

Older Adults: Independence Versus Interdependence

This article grew out of a conversation I had with a staff member concerning independence and aging. The staff member questioned the value behind offering services, such as home health care or chore, to help aging or persons with disabilities remain “independent” in their homes on the grounds that services and ideas like this perpetuate the isolation of older adults in America. A better goal might be to have older adults live in more communal settings or with families.

Unfortunately, in this society, a communal setting usually turns out to be an assisted living facility or a nursing home, or possibly an adult family home. While good continuum of care facilities are available, such as through Providence Mount Saint Vincent, Nikkei Concerns, or Eden Alternative, most still tend to isolate generations from each other. Not only is their medical model of care delivery extremely expensive, with a tendency to homogenize services, but there is still an unacceptable level of violence and abuse in institutional settings and an overall lack of respect for the dignity and uniqueness of the individual.

While receiving home care may isolate some older adults, research has shown that most seniors who live their own homes prefer to age there. They find it very traumatic to move, and see it as one step closer to death. Often, they do have a network of neighbors and friends that support them in staying in their own homes. Relocating to another area to live with family can cut them off from their friends, leading to the very isolation it is intended to allay. With a frail elderly couple, where one partner needs a lot of care,

having someone come in to provide assistance can allow both of them to remain together and improve their overall quality of life.

Families are not a panacea either, and the success of combining extended generations under one roof depends a great deal on past family history and relationships, as well as cultural factors. Basic personality traits are not going to radically change with age. A parent who was abusive, narcissistic, had substance abuse problems or suffered from
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2-1-1... Is it happening?

Yes! In early 2006, Crisis Clinic’s Community Information Line will start answering calls from people who dial this number. We don’t have an exact date because we are still waiting for the telephone companies to reprogram their switches so that when someone dials “2-1-1” the calls are forwarded to Crisis Clinic. This change should happen this fall, and then we will be testing the system to make sure it operates correctly.

Most areas of King County will be able to reach us by dialing “2-1-1”, however people living on the borders between King County and Pierce or Snohomish counties, may be directed to the call center in those areas. Also, it is unlikely that cell phones have the technology to direct calls to the correct 2-1-1 call center, but you can always put us on speed dial!

Crisis Clinic is able to offer 2-1-1 service because of the generosity of United Way of King County, which significantly increased their operating support to the Community Information Line. Bringing 2-1-1 to King County is one of United Way’s top priorities. The Community Information Line will still be operating M-F 8AM-6PM, but will be able to handle many more calls. We will keep you posted when the launch date is selected!

by Kathleen Southwick, Executive Director

For more information about the national and state status of 2-1-1, go to www.211.org or www.win211.org.



Older Adults, continued

depression or other mental health issues is going to remain difficult to deal with. If one adds a disabling physical condition, or deteriorating mental acuity from stroke or a disease like Alzheimer's, it can be a recipe for disaster. Sometimes when a family member moves in with an older adult, ostensibly to care for them, sadly it can be to exploit them financially or physically, because that adult child has no resources of his or her own and

no other place to turn.

Many older persons who remain at home do not become isolated, do not have poor quality of life, and in general are not self-neglectful through inability to provide for their own care. A co-existing problem with the myth of independence is the notion of being a "burden." This present generation of seniors is more likely than the next (the so-called Baby Boom generation) to refuse services, not accept help from professionals or family, but try to "go it alone" due to their particular history and life experiences during the Depression and the Second World War.

One answer is to promote the interdependence of families and individuals. The notion of "independence," while part of the American culture, is in fact a false concept. We are all interdependent, and most of us would starve to death if we didn't have access to our local supermarket. What is really needed is to plan age- and disability-friendly communities. The initiation, impetus and planning for such communities has to start at the local level by those who have a vested interest in sustaining their communities and making the unique requirements of the aging and disabled a priority.

What are some of the elements that are necessary? First, basic needs have to be addressed, including shelter, safety and access to food and health care. This includes the right type of barrier-free, accessible and affordable housing, and adequate transportation. If the goal is for individuals to live at home, then they and their caregivers have to be provided the right supports. Opportunities for social and civic engagement,

work, volunteering, and participation in local decision-making are vital to a thriving, inclusive community that balances the needs of all ages and all capabilities.

Where to turn for help?

Fortunately, Seattle/King County is building this type of community and offers a wealth of resources for families trying to find the right balance between independence and interdependence. One of the first steps is to engage all parties to discuss the goals and needs of each. Often it is helpful to have a neutral person begin the discussion and to lay out the options available. As someone who has worked with older adults and families for many years, I can be a resource for you. By simply calling me at our Caregiver Information & Assistance Program, I can talk with you about how to develop a plan that can work for your family and educate you about the resources available.

by Amanda Woodland, Caregiver Specialist

Amanda offers a free and confidential service and works with families who are concerned about an aging or disabled family member or friend. She can be reached by calling 206-461-3210 ext. 626, Monday-Friday.

