

# Taking Care of You



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

**Caregiver Resource Network**  
Curriculum Development

**Topic: Taking Care of You**

**Curriculum Outline**

- I. Pre-test
- II. Welcome/Introductions
- III. Learning Objectives
- IV. Body of Presentation

- a. Characteristics of Caregivers
- b. Caregiving overview
- c. Reducing Personal Stress
- d. Self Care
- 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

- a. Participants will have an increased understanding of the characteristics, issues, and needs of caregivers.
- b. Participants will be able to identify their own and/or recognize others personal “Caregiver Type(s)”
- c. Participants will learn ways to effectively manage and/or reduce personal stress related to caregiving.
- d. Participants will have an increased awareness of their own needs as caregivers and ways to provide for their own “self care”

### IV. Body of Presentation

- a. Types and Characteristics of Caregivers
  - Review and have participants identify their own personal “Caregiver Type” (see attached handout)
  - Review Caregiver Characteristics (see attached handout)
- b. Caregiving overview
  - Review attached “Family Caregiving Fact Sheet”
- c. Reducing Personal Stress
  - Utilize “Stress Management” attached sample curriculum and materials developed by Easter Seals
- d. Self Care
  - Review attached “Caregiver Self-Help Fact Sheet”
  - Review attached “What Every Caregiver Needs to Know” handout

### 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 verbally commit to try to use, within a two-week period, at least two different newly learned “self care” and “stress management” techniques.

## VII. Summary

It is very important as a caregiver to not only take good care of your loved one, but also to **take good care of yourself**. This session was designed to provide useful information, opportunities for self-discovery, and helpful suggestions on how you as a caregiver can maintain a positive attitude, keep yourself physically and emotionally healthy, and “keep your cool” in the midst of the difficulties and challenges of caregiving.

## VIII. Evaluation

- See Attached File/Document

## IX. Post-test

- See Attached File/Document

# Taking Care of You

## Pre-Test

## Taking Care of You Pre-Test

### True/False Questions

1. \_\_\_ Nearly one in four households in America are involved in providing physical and emotional assistance to older relatives and friends.
2. \_\_\_ About 75 percent of all caregivers for older people are women.
3. \_\_\_ Only in rare cases do adult children caregivers show signs of clinical depression after one year of caregiving.
4. \_\_\_ A Crisis Caregiver is a family member who manages most of the time on his/her own until there is an emergency.
5. \_\_\_ In coping with an unchangeable situation, there are 3 possible responses.
6. \_\_\_ Consciously ignoring difficult and frustrating feelings is one of the techniques recommended for stress reduction.
7. \_\_\_ Prayer, sitting quietly, controlled breathing, and assuming a passive attitude are all effective relaxation techniques that can be used by a caregiver.
8. \_\_\_ It is not that important for a caregiver to take good care of him/herself as long as they are providing quality care to their loved one.
9. \_\_\_ Maintaining meaningful relationships, making realistic commitments, identifying positive things in one's life, remaining flexible, and keeping a sense of humor are all important ways that caregivers can take good care of themselves.
10. \_\_\_ It is not important for most caregivers to know and understand age-related losses and adaptation techniques.

# Taking Care of You

## Body of Presentation

### a. Types and Characteristics of Caregivers



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<u>YES</u>	<u>NO</u>	<u>TYPES OF CAREGIVERS</u> Take a moment to read through the following list. Note which type(s) describe YOUR situation.
		<b>Crisis Caregiver:</b> Your family member manages most of the time on their own until there is an emergency.
		<b>Primary Caregiver:</b> Your family member depends on you for regular assistance for two or more activities in their life. You make decisions that directly affect them. You may act as their representative in situations. You provide hands-on assistance with basic daily tasks (bathing, dressing, transportation, money matters, etc.)
		<b>Secondary Caregiver:</b> Your parent, sibling, spouse, etc. functions as the primary caregiver and you provide assistance to them.
		<b>Working Caregiver:</b> You hold a part-time or full-time job and provide physical or financial support to someone who depends upon your care.
		<b>Long Distance Caregiver:</b> You live at least an hour's drive away and you provide much of your assistance by telephone. You depend on others to assist in caring for your relative.
		<b>Occasional Caregiver:</b> You provide one or more services for someone on an irregular basis such as furnish transportation, assist with major household chores, balance the checkbook, etc.
		<b>Community Caregiver:</b> You give a cheerful greeting or make personal contact while making deliveries, passing by or making a special call to check on the status of someone receiving care.
		<b>Future Caregiver:</b> You are not a caregiver now, but have friends or relatives who will probably need care in the years ahead.

This Fact Sheet is provided as a public service of the Caregiver Resource Network. The **Caregiver Resource Network** is a collaboration of Kent County organizations dedicated to providing for the needs and welfare of family and professional caregivers within the community. Funded by the Area Agency on Aging of Western Michigan with Older American's Act Title III, Family Caregiver Support Funds.

## **CHARACTERISTICS OF CAREGIVERS\***

### **By Relationship**

**Spousal caregivers** tend to be older than the other caregivers-77% are over 50-and received the least help from families (16%). 48% of all caregivers care for spouses.

**Adult children caring for parents** have a higher level of depression than other caregivers-67% versus 61%; and report more anxiety and guilt than other caregivers. The largest number of single caregivers are caring for their parents. 24% of all caregivers care for parents.

**Parents of special-needs children** provide more personal care and help with ADLs than other caregivers. They also have a significantly higher incidence of back pain than other caregivers. Parents caring for special needs children report more love, pride and joy than any other group. They also say caregiving has brought more family unity. 19% of all caregivers care for children.

