

Managing the Emotions of Caregiver Transitions



A curriculum packet developed by
the Caregiver Resource Network
for use in caregiver education

Caregiver Resource Network

Curriculum Development

Topic: Managing the Emotions of Caregiver Transitions

Curriculum Outline

- I. Pre-test
- II. Welcome/Introductions
- III. Learning Objectives
- IV. Body of Presentation
 - a. Mastering Caregiver Transitions
 - b. Recognizing and Responding to Depression
 - c. Grief, Loss and Guilt
 - d. Family Dynamics (Adult Children and their Parents)
- V. Exercises, Role Play, techniques for presentation
- VI. Action Plan development
- VII. Summary
- VIII. Evaluation
- IX. Post-test

Curriculum Components

- I. Pre-test
 - See Attached File/Document
- II. Welcome/Introductions

At this time in the session the facilitator(s) should:

 - a. Welcome all participants
 - b. Provide an opportunity for everyone to introduce themselves, and
 - c. Time permitting utilize some type of “Ice Breaker” group activity
- III. Learning Objectives

Upon completion of this seminar, the participant will be able to:

 - a. List the Characteristics of people who don't deal successfully with change
 - b. Understand the three phases of the transition process that can help one master caregiving changes and deal better with feelings
 - c. Describe the difference between mild, moderate and severe depression
 - d. Describe the difference between grief and depression
 - e. List at least 5 of the recognized signs of depression
 - f. Identify at least 3 forms of treatment for depression
 - g. Identify at least 5 of the many strong and complex emotions associated with grief

- h. Identify at least 5 of the many different types of losses frequently experienced by caregivers
- i. Identify at least 3 different tools that can be used by those having difficulty with guilt
- j. Identify family dynamics involving adult children and their parent(s)
- k. Describe ways to bring about positive adult child-parent interactions
- l. Identify factors to consider in relationship to when parents should live with their adult children

IV. Body of Presentation

- a. Mastering Caregiving Transitions
 - Use “Mastering Caregiving Transitions” document and materials as presentation notes and activity guide
- b. Recognizing and Responding to Depression
 - Use “Recognizing and Responding to Depression” document and materials as presentation notes and activity guide
- c. Grief, Loss and Guilt
 - Use “Grief, Loss and Guilt” document and materials as presentation notes and activity guide
- d. Family Dynamics (Adult Children and their Parents)
 - Use “Family Dynamics (Adult Children and their Parents)” document and materials as presentation notes and activity guide

V. Exercises, Role Play, Presentation Techniques

This curriculum utilizes the following presentation techniques:

- Lecture style presentation
- Group discussion, sharing, and activities
- Individual self reflection

VI. Action Plan development

- a. Upon completion of this session(s) each participant will identify at least one negative emotion relating to their role as caregiver that they need to work on.
- b. Upon completion of this session(s) each participant will verbally commit to try to apply at least one of the tools learned in this session.

VII. Summary

Most caregivers experience difficult emotions at one time or another. However troublesome, feelings are a natural response to what is happening in one’s life. Emotions are messages telling us to stop look and listen, to pay attention to what is

going on. They indicate that change is needed. Remember, feelings exist, they are real, and they are neither good nor bad. It is how we respond to our feelings that make the difference in how they affect our lives and us. We can make a choice about how to respond to life's challenges. This session was designed to provide caregivers with useful information, opportunities for self-discovery, helpful suggestions, and proven tools for use in successfully managing the many different challenging emotions and family dynamics often related to caregiving.

