of physicians, nurses, social workers, home health aides, dieticians, pastoral care providers, bereavement counselors and trained volunteers.

Some of the services a hospice provides include comprehensive medical and nursing care; pain management and symptom control; a hotline designed to provide support for patients and their caregivers; 24-hour on-call availability of a hospice nurse; medical supplies and equipment related to the terminal illness; assistance with a patient's personal hygiene; nutritional counseling; social work services; physical, occupational and speech therapies; spiritual counseling and bereavement services.

Many hospice organizations also offer a variety of programs that are tailored to a patient's specific needs including: pediatric programs (a program that addresses the needs of children who have been diagnosed with advanced illness); bereavement programs for both adults and children (a program that provides emotional support after the loss of a loved one); perinatal

support programs (a program that is designed to offer support to couples when they learn that their unborn children is diagnosed with a life-limiting illness) and programs that provides assistance to caregivers (a program that provides a variety of services to help patients and their families get through this difficult time).



Hospice Care Network is a member of the North Shore-Long Island Jewish Health System. It is one of the largest hospice organizations in New York State and provides all the services listed above. The organization --that is headquartered in Woodbury, NY with locations in Bay Shore, NY and Fresh Meadows, NY-- has been serving individuals with terminal illness in Nassau, Suffolk and Queens Counties since 1988. Ninety-percent of the patients of Hospice Care Network are given in-home care. When symptoms can no longer be treated at home, patients are cared for at The Hospice Inn, the first freestanding hospice care facility in the Long Island region that is located in Melville, NY, or their Hospice and Palliative Care Center located at Franklin Hospital Medical Center in

Valley Stream, NY.

Hospice Care Network, as well as many of the Hospice organizations available, is covered under Medicare and Medicaid and most private insurance plans, HMOs and other managed care organizations.

To learn more about Hospice Care Network visit www.hospicecarenetwork.org or contact 1-800-2-HOSPICE.

To find a Hospice near you visit www.hospicedirectory.org.

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Joy Loverde, author of *The Complete Eldercare Planner* shares details on various housing options.

ADULT DAYCARE-

All programs are not created equal~How to choose what works best for your family.

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Proper Planning May Create Peace of Mind sm

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**CMS (Centers for Medicare & Medicaid Services)
TAKES NEXT STEP TO IMPROVE QUALITY IN NATION'S NURSING HOMES:
LATEST IN A SERIES OF ACTIONS TO EXPAND INFORMATION TO CONSUMERS**

NEWS RELEASE: February 2008

The Centers for Medicare & Medicaid Services (CMS) today built upon historic action it took last November by making public more names of underperforming nursing homes across the country.

On November 29, 2007, the agency began publishing the names of **Special Focus Facility (SFF)** nursing homes that had failed to improve significantly after being given the opportunity to do so.

Once a facility is selected as an **SFF**, state survey agencies are responsible for conducting twice the number of standard surveys and will apply progressive enforcement until the nursing home either (a) significantly improves and is no longer identified as an SFF, (b) is granted additional time due to promising developments, or (c) is terminated from Medicare and/or Medicaid.

“This is the latest in a series of steps we will be taking to improve quality and oversight in nursing homes,” said Kerry Weems, CMS acting administrator. “We are issuing more information on special focus facilities to better equip beneficiaries, their families, and caregivers to make informed decisions and stimulate robust improvements in nursing homes having not improved their quality of care.”

Between November and February, CMS worked with states to assure that the SFF list is current and provides consumers with the information needed to make a distinction between nursing homes that are improving and those that are not.

Serious deficiencies include such things as failing to give residents their medications in the correct dose at the correct time, taking steps to prevent abuse or neglect,

The CMS website provides basic information about being certified as a Medicare and/or Medicaid nursing home provider and includes links to applicable laws, regulations, and compliance information. Skilled nursing facilities (SNFs) and nursing facilities (NFs) are required to be in compliance ...to receive payment under the Medicare or Medicaid programs.

