the Advocacy Alliance

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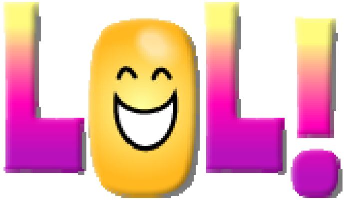
EASTERN PENNSYLVANIA HEALTH CARE QUALITY UNIT

IT'S YOUR HEALTH

SUMMER 2011



LAUGHTER IS THE BEST MEDICINE

Humor is infectious! When laughter is shared, it binds people together and increases happiness and intimacy. It strengthens your immune system, boosts your energy, can diminish pain, and protect you from the damaging effects of stress. Best of all, this priceless medicine is fun, free, and easy to use.

Laughter is strong medicine for mind and body. Laughter is a powerful antidote to stress, pain, and conflict. Humor lightens your burdens, inspires hopes, connects you to others, and keeps you grounded, focused and alert.

> ***"Your sense of humor is one of the most powerful tools you have to make certain that your daily mood and emotional state support good health."***
>
> ***-Paul E. McGee, Ph.D.***

Laughter is good for your health.

- Laughter relaxes the whole body.
- Laughter boost the immune system.
- Laughter triggers the release of endorphins.
- Laughter protects the heart.

The link between laughter and mental health.

- Laughter dissolves distressing emotions
- Laugher helps you relax and recharge.

Humor shifts perspective.

- You can't feel anxious, angry, or sad when you're laughing. It reduces stress and increases energy, enabling you to stay focused and accomplish more.
- Humor helps you keep a positive, optimistic outlook through difficult situations, disappointment and loss.

The social benefits of humor and laughter.

- Laughing with others is more powerful than laughing alone.
- Shared laughter is one of the most effective tools for keeping relationships fresh and exciting.
- Humor is a powerful and effective way to heal resentments, disagreements, and hurts.

Laughter is your birthright, a natural part of life that is innate and inborn. Infants begin smiling during the first weeks of life and laugh out loud within months of being born. Even if you did not grow up in household where laughter was a common sound, you can learn to laugh any stage of life.

Take yourself less seriously! Here are some ways to develop your sense of humor and see the lighter side of life:

- Laugh at yourself, share your embarrassing moments.
- Attempt to laugh at situations rather than bemoan them. Look for the humor in a bad situation.
- Surround yourself with reminders to lighten up. Put a funny poster in your office.
- Keep things in perspective. Many things in life are beyond our control – particularly the behavior of other people.
- Deal with your stress.
- Pay attention to children and emulate them. They are the experts on playing, taking life lightly, and laughing.

As laughter, humor, and play become an integrated part of your life, your creativity will grow and new discoveries for playing with friends, coworkers, and loved ones will occur to you daily. Humor takes you to a higher place where you can view the world from a more relaxed, positive, creative, joyful, and balanced perspective.

NATIONAL CANCER SURVIVORS DAY

According to the National Cancer Survivors Day Foundation a "survivor" is anyone living with a history of cancer from the moment of diagnosis through the remainder of life. The National Cancer Institute describes survivorship in cancer as covering the physical, psychosocial, and economic issues of cancer from diagnosis to the end of life. It focuses on the health and life of a person with cancer beyond the diagnosis and treatment phases. Survivorship includes issues such as the ability to get health care and follow-up treatment, late effects of treatment, second cancers, and quality of life. Family members, friends, and caregivers are an important part of the survivorship experience and also need care.

National Cancer Survivors Day, held on June 5th this year, is a worldwide Celebration of Life. It is held in hundreds of communities throughout the United States, Canada, and other participating countries. Participants unite in a symbolic event to show the world that life after a cancer diagnosis can be meaningful and productive. Survivors, caregivers, health professionals, friends, and families join together to celebrate the lives of people around the world who are living with a history of cancer. This is also a great opportunity for communities to provide free guidance, education, and networking.

