

PRACTICAL SKILLS TRAINING FOR FAMILY CAREGIVERS

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INTRODUCTION

During the past three decades, the complex issues of family caregiving have been studied from multiple perspectives, ranging from epidemiological to intervention research. The body of knowledge on caregiving is large and still growing.

Although much is available on the topic of caregiving, the information may be either too narrow (e.g., choosing a nursing home; nutrition and aging) or too broad (addresses every aspect of caregiving from psychosocial issues to financial recommendations). Few publications serve the purpose of this report, which is to provide an overview of the practical, day-to-day, hands-on strategies and skills needed to maintain an older or ill individual at home. This information is directed at practitioners and family caregivers who want to reduce the time and effort demands of the caregiver role without compromising safety or quality of care.

SECTION ONE: OVERVIEW OF SELECTED CARE ISSUES

In this section, we examine several types of care issues often identified by family caregivers as particular concerns. The issues described here are a subset of a longer list derived from other studies in which caregivers were asked to describe problematic aspects of care (Corcoran & Gitlin, 2001; Gitlin et al., 2000). These caregiving concerns (safety, back strain and sprain, exhaustion, and problems with everyday care) were selected based on their potential for solution through modified everyday techniques.

Safety is a number one concern of many caregivers, especially in care situations involving someone with a cognitive limitation. Four overlapping safety concerns usually top the list of caregiver worries:

1. Typically, an individual caring for a family member with a cognitive limitation, either from stroke or dementia, names the potential for getting lost as a high priority to address. This safety problem may occur as the result of wandering out of the house, walking away from the caregiver in public, or becoming lost while driving. Getting lost is a legitimate safety concern because many older, confused individuals die each year from exposure or accidents while trying to find their way back home. Several factors contribute to getting lost. One factor is an ingrained sense

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of responsibility to be somewhere at a certain time, such as getting to work in the morning or returning home to care for the children at night. Having spent a lifetime in roles of worker or parent, an individual with a memory problem may not realize that he or she no longer has these responsibilities. Another factor may be restlessness and boredom that leads to pacing and wandering. Pacing may or may not be accompanied by repeatedly touching objects or rummaging through drawers.

2. The inability to avoid or respond correctly to an emergency situation, especially a fire, is a frightening prospect for caregivers. Fires are often started while attempting to cook or warm the house with a fireplace or space-heater. Smoking is also a major contributor to home fires. Individuals with mobility problems may not be able to respond quickly enough to a dangerous situation to avoid serious injury.
3. There are many ways to injure oneself in the home, but the most common by far are falls. Dementia is a major risk factor for falls due to lack of good judgment or distractions or preoccupation while walking. However, anyone can be distracted while walking and risk a fall. Physical therapists (PT) often caution people with poor balance or strength to avoid talking while moving in order to focus on staying safe and upright. Falls also can be attributed to unsafe stepstools, use of a chair to reach overhead, or tripping over an unseen object.
4. Impaired vision or poor memory are often the culprits in medication errors. Individuals may take the wrong dosage, use the wrong medication, forget to take medications or take them at the wrong time. Side effects of medication can include lack of concentration or short-term memory loss, adding further to the risk of taking the medication too often or not at all. Medication errors can also be made by caregivers who are rushed or distracted. This safety concern is made worse by the tendency for elderly individuals to take many medications, including over-the-counter vitamins and nutritional supplements.

Besides safety concerns, caregivers involved in physically caring for a person with disabilities often name back strain and sprain as a disturbing risk. Factors contributing to this problem are weak abdominal muscles, poor body mechanics, lack of needed adaptive equipment, a resistant care recipient, repetitive motion,

or an unexpected occurrence while transferring (e.g., caregiver tries to prevent the family member from falling).

A third caregiving concern includes the exhaustion that often accompanies caring for another individual, especially if no respite is available. Individuals who are aware of their limited energy and endurance often attempt to squeeze everything in during their “best” time of the day. The result is fatigue that persists despite a nap or long rest. Poor planning is a factor in exhaustion when it leads to extra trips up and down stairs to retrieve needed items. Sometimes planning is not enough however—especially in older homes in which the only bathroom is on the second floor.