VIII. Evaluation

- See Attached File/Document

IX. Post-test

- See Attached File/Document

Managing the Emotions of Caregiver Transitions

Pre-Test

Managing the Emotions of Caregiver Transitions

Pre-Test

True/False Questions

1. Caregivers almost never face changes in their caregiving role that are beyond their control.
2. Whenever a change occurs, a transition follows.
3. Most caregivers experience difficult emotions at one time or another.
4. When you lose precious parts of your life, grief is a natural response.
5. Guilt is a rare and unnatural emotion in the caregiving situation.
6. Depression is rare in caregivers.
7. Most adult children have few, if any, unresolved tensions with their parents.
8. Very few areas in the U.S. have agencies that can provide assistance in caring for aged parents
9. Depression is rather rarely found in disabled older parents.
10. Depression in older persons is virtually untreatable.
11. Most American families have thoroughly discussed how to handle problems that might arise if one of the parents become disabled.
12. Sibling rivalries seldom arise during medical crises involving their parents.
13. Role reversal is an interaction pattern that children, and their parents, usually enjoy.
14. Daughters-in-law seldom are involved in caregiving.
15. Families should be able to provide care for their parents without calling in outside help.

Managing the Emotions of Caregiver Transitions

Body of Presentation

a. Mastering Caregiver Transitions

HELPING HELPERS

MASTERING CAREGIVING TRANSITIONS

I. Welcome and Prayer

- A. Welcome by Occupational Therapist and Church Co-leader, thanking everyone for coming.
 - Provide sticky nametags for members and leaders.
 - Have a sign-up sheet to be passed around, asking for participant's name, and for new participants, address, and phone number.
- B. Discuss format or plan for the next 2 hours.
- C. Participant Introductions – each participant around the table introduces themselves and briefly describes their caregiving situation.
- D. Church Co-leader to read a scripture verse and lead the group in prayer.

II. Lunch

- A. Everyone is invited to help him or herself to the buffet lunch.
- B. Assistance in carrying the lunch or help with walking is offered to anyone who needs it.

III. Introduction of Topic – Mastering Caregiving Transitions

- A. As a caregiver, you face many changes, which are often not easy. It isn't always only the change that is so difficult, it is also the transition. Change is the external situation – the increased needs of the care receiver, the decreased ability of a caregiver to meet those needs, or moving the care receiver to a care facility. Transition is the internal process we go through to come to terms with what has changed. It's these feelings that can be so hard to deal with.
- B. Letting go of old roles and accepting new ones is a common occurrence with caregiving. Taking over what your loved one has always done and continuing to perform the duties you have always done can be stressful for you. Having to relinquish roles that have always been important to the care receiver and gave him/her purpose can be frustrating for him/her. Dealing with changes in your loved one can be difficult because of competing demands from family and work.

IV. Change

- A. A change involves not just a beginning of something, but also an ending of what was. Sometimes we have to make decisions that may be the “best” for our loved ones but still cause us to feel guilty. Some caregivers have mixed feelings when they decide to hire paid help because it means their role as the sole provider of care has ended. If the ending of the old role can be accepted, the caregiver will be more likely to be flexible and to adjust better.
- B. You will face changes in your caregiving role that are beyond your control. You can choose:
 - a. Whether or not you deal with making the change
 - b. How you deal with the change

- c. Whether you look ahead and plan for potential changes or ignore them and wait for a crisis

C. What kinds of changes have you had to deal with as a caregiver?

How did you deal with those changes?

- D. Characteristics of people who don't deal with change: denial, living in the past, and trying to maintain the status quo. These people:
 - a. Waste time and energy trying to keep things the same
 - b. Lose opportunities for their loved one to take part in planning for his/her future
 - c. Develop unrealistic expectations – they believe that if they try harder, their loved one can function as he/she did in the past
 - d. Burn out because they can't accept that care needs have grown too great for them to handle

V. *Understanding Transitions Handout*

A. Whenever a change occurs, a transition follows. A transition is the internal emotional process we go through in dealing with a change in our lives. Understanding the transition process can help us master caregiving changes and deal better with our feelings.

B. Phase One: The Ending

In order to make a transition, we have to let go of what has ended. When we speak of an ending, we speak of a loss. There may be ongoing endings if your loved one has a chronic, progressive illness. This entails a long succession of changes and losses without time to grieve or adjust before the next loss comes along. Accepting a change or ending does not mean you approve of it or that you have given up. It means you are doing what you must do in order to move on. Often this involves a period of grieving as you let go of the way things were.

