

University of Nevada, Reno
Sanford Center for Aging
Nevada Care Connection Training Module
Lesson Plan

Unit: Self-Care for the Caregiver

Introduction: The Self-Care for the Caregiver lesson is designed to train service providers both staff and volunteers to on how to adequately take care of themselves so that they can provide effective care to others.

Learning Overview:

- (1) Trainees will participate in a session designed to teach and/or enhance their ability to provide care for themselves while providing care for others.

Unit Objectives: The trainee will develop and refine their knowledge of self-care practice in order to improve their own ability to provide care to others.

Anticipated Outcomes for the Unit:

- Understand who the caregivers are
- Understand why caregivers are a population at-risk
- Identify the impact of caregiving on caregiver mental and emotional health
- Identify the impact of caregiving on caregiver physical health
- Understand how self-care empowers caregivers
- Understand the positive experiences involved with caregiving
- Identify stress-relieving activities for caregivers
- Understand when caregivers need to seek help

Materials:

Provided by the Facilitator:

- Lesson plan handouts (one for each trainee)

Activities:

LESSON:

Begin Lesson:

The word caregiver not only designates professionals whose occupation is to provide expert service to needy individuals; it also applies to inexperienced volunteers who find themselves assuming the additional roles and complex responsibilities of primary caregivers for infirm family members, spouses, relatives, or friends on a daily or frequent basis. The number of people in this situation has been steadily increasing as a result of changing societal circumstances. However, these volunteers and often the professionals relating to them, fail to realize the multifaceted implications of caregiving for the lives of individuals, families, and communities, as well as the critical need for self-care (Riordan, 2001).

Professional caregivers, benefiting from extensive training, ongoing supervision, professional reading, and continuing education, are cognizant of the risks and potential hazards inherent in their chosen occupation. However, even with that amount of support and awareness, they often fall into the trap of overextending themselves and may succumb to one form of illness or another. Other caregivers, such as family members, volunteers, relatives, or friends, often do not have access to the same kind of professional training and support, so they may be even more at risk for jeopardizing their own health if they do not take appropriate measures to safeguard it. The risks increase with the intensity of the caregiving required and the issues and stresses inherent in relating to a multiplicity of complex, interdependent, and interlocking systems (Riordan, 2001).

Anticipatory Set:

Today we will explore the importance of self-care for the caregiver. There are ways to deal appropriately with the caregiving situation. Prevention and intervention are possible. Caregivers need to develop a plan of self-care by pursuing safe, realistic coping strategies in order to continually renew themselves. Taking appropriate care of oneself not only helps the caregiver to better care for the ill person but also enables the caregiver to appreciate the many gifts that caregiving offers to oneself. There are

multiple reasons that this topic is important to both the caregiver and the person receiving care:

1. The psychological health of the family caregiver is negatively affected by providing care.
2. Caregivers have higher levels of stress than non-caregivers.
3. High rates of depressive symptoms and mental health problems among caregivers, compounded with the physical strain of caring for someone who cannot perform activities of daily living (ADLs) put many caregivers at serious risk for poor physical health outcomes.

Share the Objective:

During this meeting we will be discussing the following:

- a) **WHO ARE THE CAREGIVERS?**
- b) **CAREGIVERS: POPULATION AT-RISK**
- c) **IMPACT OF CAREGIVING ON CAREGIVER: MENTAL & EMOTIONAL HEALTH**
- d) **IMPACT OF CAREGIVING ON CAREGIVER: PHYSICAL HEALTH**
- e) **CAREGIVERS AND SELF-CARE**
- f) **CAREGIVERS: GAINS/ REWARDS**
- g) **A F.A.M.I.L.Y. APPROACH TO SELF-CARE**
- h) **STRESS RELIEVING ACTIVITIES**
- i) **WHEN TO SEEK HELP**

Input:

a) Who are the Caregivers?

An estimated 44 million Americans age 18 and older provide unpaid assistance and support to seniors and adults with disabilities who live in the community. Most older adults with long-term care needs (65%) rely exclusively on family and friends to provide assistance. Another 30% will supplement family care with assistance from paid workers. Within our complex system of long-term care, caregiving is essential in providing a backbone of support. In fact, the value of the Informal care that caregivers provide ranges from \$148 billion to \$188 billion annually. Research estimates that women make up roughly 60% to 75% of caregivers annually. The average caregiver is female, in their mid forties,

married, and working outside the home. Women provide the majority of Informal care to spouses, parents, parents-in-law, friends, and neighbors. Women also play many roles while caregiving, such as hands-on health provider, care manager, friend, companion, surrogate decision-maker, and advocate (Family Caregiver Alliance, 2007).