The fourth set of caregiving concerns usually involves 3 types of **problems with everyday care** which often are particularly bothersome for many caregivers. They are toileting, resistance to care, and catastrophic reactions.

1. Toileting can mean multiple trips to the bathroom in response to the urge to urinate brought on by an enlarged prostate, overactive bladder, diuretics or an anxious care recipient. These bathroom trips may involve difficult transfers in addition to emotional exhaustion. Toileting problems may require constant vigilance by the caregiver (if a confused family member is unsure where to urinate or dispose of toilet tissue) and an excessive amount of laundry.
2. Resistance to care is often seen when care recipients are confused. Resistance can be made worse when the care recipient is uncomfortable (cold bathroom), rushed (hurrying to make a doctor’s appointment), or suspicious (unclear why his/her personal items are being touched by the caregiver). Sometimes, especially when the caregiver is pressured for time, the care recipient will react to the caregiver’s anxiety with fear, anger or crying. Resistance to care is particularly problematic around personal tasks such as bathing, reflecting the care recipient’s fear of injury, level of discomfort, or general anxiety (Barrick, Rader, Hoeffler, & Sloane, 2002).
3. Catastrophic reactions are extreme responses to stress that are experienced by all humans, young or old (Corcoran et al., 2002). All of us can recall an event during which we “lost it” or “snapped,” referring to an episode of crying, angry outbursts, fearful withdrawal or physical violence. Individuals with dementia are particularly prone to

This cascade of events includes the inability to participate in everyday life events that keep us healthy. This in turn contributes to muscle wasting, loss of endurance, depression, and general deconditioning.

catastrophic reactions, which may be episodic, continuous, or delayed. One researcher suggests that individuals with dementia are unable to release stressful energy, which builds up during the day until one's threshold for tolerance is exceeded (Hall, 1999). Thus, a full day of small stressors can trigger an evening of emotional outbursts.

4. In the next section of this monograph, your understanding of these care issues will be expanded by introducing a way of thinking about problem solving as enhancing remaining abilities and eliminating excess disability.

SECTION TWO: THE NOTION OF EXCESS DISABILITY

It is likely that you know someone who has overcome a limitation and lives a full, productive life. Such individuals are able to avoid or eliminate barriers to their own independence, often through the use of other gifts that help them to live life to the fullest, gifts such as a determined spirit, great personality or high intelligence.

On the other hand, a limitation can initiate a cascade of events that leads to disability or even death. This may be one explanation for the high mortality rate, estimated at 33 percent within one year of hip fracture in the elderly (Rose & Maffulli, 1999). This cascade of events includes the inability to participate in everyday life events that keep us healthy. This in turn contributes to muscle wasting, loss of endurance, depression, and general deconditioning. When the level of disability is disproportionately greater than expected given the limitation, this is referred to as excess disability (Mace, 1990; Cohen, 1995). The elderly are at risk of excess disability because changes due to aging reduce many of the reserves that would help compensate for a disability (Bonder & Wagner, 1994). Aging changes reduce strength, bone density, vision and hearing acuity, vital capacity, and reaction time (Gill, Williams & Tinetti, 2000). These intrinsic changes can place an older person at risk of experiencing a downward spiral of problems initiated by a specific event. Without adequate physical or cognitive reserves, many older individuals are unable to limit the amount of disability experienced as a result of a negative health event. In other words, they cannot "bounce back."

Excess disability can also be attributed to such extrinsic factors as physical barriers to mobility, lack of information from the environment, or financial constraints (Gill et al., 2000; Warner, 1998). In many homes, physical barriers to mobility pose a particular problem, because the homes were not designed to accommodate the needs of individuals with disabilities. These

barriers include narrow doorways, high thresholds, inadequate space to use a wheelchair, second-floor bedrooms, and bathing facilities that require good balance and strength. Homes may contain tripping hazards from deferred maintenance (missing floor tiles, torn carpeting, broken stairs or banisters) or from placement of electrical extension cords in passageways. The notion of excess disability is particularly prominent in the dementia literature and has given rise to a care approach that focuses on eliminating or reducing intrinsic and extrinsic factors that promote excess disability (Corcoran & Gitlin, 1997; Alzheimer's Association, 1997). Strategies that eliminate excess disability are based on the need for simple objects and room layouts that clearly provide necessary information.

