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*Complete Guide to Caring for Aging Loved Ones*

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*And let us not grow weary while doing good, for in due season we shall reap if we do not lose heart. Therefore, as we have opportunity, let us do good to all, especially to those who are of the household of faith.*

GALATIANS 6:9-10 NKJV

## Facing a New Role

### Becoming Your Loved One's Caregiver

**D**URING a career change, Karen moved in with her parents as a single adult. She planned to stay six months but never moved out. Instead, she eventually purchased the house and became her parents' primary caregiver as their health began to fail. "For the first 15 years I was footloose and fancy free, but as time went on, I had to learn to be a lot less selfish," says Karen, now 63. "It was quite a shift because they had always taken care of my needs and I'd been so involved outside of the home—at work and at church—but now it was my turn to care."

Her new role as caregiver developed gradually—from helping her arthritic mother climb the five steps to get to the bathroom and preparing meals for her parents to eat while she was at work to driving her blind father to organ concerts and cleaning up after her mother when she was incontinent.

Karen's help wasn't always immediately appreciated. When she brought home a commode to put on the first floor, her mother got angry. "She didn't want a 'potty chair' where others could see it, so she made me put it in the basement," says Karen, who respectfully complied. A couple weeks later, Karen gently raised the issue again. This time her mother agreed to put it next to her bed. "As a caregiver," says

Karen, “I learned not to impose or go any faster than what my parents were willing to accept, but I didn’t ignore things either.”

After working all day, Karen had to consciously slow her pace to half speed or less in order to avoid getting impatient with her parents or frustrating them. “If I talked too fast or moved too fast or expected decisions too fast, they would get upset. It could be a simple question, such as, ‘Do you want coffee, tea, or milk for dinner?’ Mentally they were okay, but it just took longer for them to decide.”

Despite the challenges, Karen was devoted to caring for her aging parents. “My attitude is summed up in a motto I clipped out of a magazine years ago: ‘The elderly need so little, but they need that little so much.’”



Is your mother, father, spouse, grandparent, aunt, uncle, or friend growing frail, becoming forgetful, or otherwise feeling the effects of aging? Have you taken on major responsibilities for an older loved one? Or do you fear that you may have to at some unexpected moment in the not-too-distant future? Do you feel perplexed or overwhelmed by decisions you must make, by information you do not have, or by feelings you do not understand? Do you wonder how God, faith, or the Christian community can be integrated into the life of your aging loved ones as they journey through their final years, or into your own life as you travel along this unknown path with them? If you answered yes to any of these questions, this book should assist you. It was designed to take a Christian approach in mapping and traversing the unfamiliar, complex, and sometimes overwhelming territory of caregiving for elderly loved ones.

## CHANGING ROLES & RESPONSIBILITIES

Most people begin to experience the consequences of aging gradually. Since you are aging too, you may observe yourself having certain difficulties even as you attempt to help a loved one who may be further along in years. For example, you may need bifocals, just as your elderly loved one may need cataract surgery. We are all on the same journey toward our final destination. We just have different roles at different

times. If your loved one is ahead of you in years or is growing frail more quickly, one of your roles for a while will be that of a caregiver.

Your loved one's difficulties may have increased slowly, making you a caregiver by degrees. Perhaps you first started driving Mom to her home after dinner at your place; then you had to write down important events on a calendar for her; now she needs daily visits so you can be sure she has taken her heart pills. As people live longer, many develop chronic ailments that require more hands-on assistance over a longer period of time. You may have become a caregiver precipitously, after your husband's stroke. Elders often take an abrupt downturn in health after an illness or accident that requires medical intervention and hospitalization.

Either way, you are finding that you must become a caregiver. The role means far more than caring about others or feeling concerned for their welfare. Most likely, you have always felt appreciative of and devoted to your parents, grandparents, aunts, uncles, spouse, or older friends. But now they need more than your time and tender feelings. They need help with concrete tasks—paying bills, grocery shopping, deciding when it is time to see a medical specialist, or even changing soiled bed linen at 3 A.M. You may need to arrange for professional services and transport your loved one to appointments and social activities. As your elder's health deteriorates, you might be called upon to supervise financial affairs and medical treatments while working with professionals such as physicians, attorneys, CPAs, and insurance agents. When you assume such tasks and accept major responsibilities for the well-being of elderly adults, you become a caregiver.

