

*A Bi-Monthly Newsletter
for Family Caregivers*

Sauk County ADRC:
(608)355-3289
www.co.sauk.wi.us/adrc

f @adresauk



Trualta is back! You may have heard or seen us advertise Trualta in the past. After a bit of a hiatus, it is available again for FREE for any caregiver in Wisconsin! Trualta is an online learning platform that helps families manage care at home with a library of lessons on various topics. You will see the list of care topics below. The list is ever-expanding with new materials. Trualta also offers virtual support groups, free music therapy, and educational presentations.

It's easy to sign up for free! Go to wisconsincaregiver.trualta.com and create your free profile. Or scan the QR code with your smartphone or tablet below. If you have any questions about accessing Trualta, please call or email me - I am happy to assist! 608-355-3289, marina.wittmann@saukcountywi.gov

PERSONAL CARE

- Denture Care Tips
- Helping with Daily Tasks At Home
- Managing Medication at Home
- Managing Pain in Older Adults
- Oral Care
- Shaving
- Showering
- Skin Care
- Toileting and Incontinence

CAREGIVER WELLNESS

- Balancing Work and Caregiving
- Caregiver Guilt
- Energy Conservation
- Keep Your Cool
- Temporary Relief for Caregivers

BRAIN HEALTH

- Agitation and Anxiety
- Asking the Right Questions
- Communication and Dementia
- Delirium, Depression, and Apathy
- Delirium: Signs and Symptoms
- Dementia and Assisting with Dressing
- Dementia Knowledge
- Eating and Appetite Concerns
- Palliative and Hospice Care
- Sexuality and Dementia
- Sleep and Dementia
- Surgery: Cognitive and Memory Changes
- Transitioning from Hospital to Home
- Understanding Behavior Change
- Verbal and Physical Aggression
- Wandering

SAFETY AND INJURY PREVENTION

- Aging and Nutrition
- Home Safety: Fall Hazards
- Home Safety: Dementia/Injury Prevention
- Dementia-Friendly Interior Design
- Elder Abuse
- Falls Prevention at Home
- Financial Safety: Avoiding Scams
- Moving and Transferring
- Moving Techniques
- Power of Attorney
- Pressure Injuries
- Reducing Medication Risks
- Safety Tips when Caring
- Transferring from a Bed to a Chair
- Urinary Tract Infections: A Guide for Families



*Sincerely,
Marina Wittmann*

Aging Program Supervisor
Caregiver Support Program Coordinator
marina.wittmann@saukcountywi.gov



**The ADRC will be closed on
Monday, May 26, 2025**

Ask Kurt!

What are the benefits of testing for memory concerns, dementia or Alzheimer's?

Kurt Goeckermann

Dementia Care
Specialist



There is an ever-increasing emphasis on the importance of early detection of cognitive issues and possible dementia. The benefits of early detection are becoming more and more evident. Identifying an issue with brain function early provides opportunity for a multitude of approaches that will improve quality of life and overall outcomes.

First, it allows for identifying the issue. All cognitive issues are not dementia. There are other physical and mental health issues that can significantly impact brain function, even mimicking dementia. Identifying them allows for treatment. Some of these issues, unlike dementia currently, are often reversible. If it turns out that dementia is the diagnosis, early detection provides many benefits. Usually, in very early dementia, the affected individual can be fully involved in planning and decision making. This allows them to select and communicate with desired health professionals, discussing possible approaches and options. It also allows provides the opportunity to make health and lifestyle changes that can greatly impact the progression of dementia. Family and caregiver discussions can occur in which the diagnosed individual can make current choices and a contingency plan. Communication can occur about what they want in possible scenarios regarding caregiving, facility placement, and end of life issues. These are hard discussions, but they give the person with dementia increased control and ease caregiver stress and guilt. Along with this can come financial and legal discussions. How would caregivers be paid for, where would they come from? Does a Power of Attorney or Will need to be created or modified? Early detection also allows the person to do the things they want to while still able. Do they want to go to Yellowstone, connect more with a family member or finish a project?