C. Phase Two: The Wilderness Period

This is a time to help you come to terms with change and loss. Some people call it their "down time" because they feel down. Feelings one can experience in this phase are grief, confusion, emptiness, depression, uncertainty, or anxiety. One searches for the meaning in a change. It is important to be patient and self-forgiving during this time.

D. Phase Three: The New Beginning

You get to this point only after having gone through the Ending and the Wilderness phases. Beginnings are vague and subtle. You may have a slight feeling that you are ready for a new beginning. You may have more energy and feel ready to move forward. New ideas and opportunities may surface. When you start to look for ways to enhance your life, it's just a matter of time before you will find opportunity.

E. Coming to Terms with Change and Loss Handout

Change and Transition Worksheet Handout

What helped you through the roughest spots?

Is there anything you would do differently next time?

What did you learn that you can apply to future situations?

What did you learn about yourself?

VI. Positive Attitude

A. Your attitude toward the challenges of caregiving can make it easier or more difficult for you to cope. If you have an optimistic attitude, you are more likely to expect that a positive outcome is possible and focus on what you can do when faced with a change or decision. Optimism creates possibilities and hope, pessimism destroys them. Optimism enhances, pessimism undermines. A pessimistic attitude makes caregiving even more difficult.

B. Learn to be Optimistic Handout

C. Challenging Negative Thoughts Handout

VIII. Reminder of next meeting date, time and topic

IX. Closing Prayer

A. Co-facilitator will lead group in a closing prayer.

Outline adapted from "The Caregiver Helpbook" by Schmall, PhD, et.al, 2000, Legacy Health System

Managing the Emotions of Caregiver Transitions

Body of Presentation

b. Recognizing and Responding to Depression

HELPING HELPERS
RECOGNIZING AND RESPONDING TO
DEPRESSION

I. Welcome and Prayer

- A. Welcome by ESM Occupational Therapist and co-leader, thanking everyone for coming.
- B. Prayer/Bible verse initiated by co-leader.
- C. Pass around sign-up sheet.
- D. Provide sticky nametags for members and leaders.

II. Paperwork

- A. Pass out Binders to each participant who is new to the group.
- B. Ask new members to complete Caregiver Assessment Form

III. Recognizing and Responding to Depression

- A. ***Depression Facts:*** 2 in 10 American adults have it, 1:4 women, 1:10 men. The incidence peaks from ages 18-44, then decreases with age. **50% of caregivers demonstrate one or more signs of depression.**
 - **Have you ever been depressed? What is it like? Has someone you love been depressed?**
- B. ***Depression Definition:*** used to describe a range of conditions, from a low mood to severe depression.

Sadness is a predominant feeling. When feelings adversely affect one's life, then depression becomes a problem. Depression can be mild, moderate or severe. Mild depression can deepen or persist; severe depression can become life- threatening.

 - a. ***Mild Depression:*** a brief, temporary sadness that is a normal reaction to stress, tension, frustration, and disappointment. It does not interfere with a person's functioning or daily activities. Professional treatment may not be needed. A person may need emotional support, an opportunity to talk, or a change of pace or environment.
 - b. ***Moderate Depression:*** more intense than mild and lasts longer. Often caused by a loss or upsetting event. Daily activities become more difficult, but person can usually still meet daily responsibilities. Professional help may be necessary.
 - c. ***Severe Depression:*** person shows marked behavior changes and loss of interest in the outside world. Often a chemical imbalance is involved. A

person's ability to function is impaired and he/she is unable to cope.
Professional treatment is necessary.

C. **Characteristics of Depression:** May not have a specific trigger. Tendency toward passivity, remaining stuck in sadness for a long time. They may have generalized feelings of helplessness, hopelessness, and emptiness. They lack interest in activities they previously enjoyed. Often they have low self-esteem, lack of confidence, feel like a failure, unattractive, and unloved. They are likely to be unresponsive, humorless, and incapable of being cheered up, and likely to resist help and support. They have trouble identifying their feelings, cry for no apparent reason, feel excessive guilt and dwell on past failures.

