The Caregiver
By James R. Long, Ph.D.

Who is a caregiver? More than 65 million people in the U.S are caregivers who provide a major supportive service to an ailing or disabled family member or friend. (National Alliance for Caregiving in collaboration with AARP; November 2009)

You most likely work another job because care giving is not always a full time job. Or if you are not employed by others, then caregiving is mostly likely to be your full time job. In either case, you rarely get time off for yourself. Maybe others try to help, occasionally filling in and providing you with a day off. All the demands of your own life that need attention must be addressed on that day. So, a real day off isn’t in the plan.

The typical family caregiver is a 49-year-old woman caring for her widowed 69-year-old mother who does not live with her. She is married and employed. Approximately 66% of family caregivers are women. (National Alliance for Caregiving in collaboration with AARP; November 2009)

Most caregivers did not seek the caregiver job; the job came to them. They are the only sibling left in town; they are the only sibling living close to Mom or Dad; they are the only sibling; they are the only one who cares enough. So, without any formal training or orientation, everything you do is based on common sense and instincts. Sometimes it is like walking in the dark through a room full of unknown furniture items. You have no idea what is there and why. Since you’ve never done this before, you aren’t quite sure what is expected of you. Yet, there is a peanut gallery of (Family) critics who are evaluating everything that you do.

78% of adults living in the community and in need of long-term care depend on family and friends as their only source of help. (Thompson, L. Long-term care: support for family caregivers. 2004.)

You would like to think that everyone means well. You might receive an overwhelming list of ideas on how you should perform your unpaid caregiver job. Some from those family and friends who take the time to think of things for

(Continued on page 2)
you to do instead of using the time to actually help. Sometimes, ideas can be so diverse and difficult to understand that they generate more confusion and uncertainty than help. You try to stay focused and do the best you can but you can stumble and fall. The stress of it all is a daily challenge. The uncertainty is fueled by the lack of knowledge about what is really going on.

23% of family caregivers caring for loved ones for 5 years or more report their health is fair or poor.

If you are caregiving for a relative with mild to moderate dementia, there are many difficult moments ahead. This mild mannered person who you love and cherish may at times get short with you, not believe you, claim that they are in fact correct when they are not, accuse you of getting rid of an item that they have lost, and so on. It is difficult for the caregiver to not take all of those kinds of situations personally. These kinds of moments generate strong emotions which the caregiver must try to manage in a constructive manner.

It is hard for caregivers to grant themselves permission for self-care. Below are seven strategies created by caregivers for caregivers:

1. **Take breaks – short or long.** It is crucial that you get away. It cannot always be for just 1 day. It must include opportunities for “a week away from it all.”

2. **Do simple things and keep life simple.** Take relaxing walks in her neighborhood, meditate, read a favorite book, do yoga. If the house isn’t clean and presentable to children and grandchildren, then you just can’t worry about it. If they come to visit, they have to bring their own food.

3. **Take advantage of what’s in your neighborhood.** Flea markets, Dollar stores, Seasonal events, etc. anything that becomes a pleasant change of focus.

4. **Stay socially involved.** Have lunch with friends, despite criticism from neighbors. If you don’t attend to your social life now, you won’t have one after your caregiving is over.

5. **Get help and enjoy your friends.** Fran, a teacher, arranges to have one of their children stay with her husband one Saturday a month, and one evening a month, so she can go out with co-workers.

6. **Have fun – get rest.** Jean arranges for a neighbor to stay with her ailing husband while she goes to a jazz club one night every week. She also has someone come for one overnight each week so she can take a sleeping pill and get a good night’s sleep.

7. **Know that the sick person’s journey and your journey are not one and the same.** Be sure that you are making your journey your own.

Caregivers can utilize free EAP sessions as a resource for unbiased information, listening, and understanding.

**Resources:**

1. The Caregiver’s Handbook, Caring for a loved one-and yourself Diana B. Denholm, Ph.D., L.M.H.C.


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“Caregiving often calls us to lean into love we didn’t know possible.”

