

February 2008

MS Quality of Life Project

Caregiving

- The Many Faces of Caregiving
- Hidden Risks in Home Care
- Caring for the Caregiver

BOARD OF DIRECTORS

Donna Krasnow
Chairman
Paul Englund
Treasurer
Gene Harter
Ron Gaasch
Marilyn Howell, LMFT
Susan Lewis, LCSW
Lynn Herbert, PT
Mary Lou Schaeffer, RN

ADVISORS

Ron Grubman, PhD
Dr. Michael Berlly
Charles Horowitz, PhD
Dr. Alejandro Centurion
Ted Nash
Wes Johnson
Mark Clements
Cynthia Nelson
Ame Wells, RN
MaryLee Johnson
Mary Wessling, PhD
Marie Swank
Newsletter Editor

STAFF

Lisa Yocum
Case Manager
Andrea Dowdall, MSW, MEd
Special Projects
Victoria Saccia
Outreach Assistant
Narit Gessler
Outreach Assistant
Kim King
Office Manager/
Development

BOARD MEMBERS

EMERITUS
Dr. Gerard Lehrer
Lotte Marcus, PhD

501 (c)(3) Non Profit Public Benefit Corporation

Caregiving

*By Donna Krasnow,
MSQLP Board Chair*

Our organization's name is the Multiple Sclerosis Quality of Life Project. A year ago the board considered changing it to the Multiple Sclerosis Quality of Life Program. We were several years old, had formed a program we believed addressed unmet needs of the MS community, and were becoming recognized in the local health professional field. We were NOT a project. But when we met again, we voted to keep it the way it was. We decided we liked connotations of the word "Project". A project is something in the works, not set in place. It's fluid; it allows continued assessment of unmet needs and creation of new services to address them. It fosters analysis of what isn't working and asks why. It demands answers

In some ways the word "Project" describes our entire MS community - we work together to analyze, identify and meet needs that improve the quality of all of our lives. We, too, are "in the works." This recognition helped us select the theme of this newsletter – Caregiving. We are all involved in caregiving in one way or another. We may be a spouse who cares for his mate, or a daughter who

cares for her mother, or a hired professional coming into the home of a person with MS. We may be a person who receives care but also gives it back in whatever ways we can. And we also have to consider how we care for ourselves – what we do to bring meaning into our own lives. We all are part of the caregiving process.

This issue examines Caregiving from several perspectives: different ways to arrange care, challenges of caregiving, tips for effective relationships with caregivers, laws about caregiving and how to care for ourselves. We hope we have addressed issues of interest to you.

We thank **Granite Construction for a grant that paid for the printing and mailing of this newsletter.** Their Code of Conduct states "Our Core Values (honesty, integrity, fairness, accountability, consideration of others, pursuit of excellence, reliability, and citizenship) represent how we treat each other, how we deal with our customers, how we respond to our stakeholders, and how we hold each other and ourselves

Chance to help

Arrange time for yourself

Respect each other

Everyone needs someone, sometime

Good chemistry is a bonus

Isolation is a No-No

Volunteer your time

Imagine yourself needing care

Not always easy

Give yourself a pat on the back

**By Victoria Scaccia,
Volunteer and
Outreach Assistant**

accountable. This is the legacy we will leave for generations to come.” Their grant demonstrates a company’s commitment to supporting the well being of members of our community – the Tri-Counties of the Central Coast.

Thank you, Granite Construction.

The Many Faces of Caregiving

**By Donna Krasnow,
MSQLP Board Chair**

I would like to thank all the people who spoke with me about caregiving. They were each open and frank. They gave examples to illustrate their points, identified challenges and opportunities, and expressed frustration over unresolved issues. *I thank Robin Flaherty, Dick Howell, Wes Johnson, Enebina Martinez, Terri Nash, the entire Pierite family (Ivory, Kathy, Perlecia, Oceana, James, Stephanie and Andriel), Dante Espinoza, Larry Swank and Francia Torres.* I appreciate the candor you each brought to our discussions. How do we best take care of someone who can no longer take care of him/herself? Should we expect government to step in? Should insurance companies or charities shoulder the costs? Should families handle the care? The answer, of course, lies somewhere in the middle. But let’s make it personal - what if it is our family member who needs care? And how do we provide care for him for him or her while taking care of ourselves so that our needs don’t get lost in the caregiving process?