- **What is the difference between Grief and Depression?**

Grief is an active process and a normal part of recovering from loss. He/she has a reason to cry and will accept support. He/she will experience a wide range of feelings and will even be able to laugh at times. Self-esteem remains intact and the person does not feel like a failure. Sometimes grief evolves into depression, but most often the person works through the process and healing occurs.

D. **What causes depression?**

Heredity, biochemical imbalances, drugs, illness, personality (low self esteem, pessimism, poor coping strategies, passivity, dependence, anxiousness), lack of social support, sensory loss, stress, and short winter days with less light (SAD), negative life events (losses), health complications, changes in life roles, feelings of inadequacy, and abuse or neglect.

SEE HANDOUT: SIGNS OF DEPRESSION

E. **How can you tell if you or someone you love has it?**

- Sadness or lack of energy lasting more than 2 weeks
- A change in 4 out of 8 of the following:
 1. Sleep
 2. Interest
 3. Guilt/Worthlessness
 4. Energy
 5. Concentration
 6. Appetite
 7. Moving slowly/agitation
 8. Suicidal thoughts

SEE HANDOUT: MOOD SCALE & SCORING

F. **Depression Treatment**

- Nearly everyone who seeks help will see a reduction in symptoms
- Between 80-90% can be effectively treated
 - a. Treatment Options
 1. Psychotherapy – individual or group

- *Cognitive therapy – helps people change negative thinking*
 - Behavioral therapy – emphasizes the importance of daily positive experiences and behavior (increasing pleasant events)
2. Reading self-help books or watching videos on Depression
 3. Medication
 4. ECT

SEE HANDOUT: WHEN TO GET HELP

SEE HANDOUT: WHERE TO GET HELP

G. Summary and Questions

- a. Any final questions or concerns
- b. End with prayer and reminder of next meeting time

Managing the Emotions of Caregiver Transitions

Body of Presentation

c. Grief, Loss and Guilt

HELPING HELPERS

GRIEVING, LOSS AND GUILT

I. Welcome and Prayer

- E. Welcome by Occupational Therapist and Church Co-leader, thanking everyone for coming.
 - Provide sticky nametags for members and leaders.
 - Have a sign-up sheet to be passed around, asking for participant's name, and for new participants, address, and phone number.
- F. Discuss format or plan for the next 2 hours.
- G. Participant Introductions – each participant around the table introduces themselves and briefly describes their caregiving situation.
- H. Church Co-leader to read a scripture verse and lead the group in prayer.

II. Lunch

- C. Everyone is invited to help him or herself to the buffet lunch.
- D. Assistance in carrying the lunch or help with walking is offered to anyone who needs it.

III. Introduction of Topic – Grief, Loss and Guilt

- E. Most caregivers experience difficult emotions at one time or another. However troublesome, your feelings are a natural response to what ever is happening in your life.
- F. Your feelings, whether positive or negative, directly affect your situation, and your situation directly affects your feelings. One feeds into the other. Negative feelings can affect your situation adversely, which in turn, may generate feelings of helplessness and depression. But the cycle can be broken.
- G. Emotions are messages telling us to stop, look and listen, to pay attention to what is going on. They indicate that change is needed. If you can begin to ask yourself questions like, “What is wrong?”, “Why do I feel this way?”, “What can I do about these feelings?”, and “What will help?”, this will be the first step in finding answers.
- H. Remember, feelings exist, they are real, and they are neither good nor bad. It is how we respond to our feelings that make the difference in how they affect us and our lives. We can make a choice about how to respond to life's challenges. And we can grow in wisdom.
- I. It is also important to consider the feelings of the loved one you are caring for. His or her feelings are an undeniable part of the caregiving situation and affect you, just as your feelings affect him or her.
- J. **What kinds of feelings do you have regarding your caregiving?
How does your loved one feel about the caregiving situation?**

IV. Mixed Feelings

- A. Caregiving often involves a range of feelings. Some are comfortable (positive) and some are uncomfortable (negative). Often this mixture of contradictory feelings

occurs together. This is natural and human. Accepting this is crucial in coping with emotions that are involved in caregiving.