The notion of excess disability is presented here as a guide for caregivers to think about their family member's potentials and to promote a healthy lifestyle despite limitations.

SECTION THREE: MEETING THE CAREGIVERS IN OUR CASE ILLUSTRATIONS

In this section we introduce 4 caregivers as illustrations of the complex issues related to caring for a family member, and potential strategies. These caregivers are not based on actual people but instead represent a composite of common situations.

Mr. A is caring for his 65-year-old wife with mobility problems from a right above-the-knee amputation. Mrs. A is obese, has weak upper extremities from deconditioning, and can propel her own wheelchair only short distances on bare flooring. Although Mrs. A can dress herself, her husband retrieves all needed articles of clothing. Mr. A helps his wife transfer to and from all surfaces using a stand, pivot, and sit technique. Once in place and set up with needed items, Mrs. A can wash and groom herself independently and does not need help with toilet hygiene. The A's live in a two-story home with a full bath on the second floor, a half bath on the first floor, and a stair glide. Because of the age of the home, hallways are narrow and doorways do not accommodate a wheelchair.

Mrs. B cares for her 80-year-old mother whose upper body is severely affected by arthritis. Mother can walk independently for short distances, but experiences knee pain upon movement and has contractures in her hands. She is unable to grasp anything but very lightweight items, such as a piece of paper or small pieces of food. Mother is also easily exhausted, sometimes to the point where she cannot finish a meal. Mrs. B knows her mother only eats well at breakfast, is losing weight, and getting weaker daily.

Mrs. B provides full assistance with all of her mother's self-care, with the exception of feeding. Mother uses utensils that attach to a strap on her hand to eat. Mrs. B and her mother live in a modern two-story home with an in-law suite on the first floor. Also living in the home are Mrs. B's three school-aged children and husband. However, during the day, Mrs. B and her mother are alone in the house.

Mrs. C provides care for her 76-year-old husband with moderate Alzheimer's disease. Mr. C requires constant supervision for wandering and frequently becomes agitated and abusive. He often accuses his wife of taking his wallet and spends a great deal of time rummaging through drawers and closets for it and other lost items. Mr. C has recently begun to hoard food; just last week Mrs. C found rotten food in the linen closet. Mrs. C is exhausted from caring for her husband, who resists her attempts to help him bathe, dress, and shave. He would prefer to wear the same dirty clothes for days at a time and can become abusive if Mrs. C attempts to remove these items to the laundry.

Mr. D is caring for his father, who had a stroke on his left side, leaving his right arm paralyzed. Father can walk with the aid of a 4-pronged cane, but his balance can be easily overcome on uneven surfaces or while turning. The stroke left Father with only partial vision in his right eye, a problem likely to be permanent. Mr. D arranged for his Father to move in with him and his family after the stroke and set up a hospital bed in the living room. Mr. D's wife and teenage sons help as much as possible, but Mr. D feels his father is not their responsibility. Mr. D regrets that the family's routines have been upset by his father's presence, but no other options are available. Mr. D has made arrangements for a home-health aide to help his father daily while everyone is at work or school, but worries about what they will do when this benefit is no longer available. Father spends most of the day watching television and seems depressed, possibly because he was so active with volunteer work before his stroke.

SECTION FOUR: CONTENTS OF A CAREGIVER TOOLKIT

This section contains the fundamental items that comprise a caregiver toolkit. A toolkit is a repertoire of strategies and techniques that can be mixed, matched, and modified to address a range of caregiver issues. In this section, the reader is introduced to the contents of the toolkit, which includes environmental modifications, task breakdown, energy conservation, back protection, communication strategies and safety measures. Our 4 sample caregivers will serve as illustrations for these strategies.