Family Caregiving

The Pierite family faced this challenge when Kathy’s MS became more than she could handle. She had moved to Sacramento with her children but, as her needs increased, so did the visits her mother had to make to provide additional support. Her mother finally asked Kathy to move back to Seaside so that the extended family could provide the greater amount of care that Kathy needed. Even though it would crowd her mother’s house, they could all pitch in and share the work.

How do they manage round-the-clock caregiving? Her daughter, Perlecia, is the primary caregiver. She has been taking care of her mom for the past 7 years, since she was 21. But they all help when they can. Perlecia’s younger brother and sister (middle school age) can prepare simple meals for Kathy, they can push her wheel chair to where she needs to be, and they can help her get into the bathroom or bed. When Perlecia’s grandmother comes home from work (she is employed as a caregiver) she steps right into family life at full force – dinner needs to be cooked, homework needs to be supervised, cleaning and preparations not finished during the day may need to be addressed, and Kathy may need more care. Working together, it all gets done.

Why does it work? The Pierites made the decision to rally around the member who needed the most help. They all want Kathy to have the highest possible quality of life, so her needs come first. The benefit of having many hands share the tasks is that others are available when a family member needs time off. If Perlecia wants to see a movie with friends, another family member can step in. If

she needs help during the day when her siblings are at school and her grandmother is at work, her aunt from Salinas can come by. So each family member has time to meet his or her own needs while knowing that Kathy is safe. As Kathy's mother, Ivory, said, "Yes, it has added a lot more work to our family and the house is crowded, but it has given us piece of mind. That is worth it."

Providing Caregiving for your Partner

The Pierites made a choice that may not be possible for all of us. What happens when your mate has MS, your children are grown, and you are the caregiver? What challenges does this bring to a relationship? How can a couple make it work?

As one partner I interviewed said, "Maintaining a close relationship with someone you love is a challenge all by itself. Having MS throws a few more pebbles into your shoes." How does one deal with the many challenges MS adds to a relationship?

All the partners I interviewed agreed that you must live day-to-day and focus on the present. Remembering the past can be painful – the things you used to do that are no longer possible, the energy your partner used to have, or your partner's level of independence before MS. Every change brought about by MS has affected the course of the relationship. But, in reality, who knows how your relationship would have progressed if MS were not in the picture? Can you really say that everything would have been perfect? Of course not. Dwelling on the past is unproductive.

They also said that worrying about the future is somewhat futile. The one thing we can say about MS is that no one can predict what our individual futures will be. Nothing is certain about its progression. Much of the worrying we experience when awake at 3 am is, in reality, not much help. Instead, focus on the moment. Although you may have little control over the present, you have less control over the past or future.

Another way they deal with the challenges of caregiving is to contemplate switching places with their partners. If they had MS, how would they want to be treated? If they were bed-bound, how important would it be to have someone come in and change the TV channel? If they were in a wheelchair, how soon would they want to be pushed outside to enjoy the sun? Such suppositions help keep them focused on their partners' needs. This doesn't mean it's always easy to get up and meet a need when they have just settled down to work on a project or read a book - but it makes them more empathetic.

In addition, they have learned to accept uncertainty. Plans may need to change, priorities may shift, and what worked today may not work tomorrow. But if you remain flexible, there is less stress. A final suggestion – look for humor in trying situations. Things can always be worse – and sometimes a good laugh helps restore equanimity. Granted, when an exacerbation is occurring, laughter may be hard to find – but look for it. Laughter IS a great medicine and when it is shared, it more closely binds partners together.

The advice they would give people who discover that their partners have MS includes learning everything you can about MS, encouraging their partners to follow their conscience in dealing with doctors and care plans, knowing their own limits as caregivers, and getting help if they get in too deep (emotionally, physically, or financially). And they agree that you can effectively take care of someone else if you take care of yourself. Find time to do things that bring meaning to your life – it will make you a better, more patient, and more understanding caregiver.

Respite Care for Caregivers

But what if it all becomes too much for a family member to handle the caregiving? Before beginning the process of looking at another level of care, consider respite. Would some time off each week allow the family member to continue basic care? There are several agencies that provide respite. They

will pay for a caregiver to look after your family member while you have several hours to care for yourself - do errands, visit friends, take a walk, read a book in a quiet place. In Monterey County, Del Mar Caregivers and Linkages both provide respite support. You can also apply to National MS Society for a grant to pay for respite. You will need to find the caregiver, but these agencies or grants will help pay for one. Call our MSQLP office (831 333-9091) for more information about this service.