B. Is your caring and compassion mixed with anger, hostility and frustration? Do you feel guilty about having “negative” emotions like anger and resentment?

V. Kinds of Losses

- A. You and your loved one may be experiencing many different losses. Losses may be large or small. They may include loss of companionship, financial stability, roles, healthy partner or friend, sexual relationship, dreams for the future, independence, lifestyle as you’ve known it, weekly lunches with a friend, walks with your spouse, and more.
- B. What kinds of losses have you experienced since you have been a caregiver?
- C. The way we view our losses is unique to each of us. What may feel like a huge loss to us may seem insignificant to another person. Your loss is based on how you view your situation, as well as a compilation of all the experiences you’ve had thus far in your life.
- D. Your loved one may also be struggling with strong feelings, some like yours and some different. He or she may be feeling sad, depressed or angry due to the effects of the illness and loss of independence and control. He or she may also experience fear and frustration about his/her loss of function or be fearful of death. It is helpful to open up dialog and share feelings and thoughts, to better understand each other’s experience.
- E. If verbal communication is no longer possible, you can observe your loved one’s behavior which can give you insight into what he/she may be feeling. Reading body language, listening to tone of voice and watching facial expressions can help you to understand how your loved one is feeling. Touch can also be used to communicate and many have found this meaningful.
- F. *Loss History Timeline Worksheet*

VI. Grief

- A. When you lose precious parts of your life, grief is a natural response. It happens to all of us. Your grief response is uniquely yours, determined by what the loss means to you. There is no right or wrong way to grieve. Grief brings with it many strong, complex emotions, which may include loneliness, frustration, anger, anxiety, confusion, fear, guilt, resentment, sadness and depression. All of these are legitimate emotions and may be a part of your experience. If you give yourself permission to feel these emotions, your hurt will lessen. But you must first allow yourself to feel the pain of your loss. Denying, avoiding or minimizing feelings only complicates and prolongs your grief process.
- B. Caregivers go through a grieving process as they watch their loved one deteriorate. Anticipatory grief is grieving present losses that are caused by illness and grieving losses anticipated in the future.
- C. **How have you felt when you have experienced grief?**

D. *Common Experiences of Grief Handout*

Am I Crazy Handout

Healthy Grieving Handout

Steps to Survival Handout

Grief Bibliography Handout

VII. Guilt

A. Guilt is a natural and painful emotion in the caregiving situation. “What ifs” and “if onlys” may be frequent thoughts for you. Most guilty feelings are based in unrealistic expectations that you have for yourself. Guilt may occur if you have mixed feelings about your caregiver role or if you have had a difficult relationship with your loved one prior to their illness. Feeling responsible when something bad happens can also be a source of guilt. Taking on too much responsibility for things you have no control over can make you feel guilty.

B. What makes you feel guilty?

What helps you to cope with your guilt?

C. If you have caused hurt or pain to another person:

Admit your mistake and apologize.

Correct the situation in whatever way possible.

Forgive yourself.

Ask for forgiveness from the injured person.

Try to learn from the experience.

D. If you are having difficulty with guilt, try these tools:

Talk with a supportive, understanding person about your feelings.

Stop blaming yourself.

Identify positive things you have done.

Understand the limits of your responsibility.

Accept the fact that no one is perfect.

Seek professional help if guilt persists.

VIII. Reminder of next meeting date, time and topic

IX. Closing Prayer

A. Co-facilitator will lead group in a closing prayer.

Managing the Emotions of Caregiver Transitions

Body of Presentation

d. Family Dynamics (Adult Children and their Parents)

ADULT CHILDREN AND THEIR PARENTS OBJECTIVES

1. What are the family dynamics involving adult children and their parent?
2. How does one bring about positive adult child-parent interactions?
3. When should parents live with their adult children?
4. What are some of the basic questions that can be used in group interaction involving adult children and/or their parents?
5. What are some of the basic bibliographic materials?