**9% of all caregivers** care for siblings, friends or others. Here are more statistics:

### **By Gender**

Female	56%	
Male		44% (NFCA 2000 survey)

### **By Marital status**

Married		74%
Single	12%	
Divorced/Widowed/Separated		14%

### **By Age**

20-35		6%
36-50		34%
51-65		36%
66-80		22%
>80		2%

### **By Location**

Caregiver's Home		80%
Care Recipient's Home		8%
Nursing Home		6%
Assisted Living Facility		2%
Other		4%

### **By Length of Time**

<3 years		13%
3-4 years		26%
5-10		33%
11-15		12%
>15 years		16%

### **By Parental Status (children at home)**

Yes		23%
No		77%

### **By Employment Status**

Yes	47%	>31 hrs/wk	71% of those working
No	53%		

### **By Hours Per Week Spent In Caregiving**

0-8		8%
9-20		14%
21-40		17%
>40		20%
constant		41%

\*Statistics from 1997 NFCA member survey

# **Taking Care of You**

## **Body of Presentation**

### **b. Caregiving Overview**



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## Family Caregiving Fact Sheet

### Did you know that ...

- American families, organized as households, provide 80 to 90 percent of the medical and personal care required by our frail elderly.
- Nearly one in four households in America are involved in providing physical and emotional assistance to older relatives and friends.
- The number of households providing caregiving has tripled in the last decade.
- 37 percent of Kent County residents surveyed are providing care to elderly relatives or friends.
- 39 percent of people 60 and older, surveyed in Kent County, are providing some type of care.
- About 75 percent of all caregivers for older people are women.
- Family caregiving differs across racial and ethnic groups.
- Some 25 percent of all persons in the paid labor force provide care for their elderly relatives.
- Just over half of all caregivers for persons aged 50 and older are employed full-time and almost two-thirds are employed full- or part-time.

- Transportation, grocery shopping, and household chores are the most common tasks of caregivers.
- While the average caregiver provides about 18 hours of care per week, intense caregiving is going on in a quarter of the 22.4 million households providing care. Some 4.1 million households are providing at least 40 hours per week of unpaid, informal family assistance, and some 1.6 million households are providing 20-40 hours per week.
- The majority of caregivers provide unpaid assistance for one to four years. Some 20 percent provide care for five years or longer.
- Research has shown that spouses who experience mental or emotional strain in their caregiving have a 63 percent higher risk of dying than non-caregivers.
- Contrary to popular belief, only about 10 percent to 20 percent of family caregivers use formal services offered by public or private agencies.
- Almost all (96 percent) of caregiving women have experienced some conflict among the major roles so many contemporary women fill – caregiver, mother, wife, and employee.
- The women who experience the most parent care conflict with their other roles in life tend to have more physically and mentally impaired parents.
- Caregiving can be an emotional roller coaster. Caring for loved ones can demonstrate the caregiver's love and commitment. But it can also lead to burn out, stress and depression due to exhaustion, inadequate help and support, and unending responsibilities.
- Nearly one-third of all adult children caregivers show signs of clinical depression after one year of caregiving.

## References

- Albert, S. M., “The Dependent Elderly, Home Health Care and Strategies of Household Adaptation.” In Aging and Everyday Life, Blackwell Publications, Malden, Massachusetts, 2000, pp. 373-385.
- National Alliance for Caregiving and AARP. Family Caregiving in the U.S.: Findings From a National Survey, National Alliance for Caregiving, Bethesda, MD and AARP, Washington, D.C., June, 1997.
- Health and Human Services. Informal Caregiving: Compassion in Action. Department of Health and Human Services, Washington, D.C. Based on data from the National Survey of Families and Households (NSFH), June, 1998.
- AARP. In the Middle: A Report on Multicultural Boomers Coping with Family Aging Issues. AARP, Washington, D.C., July 2001.
- Bond, J.T., Galinsky, E. and Swanberg, J.E. The 1997 National Study of the Caregiving Workforce. Families and Work Institute, New York, NY, 1998.
- Stone, R. Cafferata, G.L., and Sangl, J. “Caregivers of the Frail Elderly”: A National Profile. The Gerontologist, Vol. 27, No. 5, pp. 616-626, 1987.
- Schulz, R. and Beach, S.R. “Caregiving as a Risk Factor for Mortality: The Caregiver Health Effects Study,” JAMA, Vol. 282, No. 23, pp. 2215-2219, December 1999.
- Brody, E.M. Women in the Middle: Their Parent Care Years. Springer Publishing Co., New York, N.Y., 1990.
- Stephens, M.A.P., Townsend, A.L., Martine, L.M., and Druley, J.A. “Balancing Parent Care with Other Roles: Interrole Conflict of Adult Daughter Caregivers.” In Journal of Gerontology: Psychological Sciences, Vol. 56B, No. 1, January 2001, pp. 24-34.
- Family Circle and Kaizer Foundation. The Family Circle/Kaizer Family Foundation National Survey on Health Care and Other Elder Care Issues: Summary of Findings and Chart Pack. The Henry J. Kaizer Family Foundation, Menlo Park, CA, September 2000.
- Toseland, R.W., Smith, G.C., and McCallion, P. “Supporting the Family in Elder Care.” In Strengthening Aging Families: Diversity in Practice and Policy. Sage Publications, Thousand Oaks, CA, 1995, pp. 3-24.
- Delta Strategy. “Kent County Survey Statistics.” Grand Rapids, MI, 2001.

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# **Taking Care of You**

**Body of Presentation**  
**c. Reducing Personal Stress**

# **HELPING HELPERS MANAGING PERSONAL STRESS**

## **I. Welcome and Prayer**

A. Welcome by Occupational Therapist and co-leader, thanking everyone for coming.

- Pass around sign-up sheet, asking for participant's name, address, and phone number.
- Provide sticky name tags for members and leaders.

## **II. Caregiver Assessment Forms**

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

## **III. Stress Management**

A. What is the most stressful aspect of caregiving? How does caregiving affect you?

### ***See Handout: Emotions Related to Caregiving***

- Since there are so many difficult aspects to caregiving, that we cannot eliminate, we need to know how to remain calm and encouraged, despite the problems we encounter.
- Our mood is very important to the person we are taking care of, since we can't provide the best possible care if we are feeling exhausted or stressed. In addition, stress and the secretions it produces (adrenaline and noradrenaline) contribute to or cause many medical problems, such as high blood pressure, headaches, and depression.

B. What kinds of things make you angry or frustrated as a caregiver?

- Sources of anger and frustration:
  - Lack of knowledge – not knowing what to expect
  - Our own thoughts or attitudes about a situation – thinking that life should be fair or that we can do it all.
  - If our past relationship with the care recipient was difficult
  - Lack of coping skills
  - Situations occurring outside of our control – feeling overwhelmed

C. What do you notice about your body when you become tense or angry? Where do you carry your tension?

- When we get angry, our bodies tense up, our moods change, and our voices change. That's how others know we are angry before we tell them. They can see it and hear it.
- When we allow ourselves to relax, we are giving ourselves a gift. We are saying, "It's OK to slow down, to take some deep breaths and give myself a chance to relax."
- If our thoughts are racing, our hearts are pumping rapidly, we are filled with strong, negative emotions, we have little chance of dealing with the situation effectively. This can be hard on us and hard on the person we are caring for.