Professional Caregivers

When a family can no longer provide the level of care that a family member needs, or if someone living alone can no longer care for him or herself, it may be time to hire a professional caregiver. Initial resistance is not unusual. Many people in need of care are wary about letting a stranger come into their house. Will I like them? Will they take good care of me? Will they be gentle? Will they be responsible? What if they steal from me? What if I can't understand them?

How does one start the process of finding good professional care? The first step is the recognition that you need more help than you or your family can provide. The next step is to determine how the caregiver will be paid. If you have long term insurance, it may pay for all or part of the cost. If you have MediCal you can get caregiving paid for by In Home Support Services (IHSS). If your income is slightly above SSI disability (currently \$856 per month) you can share caregiving costs with IHSS. If your income is higher, you need to look at your own budget – what can you afford to pay?

Once you have figured out how you will pay the caregiver, you need to find one. There are several options. If you are working with IHSS, you may be able to find a caregiver through the Public Authority in Monterey County and Senior Network Services in Santa Cruz County. If you do not qualify for IHSS, agencies that may be able to help with lists of caregivers include the Carmel Foundation or

Alliance on Aging. In addition, MSQLP may be able to give you some assistance.

The next step is to interview potential caregivers and check their references. Every caregiver I interviewed stressed the need for clear instructions. What exactly will be expected of them? What time schedule needs to be followed? What other expectations do you have?

But what is it like from the caregiver's perspective? When asked about the challenges of providing care, they stated that overcoming initial client resistance is essential. They know that clients are nervous about how the caregiving situation will develop. Several said they appreciated being watched carefully while learning new routines – they know that once clients see they are competent, clients (and their families) begin to relax. They can then begin to build a relationship with their client.

The caregivers believe that relationship building is the single most important step in supplying effective care. Relationships are based on trust. When you trust each other, you are willing to try other ways of doing things; you believe the other is looking out for your best interests. Once a relationship exists, the initial resistance disappears and the caregiver and client can begin to work together.

Each caregiver said they enjoyed working with their clients. They treat their clients as they would want to be treated in similar circumstances. This makes meeting client needs easier. What they disliked were family disagreements about care or household routines. These disagreements added tension to the household and added uncertainty to the day. They also hated seeing neglect of their clients by family members who seemed too busy to give competent care while clients were under the family's supervision.

Just like family members, professional caregivers need to understand their own boundaries. One caregiver said that, although she wanted to be able to do everything possible for her

client, she had to accept that she could not do it all. She could only control what she was able to do during her single shift each day.

Nursing Home Caregiving

Nursing homes share something with hospitals - it is best if residents have family members who can advocate for them. But what if residents are alone? What if they are the only ones advocating for their care?

Robin is a most unusual person. She was placed in a nursing home at age 51 – and now, 8 years later, is still one of the youngest in her institution. Her mind is sharp, her humor intact - her body has failed her. She is bed-bound and has no immediate family that visits. She has no advocate other than herself. Assistants and roommates are assigned, the institution has routines for meals and bathing – so most of her life is out of Robin's control. Robin calls herself a Nursing Home Survivor. How does one survive with so little control over daily life? These are

Robin's Nursing Home 101 Survival Rules:

1. If a meal doesn't look good, ask for the alternative. Her alternative is fruit salad. She had a lot of fruit salad last week – but she has some control. She also keeps food in her room to supplement the nursing home diet.
2. Never bite the hand that feeds you. Good relations with staff produce better care. She always asks about staff members' children and spouses. She is genuinely interested when new things happen, sympathizes when things don't go well. The time spent conversing with staff also brings more interest to Robin's life.
3. If things are not going well, speak up. She had a tooth cracked by an assistant who mishandled her while she was being transferred in a lift. When the dentist filed her tooth it exposed a nerve – and then he did not come back for 3 weeks to fix it – leaving Robin in great pain. What does Robin do when she has a complaint?