...Tia Walker, Author

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EAP Orientation Flash Drive

After an unexpected delay, we recently mailed a flash drive, with a 15 minute employee orientation to EAP services, to each of our member companies and organizations. We hope that each company and organization received one and will find it useful for new employees and to periodically remind existing staff about the EAP. If you did not receive one please let us know.
Determining the Value of EAP Services
By Bob Mason, LCSW, CEAP, Director of EAP Services

“My counselor really understood what I was going through at home and provided me with helpful ideas for improving communication.”

“I had so much trouble managing stress at work. It was so helpful to talk with my counselor. She provided me with better ways to cope.”

These are examples of the kinds of comments clients write on the Satisfaction Surveys we hand to each person coming to the EAP. Aside from an opportunity to add their comments, clients are asked to rate their experience, from Excellent to Poor, in these five areas:

1. Your initial call to the EAP was responded to promptly and in a courteous and sensitive manner.
2. Services—first appointment offered, resources recommended over the phone, phone consultation, etc.—were provided promptly.
3. My EAP counselor was respectful and understanding.
4. My EAP counselor helped with my concerns.
5. If you were referred to other professional services, please rate your level of satisfaction.

There is a final question: Would you use the EAP in the future or recommend the program to others?

Client’s responses to the survey are very helpful in our gauging how well we’re performing, and I am pleased to report that over many years our average ratings are 3.5 on a scale of 1-4, with a score of 3 being good and 4 being excellent. Also the vast majority of clients who complete a survey indicate that they would recommend the service to others and use it in the future if they have a need.

Collecting Satisfaction Surveys from clients is standard in the EAP field and certainly provides us and the organizations we support valuable information, but we want to improve our assessment of EAP services. Later on this year we will begin employing a second level of service evaluation using a scientifically reliable and valid 5 question survey to measure workplace outcomes. Based on the recommendation of the Employee Assistance Professionals Association (EAPA)—we’ve been members for many years—we have signed an agreement with Chestnut Global Partners to utilize their Workplace Outcome Suite (WOS). WOS has EAPA’s official support and endorsement as an “EAP best practice for measuring and evaluating work-related outcomes of Employee Assistance services”.

So how will we gather the information? At the beginning of the first appointment the counselor will ask their client to complete a questionnaire that consists of the following items:

1. For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work.
2. Then rate the following from “Strongly Disagree” to “Strongly Agree”:
   1. My personal problems kept me from concentrating at work.
   2. I am often eager to get to the work site to start the day.
   3. So far, my life seems to be going very well.
   4. I dread going into work.

With the client’s permission we will call them around 30 days after their EAP counseling has been completed and ask the same questions.

Of course no identifying information is ever shared with the client’s employer or Chestnut Global Partners, but, by providing them with de-identified data they can analyze the results. In addition we will receive an annual report pooling all data collected from EAP programs throughout the United States and beyond. This will enable 21st Century EAP and the organizations contracting with us to see how the quality of the service compares with many other programs.

Like many other organizations, 21st Century is committed to continually improving our services. Adding WOS assessment to Satisfaction Survey results will provide the information that we need to enhance these services.
Use Our Online Contact

It’s easy!

Go to www.21stcenturyeap.com
Click on “CONTACT US” from the menu at the top of the page
Then select “REQUEST SERVICES”

Free, Professional, Confidential

The Employee Assistance Program is provided to employees and their dependents (where applicable) through 21st Century Employee Assistance Partners.

EAP counselors can help with family, marital and job stress, substance abuse and emotional problems, and many other issues. All contacts with the EAP are confidential to the extent permitted by law. Information about your call, or your visit, is not available to anyone unless you decide it is something you wish to share.

Initial assessments or counseling sessions are provided at no cost to you. Any subsequent services needed will be arranged in accordance with your health insurance benefit or ability to pay.