## **IV. Relaxation Techniques**

A. How do you relax? Are there any ways you've found to calm you that work well?

B. ***See Handout: How to Relax***

- Let's practice a way to relax that has been documented in the literature to work really well for many caregivers.

C. Relaxing can be difficult at first, but that is normal. Calming the body is the first step to calming the mind.

D. ***See Handout: Relaxation Diary***

- It can be helpful to keep a relaxation diary. You can record your level of tension before and then after you relax. You can also keep track of what is stressing you so that you can eventually try to avoid the stressor in the first place.

## V. Coping Strategies and Adaptive Responses

A. In coping with an unchangeable situation, there are 3 possible responses:

- Change the situation
- Leave the situation
- Adapt yourself so that you can live with the situation and not feel angry

B. To be able to adapt to a frustrating situation, we must first understand some basic ideas about our feelings and what influences how we feel. Our feelings are linked to our thoughts. The way we think about a situation often directly affects the way we feel about it. Often, when we get angry, our emotional state is so overwhelming that we don't notice the thoughts we are having. These thoughts are typically very extreme and negative. They tend to perpetuate the state of anger.

C. Steps to managing anger: *See Handout: Unhelpful ways of Thinking Common to Caregivers*

- First: Recognize the thoughts that fuel it.
- Second: Evaluate our thoughts and attempt to see an event from different angles.
- Third: Change the thoughts. Develop more helpful or adaptive thoughts that promote coping, rather than anger. *See Handouts: Diary of Thoughts: Model/Example and Diary of Thoughts*

D. When trying to come up with an adaptive response, ask yourself the following questions.

- Does this always happen?
- Is there one day or one second in which this is not true?
- What is the evidence supporting this thought?
- Is it true or just a perception?
- Will the person actually \_\_\_\_\_? (die, lose their home, etc.)
- Are there alternative possibilities or explanations?

E. Can you think of a situation that was stressful for you and an adaptive response that you had or could have had?

F. Example Adaptive responses include:

- I would like my husband to \_\_\_\_, but I know how to cope if he doesn't.
- I may have made a mistake with \_\_\_\_, but that doesn't mean I'm a bad sister.
- It makes sense that I feel trapped and angry, but it won't help me to dwell on it.
- *See Handout: Using Personal Declarations to Handle Frustration*

## VI. Assertive Behaviors

A. Being assertive can be an effective way of addressing problems associated with caregiving. By being assertive, you can take an active role in solving problems and reduce the number of situations in which you feel angry. An important key to becoming more assertive is developing the ability to accept your personal rights.

B. *See Handout: Basic Rights of Assertive Behavior*

- Assertive rights can be expressed in humane, considerate ways. When you are assertive, you express who you are without infringing on others.

C. How do you feel about these rights?

D. Have you or could you see yourself adopting them?

## V. Summary and Questions

A. Any final questions, comments or concerns?

## ***Emotions Related to Caregiving***

Providing care for an ill relative may be one of the most challenging experiences of your life. With the challenges come emotions, both pleasant and unpleasant. In this section, we will focus on providing you with background information regarding different aspects of the caregiving situation that are likely to trigger strong emotional reactions.

We have gathered this material from our experiences with caregivers like yourself. We wish to thank all the caregivers who have participated in developing these classes, for sharing their personal lives and experiences with us.

## ***How We Respond to a Situation***

There are many things that influence the way we respond emotionally to a situation. Our responses may reflect our fears, expectations, and values, to name a few. Emotions are not "right" or "wrong," or "good" or "bad." They are simply a part of what makes us who we are. It is important to acknowledge our emotions while, at the same time deal with things objectively based on our understanding of a situation.

## ***How We Think About a Situation***

As you will learn later in this class, the way we think about a situation plays a big role in determining how we respond emotionally. The same situation may make one person feel angry, depressed and resentful, while making another person feel funny, calm and accepting. You will later learn to identify how your thinking may be leading to unnecessary stress, anger, and depression.

Caregivers' emotions are closely related to the way they cope with certain aspects of the caregiving situation.

Some of the aspects of the caregiving situation that most strongly affect the way caregivers feel include:

1. Your relationship to the ill relative.
2. The stage of the illness or degree and kinds of impairment experienced by the ill relative.
3. Other responsibilities and obligations you have which compete with caregiving, such as the demands of other family members and your job.
4. Your general physical and emotional health.

The caregiver's relationship to the ill relative may result in unique problems. Are you caring for a spouse, a parent, or a parent-in-law? Each of these relationships may be stressful in different ways.

## ***Caring for a Spouse***

For spouses, caregiving often means a substantial change in roles. The caregiver often takes on duties previously assumed by the ill spouse. Some of these duties, such as handling finances, repairs, household concerns, and transportation, may be unpleasant or may appear overwhelming to the caregiver. The caregiver may then feel frustrated, angry and resentful. These feelings are a normal part of the situation and should not alarm you. Learning how to cope with strong feelings so that they don't get out of hand is also important. Part of what we will do in this class is help you learn new and helpful ways to deal with frustration, anger and resentment.

## ***Feeling Alone***

Caregivers who are caring for a spouse often feel especially alone in the caregiving situation. There may be several reasons for this. For many, caregivers the mental decline of their spouse signals the gradual loss of their closest friend and emotional support. After years of turning to their life-partner, these caregivers often find themselves at a loss for support and assistance when faced with the demands of care giving.

## ***Feelings of Intimacy***

Spouse caregivers must also deal with the possible change in sexual intimacy with the ill relative. Because of changes in the demented spouse's personality, sharing social or physical intimacy may not seem as close as it had before. These changes may cause the caregiver to feel guilty for continuing to turn to the ill relative for physical intimacy. Feelings of depression and loss are common, yet by changing some of the things you as a caregiver do on a regular basis you can lessen these feelings. Seeking support from family and friends can also help.

## ***Retirement Years***

Spouses may also feel resentful and angry at not being able to spend their retirement years as planned. Just when someone expected to be able to relax, he or she is more tied down than ever, possibly with serious financial problems due to medical costs.

## ***Turning to Others for Support***

As the ill spouse's condition worsens, spouse caregivers may feel guilty turning to others to meet emotional and social needs. Spouses may find it especially difficult to use respite or long-term care because they fear breaking the loyalty and fidelity of their relationship. Yet they may need to confront their guilty feelings, assess them realistically, and then seek help from friends and family members, or others in the community.