A. Environmental Modifications

The physical environment includes all attributes of any given space, including all objects in the space and its structural characteristics (Corcoran & Gitlin, 1997). Some objects are necessary for the activities that occur in the room, while others are simply for comfort. Most homes have many objects which may promote a feeling of comfort, familiarity, and novelty. Structural characteristics of the home include lighting, windows, doors, flooring, and size, as well as noise level and the ability of the room to be configured to support activities. For example, Mr. D's father may find that sleeping in the living room is noisy (next to the family room), too bright from the street lamp outside, and lacks privacy. The hospital bed is important to help Father get in and out of bed, but it conveys a sense of illness or disability. There is no closet for clothing storage and Father's urinal sits beside the bed on an end table. Despite best efforts, it is very difficult to convert a living room to a satisfactory bedroom.

Eliminating the extrinsic factors that promote excess disability often requires 4 types of environmental modifications: simplifying objects, organizing objects, providing assistive devices, and making home adaptations. Each is discussed in more detail below and the Further Readings section of this monograph contains more information.

Simplifying objects refers to choosing items such as the following that are easy to use given the limitations being managed. Mrs. B's mother uses a utensil that slips into a strap on her hand, making it possible for her to feed herself. Mrs. C has a telephone with pictures of family members beside their respective speed dial buttons for her husband to use in an emergency. Objects that are difficult to use can either be replaced with a simpler version or modified to facilitate use. Lightweight objects, large handles, and wheels can be helpful when an individual has muscle weakness or poor grasp. When a family member needs to transport items but must keep hands free for safety, consider using a shop apron or rolling cart. Visual problems can be addressed through the use of nail polish, for example, to indicate the location of a power button.

Caregivers may simplify objects by keeping duplicates on hand, which works particularly well in 2 possible ways when managing dementia. First, when an object is lost or wears out (such as a toothbrush) using a duplicate eliminates the need to get familiar with its replacement. Second, duplicates can be used to eliminate choices that potentially lead to arguments. For example, Mrs. C (husband with dementia) spends some time each morning at

tempting to get her husband to change his soiled clothing.

This task became much easier when she eliminated that choice for him by purchasing duplicates of any item he didn't want to give up. As a result, Mr. C did not notice that he was putting on clothes different from the previous day's—they looked identical. This technique worked so well that Mrs. C bought several identical wallets that she could produce whenever her husband began rummaging to find his lost belongings.

Organizing objects is important so they can be located quickly and easily, especially if low endurance or poor vision are problems. Consider creating a control center for specific types of activities in which everything needed to perform the activity is located (Corcoran & Gitlin, 1991). For example, Mr. A has placed opaque containers in the bathroom for his wife's grooming items. Everything she needs for applying make-up is in one container and another container includes hair items. She does not need to gather her items, she simply wheels herself to the control center and everything is available. Organizing objects also involves getting rid of items that are not used often but can impede an individual's ability to reach what he or she needs. Mrs. C has removed her husband's winter clothing from the closet so he does not dress inappropriately during the summer months. Mr. D cleaned out the downstairs bathroom cabinet to give his father a place to keep his medications. Although other modifications are needed to help Mr. D's father avoid medication errors, at least Mr. D does not have to worry about his taking another family member's prescription.

Assistive devices are special items designed and marketed for the purpose of addressing physical or cognitive limitations. Assistive devices include bathroom equipment (bath chairs, grab bars, raised toilet seats) and other specialty items such as the medication organizer that Mr. D bought for his father. Mrs. C uses a motion detector at the front door to make sure her husband does not walk out of the house. When busy in the kitchen, she uses a baby monitor to listen for signs of trouble. Not all assistive devices are specially designed for use by individuals with disabilities but instead are marketed for other intended uses. For example, Mrs. A uses plastic rug protectors throughout the house to help her propel her wheelchair across carpeted areas.

There are far too many assistive devices to name here and the list keeps growing (see section on Further Readings). A caveat is in order here: assistive devices should be carefully considered since their use involves new learning and motivation to change routines. The assistive device must be readily available when needed

In task breakdown, a task is reduced to its smallest steps so that decisions can be made about how those steps can either be eliminated or simplified.

but not create a barrier for other family members or when not in use. In addition, assistive devices can be very expensive.