Pre-Post Test

- T F The primary caregivers in the U.S. of disabled older persons are hired agency personnel.
- T F The durable power of attorney for medical decisions is usually not a necessity for most families with older persons.
- T F Most adult children have few, if any, unresolved tensions with their parents.
- T F If a parent wishes to live with an adult child, most adult children should accept that wish.
- T F The vast majority of parents, if they become disabled, desire to live with one of their adult children.
- T F An adult child lives hundred of miles away from parents, there is little that they can do to assist their parents.
- T F Very few areas in the U.S. have agencies that can provide assistance in caring for aged parents.
- T F If adult children believe that abuse has taken place in a nursing home, there is virtually no agency from which they can find assistance.
- T F Depression is rather rarely found in disabled older parents.
- T F Depression in older persons is virtually untreatable.
- T F A living will is not needed if a family has a durable power of attorney.
- T F Most American families have thoroughly discussed how to handle problems that might arise if one of the parents become disabled.
- T F Before crises occur, families should attempt to resolve familial misunderstandings.
- T F Sibling rivalries seldom arise during medical crises involving their parents
- T F It is advisable for parents of adult children to hesitate in giving advise, unless asked to give it by their children.
- T F Adult children usually enjoy a daily telephone call from their parents.
- T F At least a fourth (probably a third) of adult American children have been the victims of some type of parental abuse.
- T F Adult children do not resent a perfectionistic parenting pattern that their parents had in the past, in fact they are rather proud of it.
- T F Role reversal is an interaction pattern that children, and their parents, usually enjoy.
- T F The Club Sandwich Generation refers to grandparents and their children and grandchildren.
- T F Daughters-in-law seldom are involved in caregiving.
- T F Alzheimer patients usually do not enjoy looking at old family photographs.
- T F Parents should demand love form their adult children.
- T F Rarely can parents, in visiting their adult children, really over stay their visit.
- T F Families should be able to provide care for their parents without calling in outside help.

FAMILY DYNAMICS OF ADULT CHILDREN AND THEIR PARENTS

1. Some adult children have feelings of an earlier era that have not been resolved.
 - A. A too authoritarian father or mother
 - B. Feelings of being the least liked child
 - C. A perfectionistic father or mother etc.
2. Some adult children had abusive and/or neglectful parents
 - A. Physical Abuse
 - B. Sexual Abuse
 - C. Emotional Abuse
 - D. Financial Abuse
3. Some parents were substance abusers
4. Some adult children had non-loving parents
Love was never expressed by word, touch, or deed
5. In some families generational differences significantly exacerbated relationships due to:
 - A. Experiential differences
 - B. Differences in maturity
6. Some parents are constant whiners and complainers
 - A. Some parents have body preoccupation
 - B. Some parents have body transcendence
 - C. Most scholars today would admit a psychoneuroimmunology relationship between emotions and physical well-being
7. Role reversal is usually difficult for both adult children and their parents, resulting in feelings of:
 - A. Helplessness
 - B. Anger
 - C. Guilt
8. Some adults do not recognize nor admit mental illness in their parents.
9. Exacerbating the above is the Sandwich Generation syndrome:
 - A. They have dependent children
 - B. They have dependent parents
 - C. They are employed
 - D. They have re-dependent adult children
 - E. They have an idealized view of their own retirement
 - F. They increasingly have step-parenting situations
 - G. They are exhausted and frequently suffer anticipatory anxiety

(From Smith, Harold, *You and Your Parents*; Halpern, Howard, *You and Your Grown Up Child*; and Zal, H. Michael, *The Sandwich Generation*)

POSTIVE ADULT CHILD-PARENT INTERACTION

Parents

1. Plan for relationships when debility sets in
 - A. Durable power of attorney for medical decisions
 - B. A living will
 - C. Discussions with family about “what if” type questions
2. Attempt resolution to festering family dynamics before crises occur
 - A. Apologies
 - B. Misunderstandings resolved
 - C. Sibling rivalries reduced
3. A resolution to hesitate in giving advice to adult children – a “bite your tongue” attitude
4. A pledge not to complain
5. An understanding that love may be reciprocated but cannot be demanded
6. An understanding that children do not need a telephone call a day
7. Being careful about overstaying their welcome