## ***Caring for a Parent or a Parent-in-law***

Caring for a parent often leads to a role reversal in which the adult child caregiver must take on the role of the parent. The caregiver may need to perform very personal duties for the relative such as bathing, feeding and changing which can lead to feelings of discomfort, embarrassment and confusion. Caring for a parent can result in many changes in the personal life of the adult child caregiver who often has a family of her own and may also have a job outside of the home.

## ***Feeling Pulled in Many Directions***

Taking on the task of caring for an ailing parent can be an extreme emotional and physical strain. This is especially true if the parent has to move into the caregiver's home. The caregiver may feel pulled in numerous directions and be unable to meet as many of the needs of his or her loved ones as before. It's common for the needs of the caregiver's own spouse and children to take a back seat, in light of the often overwhelming demands of caregiving for an ill parent. This can place a tremendous strain on families, and can make everyone feel bitter, unhappy and frustrated.

## ***Loss of privacy***

The presence of a parent or parent-in-law in the home may put a damper on one's intimate relations with a spouse. Caring for an ill person can cause fatigue and take away some of the privacy we're accustomed to. This can make sharing affection difficult, precisely at a time when caregivers most need family understanding and caring. So, it's understandable that adult children caring for an aging, disabled parent will feel depressed, angry, frustrated, or guilty. But you as the caregiver are not alone in this. Many others have been in the same situation and have been able to learn adaptive ways to cope with their many feelings. Also, some caregivers report that they can find positive aspects of the situation that make them feel good about the sacrifices they are making for their parents.

## ***Stages of the Illness***

During the beginning stage of a dementing illness, such as Alzheimer's Disease, the caregiver must deal with the slow and often confusing onset of their relative's memory problems. At times the relative appears well, while at other times it appears clear that he or she has a serious problem remembering things, thinking clearly, or finding his or her way around. This confusing pattern often leads to misunderstandings, unrealistic expectations, and frustration in the caregiver and other family members.

## ***Explaining the Changes to Others***

Although problems with memory and general functioning are apparent to those who are close to the ill relative, those who have only casual or infrequent contact may not notice any changes. This can result in great frustration for the caregiver who tries to explain the situation to others. Some adult children, although concerned and supportive, often fail to understand the significance of the early changes in their ill parent. As a result, they may be slow in offering any real help to the caregiver. Bringing family members together to talk things out frankly and openly can help, as can discussing ideas and suggestions for sharing the caregiving load more fairly.

## ***Limiting Your Relative's Independence***

One of the earliest hurdles caregivers must overcome is limiting the ill relative's sense of autonomy and independence. There are few things more difficult than having to tell a spouse or parent that they can no longer drive, or manage their financial affairs by themselves. Understandably, many caregivers put off imposing necessary restrictions on the frail elder because they fear angering and alienating their loved one. Yet, caregivers do need to find solutions, and to curtail their family member's independence, to reflect the reality of what is happening. Caregivers need a great deal of support and encouragement in order to make appropriate decisions in these matters.

## ***Previous Conflicts***

Previous conflicts in a relationship, particularly those which were unresolved prior to the family member's illness, can be a source of considerable distress for the caregiver. For example, if a caregiver feels confused and angry about a problem she had before her relative became ill, she may feel both guilty and resentful when she has to make decisions about her ill relative's care.

## ***Abuse and Neglect***

Caregivers who were previously abused physically, emotionally or sexually by the ill relative, may find themselves at risk for mistreating the relative or neglecting the relative's serious needs. Caregivers who abuse or neglect their ill relative are often unaware of the harm it causes because their earlier negative experiences are clouding their judgment. As the disease progresses, the demented relative's older abusive patterns of behavior may reappear. This may cause the caregiver to once again feel guilty, shameful and angry. These caregivers could benefit from individual counseling with a trained professional, to help them sort out their feelings.

For more information on emotions and many other aspects of caregiving, please see the book, *The 36-Hour Day*, by Nancy Mace and Peter Rabins, published in a revised edition, in 1991, by the Johns Hopkins University Press,. Their book provides an excellent discussion of the various emotions caregivers experience and suggests some helpful suggestions for dealing with the many demands of caregiving. It is available in both Spanish and English.

**Taken from "Controlling your Frustration: A Class for Caregivers", by Gallagher-Thompson, D., Rose, J., Florsheim, M., et.al. (1992) Palo Alto, CA: Dept. of Veterans Affairs Medical Center.**

## HOW TO RELAX

- 1. Pick a prayer or phrase that is firmly rooted in your belief system.**
- 2. Sit quietly in a comfortable position.**
- 3. Close your eyes.**
- 4. Relax your muscles, progressing from your feet to your calves, thighs, abdomen, shoulders, head and neck.**
- 5. Breathe slowly and naturally, and as you do, say your prayer or phrase silently to yourself as you exhale.**
- 6. Assume a passive attitude. Don't worry about how well you are doing. When other thoughts come to mind, simply say to yourself, "Oh well," and gently return to your repetition.**
- 7. Continue for 10 - 20 minutes.**
- 8. Do not stand immediately. Continue sitting quietly for a minute or so, allowing your thoughts to return. Then open your eyes and sit for another minute before rising.**
- 9. Practice this technique once or twice daily. Good times to do so are before breakfast, before dinner, or when you are stressed.**

Adapted from Herbert Benson, MD's book, "The Relaxation Response," 2000.

# Relaxation Diary: Tension Rating Scale

Use This Scale to Rate Your Level of Tension

- 1 = Not at all tense
- 2 = Slightly tense
- 3 = Moderately tense
- 4 = Really tense
- 5 = Terribly tense

In-Class Practice Rating:

Before the relaxation exercise, I felt

(Rate your tension from 1 to 5): \_\_\_\_\_

After the relaxation exercise, I felt

(Rate your tension from 1 to 5): \_\_\_\_\_

DATE	TENSION	COMMENTS (why I felt this way, etc.)
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	
	Before relaxing: _____ After relaxing: _____	

Taken from "Controlling your Frustration: A Class for Caregivers", by Gallagher-Thompson, Do, Rose, J., Florsheim, M., et.al. (1992) Palo Alto, CA: Dept. of Veterans Affairs Medical Center

## **10 Unhelpful Ways of Thinking Common with Caregivers**

What is depression? In the past, many people have viewed depression as an emotional problem. However, being depressed or discouraged is not caused by "emotional problems," but by negative and counterproductive thoughts. These thoughts can make you feel apathetic, useless, beaten and inadequate. Generally, not too many people ask themselves whether these thoughts are accurate, but these thoughts play an important role in feelings of frustration and depression. When you feel discouraged or depressed because of something that has happened, try to identify what you were thinking, what type of negative thoughts you had at the time. These thoughts have a tremendous impact on the way you feel. Once you learn how to identify and challenge them, you will begin to change your mood.