## CAREGIVER PROFILES

### The Spouse

When spouses are present as elderly people fall ill, they almost invariably become the principal caregivers. Elderly spouses are often enormously loyal to each other. But this arrangement can be tenuous. If you are a caregiving spouse—unless you happen to be a young one—you probably feel the effects of your own aging. What if you are asked to help your wife learn to walk again after her stroke, but you do not feel all that steady on your own feet? One devoted husband needed to help his wife to the bathroom several times during the night, even though he needed to take pills

for his own difficulty sleeping at night. If you are such a caregiver, you might think privately, *We could both use help. But since I haven't had a heart attack in 10 years, nobody seems to notice my needs.*

## The Female Relative

When elderly people become ill but do not have a spouse, most often the primary caregiver will be a female relative—usually a daughter or daughter-in-law. Female caregivers usually fill many additional roles in relationships, family, and career.

The largest group of caregivers is made up of employed women in their forties and fifties. But you may well be younger or older, married or single, not employed outside the home or working part-time. In any case, you have many demands competing for your time. You may have delayed your own professional aspirations until your children were grown. Perhaps now was the time you had hoped to go back to school or to devote time and attention to your career. You did not expect to become a new kind of caregiver, at least not so soon. Your employer might offer time off for maternity leave or crises with child care, but not for elder care.

Many times, a spouse can be a ready source of emotional support. You have someone to talk to about your parent-care problems; you have another adult in the house who can listen, understand, share decision making, and help out in many other ways. Still, caregiving responsibilities can become a source of conflict even in the best marriages. On the other hand, if you are a single caregiver, you may feel alone and isolated in your role.

Sooner or later most caregivers feel hemmed in by responsibilities on every side. Do you find yourself exhausted trying to balance the needs of your children with those of an elderly family member? If so, you are probably part of what experts call the Sandwich Generation, a term coined to describe caregivers who are assisting relatives on both ends—aging loved ones and their own children. Between 20 and 40 percent of caregivers are sandwiched between the caregiving needs of children at home and those of parents or older family members.<sup>1</sup> If you are a grandparent providing assistance to parents, children, and grandchildren, you are part of the Club Sandwich Generation, a term that refers to the numerous layers of responsibility many grandparents assume in today's complex and multigenerational culture.<sup>2</sup>

***The largest group of caregivers is made up of employed women in their forties and fifties.***

Wife, mother, grandmother, homemaker, volunteer, church worker, paid employee at a “real job.” You may occupy all of these roles—or more—at the same time. You may fix meals; clean house; wash clothes; provide discipline and structure for youngsters; encourage and support your husband; arrange lessons and extracurricular activities; offer moral support and spiritual training; make peace out of conflict; put out “emotional brushfires”; and transport the young, the old, and yourself seemingly everywhere for everything.

The weight of the load may well be negatively affecting your marriage, your personal health, your career, and your emotional equilibrium. The risk of chronic fatigue, depression, and demoralization is high. Some caregivers decide to quit their jobs or eliminate certain responsibilities in order to restore balance to life. Still, most caregivers try not to complain under such circumstances.

## The Male Caregiver

One single dad, raising two children and caring for an elderly mother, was ruthlessly honest about his experience. “We talk about the Sandwich Generation,” he said. “But do you know what’s in the middle of that sandwich? I’ll tell you: chopped meat!”<sup>3</sup> If you are a male caregiver, like that single dad, you face your own unique challenges. You are in the minority; only about one in five caregivers is male. Perhaps this is be-

***The Sandwich Generation describes caregivers who are assisting aging loved ones and their own children.***

### MINUTE MEN

**M**y father’s health declined so gradually that my wife and I were able to adjust to the changes. But just a few days before he died, I was surprised by a case of role reversal. It was a brisk autumn day and I encouraged Dad to take a walk outside with me—a wheelchair walk, actually. He loved scenic walks and agreed, but he was frail and easily chilled, so it required a great deal of bundling up to get him ready to go out. As the amount of time spent getting him ready, 45 minutes, exceeded the time we were able to walk in the cold, about five minutes, it reminded me of when I was a kid and the time my parents spent lovingly getting me bundled up to go outside. Five minutes later, I was often back inside again. Of course, I cherish that autumn stroll with my dad. I’m glad we took the time to do it, because now it’s a precious family memory.

*Timothy S.*



cause women, when available, often automatically assume helping tasks. In general, society presumes caregiving is “women’s work”; employers may frown on or penalize you for engaging in caregiving at the expense of your job performance.

Men may prefer tasks that reflect their traditional roles; for example, money management, home repairs, and making major decisions. But just like elderly husbands who are devoted to their aging spouses, sons love their parents and feel a strong sense of responsibility for them. When duty calls, many sons accept responsibility for direct, hands-on care for elderly parents.