Home adaptations are changes made to the physical structure of the home. This often includes making doorways wider for wheelchair access, removing carpeting to facilitate ambulation, or adding lighting in a dark hallway. Mrs. A could benefit from recessed hinges, a relatively inexpensive method for widening doorways by 2 inches. An industry of design specialists for home adaptations is emerging as the market for these services expands. The Resource section of this monograph includes a partial list of web sites that contain information about home adaptations for individuals with disabilities.

B. Task Breakdown

A task is any sequence of actions (motor, cognitive, etc.) that produce an outcome. Caregiving tasks can be particularly complex. For example, giving a bed bath consists of gathering supplies (water, soap, and towels), soaping the family member's body, making sure to rinse and dry all body parts well, positioning so as to avoid causing pain to yourself or your family member, covering the bed so it stays dry, keeping your family member covered and warm, and cleaning up. The outcome may consist of a sense of satisfaction, emotional lift at being helpful, and a clean family member.

Task breakdown is a fundamental skill unique to occupational therapy (OT) and used to reduce the physical, emotional, social, or cognitive demands of a task (Morris, 1996). In task breakdown, a task is reduced to its smallest steps so that decisions can be made about how those steps can either be eliminated or simplified. For example, giving a bed bath is obviously easier if water does not need to be carried from another room, so using a bath chair in the kitchen or bathroom should always be explored. The need for environmental modifications is often identified as the result of breaking down a task; likewise with energy conservation (discussed next).

Let's see how task breakdown might be used by one of our fictitious caregivers. Mrs. B (mother with arthritis) is concerned that her mother doesn't have the endurance to finish a meal. Breaking down the task might involve giving Mother food without requiring her to walk to the table, providing smaller portions more often, and serving nutritious drinks or shakes that don't require much physical work to consume. This example demonstrates eliminating parts of tasks or spreading steps out over the day to make self-care easier for the care recipient. However, tasks can be

made even simpler by using principles of energy conservation, discussed next.

C. Energy Conservation

When the term energy conservation is used, most people think of turning off the lights or driving hybrid cars. In a caregiving context, however, a more precious type of resource is being conserved—one's personal energy. Like most types of energy, your personal energy has limits. In this section, we will discuss two principles of energy conservation which can be used by either the caregiver, care recipient, or both.

Pacing was mentioned earlier in this monograph as a form of wandering. In the present context however, the term pacing refers to taking time, working slowly, and resting intermittently to avoid fatigue. Quite the opposite of rushing to get everything in, pacing requires planning so that tasks requiring little energy expenditure are interspersed with those requiring great energy. Pacing includes planning ahead so that many jobs can be completed while remaining in one place. Mrs. A, who has difficulty maneuvering her wheelchair on carpeting, would benefit from planning to stay in one room to finish several tasks instead of wasting energy getting around. Pacing also requires scheduled rest breaks before fatigue sets in, sometimes in the middle of a chore such as sweeping the floor.

Mr. D is offered as an example of using both energy conservation and environmental modifications to help his father with self care. Mr. D realized that his father (who had a stroke) needed a safe strategy for his daily care which would not challenge his poor balance. After home health services stopped, Mr. D was anxious because his father tried to sponge-bathe himself while standing in the small powder room, then donned a robe and slippers to retrieve his clothing from bedside. Mr. D was sure his father would fall while wearing slippers. However, Father refused to put his shoes on to leave the powder room because he had to take them off again to get dressed. Mr. D worked with his father to set up the powder room with shelves for supplies and clothing and grab bars for safety. This allowed Father to perform all self care in the powder room while sitting and the shelves eliminated the need to walk out of the powder room for his clothing. In addition, Mr. D convinced his father to sponge-bathe in the evening when the family was home and take a twice weekly shower in the upstairs bathroom.