When we look at things in an objective and realistic manner, our mood tends to be good. We base our responses on a realistic evaluation of what has happened. But, once in a while, we all make mistakes in the way we look at things. Nobody is perfect. It's normal that sometimes we don't think logically. The following is a list of ten unhelpful ways of thinking found in Dr. Burn's book. Please consult this list frequently and learn to identify these different errors in your way of thinking.

### **1. Thinking "All or Nothing"**

This refers to the tendency to see things as either all good or all bad. When we judge ourselves or others according to perfectionist standards, we are thinking in terms of "all or nothing." An example would be the person who makes a mistake and then concludes that she can't do anything right.

### **2. Overgeneralizing**

When people generalize too much, they conclude that one event reflects the way things will always be. For example, a caregiver may have a relative who is critical of the care the caregiver is providing. The caregiver may then conclude that "no one will ever understand how difficult the situation is."

### **3. Mental Filter**

A person filters out all the positive things in his life to the extent that he focuses only on the negative things. A caregiver may be using a mental filter when he becomes preoccupied with one problem behavior and ignores any positive aspects of caregiving.

### **4. Discounting the Positive**

We tend to minimize compliments we receive from others. Instead of accepting and affirming a compliment from someone, caregivers may say to themselves, "Well, I could be doing more," or "I don't like what I'm doing so I don't deserve compliments."

**Reading for this week:** Adapted from Table 3-1, "Definitions of Cognitive Distortion" from *Feeling Good: The New Mood Therapy*, by David D. Burns, M.D. Copyright © 1980 David D. Burns, M.D. By permission of William Morrow and Company, Inc.

### **5. Jumping to Conclusions**

You reach a negative conclusion without having all the facts about a situation. Dr. Burns describes two common situations in which this occurs:

#### ***Mind Reading***

Someone makes an assumption that another person is thinking badly about him.

### *Predicting the Future*

A person makes assumptions that negative things are going to happen to her, or that people will respond to her in a negative way. A person may imagine that a future doctor visit will not go well. She will worry about this future possibility, taking her attention away from enjoying the present time.

## **6. Exaggerating or Reducing the Significance of Events**

This mental error can go in two directions: either you exaggerate your negative qualities, or you minimize your positive qualities. You may think, "How can I ever take care of the household finances when I have a hard time balancing my checkbook?" In the opposite direction, you may think, "Well, sure, I'm good with plants, but anyone can take care of plants."

## **7. Reasoning Emotionally**

When we allow our emotions to guide our understanding of a situation, we are reasoning emotionally. The thought, "I feel lonely, therefore, nobody loves me," bases the conclusion on a feeling, and not on the real facts of the situation. The goal is not to ignore or to suppress our feelings, but to accept these feelings and try to view situations from a rational perspective.

## **8. Thinking "I Should"**

The problem with saying "I should" is that the statement has more to do with opinions than with the reality of a situation. We usually say, "you should" to others when we think we know what is best for them. This can often make us feel frustrated when the other person disagrees with us. By saying, "I should" to ourselves, we can end up feeling depressed and angry, because what we are saying we "should" do is not what we really want in our hearts. Instead, it tends to be something that a critic in our life, such as a spouse, a parent, or a child in our life wants.

## **9. Labeling**

This is an extreme form of generalization. Instead of seeing our faults as only part of our otherwise good features, we single them out as a reflection of ourselves. You may act impatient in caring for your sick family member, and then conclude that you are an impatient person.

## **10. Personalizing**

A person may assume responsibility for a negative event when she is not to blame. A caregiver may feel embarrassed by something her frail relative says to someone as if the sick person's behavior were a reflection of her abilities as a caregiver, and not just a symptom of the illness.

## **Examples of Unhelpful Thinking Patterns Common with Caregivers**

Thinking: "All or Nothing"

"I can't do anything right."

"I can't satisfy anyone."

Overgeneralizing:

"Nobody appreciates what I'm doing."

"No one will ever know what it's really like."

Mental Filter:

"My mom's accusing me of stealing from her. She's never trusted me, or anybody."

Discounting the Positive:

"We had a good morning, but it'll never happen again."

Jumping to Conclusions:

a. Mind Reading:

"David said he would care for Dad today. I wonder what he really wants."

b. Predicting the Future:

"If I give him a bath, he'll just fall down and hurt himself."

Exaggerating the Significance of Events:

"How can I ever take care of the household finances when I can't even balance my own checkbook?"

Reducing the Significance of Events:

"Well, sure I'm good with plants, but anyone can take care of plants."

Reasoning Emotionally:

"I'm afraid for what will happen in the future, thus things will definitely get worse."

Thinking "I Should":

I should not even consider putting Mom in a nursing home. I must carry on."

Labeling:

"I'm a bad daughter because I'm selfish. I want to go out and have a good time, but I have to stay at home."

Personalizing:

"If I hadn't left town for two days, he wouldn't have gotten sick."

Taken from "Controlling your Frustration: A Class for Caregivers", by Gallagher-Thompson, D., Rose, J., Florsheim, M., et.al. (1992) Palo Alto, CA: Dept. of Veterans Affairs Medical Center.

# ***Diary of Thoughts: Model/Example***

## **1. Situation Causing Me to Feel Upset or Angry**

My husband urinated on the floor.

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## **2. My Feelings**

Anger!

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## **3. Automatic or Negative Thoughts I Had About Myself in This Situation**

Once again! He does this so I don't have time to go out.

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## **4. Danger Signals, Stop Signs**

Breathe deeply. Tell yourself: "Relax!" Notice the tension in your shoulders. Remember how they felt when you were relaxed.

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## **5. Distortions, Unhelpful Thought Patterns**

Mind Reading.

Personalizing.

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## **6. Adaptive Thoughts, More Adaptive Ways to See the Situation**

I can cope with the situation. I've done so before, without getting angry, and I can do so again.