To certify a SNF or NF, a state surveyor completes at least a Life Safety Code (LSC) survey, and a Standard Survey. SNF/NF surveys are not announced to the facility. States conduct standard surveys and complete them on consecutive workdays, whenever possible. They may be conducted at any time including weekends.

This release includes a broader list of all nursing homes identified in the SFF initiative. This updated and expanded list identifies facilities by the category they fall within, such as:

New Additions: nursing homes added within approximately the past six months;

Not Improved: nursing homes that have failed to improve significantly in at least one survey after being named as a SFF nursing home;

Improving: nursing homes that have significantly improved on the most recent survey, including no findings of harm to any resident and no systemic potential for harm;

Recently Graduated: nursing homes that have sustained significant improvement for about 12 months, indicating an upward trend in quality improvement compared to the nursing home's prior history of care; and those

No Longer in Medicare and Medicaid: nursing homes that were either terminated by CMS from participation in Medicare within the past few months, or voluntarily chose not to continue participation.

inappropriate use of restraints and failure to prevent or properly treat bed sores.

Nearly three million Americans, most of who are enrolled in Medicare or Medicaid, depend on the nation's 16,000 nursing homes at some point during each year. The number of SFFs in each state varies according to the number of nursing homes in the state. These nursing homes, at the time of their selection as an SFF, had survey results that were among the poorest five or 10 percent in each state.

There are currently about 131 active facilities identified as an SFF. This number varies over time as nursing homes are graduating or leaving Medicare and Medicaid and new nursing homes are in the process of being added to the SFF list.

The CMS data indicate that about 50 percent of the nursing homes identified as SFFs significantly improve their quality of care within 24-30 months, while about 16 percent More on the SFF initiative can be found on the CMS Web site at <http://www.cms.hhs.gov>.



National Family Caregivers Association

The National Family Caregivers Association educates, supports, empowers and speaks up for the more than 50 million Americans who care for loved ones with a chronic illness, a disability or the frailties of old age.

NFCA reaches across the boundaries of diagnoses, relationships and life stages to help transform family caregivers' lives by removing barriers to health and well being.

Becoming a family caregiver for someone you love is one of those heart wrenching and at times enlightening life lessons. Your role as a family caregiver can happen abruptly or it can creep in slowly unnoticed until one day you realize you are caring more for someone else than you are for yourself. The journey can be a difficult when traveled alone; however, it does not have to be that hard and you do not--and should not--have to travel the road alone.

Believe in Yourself: NFCA stresses the importance of trying to maintain a positive attitude by recognizing your strengths and limitations. By believing in yourself and recognizing your strengths and limitations you will strengthen your ability to set goals and boundaries for yourself and for your loved one.

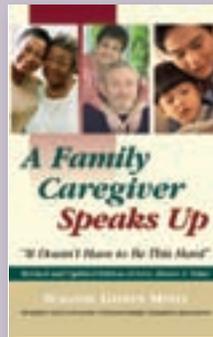
Protect Your Health: It is critically important to maintain your physical and emotional health and well-being. If you don't who will? Your good health is the greatest gift you can give your loved one and your entire family.



Co-Founder Suzanne Mintz
with husband Steve.

Reach Out For Help: Reaching out and asking for help is never a sign of weakness. Rather, it demonstrates strength and a keen awareness of your own abilities and sense of self.

Speak up for your Rights: NFCA encourages and stresses the importance of arming yourself with vital information regarding your loved one's diagnosis and treatment options. By keeping the goal of receiving quality healthcare and making it a priority, you can avoid future medical problems and create a superior quality of life for all involved.



Featured on "The Today Show"--the nationally recognized advocate and award-winning President of the National Family Caregivers Association offers America's millions of caregivers her own inspiring story and expert advice for speaking up for themselves, the loved ones in their care, and all family caregivers.

Order the book online: www.thefamilycaregiver.org.