Here are some informative and inspirational websites for more information on cancer survivors.

www.curetoday.com
www.catherineboulayfoundation.org
www.CancerSupportGLV.org
www.cancer.gov/cancertopics/coping/survivorship
www.journeyforward.org

Links to Check Out

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www.journeyforward.org
www.CancerSupportGLV.org
www.Aphasia.org
www.strokeassociation.org/STROKEORG/
www.partnersagainstpain.com/understanding-pain/management.aspx
www.actionfund.org/actionfund/default.asp
www.aadb.org
www.nfb.org/nfb/Divisions_and_Committees.asp

Aphasia

What is Aphasia?

Aphasia is a condition that results from damage to the parts of the brain that are responsible for language. It affects a person's ability to express and understand language, both verbal and written. A person with Aphasia is robbed of the ability to communicate effectively.

Anyone can acquire Aphasia, but most people are middle aged or older. About one million people in the United States currently have Aphasia. The National Aphasia Association estimates 80,000 new cases each year as a result of stroke.

What causes Aphasia?

The most common cause of Aphasia is brain damage that occurs from a stroke (a rupture or blockage of a blood vessel in the brain which leads to brain cell damage). Damage to parts of the brain that are responsible for language may also be caused by head injury, brain tumor, and infection of the brain. Aphasia from these causes usually occurs suddenly. Gradual degeneration of brain cells can result in a slower, progressive occurrence of Aphasia. This type of onset is more common in dementia.

What are the general symptoms?

- Speaking in incomplete sentences
- Speaking unrecognizable words
- Not comprehending other people's conversations
- Writing sentences that do not make sense
- Spelling errors

What are the types of Aphasia?

Fluent Aphasia (Wernicke's Aphasia):

This type of Aphasia is caused by damage to the temporal (side) portions of the brain. People with Wernicke's Aphasia may speak in long, complex sentences that do not make sense, and may include incorrect, unnecessary or unrecognizable words. These individuals have difficulty understanding speech, and are often unaware of their mistakes. They usually have no body weakness because their brain injury is not near parts of the brain that control movement.

Nonfluent Aphasia (Broca's Aphasia):

Broca's Aphasia occurs due to damage to the front lobe of the brain. People with this disorder struggle to get words out and speak in very short phrases. Although sentences are incomplete, a listener can usually understand the meaning. For example, a person might say, "Walk park today" or "Want food". These individuals are aware of their difficulties with communication. Commonly, there is also right-sided body weakness or paralysis.

What is the Treatment?

If the brain damage is mild, the person may quickly regain language skills without treatment. For most individuals, however, the recovery of these skills is a slow process involving speech and language therapy.

This type of therapy is most effective when it begins soon after the brain injury. It may include teaching ways to compensate for the language impairment and to communicate more effectively with gestures, pictures or drawings. The speech and language pathologist may also use computer-assisted therapy.

Coping and Support

For affected individuals:

- Carry an identification and information card about Aphasia
- Carry a pencil and small paper pad
- Use gestures and pointing
- Join a support group or club

For family and caregivers:

- Encourage the person to talk
- Allow enough time to talk
- Simplify your sentences and slow down your speaking pace
- Avoid correcting the person's speech
- Encourage socialization
- Encourage participation in Aphasia/stroke support groups

For more information about Aphasia:

National Aphasia Association
www.Aphasia.org

American Stroke Association
www.strokeassociation.org/STROKEORG/

Helen Keller Deaf-Blind Awareness Week

June26th—July 2nd

Most hearing people do not realize how large the Deaf-Blind community is. Having both of these disabilities certainly presents unique challenges in many areas of an individual's life, including communication and mobility.

The leading genetic (inherited) cause of deaf-blindness is Usher syndrome. This syndrome is a rare disorder among the general population. Recent studies estimate that Usher syndrome accounts for up to 10% of all individuals who are congenitally deaf or hard-of-hearing. There are three types of Usher syndrome, but the common characteristics are that all individuals will have hearing loss and a visual condition called Retinitis Pigmentosa (RP).

Retinitis Pigmentosa is a progressive visual condition. The first symptom of it is to have decreased night vision, or a decline in vision in low light environments, such as dark hallways or movie theaters. The progression of the loss of visual is gradual – often an individual may be unaware of the changes until there has been a significant loss of vision. Children and young adults are often labeled as "clumsy" or "accident prone." In addition to loss of low light vision, peripheral vision progressively decreases until the individual develops "tunnel vision."