Using your body efficiently requires thinking about yourself in relationship to gravity. As much as possible, try to avoid working

against gravity when moving your arms, especially if the task involves holding your shoulders in a fixed position while using your hands. An example of this type of motion is using a hair dryer or shaving. To avoid working against gravity, support your elbows on a surface while using your hands. This is easier to do if combined with another energy conservation technique, sitting to work. For example, Mr. D's father was able to support his elbows on the sink because he was sitting to perform his bath. Efficient body positioning can also be achieved by remembering to use the largest muscles possible in performing a task. For example, Mr. A holds his wife closely while helping her transfer to bed in order to use his chest muscles in addition to his arms. Mrs. A just thinks she is getting a good hug!

Energy conservation principles take time to incorporate into one's daily routine, but the pay-off can be substantial. Consider Mrs. B's mother who suffers from fatigue and arthritis. One of the best ways to stop her cascade of excess disability is to help her pace her activities each day while avoiding fatigue and building strength.

D. Back Protection

Many caregivers suffer from back strain and sprain as a result of overuse or poor body mechanics (Cornman-Levy, Gitlin, Corcoran, & Schinfeld, 2000). There are a number of publications that address this topic in depth, but 3 techniques are introduced here as potential safeguards against a sore back.

One of the best ways to protect your back is by remembering to **tighten your belly and hold** just before you transfer your family member. Think of your spine as a very flexible rod located inside a large hollow tube. If you wanted to protect that flexible rod from bending too far, causing pain, you might stabilize it inside the tube with wires that connect the rod with the tube itself. Now realize that the tube is actually your abdomen and the wires are your abdominal muscles. While it certainly helps to exercise your abdominals on a daily basis, it is also useful to remember to hold those wires (your tummy) tight before making a move.

The incidence of back strain and sprain can be reduced by **avoiding twisting motions** while holding onto a heavy load. Mr. A, for example, risks a strain if he uses poor body mechanics while helping his wife to stand, pivot, and sit. If Mr. A forgets to move his feet, he could only pivot with his wife by twisting his back. The real pain starts when he lets her down slowly into a sitting position while twisted. This is made worse if Mr. A allows his wife to clasp her hands behind his neck. Think of this as "Twist and

Shout.” It is most important that you ask the person you are moving not to pull on your neck (even better, they can push off the arm of the chair) and to keep your back straight while moving. Even caregivers who have been providing care for many years may benefit from occasionally revisiting their transfer techniques. Ask someone to watch or videotape you as you transfer your family member. If the opportunity arises, ask a physical therapist or occupational therapist to talk with you about other useful techniques or devices. For example, Mr. and Mrs. A may want to explore the use of a sliding board to replace the stand, pivot, and sit technique they’ve used for years. This is especially indicated if Mr. A is concerned about or actually experiencing any back pain. However, before trying a new type of transfer, you should check with your doctor, PT, or OT.

E. Communication Strategies

Communication is a complex interaction that requires adequate production, transmission, and reception of information. Many factors can work to impede communication and lead to frustration, wasted effort, resistance to care, or an unsafe situation. For example, Mrs. C has found that she must be very clear and concise when speaking with her husband or he would misunderstand her and respond with frustration and anger. Mr. A has learned to use only 3 words while transferring his wife—stand, pivot, sit—to avoid hesitancy on her part and an injury.

Communication can be organized in 2 broad categories; verbal and nonverbal messages. Verbal communication is the timing and content of spoken language. Generally, it is best to keep the message very simple and use the fewest words possible to get the information across. The reasons for this level of simplicity is obvious in a situation involving dementia since too many words can clutter the caregiver’s message. Difficulty with communication can be very frustrating for both caregiver and care recipient, possibly leading to a catastrophic reaction. If you have difficulty understanding what a confused family member is trying to say, stay calm and ask questions that begin with the phrase “Does it have to do with ...?” This will allow you to name several broad areas, such as food, sleep, clothing, or pain and only requires a yes-no response. Although this suggestion appears in a book designed for speaking with individuals who have dementia, it is quite useful in many emotional situations. The book recommends that “an ear is worth a thousand tongues” (Strauss, 2001, p. 75), a reference to the need to listen for and address the feelings beneath the words. Applied to Mrs. C’s situation, she could try empathizing with her husband when he can’t find his wallet by saying “Oh I know how you feel! It makes me so upset and worried when I