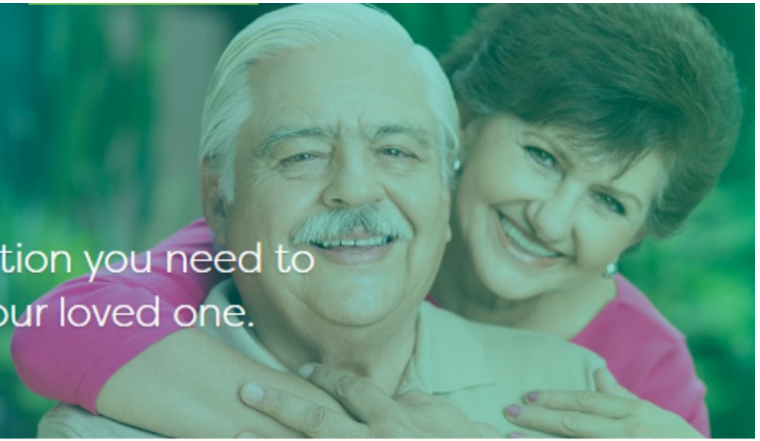
One avenue to aid in early detection is testing. This can certainly be done through your doctor, but the Dementia Care Specialists also offer simple, brief testing. The Dementia Care Specialists are not clinicians, they do not diagnose. The tests offered will simply identify a potential problem. A lower score may or not end up being dementia, but it is one avenue to earlier detection that can allow for some of the benefits noted above. Once the test, that only takes 5-10 minutes, is completed, the individual can decide if they want to have the results sent to their doctor or want to manage the response on their own.

The Dementia Care Specialists of Sauk and Columbia county are teaming up to offer screening sessions at the Kilbourn Library in Wisconsin Dells on July 28th (see Page 6 for details). Look for future notices of other sessions around the county. County residents do not, however, have to wait for an event to receive screening. If an individual screening is desired, simply call the ADRC and ask to speak with the Dementia Care Specialist.

Sincerely, Kurt

Caregiver Support

Offering you the support and education you need to help you take care of yourself and your loved one.



Caregiver Teleconnection

The Caregiver Teleconnection program has one-hour conference calls, at no cost. These sessions cover a wide range of interesting topics related to the care you provide to your loved one. You can get expert advice, ask questions and talk to other people who are also providing care.

Past events include: Communication Strategies Across the Stages of Dementia, How to Choose: making the Best Long Term Care Decision for Yourself and Your Loved One, Home Health vs Palliative Care, Mindful Solutions for Reducing Caregiver Stress, and Who Decides When I Can't.

Visit: www.wellmedcharitablefoundation.org, click on the **Caregiver SOS** dropdown and select **Caregiver Teleconnection**. WellMed also has podcasts with more topics for caregivers!

NEW!! **Dementia Caregiver Support Meeting**

Led by ADRC Dementia Care Specialist, Kurt Goeckermann
ADRC: (608)355-3289

**3rd Monday of
Every Month** | **3:30pm**

Spring Green Community Library | 230 E Monroe Street



Caregiver Support Meetings & Memory Cafe's

General Family Caregiver Group

- **Riverwood Senior Living**, Wisc Dells, Last Tuesday @ 10am | Contact Sue, 608-886-0873
- **Woodman Senior Center**, Richland Center, 4th Monday @ 10:30m | Contact Pam, 608-548-3954

Veteran Specific Caregiver Group

- **Baraboo VA Clinic**, 3rd Monday @ 1:30pm | Contact Meghann Schmitt, 608-256-1901 ext. 12308
*caregiver of an enrolled veteran or enrolled veteran who is a caregiver

Parkinson's Specific Group

- **First Congregational Church** in Baraboo, 3rd Monday @ 2pm | Contact Geri Schoenoff, 608-356-3473

Mental Health Specific Group

- **West Square Building**, UW Extension Room, 3rd Monday @ 6pm | Contact Ted Hall, 608-301-5390
 - Virtual option available: <https://us02web.zoom.us/j/84660758640> *for adults with a loved one who has symptoms of a mental health condition, including alcohol or substance use disorders

Dementia Specific Groups

- **Maplewood** in Sauk City, 4th Tuesday @ 3pm | Contact Theresa Grimes, 608-643-3383
- **Virtual Morning Coffee Connect**, Every Monday @ 10am | Contact Pam Kulberg, 608-548-3954
- **Reedsburg Library**, 3rd Wednesday @ 12pm | Contact Marina Wittmann, 608-355-3289
- **Spring Green Community Library**, 3rd Monday @ 3:30pm | Contact Kurt Goeckermann, 355-3289

Huntington's Disease Specific Groups

- **Virtual Huntington's Disease Groups**, 3rd Tuesday @ 6:30pm (Caregivers), 2nd Tuesday @ 6:30pm (Young Adults, 16-35), 1st Saturday at 10:30am (Statewide) | Contact Deb Zwickey, 414-257-9499

Memory Cafe's

A safe space where caregivers and loved ones with dementia can socialize, listen to music, and have fun!