Today the elderly community is the fastest-growing segment of the population. Although illness and disability often accompany old age, both our health care and managed-care systems are largely directed toward acute and intensive care rather than care of the elderly or chronically ill. Moreover, the intensifying focus on cost containment has tended to create an atmosphere of dehumanization and depersonalization, and pre-established diagnosis-related reimbursement fees have resulted in shorter hospital stays. Chronically ill patients requiring complicated medical treatments or equipment, and even terminally ill people, are being discharged to home and often to ill-prepared caregivers (Riordan, 2001).

Input: **b) Caregivers: Population At-Risk**

Evidence shows that most caregivers are ill-prepared for their role and provide care with little or no support, yet more than one-third of caregivers continue to provide intensive care to others while suffering from poor health themselves. Today, medical advances, shorter hospital stays, limited discharge planning, and expansion of home care technology have placed increased costs as well as increased care responsibilities on families, who are being asked to shoulder greater care burdens for longer periods of time. To make matters worse, caregivers are more likely to lack health insurance coverage due to their time out of the workforce. These burdens and health risks can hinder the caregivers' ability to provide care, lead to higher health care costs, and affect the quality of life of both the caregiver and care receivers (Family Caregiver Alliance, 2007).

The chronic stress associated with caregiving has been found to affect several dimensions of caregiver health, including self-reported health, health symptoms, illness, and medication use. For example, it has been shown that caregivers experience a one-third increase in negative health

symptoms after assuming caregiving responsibilities. Spouse caregivers reported more days of illness because of infectious disease, primary upper respiratory tract infections, than non-caregivers. Additionally, caregivers also used more prescription medications than non-caregivers. Shaw et al. (1997) found that prolonged exposure to the chronic stress of caregiving can lead to changes in sympathetic arousal and cardiovascular reactivity, predisposing caregivers to hypertension and cardiovascular disease. Given these health changes, it is not surprising to discover that caregivers have a greater risk of mortality than non-caregivers. Specifically, Schulz and Beach (1999) found that people who were providing care for a spouse and experiencing strain had mortality risks that were 63% higher than those whose spouse was not disabled (Son et al., 2007).

Thus, if caregivers neglect their own health, this may only worsen preexisting illnesses or increase their vulnerability to new stress-related problems. Some studies have found that caregivers of people with dementia reported sleeping less and having more sleep problems, lower levels of exercise, and more significant weight gain than non-caregivers (Son et al., 2007).

In addition, the health services costs incurred as a result of caregivers' changed health status are hidden burdens on the health care system. According to some studies, caregivers of people with dementia use more health services than their non-caregiver counterparts, including an increased number of physician visits, increased prescription drug use, and a higher incidence of inpatient hospitalizations (Son et al., 2007).

Input: **c) Impact of Caregiving on Caregiver: Mental & Emotional Health**

The psychological health of the family caregiver can be negatively affected by providing care. Higher levels of stress, anxiety, depression, and other mental health effects are common among family members who care for an older relative or friend. Studies consistently report high levels of depressive symptoms and mental health problems among caregivers than among their non-caregiving peers. Estimates show that between 40% to 70% of caregivers have clinically significant symptoms of

depression. In addition, depressed caregivers are more likely to have coexisting anxiety disorders, such as substance abuse or dependence, and chronic disease (Family Caregiver Alliance, 2007).

Caregivers also report that they have higher levels of stress than non-caregivers. They also describe feeling frustrated, angry, drained, guilty, or helpless as a result of providing care. Caregiving can also result in feeling a loss of self identity, lower levels of self-esteem, constant worry, or feelings of uncertainty. Caregivers tend to have less self-acceptance and feel less effective and less in control of their lives than do non-caregivers (Family Caregiver Alliance, 2007).

Input: **d) Impact of Caregiving on Caregiver: Physical Health**

High rates of depressive symptoms and mental health problems among caregivers, compounded with the physical strain of caring for others who cannot perform activities of daily living (ADLs), such as bathing, grooming, and other personal care activities, put many caregivers at serious risk for poor physical health outcomes. Research shows that caregivers have lower levels of subjective well-being and physical health than non-caregivers. In 2005, three-fifths of caregivers reported fair or poor health status, one or more chronic conditions, or a disability, compared with one-third of non-caregivers. Caregivers also reported chronic conditions, including heart attack/heart disease, cancer, diabetes, and arthritis at nearly twice the rate of non-caregivers (Family Caregiver Alliance, 2007).

