



FAMILY CAREGIVING

According to the 2015 AARP report, Caregiving in the US, an estimated 43.5 million adults in the United States provided unpaid care to an adult or a child in the prior 12 months. 85% care was for a relative, nearly half over age 75; 10% was care for a spouse and 10% are themselves over age 75. 60% have at least one chronic health condition and nearly one quarter have dementia. Some care for a spouse, others a friend or a parent.

The aging population of the US is growing rapidly, making this one of today's most critical issues. Family caregiving can be an 8-10 year journey. It is both rewarding and taxing, often starting small, but in time the load gets heavier and more complex. Many families don't have the financial resources to use care outside the family or will need to use a blend of paid and family care. A family caregiver needs to have knowledge of the disease process, physical and emotional care, nutrition, finance, benefit programs, family dynamics, end of life, and how to manage all the components.

This awareness led PSRC to select family caregiving as the theme of our annual fall conference and the title "Compassion for Self and Others." Details on the conference are on page three of the November PSRC Newsletter. This topic is very personal for me. This year my parents began to need more help at the same time one son married and the other graduated from college. I learned that it's a lot easier to coach other people on how to manage all the aspects of care than to heed my own counsel.

I had to learn how to navigate the care system where my parents live; to find my "team" among the many doctors, nurses, social workers, and other staff. I had to figure out when that care system worked for us and when it didn't. I had to screw up all my courage to advocate for my parents, to ask for meetings and speak up when the "plan" was not good for them. I had to change my schedule to be available more often to add shopping, bill-paying, appointment and calendar management to my tasks, and to start asking "Am I the only one who can do this?"

Most challenging has been the creative problem-solving: if we can't garden in the community garden anymore, what other options are there and whom do I need to talk to for it to happen? I'm grateful for my husband who accompanies them to medical appointments when I can't get away from work, and for the nurses who come every morning to administer medications and check in, and to the staff and friends who call with reminders of events to attend. I'm

grateful to my caregiver groups and friends who listen and make suggestions when I'm at a loss. It can truly take a village to help people age with dignity and self-determination.

PSRC's last family caregiver conference in 2011 focused on practical strategies. This year we have workshops on several aspects of caregiving, but we want the emphasis to be on the need to be compassionate to ourselves as caregivers and for those we care for. We need to interrupt the voice that says, "If only I were a better person, I could..." "If only I had..." or "What can't she still ..."

As caregivers we need to take care of ourselves so that we don't become overwhelmed, depressed, isolated or sick. If that happens, we can't provide the care that's needed and we don't have the resources to respond as care needs increase. Sometimes the best care we can give ourselves is to know and accept our limitations and ask for help. As one participant recently stated, "We are all on the same journey, yet each one is different."

PSRC support and guidance staff is here to help caregivers find the resources you need for your unique situation. Start by attending the conference on November 12!

Susan W. Hoskins, LCSW