

EMPLOYEE COUNSELING SERVICES

3050 Biscayne Blvd., 8th Floor, Miami, Florida 33137

Dade (305) 573-2500 Outside Dade 1-800-237-2961 FAX (305) 571-1866

A Division of Family Counseling Services of Greater Miami, Inc.

SPRING * 1995 * NEWSLETTER

The Caregiver's Dilemma

by Cherie Ann Vick, MSW, CEAP

"My mother has spent her whole life taking care of people. Now that Papa's so sick she won't leave the house for more than an hour. What kind of life is that for her?" Gayle confided to the employee benefits manager who nodded empathetically. "I guess I'm really afraid I'll wind up losing both of them. But what can I do? She won't even discuss the idea of a nursing home. So I come to work each day and worry about how she's managing at home alone...."

The benefits manager reminded Gayle about the EAP. "She could get some counseling there, and maybe they could help you identify some resources." After three weeks of coaxing, Gayle's mother agreed to make an appointment.

Frances explained to the counselor that she only came to reassure her daughter. "She's worried about me. I know she thinks I should put Arthur in a nursing home." Frances described Arthur's most recent and debilitating stroke which left him unable to speak, eat without assistance or even get out of bed. Arthur had become increasingly incoherent and dependent on a caregiver.

When asked how she was doing, Frances fell silent. Somewhat self-consciously she admitted to feeling depressed much of the time, in spite of the antidepressant medication prescribed after Arthur's last episode. But she added with determination, "I'm stronger than Gayle thinks, and I'll do whatever is necessary to keep him out of one of those places."

Her counselor learned that Frances had started her caregiving career early in life, with the premature death of both her parents and the raising of several younger siblings. No sooner had her own children grown and married than her son's divorce left her raising a granddaughter. Finally, last year her daughter Gayle moved back into their home from another city. Arthur's health failed rapidly after that.

The counselor quickly joined Frances's effort to keep Arthur at home. "Let's look at what we can do to support

you in your role of caregiver," she suggested. Since Frances rarely left the house except for doctor appointments, her counselor asked her to spend one afternoon the following week doing something that she would really enjoy. The counselor gave her a resource for respite care.

When Frances returned the following week feeling more hopeful, the counselor suggested she consider hiring a home aide to provide daily, routine personal care. Arthur needed someone stronger than Frances to bathe and reposition him to prevent bed sores. In a couple of weeks, Frances was able to get out each day to shop, have her hair done, or visit friends. Though she looked better, she claimed she still felt a little depressed.



Frances talked about the loss of her former life with Arthur, and about how the relationship used to be. She admitted she rode a daily seesaw between hope that the old Arthur would return and resignation that the end was near. One week Arthur seemed to recognize her, and would try to communicate. The next he seemed fearful and incoherent again. The counselor helped Frances relate these feelings of loss to the earlier loss of her parents, and to look at her fears of being alone.

"Well I guess at sixty-nine I won't be far behind. And I suppose I'm doing now for him what I would want Gayle to do for me. And recognizing at the same time how **really hard** it is." With the thought of her daughter someday taking her place, Frances sat back, relaxed a moment and smiled. She looked as though she had finally given herself permission to be human, and to be capable of less than Arthur needed right now.

"Caregiving can be very emotionally draining experience. Many people find it helpful to share their experience with others," the counselor offered. "Would you and your daughter consider attending a caregivers' support group? There's one close by that I can recommend," the counselor invited. Frances agreed to try it.

"Caregivers should be encouraged to take care of their own needs first in order to better take care of their loved ones."

Rosemary Barreras-Freire, MS
Family Counseling Services

Eldercare issues in the workplace

A major workplace study conducted by Traveler's Insurance concluded that 28% of the workforce was involved in caregiving to a friend or relative 55 and over. The caregiving was most often precipitated by medical illness. The average length of time involved in caregiving was five and a half years.

A little over a third of the caregivers spent ten or more hours per week. The most frequent types of care provided were: companionship (76%), transportation (67%), household chores (57%), and financial management (40%). In some instances, this caregiving adds so much stress to an employee's existing work and family responsibilities that job performance begins to suffer. Employees spend increased time on the phone checking with and answering questions for the elderly person. They use their sick and annual leave to give care or arrange transportation to doctor's appointments and outpatient testing, leaving little or none available for their own personal use. Some are simply pre-occupied or depressed from the problem. In Gayle's case the increased strain between herself and her mother over how to care for her father was beginning to take its toll on her work.

According to Fairlee Winfield* the burden of caregiving most often falls on middle aged women who are either the daughters or daughters-in-law. Says Fairlee, "For working women, increasing age does not mean diminishing family responsibilities, as was the case in the traditional 1950's family in which the husband was the sole wage earner. Older women in the workforce merely shift gears--from child care to eldercare--or find that they are confronted with both." And contrary to popular belief, the family is still the main source of care for elderly people. Studies estimate that over 80% of eldercare comes from families. "Most children would rather make sacrifices to care for their parents than put them in institutions."

Of course, for many families a time will come when their resources can no longer be stretched to prevent institutional care. Elizabeth Neidhardt and Jo Ann Allen**, writing about counseling multi-generational families, observe that when caregiving roles shift, old issues and resentments in the family may surface. These are likely to be heightened by any decision about institutional care. At that point,

counseling and education with the whole family can be helpful toward making a sound decision, with the minimum of regrets or disappointment.

*"Workplace Solutions for Women Under Eldercare Pressure" in The Work and Family Sourcebook, Fairlee Winfield, ed., Panel Publishers, Inc.: Greenvale, NY, 1988.

**Family Therapy with the Elderly, Elizabeth R. Neidhardt and Jo Ann Allen, Sage Publications: Newbury Park, CA, 1993.

Some eldercare resources

Douglas Garden's Channeling Project: a range of in-home services for long-term clients, including senior companions, meals, homemaker/personal care, respite, caregiver education, specialized assessments. For 65+ and lower income, call 757-0819.

United Home Care: bathing, shopping, housecleaning and respite care for medicare, medicaid eligible. Call 358-6060.

Visiting Nurse Association: nursing care, physical therapy, speech and occupational therapy, medical social work and homemaker services with medicare, medicaid, private insurance. Call 477-7676.

Publications

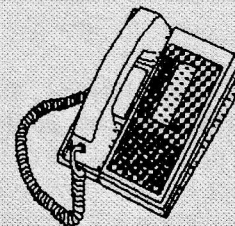
The Family Guide to Eldercare, Family Service America, 1-800-852-1944.

Nursing Home Life: A Guide for Residents and Families and Making Wise Decisions for Long Term Care, by the American Association of Retired Persons (AARP), at (202) 434-2271; 601 E Street NW, Washington, D.C. 20049.

Your Employee Assistance Program (EAP) offers family counseling and counseling for eldercare issues.

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