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# ***Diary of Thoughts***

## **1. Situation Causing Me to Feel Upset or Angry**

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## **2. My Feelings**

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## **3. Automatic or Negative Thoughts I Had About Myself in This Situation**

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## **4. Danger Signals, Stop Signs**

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## **5. Distortions, Unhelpful Thought Patterns**

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**ONLY COMPLETE SECTIONS 1 THROUGH 5**

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## **6. Adaptive Thoughts, More Adaptive Ways to See the Situation**

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# *Using Personal Declarations to Handle Frustration*

## **Step 1: Recognizing Repeated Problems and Situations**

- My repeated caregiving stressful situations are:

1. \_\_\_\_\_

2. \_\_\_\_\_

## **Step 2: What Tells Me that I Am Angry**

- How does my *body* feel? (For example, the heart beats faster, breathing is harder, the muscles are tense...)
- What are some of my *negative thoughts*? ("I can never achieve what I want.")

### *WHAT CAN I DO?*

## **Step 3: To Physically Calm Myself Down**

- Count from 1 to 10 (slowly).
- Breathe deeply a few times.
- Do the relaxation exercise that I learned in class.
- Exercise, now! Give myself time.
- Do something physical, such as doing the dishes or pulling weeds.
- This is the time to sigh as deeply as possible.

## **Step 4: To Modify My Thoughts**

- Identify my unhelpful, non-adaptive thoughts.
- Ask myself: What is the worst thing that could happen to me? What are the possibilities that it will happen to me? How would I survive? Do I have to do something about it now or can I wait until I have calmed down?
- Replace my unhelpful thoughts with a more adaptive point of view.
- Talk to myself, try to be gentle with myself, encourage myself to go on.

- I may think the following thoughts in order to avoid getting angry or upset:
  - Often this ends by making me angry or upset. This time I am going to:  
\_\_\_\_\_
  - Getting upset does not help me at all.
  - After this is over I will be the same person.
  - I don't need to get everything I want; I only need:  
\_\_\_\_\_  
(Define one goal clearly.)
  - It's all right to have thoughts and feelings that are different from those of  
\_\_\_\_\_

### **Step 5: Prizes and a New Evaluation**

- SAY TO MYSELF (AND MEAN IT):
  - I deserve recognition for beginning to solve this problem.
  - Each time I try to do this, I do it better and better.
  - If I haven't solved the problem completely, I may review the previous steps.
  - I'm learning a new skill. I deserve a prize for each step, no matter how small it is.

# ***1. Your Dignity and the Rights of Others***

You have the right to choose your values and your lifestyle, as long as they don't interfere with the rights of others. This basic right means that you have the right to be yourself and to feel good about yourself (without feeling guilty) as long as you don't hurt anybody by doing it. It is not healthy to feel guilty about ourselves.

Since every person is unique, assertions that will promote one person's sense of self-respect will differ a bit from what others may think or consider to be important. Some people may wish to respond energetically to someone cutting in front of them in line while others might wish to ignore it. Exaggerations are dangerous; for example, to think it is impossible to have self-respect, unless you express your opinion at every point of a conversation. This type of conduct will quickly become hateful.

## ***2. The Right to Be Respected***

You have the right to be treated in a courteous manner by sales persons, teachers, parents, employers, doctors, and, more generally, you have the right to be treated as a capable human being and not in a condescending manner. Respect does not mean deference, the unquestioned approval of all your actions, or the automatic compliance with your wishes. Since we are all equal, we all deserve to be treated in a manner that recognizes our human dignity.

## ***3. The Right to Say "No" Without Feeling Guilty***

As everybody else, you have a limited amount of time and energy; the decision about how to spend this time partially determines the quality of your life. To regularly deny our own wishes to satisfy those of others is counterproductive.

Many have a problem saying "no" because they keep telling themselves to be unselfish. This is an honorable objective, but many times to be "unselfish" really means that "If I don't think first about the others and I give myself until I hurt, then I am not being selfish." This is a destructive thought.

## ***4. The Right to Feel and Express your Feelings***

Instead of accepting our right to have feelings, often we say to ourselves that we should not feel the way we do. "I should not feel depressed, I should not be so sensitive, I should not have sexual desires." This manner of thinking will only make us feel guilty about our own feelings. Since we are humans and our feelings are a natural part of being human, it is more logical to accept the human right to feel and express our true feelings than to feel guilty about having them.

We also tell ourselves that we should be understanding of other people; this is another worthy objective that is often misinterpreted to mean that we should not feel. This misinterpretation occurs when we incorrectly reason that if we had understood the other people, we would not--should not--feel irritated or disappointed at them. This ignores reality: we can't both think and feel at the same time. Understanding and accepting others does not mean to passively accept their abusive behavior, especially when that behavior has concrete negative effects on us.

## ***5. The Right to Calm Down and Think***

People who deny themselves the right to take a break for a moment in order to think how to respond, often act in an aggressive and counterproductive manner, like jumping to conclusions, interrupting others or attacking others who seem to be doing things too slowly.

The hurry in making a decision does not automatically result in things being done more effectively.

## ***6. The Right to Change Your Mind***

The decisions involving subjects like providing help in a charity event, to make a luncheon date a week in advance, to disagree with the opinion of another person or to deny an employee a day off are all based on facts that we have in front of us at the time. Later on, we may obtain new information, including information about our feelings, which may certainly require that we change our mind. To change our mind, based on new information, shows flexibility, while refusing to change our mind when it is logical to do it, shows more rigidity and obstinacy and strength of spirit.

## ***7. The Right to Ask for What You Want***

A natural part of our humanity is to have desires. When we don't ask for what we want we may try, consciously or unconsciously, to get what we want by dubious means, which could cause bad feelings or ruin a relationship.

To ask for what we want gives the other person a sort of permission to ask, clearly and directly, for what he or she also wants. Nobody has to guess what the other person wants, which will probably increase the mutual satisfaction in a relationship.

## ***8. The Right to Do Less than You Could If You Were to Use All Your Reserves***

You have the right not to give 100% of your time. You have a perfect right to waste your own time, to know what you want to know, to ask for help even if you don't need it, only to enjoy getting the help from other people on tasks that are not very pleasing. You have the right to organize your work in order to better enjoy your life, and you have the right not to do the best you can. (Many things do not deserve to be done the best possible way and you will feel better if you recognize this fact.)