Caregivers also suffer from increased rates of physical ailments. Ailments include acid reflux, headaches, and pain. Caregivers also demonstrate a diminished immune response when compared with non-caregivers. The physical stress of caregiving can affect the physical health of the caregiver, especially when providing care for someone who cannot transfer him/herself out of bed, walk or bathe without assistance (Family Caregiver Alliance, 2007).

Input:**e) Caregivers and Self-Care**

Caregivers are less likely to engage in preventative health behaviors. Nearly three quarters (72%) of caregivers reported that they had not gone to the doctor as often as they should, and more than half (55%) had missed doctoral appointments due to the responsibilities involved in caregiving. Caregivers in rural areas are even at a greater disadvantage for having their own medical needs met due to difficulty in getting to the hospital for the doctor. Some common sources of stress that caregivers may be faced with include, trying to live up to their client's high expectations and/ or their own, inability to set appropriate boundaries, mental/physical demands, time pressures, limited resources, and competing priorities. Caregivers are usually alert to the stresses of the people that they help. They are not, however, always as alert to the stress and fatigue that can slowly surface in their own lives, and the need to be reminded of normal stresses that may affect them (Public Health Agency of Canada, 2005).

Common Physical/Behavioral Reactions:

1. Fatigue
2. Loss of appetite
3. Difficulty falling asleep/restlessness
4. Headaches
5. Increased blood pressure
6. Changes in eating habits
7. Decreased immune system
8. Change in libido
9. Changes in alcohol/drug consumption

Common Emotional Reactions:

1. Feeling helpless
2. Feeling overwhelmed
3. Feeling inadequate
4. Decreased motivation
5. Isolation
6. Changes in relationship dynamics
7. Withdrawal

Common Cognitive Reactions:

1. Confusion
2. Difficulty making decisions
3. Difficulty problem solving
4. Difficulty in concentrating

Caregivers are not immune to these various reactions and need to remind themselves that these are normal human responses to stressful circumstances. Although many of the underlying stresses cannot be prevented, a caregiver can increase their resistance by taking care of herself and staying healthy. It is very important that caregivers pace themselves and recognize their limits so that they can continue to be available to their clients and their community (Public Health Agency of Canada, 2005).

Input: f) Caregiving: Gains/Rewards

Though being a caregiver entails challenges and stressors, there are also positive experiences involved with caregiving. Kramer (1997) uses the term gain as “the extent to which the caregiving role is appraised as enhancing an individual’s life and is enriching.” Some examples of gains or rewards reported by caregivers include, a heightened sense of self and self-worth, feeling privileged to be a caretaker, feelings of competence and pride in the ability to meet the challenges of the role, an increased spiritual connection, the chance to have a closer relationship with a loved one, family, or friends, an enhanced sense of meaning, the knowledge that a loved one is getting the best care, and finally that the appreciation received from a loved one (Jones, 2006).

Input: g) A F.A.M.I.L.Y. Approach to Self-Care

Support can make a difference. Stress can play a major role in undermining one’s self care. Unrealistic expectations can increase one’s stress and reduce one’s health. It is easy to withdraw isolate, and restrict

supportive interactions when feeling stressed. This section focuses on the role supportive relationships and social support in helping to identify sources of stress and resistance to self-care. The benefits of supportive relationships and social support systems are presented as tools for success in developing and maintaining a sense of balance with one's self-care.

A F.A.M.I.L.Y. Approach to Self-Care was developed as a systematic model focusing on health factors with one's self-care. The use of supportive relationships and social support has been encouraged to help with one's successes with self-care behavior. Social support has been presented as a powerful factor in helping to make behavioral changes. The acronym F.A.M.I.L.Y. represents additional factors of health that have been included in this model of self-care. Health factors within the acronym F.A.M.I.L.Y. include the following:

- F** – Fitness Strategies
- A** – Adaptability
- M** – Moving Through Loss
- I** – Independence
- L** – Longevity
- Y** – Your Motivation

The F.A.M.I.L.Y. Approach to Self-Care is a model to create a healthy balance, identify basic human needs, and develop problem-solving skills to meet those needs. The model for self-care behavior focused on the need for integration and balance in five different dimensions of self (physical, mental, spiritual, emotional, and social).

Fitness Strategies evolved while working with athletes and trainers who wanted concrete, how-to guidelines to enhance their health, performance, and team chemistry. Problem-solving skills focused on creating a healthy balance and increasing one's ability to manage stress, or stress fitness. Fitness Strategies focused on needs and areas to be strengthened are as follows:

1. **Physical:** Fitness and Fuel for Fitness – for example, exercise, sleep, diet, vitamins, oxygen, etc.