4. She starts with the Ombudsman but if that doesn't work, she goes straight to the director of the institution.
5. Watch your possessions. Things can be stolen, but mistakes are also made. Laundry is an issue – your clothes can get mixed up with others. If clothes are missing, start watching your neighbors – your clothing will eventually show up on somebody else. Then you can get them back. You need to train your attendants. Be clear in your explanations of what you want and why. If you are clear – and reasonable - most attendants will quickly learn how you want things done and do them accordingly.
6. Be patient and flexible – most attendants want to do well. But things happen, plans change, needs vary. If you are inflexible or impatient, you will go crazy. Survival depends on flexibility.
7. Have a sense of humor. If Robin got upset over everything that didn't go right, she would be upset much of the day. It just isn't worth it. She said that some things are so comically awful that you HAVE to laugh, or else you would cry, and, as she said, all that does is make you wet.

Robin was very clear that most caregivers on her floor were competent and caring. She genuinely likes most of them and I could see how much they like her. She gets better care, she believes, because of the good relationships she has established with them. But she also knows that she needs to be vigilant about getting her needs met.

Caregiving is complicated – so much depends on who is doing it and how it is perceived. The most common statement given by every single person I interviewed was that you must be patient, flexible and

have heart. The best caregiving is based on strong relationships – whether it is with extended family members, a partner or a professional caregiver.

The Hidden Risks in Home Care

By Margarite Alvarez, CEO, Choice Home Health Care, Community Caregivers

First in a three part series in which I will try to provide you with information that will help you to better evaluate and screen caregivers, as well as understand issues related to hiring or working with home health agencies, caregiver agencies, and hiring caregivers directly.

This purpose of the series is to educate and update the MSQLP community about significant issues related to retaining caregivers. These points can help to protect you from fraud, fiscal and physical abuse, and most of all, give you information that can help you to screen caregivers and caregiver services more critically. There is a little known law that abets what I call “legal fiscal fraud” by caregivers. It gives families and estates no recourse but to pay if a caregiver goes to the labor board!

I hope you will read the entire series. Part One has good news overall as it relates to skilled and medical professionals who are part of a care giving team. Part Two will return to direct issues of in-home caregiving and will create concerns, and the last of the series will provide viable solutions that California can institute with proper planning and foresight to stem the tide of predator caregivers and, especially, to license and certify caregivers and agencies in a way that will generate both safeties for patients and positive revenue for the State.

After 25 years in the home caregiver and home health business, I recently had a client representative ask me what legal guidelines

determined what a caregiver could do and where those “ laws” were listed so she could better monitor what the caregivers were doing or not doing in caring for the lady in her charge. Until her question I had never been questioned what caregivers are restricted from doing, **or why**. Isn't this critical if, for instance, a caregiver gives a narcotic pain injection to relieve someone of pain? This laissez-faire attitude illustrates why we are in a massive caregiver crisis with a growing influx of caregiver predators, unnecessary accidents and deaths. Our misconceptions or unrealistic expectations of what caregivers can do or should do are contributing to the building of the healthcare crisis.

Many patients and their families **expect** their caregivers to perform various services that those caregivers are legally restricted from performing. The caregiver is following instructions from family or an agency and may not realize they are prohibited from performing certain procedures, including setting up medicine doses. The families are not being purposefully negligent but they have not, along with the rest of our country, begun to understand that responsibilities expected of most caregivers today are considered illegal for the caregiver to carry out for very good reasons. It is impossible to provide caregiving without some understanding of the physical and/or mental problems of the person for whom they are providing care. And that understanding must include knowing how to **avoid** providing care that will put the patient at risk. A person with no knowledge of how to get a newly replaced hip replacement patient in and out of the shower could end up sending that patient right back to the hospital for another hip surgery. Inserting an enema the wrong way can stimulate a heart attack, especially critical if the patient has a heart problem! Getting adult diapers on and off, as well as transferring from wheelchairs, require a basic level of training and knowledge in order to **not worsen** the

problems or create unnecessary pain to that patient

Technology, new medications, new protocols for disease management, the increase in longevity, and the probability of experiencing more medically complicated problems have changed how we deliver care. To put the frosting on the cake, there is virtually nothing that cannot be done when it comes to providing care at home. From preparing a meal to end of life care or hospice managed care can all be done without moving a patient from their home.

There is lots of great news in all this. CMS (Centers for Medicare/Medicaid) as well as other 3rd party payers (insurances and State agency funding) have begun the process of shifting Medicare reimbursements to home and community based care, which is not only what most of us want, but is more cost effective.