In many ways, nonverbal communication is more powerful than verbal. In fact, our verbal communication can sometimes be denied by body language, as in a situation where a caregiver assures through clenched teeth that she is not angry as she cleans up the fourth mess of the day.

can't find something. Let's look for it together," at which point she pulls out one of the duplicate wallets and presents it to Mr. C. Simplicity in verbal communication is important not only when talking to someone with dementia, but also with people who are not confused but need to stay focused on staying safe during walking or transfers. As mentioned earlier, it can be very distracting to listen to another person while focusing on a physical task that is difficult to perform. Save the pleasant conversation for times when everyone is safely seated in a chair.

In many ways, nonverbal communication is more powerful than verbal. In fact, our verbal communication can sometimes be denied by body language, as in a situation where a caregiver assures through clenched teeth that she is not angry as she cleans up the fourth mess of the day. Body language can be particularly important in communicating with people who have a cognitive impairment. It is often very helpful to demonstrate what you would like done or to make universally understood hand gestures that convey information, such as stop, come here and sit down. People prone to catastrophic reactions may pick up on body language before or during an outburst, so it helps to understand the meanings that may be associated with your gestures and stance. It is generally recommended that a caregiver convey calm and a nonthreatening message by staying at least 3 feet away from the agitated individual, standing slightly sideways as opposed to head on, and maintaining a very pleasant facial expression until the situation passes.

A second powerful type of nonverbal communication is the use of visual cues. Visual cues are used to emphasize information through the use of highly visible signs, colors and specially placed lighting. These visual cues are especially effective when combined, for example, in a large block-printed "Bathroom" sign hung on a red door illuminated by an overhead track light. This arrangement can be a visual reminder for someone confused about the location of the bathroom and prone to accidents. Use of color is particularly important when an individual has visual problems or experiences some of the typical sensory losses associated with aging. Changes in vision include problems with acuity, susceptibility to glare, and difficulty seeing in low light.

Lighthouse International, a preeminent organization for individuals with visual impairment, offers 3 simple rules for making effective color choices (Arditi, 1999). They are:

1. Exaggerate the contrast between foreground and background colors. Remember to lighten the light colors and darken the dark colors.

2. Choose light colors of green, yellow or orange. Choose dark colors of red, blue or purple.
3. Choose contrasting colors from the opposite sides of the color wheel (dark blue on bright yellow is effective) as opposed to adjacent colors (bright orange on dark red is not effective).

Correct color choices can be used to help a person locate an item, such as a toothbrush, comb, or cup, or to make a sign more visible. Lighthouse International also offers several suggestions for type font and style to promote visual access. Dr. Ardit provides ten suggestions on the Lighthouse web site (See Resources section) including use of 16- to 18-point type, Roman or sans-serif typefaces, and wide spacing between letters, in addition to avoiding italic font style and glossy surfaces.

F. Additional Safety Measures

Falls can be prevented by taking a good look around the house for hazards that might cause an accident, such as objects left on the stairs or floor. Individuals might trip over pets or catch a foot on furniture that is placed too close to a passageway. Remember, aging causes changes in vision, making it more difficult for the care recipient to notice and avoid these items. For this reason, use adequate lighting in places where your family member is walking, especially at night when he or she might be groggy. Make sure there is a lighted path from the bedroom to the bathroom and at the bottom and top of staircases. Look at the type of footwear and clothing worn by the care recipient to make sure shoes are supportive and well-fitting and that clothing is fitted.

Many precautions can be taken to decrease the risks of falls and other injuries in the home. These include:

- Reduce the temperature on the water heater to 120° or lower. This will prevent accidental scalding, a major concern with the elderly.
- Move frequently used items in the kitchen or bath to an area that is easy to reach. It is important to avoid climbing on step stools or chairs to retrieve items.
- Remove all throw rugs or replace them with items that have non-skid backing.
- Make sure all banisters, railings, and grab bars are securely attached to the wall. Consider installing a railing on 2 sides of each stairwell, and make sure that the railing extends beyond the top and bottom steps. If the

railing stops short of the last step, it is possible to lose your balance and fall.