2. **Emotional:** Friends and Family – supportive relationships allow assertive expressions of feelings, needs, and wants.
3. **Social:** Fun and Funds to Have Fun –creating social interactions and activities that allow one to enjoy and identify what is meaningful in one’s life.
4. **Mental:** Focus and Follow Through – the ability to focus and follow through with what is important in one’s life.
5. **Spiritual:** Faith – having a faith that allows one to positively cope with life.

Adaptability developed while working with seniors and patients who had been hospitalized due to a mental illness. They were struggling with developing skills to help cope with the difficulties and challenges of learning about decreased ability, disability, and critical need for adaptability. The ability to adapt to the demands of their environment, their bodies, and their minds was often painful, causing feelings of hopelessness. Depression and anxiety centered on difficulties with adjusting to the changes in life. These changes included decreased alertness to their environment, decreased physical activity, as well as decreased social support and spiritual connection. Also included in these changes was increased passivity and isolation. Problem-solving skills focused on increasing the ability to adapt to the changes in their lives by:

1. **Physical:** Staying Active – physically throughout their lives.
2. **Emotional:** Staying Assertive –feelings, needs, and wants.
3. **Social:** Staying Interactive – and socially connected with others.
4. **Mental:** Staying Alert – to changes externally and internally.
5. **Spiritual:** Staying Aware – of one’s spiritual connection.

Moving Through Loss began with seniors, clients, and patients talking about their problems in grief and loss groups. They shared the losses they had experienced with physical mobility, emotional support with their mates, social structure with family and work, sources of money, memory, and their sense of meaning.

1. **Physical:** Mobility
2. **Emotional:** Supportive Mates
3. **Social:** the Ability to Make and Have Money

4. **Mental:** Memory
5. **Spiritual:** Meaning in Life

The focus on Independence was derived from working with individuals and families working through their problems, learning problem-solving skills, accessing resources and help, developing independence or maintaining their independence to the best of their ability, and getting needs met in the context of individual and family pressures and stress. Problem-solving skills focused on their independence by strengthening their ability to:

1. **Physical:** Develop and maintain initiative with proactive versus reactive behavioral responses.
2. **Emotional:** Develop and maintain the capacity for intimacy.
3. **Social:** Develop and maintain identity
4. **Mental:** Develop and maintain insight
5. **Spiritual:** Develop and maintain interdependence with a spiritual connection.

Longevity focused on an awareness and recognition of basic human needs and skills to care for self, increasing one's ability to live more effectively and longer. It was adapted from a model used by Steven Covey (1989) in his book, *The 7 Habits of Highly Effective People*. These basic human needs in caring for self include:

1. **Physical:** "To live" with the best health possible.
2. **Emotional:** "To love" and feel loved.
3. **Social:** "To laugh" with others and find joy in life.
4. **Mental:** "To learn" throughout one's life.
5. **Spiritual:** "To listen" to what is spiritually important to you.

The importance of individual motivation, Your Motivation, can be seen in identifying why one would want to create a healthy balance. This is the driving force behind your behavior. The ability to identify your own specific motivation may be the most important step you take in maintaining a healthy balance in caring for yourself throughout your life.

Input: h) Stress Relieving Activities

1. Be physically active
 2. Eat sensibly: avoid excessive use of caffeine and alcohol
 3. Know and respect your limits
 4. Spend time with family and friends
 5. Get plenty of rest
 6. Ask others for advice/support
 7. Include yourself on the list of people you are taking care of
 8. Be self-nurturing
 9. Schedule time away on a regular basis
 10. Seek out respite care
 11. Be kind to yourself and give yourself credit
 12. Stay socially connected and involved with activities and people that bring you pleasure
 13. Be honest with friends and family about your needs
 14. Recognize and deal with signs of stress and depression
 15. Celebrate small successes and good days
 16. Maintain meaningful relationships
 17. Make realistic commitments
 18. Identify positive things in your life
- (Boise, L., Congleton, L., & Shannon, K., 2005)

Input: h) When to Seek Help

If at any time, a caregiver feels overwhelmed and unable to cope it is important to seek out additional assistance. Some examples of circumstances which indicate that it may be time to seek help may include a difficulty in returning to a normal routine, feeling extremely helpless, having thoughts of hurting oneself or others, and/or using alcohol and drugs excessively.

It is thus important to educate caregivers on their own self-care practice. Caregivers should never feel guilty about asking others for help. It is critical when providing care for others that caregivers ask for and accept help from others. It is also important that caregivers have the opportunity to get away at times, so delegating roles to others and

keeping other family members involved is essential. Another positive step towards self-care is to join a caregiver support group. This will give the caregiver a safe place to vent their feelings and frustrations, as well as get valuable advice and support from other caregivers (Public Health Agency of Canada, 2005).