A shift in reimbursement for physicians has begun. Although we hear about cuts for some physician services, there have been increases and there will be more increases for physicians that provide more time with patients to “manage their diseases” rather than ignore the reality that another test or another physician consultation is not going to alter the direction of their patient’s disease process. In the next few years we will experience a change in how most physicians treat us because 3rd party payers will be providing more and more financial incentives for physicians to work as partners with their patients in increasing the quality of the patient’s life as they cope with their diseases.

Physicians who have felt that home care orders only created more paperwork for them, will find themselves looking at home health agencies as partners in monitoring their patients 24/7, resulting in fewer hospitalizations. There will be more communications with their patients through home care nurses and therapists. All this is good for those of us who suffer from chronic diseases. The changes are in process now and I predict that by 2010, most patients will see a positive shift in the level of their communications with physicians, creating better

creating better care. The cost of this care is going to be borne more and more by Medicare, Medi-Cal and other 3rd party payers. The savings on unnecessary operations, worthless testing, and a more direct approach to accepting the inevitable, when that time comes, have already reaped savings in the Medicare fund. Do not think they are creating a managed care system where providers are paid for ordering fewer services. Let me assure you that protocols and financial incentives will be given based on the final patient outcomes along with fiscal management so that physicians will not be deterred from a test or procedure if s/he thinks it will benefit the patient outcome.

The focus of bonus reimbursement will be measured by documented patient outcomes. It is officially called Pay for Performance or P4P. P4P is being implemented in home health this year and the target for physicians is 2009 or 2010. The bonus payments are projected to come out of the savings that CMS anticipates under the new guidelines for reimbursement throughout the medical community.

You may wonder how we got off the topic of caregiving, which is the focus of this series. It is important for you to know the direction of 3rd party payers because where the reimbursement goes, goes the health care delivery system. From a professional viewpoint, the direction of these payers is finally on a straightforward path of rewarding good care decisions. Good care management of patients is a first step in developing a plan to provide for intermittent **and** long-term care through licensed home care agencies.

I am happy to say that my research into the CMS models that are coming out of their “think tanks” has put me in the unusual position of saying that the government, in their management of Medicare and Medicaid, is finally going in a positive direction that should benefit both patients and providers.

*Thank you for your comments about the recipes in our last newsletter on **Nourishment**. We ran out of space last time - here is another*

Chewy Cocoa Brownies

From the kitchen of Mimi Wessling -

- 1 2/3 c granulated sugar
- 3/4 c (1 1/2 sticks) butter
- 2 Tbsp water
- 2 large eggs
- 2 tsp vanilla extract
- 1 1/3 c all-purpose flour
- 3/4 c high-quality cocoa (Nestle's Toll House Baking Cocoa works well)
- 1/2 tsp baking powder
- 1/4 tsp salt
- 3/4 c chopped nuts (optional)

1. Preheat oven to 350 deg; grease 13 x 9 baking pan (then I lined it w wax paper; then sprayed with baking non-stick spray, sprinkled w cocoa);
2. On a large piece of wax paper or in a bowl, mix the dry ingredients until well combined
3. Combine sugar, butter, water in large bowl (low speed on mixer till well-combined); add eggs and vanilla, mix well
4. Stir in dry ingredients; batter will be thick
5. Add nuts, if using
6. Spread in pan (I had to use a knife after dropping the batter in the pan)
7. Bake about 18-25 minutes until a toothpick inserted in center comes out clean (don't overbake)
8. Cool on rack, invert pan on cutting board, cut into pieces as desired. Sprinkle with powdered sugar

CARING for the CAREGIVER

By Andrea Dowdall, MSQLP Special Projects

We are all caregivers, in one way or another: as parents, spouses, children, paid caregivers - anyone who assists in making the quality of life for another better than it would be if they were not involved. This role can be fulfilling and meaningful, stressful and

challenging, unpredictable, and at times, emotionally draining. How often have we heard that we must take care of ourselves in order to take care of others? This is easier said than done when we are caring for someone with a chronic, progressive illness such as MS.

What are some signs that it is time to make time to care of you? If you find yourself becoming: irritable or negative, defensive or controlling, easily overwhelmed or overdoing, it may be time for a break in your daily routine and make some "me" time. If you find yourself isolating due to feelings of exhaustion or helplessness, take note. Not taking care of yourself can create tension between you and the person for whom you are providing support. It can lead to health problems of your own, including problems with sleep, eating, headaches, hypertension, etc. As in most of life, finding balance in your life is of great importance. Know your limits. Set good boundaries.