Children

1. Children should be aware that “touch” is therapeutic – and so to a kiss—
2. Most parents enjoy a telephone call – and some need it
3. Attempt to have an agreed upon perspective with siblings
4. Time with parents, for many, will have to be planned (think of the Sandwich Generation)
5. Parents, as do others, enjoy celebrations:
 - A. Birthdays
 - B. Anniversaries
 - C. Mother’s Day – Father’s Day
 - D. Family Reunions
6. For some it will be necessary to decide before a visit what to discuss:
 - A. For Alzheimer’s patient’s old photographs
 - B. For some reminiscence in general
7. Some parents enjoy their adult child’s presence occasionally at worship services

FACTORS TO CONSIDER WHEN AN OLDER PERSON MOVES INTO A FAMILY CAREGIVER'S HOME

Expense: Does a family member have to give up employment or reduce working hours to provide Care

Accessibility: Does the family's home require modifications, such as a wheelchair ramp?

Space: Is an extra room available to ensure privacy? Is a bathroom located near the older person's room?

Intimacy pressures: Will too much contact strain relations between the older person and family members

In-Law relationships: Does the son- or daughter-in-law get along with their in-law?

Grandchildren: Has a grandchild been forced to give up a private room? Will any other changes be imposed

Lifestyle discord: Do aspects of one generation's lifestyle cause distress to the other?

Future plans: Will long-awaited travel plans have to be disrupted? Will career goals have to be postponed?

Confinement: Which out-of-home activities will caregivers have to forgo? Is respite help available?

Cultural and personal expectations: Does the older person or family view in-home caregiving as a duty?

QUESTIONS FOR GROUP INTERACTION

1. Would (will you) take your parent(s) into your home?
2. How often do you/should you visit your parents?
Do you resent going—do they appreciate you visiting?
3. Do you want to be like your mother or father?
4. Would you put (have you) your parents into a nursing home?
5. If you have a debilitated parent, which of your siblings does most to help them?
Which does the least? Why?
6. How much money are you willing to spend to assist your parent?
7. Does your family have a plan if a parent becomes disabled? What should such a plan consist of?
8. Where can one obtain information to assist families in their caregiving?
9. Would you ask the church to assist you in your caregiving needs?
10. Is caregiving effecting your employment?
11. Is caregiving affecting your relationship with your children?
12. What type of emotional reaction are you having because of your caregiving?
13. Do you at times feel angry at your parent(s)?
14. What do you do to lessen your own caregiving stress?

A group can Role Play most of the above questions.

Caring for Aging Parents and Other Elderly Relatives

1. Adams, Tom, and Armstrong, Kathryn. *When Parents Age: What Children Can Do*. Berkeley Publishing Group, 1993.
2. Astor, Brent. *Baby Boomer's Guide to Caring for Aging Parents*. Macmillan/Spectrum, 1998.
3. Berman, Claire. *Caring for Yourself While Caring for Your Aging Parents*. Henry Holt and Company Inc., 1996, \$22.50, 254 pages.
4. Brody, E.M. *Women in the Middle: Their Parent-Care Years*. Springer, NY, 1990.
5. Brubaker, T. H. (ed.). *Family Relationships in Later Life (2nd ed.)*. Sage Pub., Newbury Park, CA, 1990.
6. Cassidy, Thomas M. *Elder Care: What to Look for, What to Look Out for!* New Horizon Press, 1997.
7. Cohen, Donna and Eisdorfer, Carl. *Caring for Your Aging Parents: A Planning and Action Guide*. Tarcher/Putnam, 1995.
8. Holstege, Henry and Robert Riekse (eds.). *Caring for Aged Loved Ones*. Tyndale, Wheaton, IL, 2002.
9. Loverde, Joy. *The Complete Elder Care Planner: Where to Start, Questions to Ask and How to Find Help*. Hyperion, 1997.
10. Lustbader, Wendy, and Hooyman, Nancy R. *Taking Care of Aging Family Members: A Practical Guide*. Simon & Schuster, 1994.
11. McLean, H. *Caring for Your Parents*. Doubleday, Garden City, 1987.
12. Morris, Virginia. *How to Care for Aging Parents*. Workman Publishing, New York, 1996.
13. Riekse, R, and H. Holstege. *The Christian Guide to Parent Care*. Tyndale, Wheaton, IL, 1992.
14. Schiff, Harriet. *How Did I Become My Parents Parent?*
15. Schomp, Virginia. *The Aging Parents Handbook*. Harper Paperbacks, 1997.
16. Shulman, K.G. H. and R. Berman. *How to Survive Your Aging Parents*. Surrey Books, Chicago, 1988.