## WHAT YOU MAY BE FEELING

Whether male or female, if you are like most caregivers, you did not plan for your new role. You might accept it with grace, but also with considerable fear and trembling. You probably do not feel prepared to address the myriad issues ahead. You want the best for your aging loved ones, but you recognize your lack of knowledge. You are not sure which symptoms are considered normal aging and which ones mean your elder should see a physician.

You may wonder where you will get the time, strength, and energy to care for your elderly loved one in addition to your job and other roles. You might feel that your own mental and physical health are as much at risk as that of your elder. The more vulnerable your elder becomes, the more vulnerable you feel. In fact, many caregivers do encounter physical illness, psychological stress, spiritual discouragement, or all three.

If your aging loved one has not saved enough of his own money to support himself financially, you may fear that he will become dependent upon you and your resources. This could threaten your family’s lifestyle. Your personal dreams may be delayed while medical costs for your aging loved one eat away at your savings—and your peace of mind.

You might feel frustrated, angry, or even resentful. There could be new restrictions on your personal freedom and new demands competing with your personal goals. Tensions may mount, not only within your immediate family, but also between you and your siblings. You

***Nearly 7 million Americans travel at least one hour or more to provide assistance to older relatives.***

may debate or quarrel with them about decisions concerning your elder's health care, living situation, or possessions. If you are a long-distance caregiver, you might feel guilty, anxious, or out of touch as you try to manage the care of your loved one with miles in between. In fact, nearly 7 million Americans travel at least one hour or more to provide assistance to older relatives.<sup>4</sup> This common situation has its own set of fears and challenges, yet with the proper help and resources, long-distance caregiving can be done successfully (see “Honoring a Loved One from Afar” on pages 33-38).

Perhaps becoming a caregiver has coincided with your own retirement. Just when you expected to be free of work obligations, instead of enjoying grandchildren, traveling, and hobbies, you are again facing more work, this time the mundane, practical tasks of caregiving. Or perhaps you are still in the midst of your working years and your children have only recently become independent. You have been looking

#### **FACTS ABOUT CAREGIVERS**

- Transportation, grocery shopping, and household chores are the most common tasks caregivers perform.
- Thirty-seven percent of caregivers help with medications, pills, or injections.
- Half of all caregivers help with at least one activity of daily living, such as bathing, dressing, or getting in and out of chairs.
- About half of all caregivers report they have less time for other family members, vacations, hobbies, or other activities.
- More than one in five caregivers take care of someone with Alzheimer's disease, dementia, or forgetfulness.
- Forty-one percent of caregivers are caring for children under the age of 18 at the same time they are caring for an elderly person.
- When asked what kinds of help, information, or support they could use most, 38 percent said they did not know.
- Only 7 percent of caregivers have participated in a support group.
- A majority of caregivers use positive words (e.g., *rewarding*, *happy*) to describe the caregiving experience.

*National Alliance for Caregiving and the American Association of Retired Persons, "Family Caregiving in the U.S.: Findings from a National Survey," March 1997.*

forward to having time for other things: a delayed vacation, catching up on time with your spouse, reromancing your marriage, starting your own business, catching up on your sleep, or just having time to sit in a chair and do nothing for once in your life.

Experts say it is normal to experience anger at yourself, at your loved one, even at God. But in some communities and in some churches, such feelings are difficult to address and may be shunned. So in addition to your anger and resentment, you might also feel guilty just for having these feelings.

Caring for an elderly loved one is often the emotional opposite of raising children. You celebrated the passing of exciting milestones as you raised your children. But the significant milestones of an elder can be grim, leading to the inevitability of death. Simple tasks, like helping your loved one eat or washing her face, are constant reminders of decline, fraught with corresponding emotional overtones of grief and loss. You may feel deep pain and sadness about the way life is going.

At times, you may feel abandoned by family, friends, or community because they do not do enough to help. Or you may feel betrayed by the medical establishment when it fails to provide the assistance you expect from it. The culture, the community, and the church are often silent

### SENIOR STATISTICS

The “baby boom” generation born following World War II is beginning to grow old while medical technology is moving forward at lightning speed. Since 1900 the number of Americans sixty-five and over has grown from 3 million to 34 million and is expected to double by 2030, one year after the last of the baby boomers reach the age of sixty-five.<sup>1</sup> Perceptions of aging are beginning to change; many Americans now think old age begins at age 70 or older. The U.S. Bureau of the Census generally divides seniors into three age levels:

1. The “young-old” are 65 to 74 years old.
  - By 2010 the baby boomers will become the “grandparent boom”—or, assuming that women continue to outlive men, 2010 will bring the “grandma boom.”
  - By 2025, seniors will outnumber teenagers by more than 2 to 1.

