

# Delaware County

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[www.co.delaware.ny.us/depts/ofa/ofa.htm](http://www.co.delaware.ny.us/depts/ofa/ofa.htm)

The Delaware County Legacy Corps is operated by Delaware Support & Services, under contract to the Delaware County Office for the Aging with funding from Delaware County, NYS Office for the Aging and the Older Americans Act, and donations provided by program participants.



Legacy Corps of Del. Cty.  
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## Fruit Kebobs with Honey Lime Yogurt Dressing

A new way to try fresh fruit for dessert.

3/4 c.(6 oz.) plain nonfat yogurt  
3 Tbsp. honey  
1/2 tsp. freshly grated lime zest  
1 c. diced fresh pineapple  
1 c. diced fresh cantaloupe  
1 c. diced fresh honeydew  
Melon  
20 strawberries, stemmed  
20 grapes

onto wood skewers, alternating types of fruit. Serve with about 4 Tbsp. of dipping sauce per serving.



Serves 4  
Per serving (1serving=1skewer):  
147 calories, 4 g protein, 35 g carbohydrate, 3 g fiber, 4 f fat, <1 g saturated fat, 45 mg. sodium.

Source: 2007 Swedish Heart Diet, A Guide & Recipes for Healthier Living

In small bowl, mix first 4 ingredients. Evenly skewer fruit

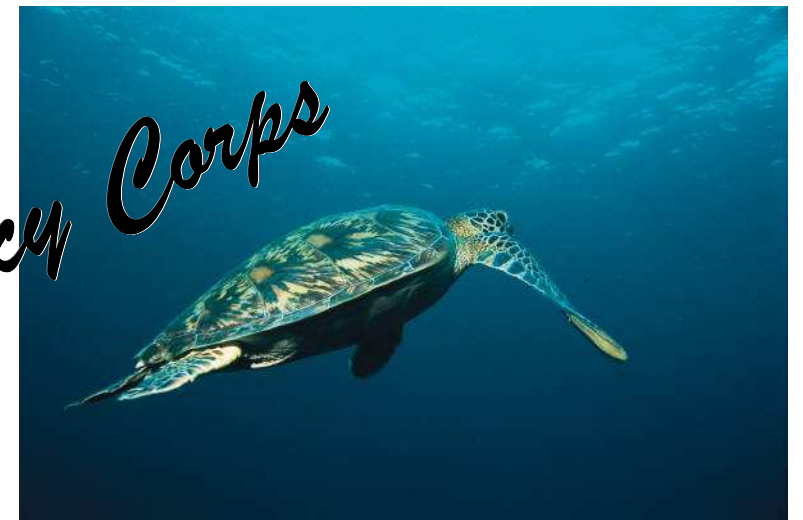
## Summer 2009 Issue 3

### August 2009 Legacy Corps

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Legacy Corps



## Note from the Editor

When we get a call for assistance through the Legacy Corps, sometimes our caregivers are distant caregivers. This is difficult at best. I was a distant caregiver for my folks. The distance of over 1000 miles when they lived in FL and then 725 when they moved to IN to be closer to my sister. That move made a tremendous difference for them as she was able to be there for them in ways I couldn't. We switched power of attorney so that she could better advocate for them. Even though I

would visit about every six weeks, she was primarily the caregiver for our folks. Having both of them fighting cancer at the same time, one deciding to get treatment and the other not, she had a lot of responsibility on her plate in addition to a daily job. I can not impress the need to be supportive of the caregiver strong enough. It's a tough job and one of the reasons respite service is so important.

I have included an article to assist the distant care-

giver with the hopes that they will always get the support of the rest of the family.

In addition, there is an article of healing from the experience of death and the loss of a loved one. Having just experienced three deaths in less than a week and a half, I empathize with those trying to work through that healing, grief and bereavement. I hope that some of the suggestions help to ease your pain. Have patience with yourselves. It takes time.



Kit

## Advanced Directives (con't.)

(con't. from pg. 3, 1st col.) sustaining care using machinery or equipment that will prolong life. Examples would be hyperalimentation, tube feedings, and kidney dialysis.

Durable power of attorney for health care is the second type of advance directive. This is a signed, dated, and witnessed document that authorizes a designated person to act as an agent, or proxy. This empowers the

proxy to make medical decisions for a person when the person is deemed unable to make these decisions him/herself. It may include the person's stated preferences in regard to treatment.

AARP recommends that those individuals considering making an advance directive address the following issues:

- What the person's goals for medical treatment are: Should treatment be used to sustain life, regardless of the quality

of that life?