So with everything that goes on in our day to day lives, how do we find some "me" time? It would be nice to retreat someplace indulgent for a weekend, but we don't all have the time and/or money. But, we can meditate or take some time to read a book for fun. We can enjoy nature and the beauty of our surroundings. We can exercise or stretch. Maybe creating a memory or relaxation box can bring us peace. Journaling can be a wonderful tool for healing (or for venting!). There are so many ways with which we can take better care of ourselves so that we can share more of us with the people we love.

MSQLP plans to host a workshop for caregivers sometime in the not too distant future. Caregivers are often our clients, also. Any suggestions or concerns can be part of an on-going dialogue: through this newsletter, through support groups, or through a yet to be developed venue. And, there is some financial support for respite for the caregiver. For information, call the MSQLP office.

In Loving Memory of Wayne Dowdall



Wayne Larry Dowdall

January 18, 1947 ~ February 5, 2008

Wayne Larry Dowdall, 61, died suddenly from a heart attack on February 5, 2008. He had recently celebrated his birthday. Wayne's passion was for his family, with whom he enjoyed spending time. He was dedicated to being the "rock" of the family. Wayne's dream was to spend time with the love of his life, Andrea, whom he met on a blind date 40 years ago and never looked back. They were able to spend time together raising their family, traveling the world and enjoying life.

One of Wayne's greatest legacies is his children, Craig and Meredith, whom he loved unconditionally. He was able to see them both graduate college, enjoyed traveling with them, and watched them become wonderful successful adults. He was the wind beneath the family's wings.

Wayne received a BS and MS from the University of Massachusetts. He was a Marine Corps vet. He was an accomplished geologist for over 30 years, functioning as a manager, supervisor, and consultant. He played a pivotal role within Chevron, facilitating the creation of four breakthrough software and web applications used extensively worldwide. He helped develop a geological information system that was recognized by the Smithsonian as an innovative technology of the 1990s.

My Thanks

I would like to thank the MS community for their outpouring of love, support, thoughts, and prayers. They mean so much to me and to my family: my daughter, Meredith; my son, Craig; my daughter-in-law, Melissa; and my granddaughter, Reagan.

I am very grateful to Lisa Yocum, MSQLP's new Case Manager. She has a depth of experience and I know that I am leaving you all in good hands. She thinks like a social worker, i.e. the way I do!

Also, thanks to Narit Gessler for her on-going work as Outreach Assistant. She does so much for everyone, and so efficiently.

And, a big thanks to Kim King, MSQLP's Office Manager. She has been a true friend. Marilyn Howell, Board Member, has also been of enormous support as a peer advisor and friend.

And, to everyone reading this, my work with each and everyone of you has given me the strength to cope in this difficult time. I have learned so much from clients, family members, caregivers, board members, advisors, colleagues in other agencies, etc.

Thank you
Andrea Dowdall

Destination - MSQLP

You hear it over and over – *you must take care of yourself before you can take care of others*. This applies to family members and caregivers but it also applies to those with MS. It is so easy to get bogged down by the challenges of MS – just getting up each morning can challenge the best of us. We all need to find ways to bring more meaning into our lives. What interests you? What might bring you joy? Exercise? Socializing? Education? MSQLP offers several services that may interest you. Call the office (831 333-9091) to learn more about any of the following:

New Social Gathering – MSQLP is starting a new program and we hope you will join us. We call it **Talk-n-Roll** on Tuesdays. Every Tuesday from 1 – 3 pm, the office is open for anyone who wants to drop in. Our new Case Manager, Lisa Yocum will be there as well as other staff members. Come join us. The office is accessible as are the bathrooms. No agenda, just a chance to chat with others. We promise cookies and something to drink. When it ends at 3 pm the Monterey Farmer's Market opens at 4pm just down the street OR do your shopping at the new Trader Joe's – right behind our building. Or browse the books at our new Book Exchange or visit the Monterey Public Library across the street. Or check out the latest exhibit at the Monterey Museum of Art, just down the street. Our new case manager, Lisa Yocum, will be here as well as other staff members. Come join us.

Book Exchange – Have you finished reading a book that you don't want to keep? Would you like to borrow a book rather than buy it? We have a bookcase in our office waiting for books you no longer want. Bring them with you when you come to Talk-n-Roll on Tuesdays - or drop them off any time. Then browse through what is here. Help yourself – just bring it back when you're finished.