- **Fusch Community Center**, 2nd Friday @ 10am | Contact Kurt Goeckermann, 355-3289
- **Reach Out Lodi**, 4th Friday @ 1pm | Contact 697-2838

Alzheimer's Association Virtual Statewide Groups | call 800-272-3900 to register

- For Persons Living with Mild Cognitive Impairment, 2nd Wednesday @ 10am
- Family Caregivers for Loved One with Dementia Living at a Facility, every other Friday @ 10am
- Family Caregivers for Loved One with Frontotemporal Degeneration, 3rd Wednesday @ 6pm
- Family Caregivers for Loved One with Dementia in the Early Stages, 4th Tuesday @ 10am

For Grandparents and Relative Caregivers

Kinship Care in Wisconsin
<https://dcf.wisconsin.gov/kinship>



**Wisconsin Department of
Children and Families**

Kinship Care is a program to help support a child who lives outside of his or her home with the caregiver. The child may be living temporarily or for the long term with a caregiver such as:

- An adult brother or sister
- A first cousin
- A nephew or niece
- An uncle or aunt or a grandparent
- Others by blood or marriage (see Ch. DCF 58.02(22) Administrative code for the definition of Relative Caregiver)

Kinship care helps a family support a child in the home of a caregiver that might be under stress or when the child has experienced abuse or neglect. With this support, placing a child in a foster home or another out-of-home care setting may be avoided. For children in the child welfare system who cannot continue living at home with his or her parents, Kinship Care may be another placement option.

Kinship Care Eligibility Requirements and Other Program Requirements

The eligibility and program requirements for Kinship Care are set forth in [Wisconsin Chapter DCF 58 Administrative Code](#).

There are three basic eligibility requirements for Kinship Care:

- the basic needs of the child can be better met with the caregiver than with the parent
- the placement is in the best interests of the child
- the child currently or might meet the requirements to be in need of protection or services if the child were to remain with his or her parent(s)

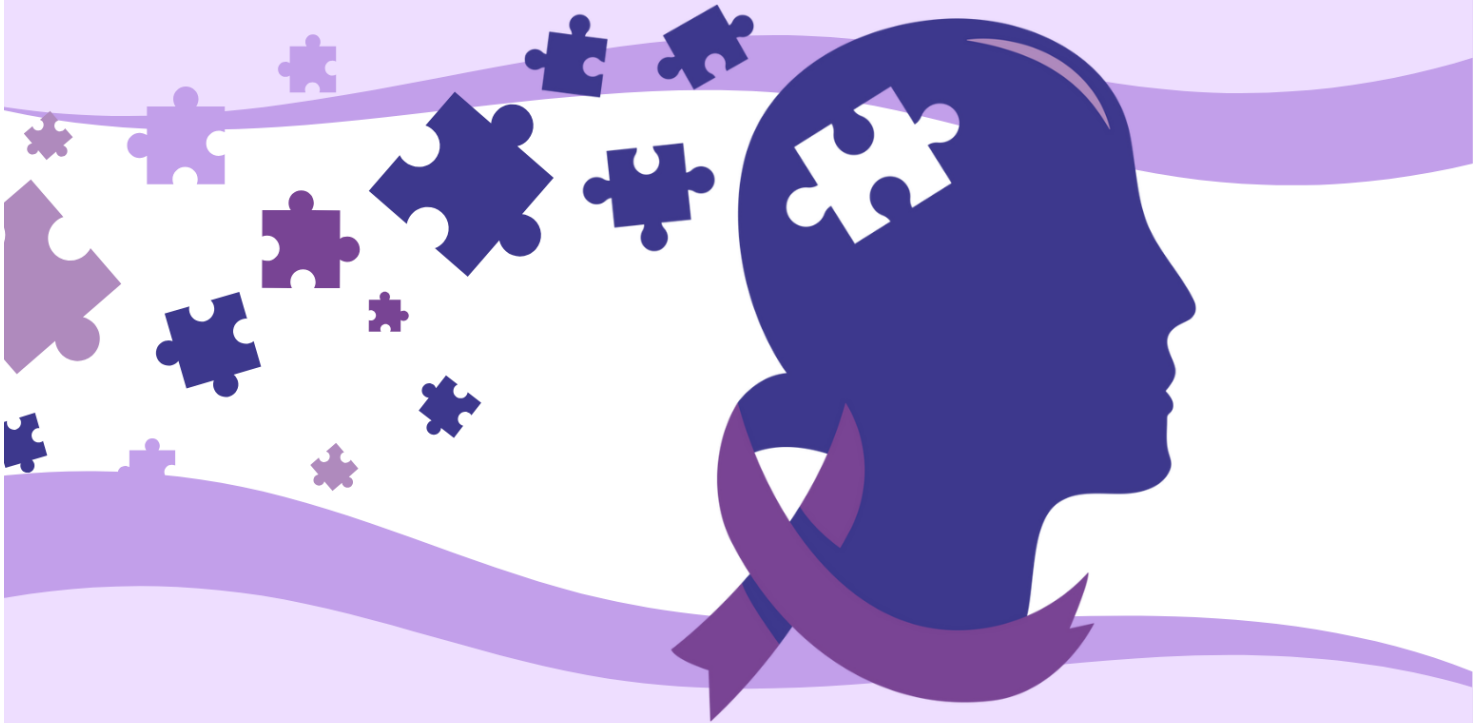
Other requirements include:

- a criminal background check on the caregiver caretaker and all adult household members;
 - [Kinship Care Barred Offenses – Caregiver Background Checks](#) provides a list of barred offenses that result in initial denial of the kinship application. All kinship applicants initially denied based on background check results can request a Director Review, which allows the local agency discretion to approve the application or redetermination.
- cooperation with the agency by the caregiver caretaker
- the caregiver caretaker must apply for other public assistance or benefits the child might be eligible for
- the caregiver caretaker must cooperate with referring the parents to child support, unless the caregiver caretaker is granted an exemption
- Kinship living arrangements and eligibility must be reviewed every 12 months

If you are interested in more information about Kinship Care for a child you are caring for, contact the [Kinship Care Coordinator](#) in your county or tribe . The Kinship Care Coordinator can answer your questions about becoming a Kinship Care Provider and having a child placed in your home.

Memory Screening

SCREENING ONLY TAKE 20 MINUTES!



A Memory Screen is a wellness tool that helps identify possible changes in memory and cognition; it creates a baseline to track changes in memory over time.

**Free
Screenings**

More Information

**Registration
required**

July 28th | 1:00 - 3:00 |

Kilbourn Public Library, 620 Elm St, Wisconsin Dells

**Columbia County:
Contact Nellie at
(608) 742-9726**

**Sauk County:
Contact Kurt at
(608) 355-3289**



Take 5!

QUOTE OF THE ISSUE:

"All the flowers of all the tomorrows are in the seeds of today."

~Indian Proverb

Solution on Page 12

D	A				G			E
		C	B		I			H
		H		E	A	I	D	
F	C	E					G	
		B				A		
	D					H	E	B
	I	D	G	C		F		
C			D		F	B		
H			I				C	D

NEW Word Sudoku Rules:

Fill in the blanks so that each of the nine rows, columns, as well as each of the nine 3x3 grids must contain one of each letter A thru I.



WORDSEARCH

- | | |
|-----------|--------|
| BUTTERFLY | PICNIC |
| DAFFODIL | PUDDLE |
| SUNSHINE | SPRING |
| UMBRELLA | BUNNY |
| BLOSSOM | GRASS |
| LADYBUG | GREEN |
| RAINBOW | HATCH |
| SHOWERS | TULIP |
| BREEZE | WORMS |
| CHICKS | BEES |
| CLOUDS | LEAF |
| EASTER | NEST |

X D N Z L X Q R L A D Y B U G F R
 Z A K W I J F H W C C M B E H Q A
 S E B X N V P P O L F H U F A T I
 P R G N P N G D J O R G U R T X N
 R B R U D H T J D U Q U J U C F B
 I L E Z P A S W V D F I H G H K O
 N O E F Z T U L T S L I B K Q Z W
 G S N T W S N E E L L U W V M R R
 C S F B S W S A H Z P O R N E S T
 H O P U H V H F D A F F O D I L X
 I M L N O K I J E A R H D D H N H
 C Y L N W Q N W J W O R M S Y X Q
 K M V Y E W E U M B R E L L A B G
 S B A H R M Y U B R E E Z E I E R
 R Q P P S B U T T E R F L Y U E A
 P I C N I C P U D D L E N D E S S
 Z E A S T E R Y Z T S T U L I P S

Depression and Parkinson's Disease

Parkinson's disease (PD) is generally considered a neurological disorder. However, because of the frequency of depression and other psychiatric complications, PD can also be considered a neuropsychiatric disease. In fact, James Parkinson himself observed in 1817 that depression is commonly associated with PD.