2. The “aged” are 75 to 84 years old.
  - Between 2010 and 2030, baby boomers will move from the first category— young-old—to the second category—the aged.
  - Racial and ethnic diversity will expand. The African-American elderly population is expected to quadruple by 2050. The population of aging Latinos will increase eleven times, becoming 15 percent of the U.S. elderly.
  - The percentage of the aged in nursing homes declined from 6 percent in 1985 to 5 percent in 1997, which may reflect a decline in disability rates and an increase in the availability of home health services over this period.<sup>2</sup>
  
3. The “oldest-old” are 85 years and older.
  - Seventy percent of the oldest-old are females.<sup>3</sup> (Men tend to experience diseases that are fatal, whereas women are more likely to suffer diseases that lead to chronic, disabling conditions.)
  - Disability increases substantially with age, with 18.1 percent reporting problems with two or more activities of daily living (ADLs), such as bathing or dressing.<sup>4</sup> Nevertheless, the percentage of the oldest-old in nursing homes declined from 22 percent in 1985 to 19 percent in 1997.<sup>5</sup>
  - They are less likely to be married and more than twice as likely as the young to live in poverty. In 1990 four out of five were widowed. Of widowed men, 12.6 percent lived in poverty, compared to 24.1 percent of widowed women.
  - They have less formal education than younger groups of elderly and the rest of the population. Research shows that with education come better health, higher incomes, and more self-sufficiency.
  - They are projected to continue to make up the fastest-growing sector of the older population.

<sup>1</sup>The U.S. Administration on Aging, “AoA Announces New Elder Care Trends”; <[www.demko.com/m000207.htm#one](http://www.demko.com/m000207.htm#one)>. <sup>2</sup>Population Reference Bureau, *Older Women: Living Longer, Living Alone*; <[www.ameristat.org](http://www.ameristat.org)> (click on “Older Population”). <sup>3</sup>U.S. Census Bureau, as reported by the Federal Interagency Forum on Aging-Related Statistics, *Older Americans 2000: Key Indicators of Well-Being* (2000). <sup>4</sup>Administration on Aging, *Number and Percent of Persons Reporting Problems with Two or More Activities of Daily Living (ADLs), by Age, Race, Gender, Poverty, Living Arrangements, Region, and Area of Residence, 1994–1995*. Based on the 1994–1995 National Health Interview Survey on Disability (Phase I), National Center for Health Statistics, Centers for Disease Control, U.S. Department of Health and Human Services. <sup>5</sup>Population Reference Bureau, *Older Women: Living Longer, Living Alone*.

about the difficult realities and challenges caregivers face. You may feel invalidated and ignored when social institutions take your efforts for granted or fail to articulate and meet your needs for assistance. Our social institutions affirm young parents and give solace to the bereaved after the death of a loved one. Caregivers often feel left out and left over. You might feel simply left alone—with too much responsibility, too little help, and not enough empathy.

In the midst of all these feelings, being a caregiver may, at times, bring out the worst in you. Very likely it will also bring out the best in you. In spite of overwhelming feelings of bewilderment, conflict, exhaustion, and even anger and resentment, you are likely to have some positive experiences: the sharing of burdens, growth in relationships, spiritual breakthroughs, forgiveness and reconciliation, feelings of satisfaction, and even a sense of joy and fulfillment because of the needed service you are providing.

For your loved one, your presence will bring comfort and coherence to otherwise fragmented circumstances. Elderly people do much better under the care of family members, people who know their history and personality. They appreciate being cared for by someone they trust to treat them as real people, not just as an “old man” or an “old lady.” They deserve and need to be included in discussions and decisions regarding their care. As their advocate, it is important for you to know their wishes. As you accept the burdens and challenges of being a caregiver, you will probably experience some strong negative emotions, and you will make mistakes and fall short of your own ideals. But as you become a caregiver—as you offer your labor, love, and prayer—remember this: For your elderly loved ones, your very presence is a model of commitment and compassion.

## YOUR NEEDS AS A CAREGIVER

This book was designed to focus on your needs as a caregiver. Much of it explores various aspects of aging in order to give you the information you may need to fulfill your role as a caregiver. You will need a number of things: lots of information; ways to access appropriate support services; new skills; considerable help, encouragement, and inspiration; and—not to be forgotten—significant attention to your own self-care.