Also, take the time to browse through our **Resource Library**. Is there a book you'd like to borrow? Thank you *Dawn Pencovic* who donated two new titles: **The MS Recovery Diet**, by Ann D. Sawyer and Juthig E. Bachrach and **Healing Multiple Sclerosis** by Ann Boroch.

Other new titles are: **Barrier-Free Travel** by Candy Harrington and **Complementary and Alternative Medicine and Multiple Sclerosis** by Allen C. Bowling, MD, PhD.

First Thursdays – MSQLP and the Pacific Grove Adult Center set up **Computer Classes**. Sign up for one (or all). They're each from 10 am – noon in the computer lab at the Adult School. Call 831 646-6580 with any questions:

March 6 – Online buying and selling

April 3 – Email for beginners

May 1 – Serious Internet research

June 5 – Organize your Life (from financial records and tax receipts to your holiday card mailing list)

Volunteer - MSQLP can always use help. Would you like to volunteer? Would you like to be a Friendly Visitor or Friendly Phone Caller and share your knowledge of the challenges of MS with others in our MS community? It's a great way to help, and to make new friends. Or would you like to serve on our fundraising committee and help plan an event? Are you a gardener who would like to help others who may not be able to do their own gardening? There are so many opportunities to step outside your own life and help others. Call the office for the packet on volunteering.

MS Lunch - Monthly Lunch at a Local Restaurant – a group of people with MS meet once a month in Monterey to have lunch together at a local restaurant. It is always the first Thursday of the month and starts at 12:45 (so you can attend the computer class at PG Adult School, if you wish). Call MSQLP for each month's lunch location. (831 333-9091)

Water Aerobics – join us for exercises in the pool at the Monterey Sports Center every Wednesday from noon until 1 pm. A trainer in the pool provides instruction and support. If you need assistance transferring into the pool or assistance dressing, your caregiver must come with you (but does not have to get in the water). The pool will be closed in the near for renovations March through mid May but we are operating until then and will start up as soon as the pool reopens. Call the office to register or set up a visit to see if it would meet your needs.

Meet Lisa Yocum!

MSQLP has hired a new Case Manager, Lisa Yocum. Andrea has not left us – she will help in the transition of Case Management to Lisa and will work on Special Projects after the transition is complete. We are grateful for Andrea's contributions and her assistance in the transition.

Hello MSQLP! I am Lisa Yocum the new case manager. I recently moved to Monterey for the Washington DC area. I have over twelve years experience working in a variety of social service areas. I am a Licensed Clinical Social Worker and I earned my Master's of Social Work from the University of Denver. I am looking forward to learning, growing, and helping those experiencing the challenges associated with Multiple Sclerosis.

MS Support Groups

Anyone dealing with MS on their life journey is welcome to attend, whether as one with MS, a family member, caregiver or friend.

MSQLP sponsored groups:

Oldemeyer Center: 986 Hilby Ave.
Seaside Second Saturday of each month
11:00 am to 1:00 pm

Lorna Wheatley Memorial Support Group at Salinas Valley Memorial Hospital

Downing Resource Center
Third Friday of each Month
11:00 am to 1:00 pm

Pleasant Care

2990 Soquel Avenue, Santa Cruz
Second Thursday of each month
1:30 pm to 3:00 pm

Times are subject to change, call the MSQLP Office at 333-9091 for current information.

National MS Society sponsored groups:

Monterey

Community Hospital (CHOMP)
Last Wednesday of each month

7:00 to 8:30 pm

Call Susan Jones at 659-1354

Santa Cruz

United Way, 1220 41st Ave. Capitola

3rd Saturday of each month

10:30 am to 12:30 pm

Call Ada Shannon at 440-1211

The Lotte Marcus Social Justice Award

We are proud to announce a new award – ***the Lotte Marcus Social Justice Award***. Any of you who know our founder, Lotte Marcus, know that she lives and breathes social justice. She speaks out for those who can't speak. She stands up for those who can't stand. This sense of justice is what led her and other local community members to form MSQLP.

When Lotte retired from MSQLP in 2006 we wanted to honor her in some way. We decided to present an award in her name and chose the characteristic that, we believe, most defines her – social justice. It did not take us long to decide who should be the first recipient – MaryLee Johnson. Like Lotte, MaryLee is untiring in her efforts to support the rights of those who may find it difficult to stand up and speak out – the disabled. She has been a member of the Californians for Disability Rights (CDR) – well, she can't remember how long it has been – but many, many years. She founded the local Monterey Chapter of the CDR two years ago. Being in an electric wheel chair does not stop her. We thank you, MaryLee – and Lotte – for all you have done for others in our community. As the award says, *You Make the World a Better Place*.