Along with RP, Usher syndrome has a hearing loss associated with it. Those born with Usher syndrome I are born profoundly deaf and experience balance problems. Individuals often attend schools for the deaf and learn American Sign Language. ASL is often their primary language, and they continue to communicate through it when their vision declines.

Others born with Usher syndrome II are hard of hearing. They may use hearing aids and lip read as their primary communication. As their vision gradually declines, lip reading becomes increasingly challenging. This type of the syndrome does not have balance issues associated with it.

The third type of Usher syndrome is the most rare, with only a few people diagnosed with it in the United States. Hearing loss occurs in the mid teens to early 20s and is progressive. RP is also diagnosed in the mid teens, and there are progressively worsening balance issues.

There are a variety of communication systems and devices available for deaf-blind individuals, including tactile sign language, print-in-palm, and tellatouch. For information on these and many other supports, contact any of these organizations:

American Action Fund for Blind Children and Adults
http://www.actionfund.org/actionfund/default.asp
Phone: 410-659-9315

American Association for the Deaf-Blind
www.aadb.org

Deaf-Blind Division of the National Federation of the Blind
http://www.nfb.org/nfb/Divisions_and_Committees.asp
Phone: 202-832-0697

A Discussion on PAIN

Pain is not a topic we enjoy talking about or possibly even learning about. However it is an incredible mechanism that helps us as human beings to identify when something has gone awry in our bodies. It also lets us know when an action we are involved in is doing damage to a part of our body.

Consider this: you are making a quiche for Sunday brunch, and as you are removing the quiche pan from the oven your hand slips, and your arm touches the hot oven. Ouch!!!!! Our response as we think a few choice words is to very quickly move our arm, so that the burning does not continue. This quick response limits the amount of burn damage that occurs in our skin.

Most of us can also identify with the type of pain that follows a fractured bone, a back injury, or a tooth abscess. In many cases we get the first aid or medical attention we need, and before long our body is mending, and we may be using an over the counter analgesic to keep us comfortable through the healing phase.

There is also another type of pain called chronic pain. This type is sometimes defined as continuous pain that lasts longer than six months, but where the body is unable to restore normal functioning.

As a health care quality unit nurse I often wonder about pain and the experience of individuals with intellectual/developmental disability. What has been their experience with pain? Have they ever had the experience of being pain free? Have they been able to communicate being in pain through facial expressions, body postures, verbalizations, etc? As caregivers have we recognized that this individual is in pain, and followed up appropriately.

According to medical research people with intellectual disabilities do have the experience of pain much more often than it is recognized. This may be due to verbal ability limitations, different manifestations of pain among persons with intellectual disabilities, and lack of sensitivity to pain issues among staff. It may also take more time, and energy to uncover what is going on with a person who has limited ability to communicate.

According to the National Center on Physical Activity and Disability 66% to 94% of adults with cerebral palsy experience pain, but are less likely than people with other disabilities to report pain that interferes with activities. Pain can be difficult to assess since many persons with CP have communication or cognitive deficits. Pain in this population is often musculoskeletal pain from spasticity that may lead to bony deformations, contractures, and joint stress; scoliosis; congenital dislocations; wheelchair use; and hip dislocation. Another source of pain may be gastro esophageal reflux pain.

As caregivers what can we do to become more skilled in recognizing pain behavior in the individuals we support? One of the most important steps we can take is getting to know the individual. Next recognize that people communicate in a variety of ways, not only verbally. Become familiar with some of the pain scales that are utilized by medical professionals such as the FLACC Scale, Wong Faces Scale, and the Chronic Pain Scale for Nonverbal Adults with Intellectual Disabilities (CPS-NAID), and see if that may help with pain identification in the individual you are supporting.

For additional information on pain see:

http://www.partnersagainstpain.com/understanding-pain/management.aspx

the Advocacy Alliance
744 N. 19th Street
Allentown, PA 18104

IDEAS FOR OUR NEWSLETTER?

Contact:

Heather Coleman, M.A., Director
Eastern PA Health Care Quality Unit Toll-free at 1-877-315-6855 or hs@theadvocacyalliance.org.