***Elderly people do much better under the care of family members, people who know their history and personality.***

**LIFELINES FOR CAREGIVING**

When it comes to caregiving, you do not need to do it alone. Because of the needs of the aging population, a growing number of services and devices are available to help you, ranging from transportation services and adult day care to wheelchairs and home modifications. Yet one of the most frequent reasons caregivers give for not using a service is that they were not aware of it. Some caregivers report that they or their aging loved ones were “too proud” to use a service, such as adult day care (although some were confused about what adult day care is). Fewer people cite cost as a barrier to obtaining needed services.<sup>1</sup>

When you seek out caregiving options for your elder, community services (especially those coordinated through your elder’s local Area Agency on Aging), help from family, or a support group for yourself, it is not a sign of defeat or weakness. You will need a break from caregiving from time to time. High on your list of resources should be services for respite care that will provide opportunities for relief from the day in, day out responsibility (see chapter 9: Finding Health, Medical, and Social Services).

You will also benefit from the practical guidance of other caregivers, whether they are friends from church or the members of a caregiver support group on the Internet. When a caregiver named George was trying to decide how best to care for his grandma, who could no longer live on her own due to Alzheimer’s disease, he called his pastor for advice. Although his pastor had never been through the rigors of caring for an aging loved one, his father had. So George called his pastor’s father. He ended up calling the man on a regular basis for advice and emotional support.

“You can read the printed word, look at research on the Internet, and learn about dementia or other diseases, activities that are all well and good for the purpose of educating you, but the best help often comes from someone who has walked a mile in your moccasins,” says George. “Somebody who’s been through it can tell you, ‘Here’s what I did right, and here are some mistakes I made.’ They can speak from the heart.”

On the bad days, look forward; give your complaints to God with an attitude of resting in His perfect will. Remember that God placed you in your particular family and is aware of your needs. He is “a very present help in trouble” (Psalm 46:1 NASB). You might feel that somehow you have to have all the answers, but you do not. Caring for elderly adults comes with some uncertainties and surprises. Accept your human frailty and ask God to provide the strength for each day.

<sup>1</sup>National Alliance for Caregiving and the American Association of Retired Persons, *Family Caregiving in the U.S.: Findings from a National Survey* (June 1997).

To understand your role and responsibilities in a Christian context, you need information from Scripture and firsthand application from other believers. You could probably use answers to questions like these: What biblical principles relate to caregiving and aging? How are we to apply these principles to the caregiving situation? (See chapter 2: Honoring Your Aging Loved Ones.) Christians believe in the sanctity of human life, yet today's world of high technology can extend not only life but suffering. How are we to apply the principle of sanctity of life to specific end-of-life treatment decisions? (See chapter 18: End-of-Life Issues.)

Biblical principles provide an essential foundation for caregiving, but you will need far more information, much of it quite technical in nature. This information will come from several fields, including medicine, nursing, insurance, finance, law, and ethics.

Your situation is unique and depends on many factors about you and your elder, including your personalities, health, living situations, resources, and relationship. Your tasks may include familiar activities like meal preparation, housecleaning, and laundry—tasks for which you will not need much new information. But caregivers often need to make decisions or perform duties for which they do not feel prepared; they need specific and detailed information.

For example, your elder may need help arranging medical and professional services or transportation to appointments and social activities. Unless you have time to be a private chauffeur, you will want information about social-service agencies and services in your area. As your elder's health deteriorates, you may be called upon to supervise financial affairs, understand and organize insurance coverage, and make medical-treatment decisions. You may need to understand a variety of financial and legal matters, and you will want to know what resources are available. (See chapter 10: Financial Care, and chapter 11: Legal Care and Estate Planning.) You may need to work with and understand the functions of a variety of professionals, including physicians, physician's assistants, neurologists, registered nurses, nurse practitioners, gerontologists, neuropsychologists, social workers, attorneys, ombudsmen, and care managers. (See chapter 9: Finding Health, Medical, and Social Services.)

***You do not need to go to medical school, but it would be beneficial to you to learn some basic facts and nursing skills.***

Now or later, your aging loved one could need assistance with eating, bathing, dressing, and toileting. You may need to help your elder get in or out of bed, get around the home, or take medications. If your loved one has Parkinson's disease, Alzheimer's disease, depression, diabetes, or some other specific illness, you will need to learn about that illness. You will need to understand its symptoms, your elder's daily needs, how to decide when your elder needs to see a physician, and how to help manage medications. You do not need to go to medical school, but it would be beneficial to you to learn some basic facts and nursing skills. (See chapters 5 and 6: Physical Changes in Aging—Parts 1 and 2.)