Depression

Depending on the type of assessment performed, the data available suggest that at any given time, 20 to 40 percent of individuals with Parkinson's disease are experiencing a depression of some type. This is a higher rate than that found in the general population.

Symptoms of depression may include persistent sadness, loss of interest in formerly pleasurable activities, changes in appetite, and feelings of helplessness or hopelessness. Depression can drastically reduce quality of life and increase care partner burden.

Diagnosing depression in PD can be difficult because of the overlap between symptoms of depression and symptoms of PD. For example, the biological symptoms typical of depression, such as low energy, insomnia or excessive sleep, weight loss, diminished sexual function and an emotionless face can be directly related to the neurologic changes caused by PD. These symptoms are not necessarily evidence of depression, though they are likely to be present in the depressed person with PD. Conversely, depression causes a slowing of both thought and movement (called psychomotor slowing), which may be mistaken for a symptom of PD, rather than evidence of depression.

Depression can arise as a response to any disabling chronic illness (called reactive depression). However most researchers believe depression is an intrinsic part of PD in many cases, and is caused by the same

neurological changes that cause the motor symptoms. This notion is supported by the fact that sometimes depression precedes the diagnosis of PD. Depression in PD may be a combination of both reactive depression and a direct effect of the disease on the brain. Regardless of its cause, depression should be recognized and treated.

Treatment

Treatment of depression in PD begins with a review of all medications, both for PD and other conditions. Optimizing anti-PD medications may by itself help with depression. Some PD medications may have an antidepressant effect of their own, including the dopamine agonists. Dopamine agonists may be helpful in particular for persons with PD who experience "on-off" motor fluctuations, with their depressive symptoms being related to the "off" periods.

Antidepressant medications may be helpful. The selective serotonin reuptake inhibitors (SSRIs: e.g., Zoloft®, Paxil®, Celexa® and others) are prescribed most often in persons with PD with depression. In general, the SSRIs are safer and better tolerated by persons with PD than the tricyclic antidepressants (TCAs: e.g., Elavil®, Tofranil®, Pamelor® and others). The SSRIs have fewer cardiac and cognitive side effects and in addition, they can effectively treat anxiety and pain, which also are common in persons with PD. When the use of an antidepressant is considered in a person with PD, its potential side effects and interactions with PD drugs must be weighed against the effects of the depression itself.

Research studies have shown that PD symptoms can worsen as a result of SSRI use, but this adverse effect occurred only in a small minority of persons with PD, and the effect was reversed after discontinuation of the medication. The combination of selegiline and SSRIs could potentially result in a deadly serotonin syndrome. Be sure to talk with

Depression and Parkinson's Disease

your doctor before starting an SSRI if you are taking selegiline.

Non-pharmacologic approaches to depression in PD may include increasing exercise, improving sleep, and psychological counseling, such as cognitive behavioral therapy (CBT). Non-pharmacologic approaches can help to improve mood, quality of life, and health outcomes. In one study, those individuals with the most severe depression seemed to benefit the most from CBT. The use of coping strategies and other techniques for managing grief and other emotional distress can be effective in this context.

Attending a Parkinson support group, either in person or online, can be very useful. The growing trend of online support groups may serve persons with PD well. Communicating with a group via computer allows one to access support without leaving the home. For individuals who have difficulty typing, a friend or spouse could possibly do the computer keyboard typing. A study in California found that participation in an online support group that included professional facilitators positively affected mood and quality of life in a group of people with PD.

In non-demented persons with PD, electroconvulsive therapy (ECT) can be an effective choice for depression, when other treatments have failed. This treatment requires close management by a psychiatrist.