- Check towel racks and toilet paper holders that might be used to help stand up from the toilet or step out of the tub. These items should not be used for this purpose, so you should check periodically to see if all is secure.
- Install an intercom to the outside so visitors can be identified prior to entry.
- Secure furniture in place that is used to help rise from a chair. Check all furniture to determine if anything might give way if leaned on over time.
- Check electrical outlets and cords. Older homes have fewer outlets so extension cords may be used and overload the electrical service. Make sure that extension cords are intact, can accommodate high voltage appliances, and are not overused. It is probably safer in the long term to install additional outlets, using grounded outlets in the bath and kitchen. New outlets and light switches should be placed at least 20 inches above the floor to avoid bending.
- Make sure that working smoke and carbon monoxide detectors are in place.

CONCLUSION

This monograph was developed to offer practical information to aid you in providing daily care. Many tools have been described that might become useful parts of your caregiver toolkit. However, you are the person that must decide which tools are needed and how to use them. Feel confident that you know your family member as well or better than anyone else—the expert in your home is you.

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RESOURCES

Services

The professions listed below may be of assistance for special issues or concerns. The information about occupational and physical therapists is taken directly from a publication created as part of the ESP study (Corcoran et al., 2002).

Occupational therapists (OT) are experts on strategies and equipment that enable people to carry out day-to-day activities despite impairments or activity limitations. Based on an evaluation, the OT can help you find easier ways to complete daily activities such as preparing meals. An OT evaluates a person's capabilities and the person's physical and social environments. You may find occupational therapists in your community by contacting hospitals, rehabilitation centers, home health agencies, or by requesting information from the American Occupational Therapy Association (www.aota.org).

Physical therapists (PT) assist by helping people regain use of an affected limb, get stronger, or relieve pain. A PT can help you practice safe fall recovery techniques. A PT also conducts an evaluation of a person's ability to walk or transfer from bed, chair or toilet. You may find physical therapists in your community by contacting hospitals, rehabilitation centers, home health agencies, or by requesting information from the American Physical Therapy Association (www.apta.org).

Design specialists are architects, engineers, or building contractors who specialize in meeting the needs of individuals with disabilities. To find a design specialist in your area, consult the telephone book or contact the American Institute of Architects (www.aia.org).

Internet Information

Following are just a few websites related to the issues of caregiving.

Adaptive Environments Boston (www.adaptenv.org) provides information about universal design, adaptive equipment, and accessibility publications.

Ageless Design (www.agelessdesign.com) is an organization designed to create smarter, more efficient living spaces for the elderly.

Alzheimer's Solutions (www.caregiving-solutions.com/index.html) is a great resource for games, activities, information, equipment, and other solutions to common caregiver concerns.

Center for Universal Design (www.ncsu.edu/ncsu/design/cud) is a national organization that provides standards for designs that are universally applicable to a range of physical and cognitive limitations.

Disabled Living Foundation (www.dlf.org.uk) provides information about adaptive equipment for individuals with disabilities.

Family Caregiver Alliance (www.caregiver.org). The award winning FCA web site offers a wealth of information for caregivers and families. Fact Sheets, newsletters, online discussions, and policy updates address a broad range of caregiving issues.

Home Modification Action Project (www.homemods.org) is a funded project designed to increase available information and resources for individuals who want to age in place.

Lighthouse International (www.lighthouse.org) is the recognized authority on low vision products and information.

National Association of HomeBuilders (www.nahb.com) provides information on choosing a remodeler.

National Association of the Remodeling Industry (www.nari.org) provides guidelines for hiring a remodeler.

Sammons Preston Royal (www.sammonspreston.com) provides hundreds of specialty items for care, including bathroom equipment.

Universal Home (www.aarp.org/universalhome) offers links and information about home modifications.

WELLcomeHome (www.bsu.edu/wellcomehome) provides information on home modifications, including case studies and an assessment guide.

Who Will Help with Ramps and Home Modifications (www.katsnet.org/fact7.html) includes a list of statewide programs that can assist you.