Calendar

February

- 26 Talk-n-Roll
- 27 Water Aerobics, Monterey
- 27 Support Group NMSS, CHOMP

March

- 4 Talk-n-Roll
- 6 MS Lunch
- 8 Support Group, Oldemeyer
- 11 Talk-n-Roll
- 13 Support Group, Pleasant Care
- 18 Talk-n-Roll
- 21 Support Group, SVMH, Salinas
- 15 Support Group, NMSS, SCruz
- 25 Talk-n-Roll

April

- 1 Talk-n-Roll
- 3 MS Lunch
- 8 Talk-n-Roll
- 10 Support Group, Pleasant Care
- 12 Support Group, Oldemeyer
- 15 Talk-n-Roll
- 18 Support Group, SVMH, Salinas
- 19 Support Group, NMSS, SCruz
- 22 Talk-n-Roll
- 26 MSQLP Appraisal Faire**
- 29 Talk-n-Roll
- 30 Support Group NMSS, CHOMP

Development

We are so blessed at MSQLP to have wonderful supporters like you. We raised \$11,688 at our Walk-n-Roll walkathon last October! We had so much fun that we have already scheduled 2008's date for our 2nd Annual Walk-n-Roll: September 27, 2008.

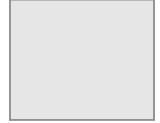
Save the date for another fundraiser. On April 26th we will have a MSQLP Appraisal Faire at St. Johns' Chapel Parish Hall at 1490 Mark Thomas Drive in Monterey. The idea for this event is based on the PBS Antiques Roadshow television program. We will have local antique dealers in a variety of specialties available to speak with you about your favorite "treasures". Find out if it's real or a fabulous fake. Look in your mail box soon for further information!

We would like to thank our donors, because together we create programs that help others. Since our last newsletter and now we have received donations from:

Bonnie Black
Jane Brown
The California Endowment
Cater and Stiles
Dr. Alejandro Centurion
Lynda Cornell
John Daugerty
Priya DeGani
DonationLine
George Dorros
Francis and Hillary Duda
Ron and Margaret Gaasch
Granite Construction
Phoebe Hall
Sylvia and Aubrey Hayes
Lois Holm
Adam Holter
Edith and Lenord Hoskins
Richard and Marilyn Howell
Mike Johnson

The Kaplan Family
Kim and John King
Stephanie Krasnow and Daniel Kelly
Douglas Loesing
Michael McFarland
Leona Palmer
Valentia Piccinini
Carl Rechsteiner Jr.
Barbara Scheele
Sue Siegel
Charlie Star
Ron and Linda Stoney
Dr. David Spilker
Nancy Tome
Samuel Untermeyer III
Ventana International
Pamela VonNess
Mary and Ritchie Wessling
Yellow Brick Road Benefit Shop

**MS QUALITY OF LIFE PROJECT
519B HARTNELL STREET
MONTEREY, CA 93940**



***Return Service
Requested***

MSQLP

**MS QUALITY OF LIFE
PROJECT
519B HARTNELL STREET
MONTEREY, CA 93940**

PHONE:
(831) 333-9091

FAX:
(831) 333-9092

E-MAIL:
msqlp@sbcglobal.net

We're on the Web!

See us at:
www.msqlp.org

Final Word

To be effective in giving (and receiving care) we all need to consider how we care for ourselves – what we do to bring meaning into our own lives. I have decided to take a 10-week break from MSQLP to do some exploring of that issue on my own. I left for India in mid January to volunteer at an orphanage in an Ashram about 150 miles south of the Himalayas. I am enjoying the adventure and the opportunity to reflect on my own life and the lives and conditions of others. I suspect I will have stories to tell when I get back.

Also our Intern Sean Becker has created a website answering many questions about advance care planning. Learn more at <http://home.csumb.edu/b/beckerseanp/world/>

About MSQLP.....

The Multiple Sclerosis Quality of Life Project (MSQLP) recognizes that people living with chronic illness have unmet needs. We are committed to filling these gaps by improving the quality of life of persons with MS in our local communities. We work with clients and their families to create comprehensive individual plans and programs that support client independence. Our services are free.