Other neuropsychiatric aspects of PD

People with advanced PD may develop delusions (thoughts not based in reality), hallucinations (perceptions of things that are not real), and paranoia (feelings of persecution). The usual trigger for the onset of these symptoms in PD is either the addition of a new anti-PD drug, such as amantadine, a dopamine agonist, selegiline, or an increase in levodopa dose. A head injury or a metabolic imbalance can also be responsible for these types of behavioral changes. If the dramatic change in behavior is actually due to a primary psychotic depression, rather than an adverse medication or an injury, both an antidepressant and an atypical antipsychotic medication are appropriate. At the same time, a reduction in or elimination of one or more of the person with PD's anti-PD drugs might be necessary. Pimavanserin was approved in 2016 for the treatment of hallucinations and delusions in PD, and has the advantage that it does not worsen PD motor symptoms, which is a risk with some antipsychotic drugs.

Deep brain stimulation (DBS) surgery can result in the appearance or exacerbation of personality, anxiety, or mood disorders in some persons with PD. In particular, a history of major depression is a risk factor for a significant post-operative mood disorder, even when surgery results in marked improvement in motor functioning.

The information contained in this supplement is solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient's own physician.

For additional free copies of this article, please call or visit the website

AMERICAN PARKINSON DISEASE ASSOCIATION

(800) 223-2732 • apdaparkinson.org

© Copyright 2017, APDA, Inc.



Caregivers Falls Prevention

Safe Footwear

As a caregiver, there's little time when you aren't on your feet. You are always thinking about safety of the ones you care for, but it is also important to keep yourself safe, so you can keep caring for those that need it. Having good support on your feet for those busy days is important.

It can be tempting to slide on your favorite pair of worn-out house slippers or walk barefoot. However, these footwear options offer little support and can cause your feet to slide around or catch on something and trip.

Features of an Unsafe Shoe

Lack of upper support makes your foot slide around in the shoe



Flat and thin soles can be slippery, particularly in wet weather

Lack of laces means your foot can slide out of your shoe

Flip flops, sandals, and slippers without arch support should be avoided as they make you less stable and can cause a trip or slip when walking.



Flat and thin soles can be slippery and a shoe that lacks laces or something to hold your foot in place can cause your foot to slide out of your shoe. Flip flops, sandals, and slippers without arch support should be avoided because they are less stable and can cause a trip or fall when walking. High heels should also be avoided as they impair stability when walking. Good, safe shoes provide grip and protect from changes in flooring surface, which can prevent falls.



When looking for a sturdy shoe, there are a few qualities you want to keep in mind. A good heel that is broad and flared allows for contact with the ground to be maximized, and a bevelled heel can prevent slips. A shoe with a firm heel collar provides stability. A midsole that is thin and firm is important because this will allow for you to 'feel' the ground underneath. Textured soles on the bottom of the shoe can also help prevent any slipping, like the tread of a tire. Shoes with laces will ensure the shoe holds onto your foot when walking.

Features of a Safe Shoe



Being a caregiver is a busy job that requires you to be on your feet often. It is important that you have the proper footwear to help you prevent falls and provide care. Learn more about proper footwear and the features of a safe shoe at <https://fallsfreewi.org/footwear/>.

SIGN UP!

for Well Connected!

Call or Email Marina Wittmann
ADRC: (608)355-3289

marina.wittmann@saukcountywi.gov

D	A	I	H	F	G	C	B	E
E	F	C	B	D	I	G	A	H
G	B	H	C	E	A	I	D	F
F	C	E	A	B	H	D	G	I
I	H	B	E	G	D	A	F	C
A	D	G	F	I	C	H	E	B
B	I	D	G	C	E	F	H	A
C	E	A	D	H	F	B	I	G
H	G	F	I	A	B	E	C	D

Solution for Sudoku

ADRC
505 Broadway St
Baraboo, WI 53913



Self Care Menu

WELL-BEING DRINKS

-5 Minutes

What self-care activities will you get for 5 minutes?

1. Find a mirror in your house, look into it, and smile!
2. Walk around your house while listening to music.
3. Drink a cold glass of water (bonus if you add a lemon!)
4. Listen to your absolute favorite song.
5. Take a selfie
6. Grab a piece of paper, write down 5 things you're grateful for.
7. Create a tweet and publish it.
8. Wash your face with cold water.
9. Read a daily bible verse on the Bible app.
10. Text a loved one.
11. Do 50 squats.
12. Subscribe to fitness channels on YouTube.
13. Change your bedsheets and make your bed.
14. Daydream.
15. Put pretty jewelry on.
16. Download new apps.
17. Follow 5 new accounts on Instagram (hey, let's be friends on Instagram)
18. Put a quote on Pinterest and share it on social media.
19. Put on your favorite lipstick.
20. Enjoy quiet time.

www.gabbybigaill.com