17. Weiner, M.B., et al. *Old People Are a Burden, But Not My Parents*. Prentice Hall, Englewood Cliffs, NY, 1993.
18. Smith, Harold J. *You and Your Parents Strategies for Building an Adult Relationship*. Augsburg Press, Minneapolis, 1987.
19. Zal, Michael. *The Sandwich Generation*.

Managing the Emotions of Caregiver Transitions

Evaluation

Please fill in the following information about yourself. Thank you!

Name (optional) _____

Gender F M Age under 50 50 -59 over 60

County of residence _____

Check if your annual income is \$8,860 or less (single) \$11,940 or less (married)

Race/Ethnicity African American Asian Hispanic Native American
White Other

Person requiring care: Spouse Parent Child Sibling Friend Other

Managing the Emotions of Caregiver Transitions

Post-Test

Managing the Emotions of Caregiver Transitions Post-Test

True/False Questions

16. ___ Caregivers almost never face changes in their caregiving role that are beyond their control.
17. ___ Whenever a change occurs, a transition follows.
18. ___ Most caregivers experience difficult emotions at one time or another.
19. ___ When you lose precious parts of your life, grief is a natural response.
20. ___ Guilt is a rare and unnatural emotion in the caregiving situation.
21. ___ Depression is rare in caregivers.
22. ___ Most adult children have few, if any, unresolved tensions with their parents.
23. ___ Very few areas in the U.S. have agencies that can provide assistance in caring for aged parents
24. ___ Depression is rather rarely found in disabled older parents.
25. ___ Depression in older persons is virtually untreatable.
26. ___ Most American families have thoroughly discussed how to handle problems that might arise if one of the parents become disabled.
27. ___ Sibling rivalries seldom arise during medical crises involving their parents.
28. ___ Role reversal is an interaction pattern that children, and their parents, usually enjoy.
29. ___ Daughters-in-law seldom are involved in caregiving.
30. ___ Families should be able to provide care for their parents without calling in outside help.

Managing the Emotions of Caregiver Transitions

Pre-Post Test Answer Sheet

Managing the Emotions of Caregiver Transitions Pre/Post-Test Answer Sheet

True/False Questions

31. **F** Caregivers almost never face changes in their caregiving role that are beyond their control.
32. **T** Whenever a change occurs, a transition follows.
33. **T** Most caregivers experience difficult emotions at one time or another.
34. **T** When you lose precious parts of your life, grief is a natural response.
35. **F** Guilt is a rare and unnatural emotion in the caregiving situation.
36. **F** Depression is rare in caregivers.
37. **F** Most adult children have few, if any, unresolved tensions with their parents.
38. **F** Very few areas in the U.S. have agencies that can provide assistance in caring for aged parents
39. **F** Depression is rather rarely found in disabled older parents.
40. **F** Depression in older persons is virtually untreatable.
41. **F** Most American families have thoroughly discussed how to handle problems that might arise if one of the parents become disabled.
42. **F** Sibling rivalries seldom arise during medical crises involving their parents.
43. **F** Role reversal is an interaction pattern that children, and their parents, usually enjoy.
44. **T** Daughters and Daughters-in-law are most often involved in caregiving.
45. **F** Families should be able to provide care for their parents without calling in outside help.