- Who should act as the person's proxy or agent? It is important for the person making an advance directive to actually speak with this designated person and make his/her wishes known.
- Though there is no formula for specificity, the AARP recommends that instructions be made as clear and specific as possible, but should not restrict the proxy from making informed decisions at the

time that cannot be anticipated in advance.

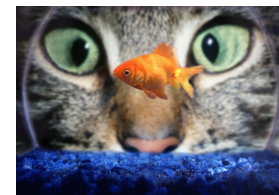
- To ensure that an advance directive is carried out, copies of it should be given to a person's physician, proxy, family, or any other interested party. AARP has produced a combined living will and power of attorney document. Further information regarding the laws in individual states can be obtained from the AARP, ABA or AMA. [aarp.org](http://aarp.org) or call 1.888.OUR.AARP (1.888.687.2277)

## Up and Coming!

### There will not be any August meeting.

September 30- Public Safety Building, Rm. A from 10:00-noon. Tentatively our training will be on kidney disease and dialysis.

Please feel free to suggest a subject for training sessions. It is nice to be able to address your concerns.



## Did you know?



The tomato is the world's most popular fruit. And yes, just like the brinjal and the pumpkin, botanically speaking it is a fruit, not a vegetable. More than 60 million tons of tomatoes are produced per year, 16 million tons more than the second most popular fruit, the banana. Apples are the third most popular (36 million tons), then oranges (34 million tons) and watermelons (22 million tons).

Tomatoes were first cultivated in 700 AD by Aztecs and Incas. Explorers returning from Mexico introduced the

tomato into Europe, where it was first mentioned in 1556. The French called it "the apple of love," the Germans "the apple of paradise."

The scientific term for the common tomato is *lycopersicon lycopersicum*, which mean "wolf peach." It is a cousin of the eggplant, red pepper, ground cherry, and potato. There are more than 10,000 varieties of tomatoes.

Don't store ripe tomatoes in the fridge. Cold temperatures lessen the flavor.



### What is an advance directive?

An advanced directive is a written document in which people clearly specify how medical decisions affecting them are to be made if they are unable to make them, or to authorize a specific person to make such decisions for them.

In the US, by law, the creation of an advance directive is the right of all competent adults. The goal of this legislation is to **empower** all health care consumers to make their own judgments regarding medical decision-making, to approve of potential treatment they believe they would want, and to refuse care they do not perceive as being in their best interest. These directives are generally divided into living wills or **durable** powers of attorney.

**Living wills** go into effect while the individual is still living, but is unable to communicate his/her wishes regarding care. This may be a preprinted form or a document you create on your own. Each state's laws have differences as to whether one or all of these types of preparation of document are leg and binding in that state. It is recommended that people speak to their attorney or physician to ensure that their wishes are carried out. Some of the issues considered are cardiopulmonary resuscitation (CPR), being put on a ventilator or respirator for oxygen, and life- (con't. pg. 4 bottom)

### Caring For Your Loved One From Far Away: Resources for Long Distance Caregivers By: Donna Schempp, Family Caregiver Alliance

The primary caregiver is the main person who oversees your loved one's care. In picking a secondary caregiver you need to find someone that is willing and able to do your job if you are not able. They need to be able to manage their own affairs without any cognitive impairment.

Do your homework by finding out about resources in the community and put them together in a way that's most effective to your family. Navigation is generally more important than speed. Conditions change along the way and your strategies will shift accordingly. Find where your loved one gets their emotional support and become aware of those capabilities and limitations. Reach out for support in your area, ask for help and learn to delegate.

Decide who the decision maker will be. Who would be the best as a team leader, on the phone, a good organizer, good listener, good at dealing with medical professionals, and good with finances. How often can you mentally and financially afford to travel? Are you emotionally prepared to take on what is needed? Can you be both patient and assertive in communicating from a distance? How will this effect your family and work?

Buy a workbook to organize information, keeping track

of your loved one's medical conditions, doctor's visits and medications. Organize legal documents such as wills, trusts, advance directives. List assets and check insurance policies. Keep a list of all important phone numbers, eg. friends, neighbors, MDs, family and notes on conversations.

Plan WITH, not FOR your loved one, respecting their values and preferences, even when they differ from yours. Accept that everyone involved will have their own perspective. There may not be any "right" answers.

Things that might need attention could be diet and meal preparation, home safety and maintenance, housekeeping, healthcare and personal care, medication management, mobility and transportation, legal and financial issues and socialization and companionship for your loved one.

Explore relocations choices, if appropriate. If necessary, link up with local case management options. Plan ahead to have back up providers ready to care for your family should you need to make an unexpected visit to your relative.

Obtain a copy of the Yellow Pages that serves the area and keep it handy.