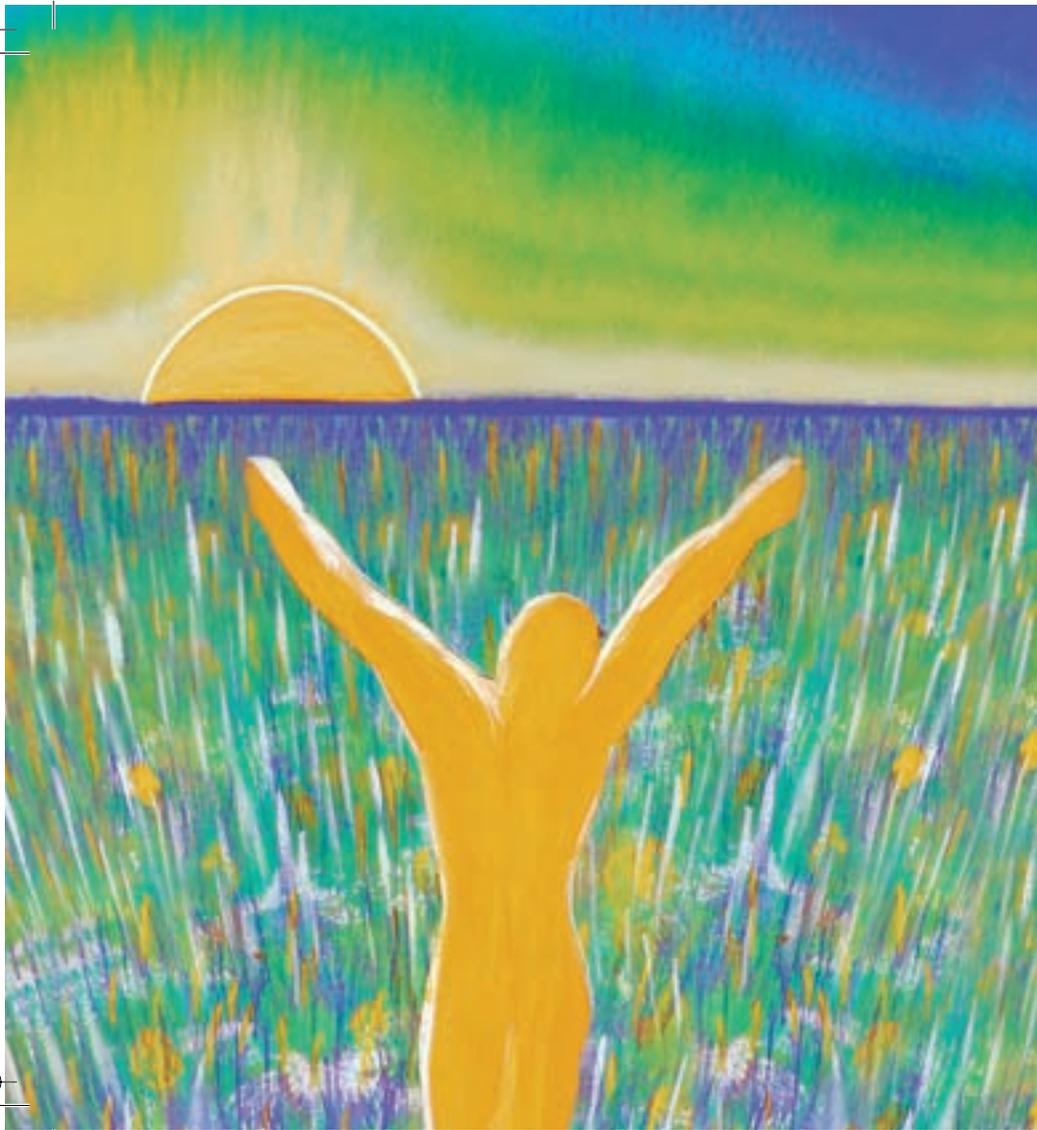
Join the National Family Caregivers Association's caregiving community. It's free and open to all family caregivers.

For more information please visit
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