

Summer
2013

FRONTLINE EMPLOYEE

AllOne Health Employee Assistance Program

Confidential Counseling

- Addiction
- Anxiety
- Depression
- Family Issues
- Grief/Loss

Resources & Referrals

- Legal
- Financial
- Child Care
- Elder Care
- Work/Life

Stress Management

- Personal Concerns
- Professional Issues

800.451.1834



This issue:

- Care and Feeding of the Multigenerational Family
- How to Support Caregivers
- Constructive Criticism: Feel the Gain
- Suicide Risk and Baby Boomers
- Leftover Pain Medication: Get Rid of It

Care and Feeding of the Multigenerational Family



A multigenerational home includes children, parents, and grandparents under one roof. The phenomenon is gaining attention as

people make choices to accommodate less retirement security, tighter budgets, higher medical costs, and fewer employer benefits or employment opportunities. If you're planning a multigenerational living arrangement, learn about the potential conflicts, communication issues and relationship stressors you may naturally face. You'll troubleshoot and resolve them faster, and be more likely to stay focused on the benefits of your living arrangement. Have an initial meeting to discuss why you are creating this arrangement, the roles and responsibilities of all family members, and the boundaries between relationships (e.g., noninterference by grandparents in child discipline decisions by parents, bathroom rules, privacy matters, respect for personal space, handling bills, and financial responsibilities). Consider family meetings to reduce conflict, increase cohesiveness, and prevent small issues from becoming larger problems. A multigenerational home can be a positive one, with planning, proper care, and attention. To learn more, read 'All in the Family: A Practical Guide to Successful Multigenerational Living' (March 2003).

How to Support Caregivers

Assisting with the care of another person can make it difficult to recognize and pay attention to one's own needs. To support caregivers:

(1) Be a good listener without being judgmental. (2) Don't assume the caregiver feels unfulfilled being in the caregiver role. (3) Pay attention to the caregiver, so you can identify distress and the need for support. It may not be easy for the caregiver to ask for help, so repeatedly reassure him or her that their need for support will not be resented or rejected. (4) Those in caregiver roles receive written information and awareness - especially from the Internet - about their need for balance, to avoid isolation and manage stress. Be proactive, and include, invite, and encourage them to participate in social events and recreational opportunities. (5) Lend a hand with research. The caregiver may be an expert on community resources, but finding time to search is often the key roadblock. Offer to research services and resources to lift this burden. Offer your assistance with phone check-ins (prescheduled calls to the homebound friend or loved one) to reduce isolation. This may translate into a welcomed break.



Summer
2013

FRONTLINE EMPLOYEE

AllOne Health Employee Assistance Program

Confidential Counseling

- Addiction
- Anxiety
- Depression
- Family Issues
- Grief/Loss

Resources & Referrals

- Legal
- Financial
- Child Care
- Elder Care
- Work/Life

Stress Management

- Personal Concerns
- Professional Issues

800.451.1834

Constructive Criticism: Feel the Gain

Accepting constructive criticism from others is a learned skill; a healthy perspective is required to avoid perceiving well-meant feedback as an insult or assault. To accept feedback in stride and to feel the gain rather than the pain, view feedback as less of a challenge for you than for the person offering it. Choosing this perspective (switching the filter) allows you to welcome feedback and deliver a powerful demonstration of your maturity. Those giving constructive criticism are usually with you out on the limb. They aren't trying to saw the tree down. They risk your rejection and adverse response. Keeping this in mind can make you more receptive to constructive criticism, and will demonstrate professionalism that others can see.



Leftover Pain Medication: Get Rid of It

What should you do with leftover prescription pain pills? Securely dispose of them, says the US. Food and Drug Administration, and you will reduce risk of misuse, burglary, theft, and illegal redistribution. These are serious problems, especially among youth. Using stored pain pills for a new injury or illness can place you at risk, especially if doing so causes you to avoid seeing your doctor. Check for disposal instructions on medication, or ask any pharmacy or medical center for guidance. Discover whether there is an unused prescription "take back" program in your area. Learn more at www.FDA.gov (keyword "disposal").

Suicide Risk and Baby Boomers



Middle-aged baby boomers' increased suicide rate was first identified in 1999, and continues to be a concern. Middle-aged men are at

highest risk, but suicide among middle-aged women is up too. The rate has jumped about 50% in the past 10 years, and although this trend has made national news recently, experts cannot yet explain it. Speculation centers on financial stressors, boomers suffering from more chronic illnesses than their parents' generation, and their unique life experiences and perspectives. A spike in suicide among baby boomers was also recorded during their late teens, causing some researchers to anticipate what's being witnessed now. The subgroup at highest risk among baby boomers is divorced/single men without college degrees experiencing isolation, chronic health problems, and depression. Vietnam-era men and vets are particularly susceptible. Do you know someone who falls in this group? Learn more about suicide risk factors, warning signs, and how to intervene to get help for a loved one at the American Federation for Suicide Prevention website (www.afsp.org).