Most importantly, take care of yourself. Let go...you can't be perfect, learn to say no, set priorities and guard your own personal time. Learn how to relax by meditation or prayer, listening to music, taking a walk, gardening, read a book, take a nap or by talking to a friend.

Exercise and maintain a healthy diet. Get adequate rest and take quality time for yourself. Don't neglect your own regular medical check ups and care. Set reasonable expectations for yourself. You don't have to do it all and asking for help is not a sign of weakness. It takes courage to ask for help. You show your courage when you overcome false ideas such as, "I should be able to take care of everything myself."

Emotionally, caregiving can be very demanding and taxing. It's ok to feel anger, sadness, frustration, denial and be impatient from time to time but that's when you need to delegate or seek help. Above all, maintain a sense of humor.

Keep communication open with an "email tree" to send out information. Allow others to express their feelings but they have put you in "charge" so after consideration of their thoughts and feels, do what you believe is best for your loved one. 800.445.8106  
www.caregiver.org.

### How to Grieve When You Need to Work, Caregive and Live (Excerpt) By: Beth Erickson, Ph.D

The theologian, C.S. Lewis, wrote *A Grief Observed* after his beloved wife's untimely death. In it, he wrote that, "No one told me the laziness of grief."

When you are actively grieving, mounting even the slightest effort may seem unimaginable. Tasks formerly enjoyed may become distasteful. Indecision about even trivial matters might be the order of the day. Inability to find pleasure in anything can be typical. Feeling like you just don't have any skin may be expected. Being self-focused and believing no one will ever understand might be prevalent. Pining for the lost loved one while riding a roller coaster of emotions may be normal and predictable.

How does one grieve while needing to function? It can be done, even through functioning at pre-loss capacity will not be possible for a time.

#### 5 Do's when Grieving

1. **Be patient with yourself.** Your functioning will not be what it was before your loss. For some people, their grief is so deep they can never get back to that level. Let others around you know of your grief. Ask for help in staying focused. Find someone who could even take over some mundane or basic

tasks until you are yourself again.

2. **Find a listening post.** They don't tell you to get over it, or give advice, or regale you with stories of their own, or tell you how to fix it. Look for someone who is patient and kind, including looking into a grief support group, religious advisor, best friend, sibling, sympathetic colleague or psychotherapist.
3. **Remember that grieving is not completed in a day—or a month, or year.** You are letting go of an integral part of yourself that was large part of who you are. As time passes, your pain will begin to subside. Beware, however, that you may expect periodic times of rawness, too, usually when least expected.
4. **Talk about it, cry about it, and sit with it.** When you have done enough talking, thinking and finding ways to cope with your loss, you will notice the emotional charge begins to dissipate. You simply begin to feel different. You will be forever changed by your experience, but you will feel that you can finally get back to being yourself.
5. Understand nobody else can feel exactly as you do; they can only try. Even siblings invariably experience the death of a parent very differently. Grief itself is isolating enough, don't make it any

harder by isolating yourself. Even if people don't share your exact experience, many kind souls will try to honor your pain and your changed reality.

#### 5 Don't when Grieving

1. **Don't be too strong for your own good.** Surrounding yourself with people with whom you don't have to put on a brave front. Grieving is an act of great courage and strength. It is not for the weak.
2. **Don't push yourself when you are tired.** The more significant the loss, the more profound it is and the longer the recovery process. Get enough rest. Cut yourself some slack while you slowly return to normal.
3. **Don't expect to feel one emotion.** Expect a roller coaster of emotions. Your feelings will run the gamut from sad to mad to despair to occasional glimpses of happiness and back again. If you only are able to feel sad, you will get stuck in perpetual despair. This is not a good place to be, as it invites depression, helplessness, and a feeling that nothing matters into your soul. If you are only able to feel mad, your rage will have you stuck in a lonely trap as

it pushes everybody away from you. Focus on the occasional, if rare, happy things which will inevitably flutter through your mind.

4. **Don't blame yourself for what happened.** Taking responsibility for mistakes is one thing. Doing so helps us to learn and to grow. Survivor's guilt, however, does not. A certain amount is normal initially. But if you find yourself continuing to blame yourself for not being able to save or heal a deceased or disabled loved one, a normal grief reaction becomes counter-productive.
5. **Don't alienate yourself.** Grief is a lonely enough process without isolating yourself. You'll need all the help you can get to muddle through this in-between time, when you aren't what you were, you're not sure who you are, and you're not yet who you will be after you have recovered from the loss.

Emotions are as unique to each of us as our fingerprints or snowflakes. Everybody goes through a loss differently. But in the end, we all experience loss, just as we experience renewal and life.