It is more human and realistic to do what you reasonably can. You have the basic human right not to force yourself continuously, trying to reach your physical, mental and emotional limits. You should not treat yourself like if you were a working robot instead of a human being.

However, this right does not justify not to fulfill what you have agreed to do. If, for example, you make a commitment those to do a certain job, you have the obligation to do good job, as you had promised. If you are convinced that you promised to do the job with an extremely high level of work quality, you might ask the other person for a change in the agreement.

## ***9. The Right to Ask for Information***

When you are going to make a decision, many times you might not be sure of your feelings or of the facts. You have the right to obtain a second opinion, to request that

an inadequately done job be corrected without any additional charges, to get exactly what you have paid for and to say, "I do not understand." You have the right to know exactly what types of services will be rendered by the professionals or merchants that you are dealing with, how will the work be performed, how long it will take and how much it will cost. You have the right to make precise questions in order to make a decision that is based on information and, when you do it, you will undoubtedly avoid having many problems in the future.

If somebody reacts defensively or condescendingly to your questions, it does not mean that you are ignorant or that you do not have a right to ask questions. It is simply the person's professional attitude, and it is reasonable to think that those who treat you badly before you have contracted them to do a job will have the same attitude when they get to perform the work.

## ***10. The Right to Make Mistakes***

Nobody has gone throughout life without making errors. It is impossible to avoid making a few errors, because it is impossible to avoid making a few errors, because it is impossible to be perfect and to know everything. Moreover, if you could have avoided making the mistake, you probably would not have made it in the first place. For example, if you drive an automobile too fast and you have an accident, you made the mistake of assuming that you could have braked in time. It is true that the accident might have been avoided if someone else had been driving at that moment because he or she might not have made the same incorrect assumption; but to tell yourself that you should not have made a wrong assumption in the first place is to reason after the fact.

You may help yourself to accept the assertive rights by following these four steps:

1: Be conscious of the internal messages that you are giving yourself that are causing you to believe that you are not entitled to rights.

2: Develop more realistic messages to counter your rights-denying messages.

3: Practice, repeatedly, the counteroffensive messages by repeating them in a low voice. Having other people tell us that we have rights, or reading books that confirm those rights, is a helpful step.

4: Act in a simple and appropriate manner, giving yourself the right, while internally telling yourself that you have the right to do it.

## ***11. The Right to Feel Good About Yourself***

Many people have difficulty granting themselves this right, because they have been taught to be modest or humble. This is another worthy objective that is often misinterpreted to mean: "I should not feel good about myself. I should act as if I were worthless. If not, I would be too vain and would appear to be conceited."

Being humble or modest does not mean putting yourself down. Being humble simply means that, although some of your talents or achievements are better than those of other people, it does not make you a superior human being. Having the right to be happy about yourself does not mean that you honestly have to express your happiness in a superior or condescending manner.

## ***Helping Yourself to Accept Your Assertive Rights***

Although other persons may deny us our rights, many find that often the bigger problems are within themselves. For example, they may have been raised believing that others should always be considered to be first and, consequently, they have reached the conclusion that they are not good enough to have rights. To have problems accepting assertive rights is not a sign of weakness. Frequently people convince themselves that they do not have rights.

### ***Basic Rights of Assertive Behavior***

1. I have the right to act in a manner that promotes my dignity and self-respect, as long as I do not violate the right of others with my behavior.
2. I have the right to be treated with respect.

3. I have the right to say “no” without feeling guilty.
4. I have the right to feel and express my feelings.
5. I have the right to take the necessary time to calm down and think.
6. I have the right to change my mind.
7. I have the right to ask for whatever I wish.
8. I have the right to do less than what I could if I were using all my reserves.
9. I have the right to ask for information.
10. I have the right to make mistakes.
11. I have the right to feel good about myself.

\*From the book *The Assertive Option: Your Rights and Responsibilities* (pp.80-81) by P. Jakubowski and A.J. Lange, 1978, Champaign, IL: Research Press. Copyright 1978 by the authors. Reprinted by permission.

# **Taking Care of You**

## **Body of Presentation**

### **d. Self Care**



# Caregiver Resource Network

[www.caregiverresource.net](http://www.caregiverresource.net)

## SELF-CARE FOR CAREGIVERS

It is very important as a caregiver to not only take good care of your loved one, but also to **take good care of yourself**. Here are some helpful hints on how you as a caregiver can maintain a positive attitude, keep yourself physically and emotionally healthy, and “keep your cool” in the midst of the difficulties and challenges of caregiving.

### Simple Things That You Can Do For Yourself

- **Celebrate** small successes and good days.
- Maintain meaningful **relationships** with family and friends.
- Make **realistic** commitments - adjust priorities to match time, energy, and motivation.
- Take **time off** to restore yourself (stretch, take a walk, read a book, practice a hobby, etc.).
- Identify **positive** things in your life – list your accomplishments as a caregiver and allow yourself to feel good about the role you play in your loved one’s life.
- Get enough **sleep**. If you’re rested, you will be more patient and efficient in caregiving.
- Remain **flexible** and keep the capacity to alter your perspective as changes occur.
- Keep your **sense of humor** -- use it often.

## ***Seek Outside Information & Assistance***

- **Educate** yourself regarding your loved one’s condition and needed care.
- Don’t feel guilty about **asking others for help**. Ask for and accept help. Remember that you need to get away at times, so delegate roles to others and keep other family members involved.
- Join a **caregiver support group**. This will give you a safe place to vent your feelings and frustration, as well as get valuable advice from other caregivers.
- Seek **advice** from health care providers, social workers and counselors regarding community resources and personal care.
- Check out **resources** for day care, respite, and other community resources before they may be needed, and keep this information close by.

## TEN WARNING SIGNS OF CAREGIVER STRESS\*

**Denial** about the disease and its effect on the person who has been diagnosed.

**Anger** at the person receiving care, or others – that no effective treatments or cures currently exist; and that people don't understand what's going on.