Free Seminar in Your Workplace

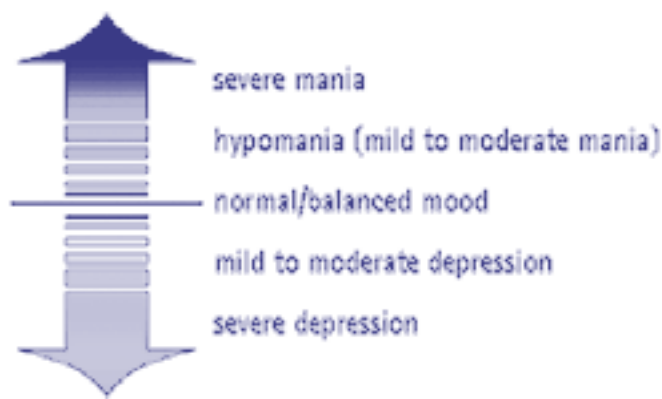
When Caring Becomes Caregiving

This free hour-long seminar is ideal for employees who have a role in caring for aging parents or who are concerned about the gradual transition in support needed by their parents. Amanda Woodland, Caregiver Specialist, is available to come to your office or organization to provide this training. A lunch-time "brown bag" setting is ideal. For more information, contact Amanda at 206-461-3210 ext. 626 or awoodland@crisisclinic.org.

Spring Mania

The 24-Hour Crisis Line is notoriously busy in the springtime! In March and April, Crisis Clinic receives more calls from suicidal people than in any other months. On a national level, spring is the time for more completed suicides than in any other season¹. The spring increase in the suicide rate is often associated with the seasonality of severe mood disorders, especially bipolar disorder.

Many people know bipolar disorder as “manic-depression.” Individuals diagnosed with bipolar disorder experience extreme emotional and behavioral changes, described as mood swings from mania to depression. Different from the normal ups and downs in everyday life, a bipolar diagnosis means that these mood swings severely disrupt one’s daily functioning.



A manic episode is described as an abnormal, dramatic, and persistently elevated mood. Symptoms of a manic episode include racing speech, increased energy, decreased need for sleep, elevated mood, exaggerated optimism, aggressive behavior, poor judgment, reckless behavior, difficulty concentrating, and an inflated sense of self-importance².

For most men and women diagnosed with bipolar disorder, the first symptoms show up when they are young adults. The condition can also be diagnosed in adolescence and even childhood. Some experts hypothesize that important historical figures such as Abraham Lincoln, Ludwig Van Beethoven, Vincent Van Gogh, Winston Churchill, Emily Dickinson, Virginia Woolf, and Theodore Roosevelt all experienced bipolar disorder³.

Spring can be a high-risk time for suicide for people who are bipolar. Some experts think that the increased duration and intensity of the sunlight of spring can trigger the mania associated with this disorder⁴. The spring may also give people with mood disorders more of the mental energy that is needed to actually attempt suicide, compared to the low-energy depression associated with the wintertime⁵. Spring also puts most “normal” people into action, sometimes leaving those with mood disorders very isolated, which is a big risk factor for suicide. It has been reported that 25% of people suffering from bipolar disorder will attempt suicide in their lifetime.



During manic episodes, people also often go off their mood stabilizing medications. Experts think that being in a manic episode is so pleasurable, exhilarating, and exciting that the individual often does not want to end these feelings by taking their medications. However, going off their medication can eventually lead the person diagnosed with bipolar into a depressive episode. It is also this extreme depression, following the mania, which often motivates the person to get help - and maybe pick up the phone to call the crisis line.⁶

If you are dealing with someone in your life who is experiencing dramatic moodswings, you can always call the 24-Hour Crisis Line for help. We are a resource for family and friends and can help you make sense of what you are seeing and link you to helpful resources.

by Shauna Cheney, MSW, Crisis Supervisor

¹ www.suicidology.org

² www.nimh.nih.gov

³ www.psychcentral.com

⁴ *Effects of season and climate on the first manic episode of bipolar affective disorder in Korea, Lee HJ, Kim L, Joe SH, Suh KY., Korea University Dept. of Psychiatry, Seoul, South Korea*

⁵ www.thedailystar.com/news/stories/2004/03/20/ring.html

⁶ www.pathwayhomes.org/MHInformation.html

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Executive Director

Survivors of Suicide Support Group

First and Third Monday of each month at 6:30 PM

This professionally facilitated support group is for family and friends who have lost a loved one to suicide. This unique support group offers the opportunity to share feelings, experience grief and begin the healing process in a safe setting with others who have suffered the loss of a loved one to suicide. For more information, call the 24-Hour Crisis Line at 206-461-3222.



2005 Where To Turn Plus Directories Are Now Available!

In addition to the hardcopy directory, we also have a CD-ROM version, which is ideal for use on your laptop or when you don't have an Internet connection or want to carry the book with you!

The book is \$30 and the CD-ROM is \$15.

Check our website to download the application form: www.crisisclinic.org



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