Equally important are the tasks of encouraging spiritual growth, emotional health, physical exercise, and good nutrition. But what food, spiritual sustenance, emotional stimulation, and physical activities would be most appropriate for your loved one? You may want information and guidelines for age-related care in each of these areas. (Read chapter 12: Church, Religious Activity, and Spiritual Life; chapter 8: Emotional Changes in Aging; and chapters 5 and 6: Physical Changes in Aging—Parts 1 and 2.)

Christians are not meant to carry their burdens alone. As a caregiver, you will need not only professional help and social services from the community; you will also need support, encouragement, and inspiration from your church or religious community. Some churches have explored specific ways to help caregivers; others might be open to pro-

#### CREATIVE RESPITE

**A**lthough I didn't want to, I planned to turn down a much-needed vacation because I couldn't take time away from my parents. And they were opposed to having any strangers taking care of them in their house. I'd mentioned the trip in passing to my brother and sister-in-law but didn't want to impose. Shortly after that, we were out for dinner and my sister-in-law, Sarah, said, "We've been talking, and we think we have a win-win situation." Sarah offered to take a leave of absence from her job in order to work on her master's thesis and assume the caregiving responsibilities while I was gone. I was so grateful! So Sarah moved into my bedroom temporarily, and I was able to take a memorable trip to England.

*Janice F.*



***To survive and thrive as a caregiver, you will need to include yourself in your care and attention.***

viding more assistance if they knew how. Your role may include asking for help that is already available, learning how to receive it graciously, or suggesting ways the church can be more helpful or available.

Caregiving is, no doubt, only one of your many roles. The more the demands mount, the more exhausted you might feel—emotionally, physically, and spiritually. Other members of your family may be quite supportive; nevertheless, you may feel the strain of all your responsibilities and even come to resent some of the lifestyle restrictions imposed by your aging loved one's situation. Children, if present, may contribute both needed help and extra stress. If you and your family share a household with an aging loved one, the opportunities for interpersonal conflict increase for each family member. Your mental health may suffer.

As you tend to everyone else's needs, you may wonder what will become of your own needs. You may begin to feel restless, frustrated, depressed, overworked, unappreciated, physically exhausted, emotionally drained, and spiritually depleted. Even if many things hinge on you, you must consider your own needs at least as equal to the needs of the others you care for. Yet self-care is often a problem for Christians. We learn the importance of being a servant, like Jesus. We forget that our body is God's temple and that good stewardship includes taking care of it. If you are to survive and thrive as a caregiver, you will need to include yourself in your care and attention.

## YOUR IMPORTANT ROLE

***The caregiving process will be different for every family because there is no single timetable for human aging.***

To be a caregiver is to manage a huge, complex process. It is time consuming and probably seems overwhelming. But with the help available today, you will grow with the responsibilities. As you become accustomed to making telephone calls to agencies and organizations, you will learn how to make telephone time most effective. As you seek advice from experts, you will learn how to ask for it so that you get exactly what you need. As you begin the hands-on care of your loved one, you will likely establish a closer bond than ever before that will be self-motivating and mutually rewarding.

The caregiving process will be different for every family, because there is no single timetable for human aging. Even as all of this begins to

happen, your support may not be welcomed at first. Hang in there, and pray for harmony. You are much needed as your loved one begins to wrestle with the changes going on in body, mind, and spirit. When caregiving is difficult, keep in mind that it is hard for the one who is aging, too. It is important to be gracious.

No matter what your role is, caregiving involves lots of talking through issues and problems with your elder and other family members. Your role as a good listener is important. Equally important are the tasks of facilitating spiritual and mental stimulation, physical exercise, entertainment, and other forms of self-care for your aging loved one. When you engage your loved one in prayer or simple reminiscing, you help increase the contentment factor in his life, and that affects your elder's overall health in a positive way.

The journey through your loved one's final years can successfully be navigated. You will encounter challenges and difficulties along the way, but with the right information, resources, help, support, and especially the grace and wisdom of God, your experience as a caregiver can be rewarding and fulfilling.

***When you engage your loved one in prayer or simple reminiscing, you help increase the contentment factor in his life.***



*“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.”* JEREMIAH 29:11 NIV