**Social** withdrawal from friends and activities that once brought pleasure.

**Anxiety** about facing another day and what the future holds.

**Depression** affecting ability to cope.

**Exhaustion** making it nearly impossible to complete necessary daily tasks.

**Sleeplessness** caused by never-ending lists of concerns.

**Irritability** leading to moodiness and triggering negative responses and reactions.

**Lack of concentration** making it difficult to perform familiar tasks.

**Health problems** that take their toll, both mentally and physically.

*\*Provided with permission from the Alzheimer's Association West Michigan Chapter, 1-800-893-8365.*

**For information or assistance in Kent County contact the Caregiver Resource Network:**

Area Agency on Aging of Western Michigan  
(616) 456-5664

Gerontology Network  
(616) 456-6135  
HHS, Health Options  
(616) 956-9440

Senior Neighbors, Inc.  
(616) 459-6019

This Fact Sheet is provided as a public service of the Caregiver Resource Network. The **Caregiver Resource Network** is a collaborative of Kent County organizations dedicated to providing for the needs and welfare of family and professional caregivers within the community. Funded by the Area Agency on Aging of Western Michigan with Older American's Act Title III-E, Family Caregiver Respite funds. Revised 09/23/02

## **Caring for an Older Adult - What Every Caregiver Needs to Know**

### **Age-Related Changes and Adaptation**

To effectively care for an older adult, it is important for the caregiver to have at least a basic knowledge and understanding of losses associated with the aging process, and how he or she, as caregiver, can help the individual successfully adapt to these losses. The following “Principles For Relating To Aging Parents,” developed by Gerontology Network, may be helpful in this regard:

1. Your parents have many emotional and physical strengths they have used throughout their lives, and are still using. Relate to them as adults with a variety of strengths, not children who need to be taken care of.
2. There are a variety of normal physical and mental challenges which occur as part of the aging process. For example:
  - There is a loss of physical flexibility.
  - Eyes take longer to adjust to differences in lighting.
  - Some hearing loss often occurs.
  - Food is digested less efficiently.
3. Older adults face a great number of changes and losses including decreased physical abilities, loss of friends and family, retirement, changed roles in the family, diminished income, moving to another residence, etc. These losses need to be recognized, and time allowed for grieving.
4. A general understanding of the changes related to aging is helpful to both parents and children.
5. Aging successfully involves adapting to the changes and losses related to aging.
6. Unless the older adult wants to change, try to avoid additional unnecessary changes during periods of loss.
7. Often old habits do not change, but become more pronounced.
8. If your parents can no longer live independently, remember there are alternatives to nursing home placement which allow the older adult to remain at home and living as independently as possible. Check out in-home nursing services, chore services (i.e. - light housekeeping and yard work), home delivered meals, etc.
9. Talk with your parents and work together to formulate plans. Do not make decisions for your parents when they can make their own decisions, or at least be involved in the decision making process.
10. Realistically assess what assistance you can provide.

11. Remember, there is no right answer for how to relate to aging parents. You and your parents must find an approach that will work for you.

Gerontology Network has also developed the following suggestions regarding “Adapting To Aging Related Changes”:

1. Vision
  - Check all areas of the home to make sure lighting is bright, without glare or shadows.
  - At night, use night lights, flashlight, or regular lighting – avoid walking in the dark.
  - If uniform lighting is not possible, eliminate possible barriers in the area
  - Use brighter lighting for reading areas.
  - Try to delineate edges of stairs, platforms, and counter tops.
  - Supplement markings on appliances.
2. Taste and Smell
  - Use seasonings in foods, such as spices and herbs. Avoid extra salt.
  - Pay attention to the appearance of food – it is more appealing if it looks attractive.
  - Use safety devices, such as smoke detectors.
  - Put the date on leftovers stored in the refrigerator
3. Hearing
  - Speak clearly and distinctly – don’t shout.
  - Eliminate background noises if possible.
  - Face the person, don’t sit between the person and the window or other light source.
  - Telephone amplifiers and hearing aids can be helpful.
4. Touch
  - Touch older adults – it is a powerful communication tool.
  - Use different textures and materials to help older adults negotiate their environment.
  - Pay attention to temperature – both indoors and out.
5. Mobility
  - Be sure the home is free of barriers, or dangers such as slippery floors, throw rugs, clutter on the floor.
  - Maintain some type of exercise program.
  - Use steps and assistive devices if needed.

This Fact Sheet is provided as a public service of the Caregiver Resource Network.

Revised 04/10/02

# **Taking Care of You**

## **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

# **Taking Care of You**

## **Post-Test**

# Taking Care of You

## Post-Test

### True/False Questions

1. \_\_\_ Nearly one in four households in America are involved in providing physical and emotional assistance to older relatives and friends.
2. \_\_\_ About 75 percent of all caregivers for older people are women.
3. \_\_\_ Only in rare cases do adult children caregivers show signs of clinical depression after one year of caregiving.
4. \_\_\_ A Crisis Caregiver is a family member who manages most of the time on his/her own until there is an emergency.
5. \_\_\_ In coping with an unchangeable situation, there are 3 possible responses.
6. \_\_\_ Consciously ignoring difficult and frustrating feelings is one of the techniques recommended for stress reduction.
7. \_\_\_ Prayer, sitting quietly, controlled breathing, and assuming a passive attitude are all effective relaxation techniques that can be used by a caregiver.
8. \_\_\_ It is not that important for a caregiver to take good care of him/herself as long as they are providing quality care to their loved one.
9. \_\_\_ Maintaining meaningful relationships, making realistic commitments, identifying positive things in one's life, remaining flexible, and keeping a sense of humor are all important ways that caregivers can take good care of themselves.
10. \_\_\_ It is not important for most caregivers to know and understand age-related losses and adaptation techniques.

# **Taking Care of You**

## **Pre/Post Test Answer Sheet**

# Taking Care of You

## Pre/Post-Test Answer Sheet

### True/False Questions

1. **T** Nearly one in four households in America are involved in providing physical and emotional assistance to older relatives and friends.
2. **T** About 75 percent of all caregivers for older people are women.
3. **F** Only in rare cases do adult children caregivers show signs of clinical depression after one year of caregiving.
4. **T** A Crisis Caregiver is a family member who manages most of the time on his/her own until there is an emergency.
5. **T** In coping with an unchangeable situation, there are 3 possible responses.
6. **F** Consciously ignoring difficult and frustrating feelings is one of the techniques recommended for stress reduction.
7. **T** Prayer, sitting quietly, controlled breathing, and assuming a passive attitude are all effective relaxation techniques that can be used by a caregiver.
8. **F** It is not that important for a caregiver to take good care of him/herself as long as they are providing quality care to their loved one.
9. **T** Maintaining meaningful relationships, making realistic commitments, identifying positive things in one's life, remaining flexible, and keeping a sense of humor are all important ways that caregivers can take good care of themselves.
10. **F** It is not important for most caregivers to know and understand age-related losses and adaptation techniques.