Caregiving NOT a Sprint…

Caregiving is NOT a Sprint…
It’s a Marathon!

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Where the only certainty is uncertainty!

Life in the context of death…

“Whether we like it or not, we will never be our ‘old self again… However, we can learn to rebuild an identity appropriate to our new role(s).”
Robert Neimeyer (p. 47)

Life-Limiting Diagnosis is delivered, Life is shattered, & we are left with QUESTIONS

Who will be the primary caregiver?
What resources are available?
Who will be involved in the decision making process?
What about the relationship between caregiver & patient?
What about interrelationship with family members?
Do caregivers know enough to ask “right” questions?
When the ends come then what?
How can cultural & spiritual issues affect decisions?
What about past family relationships?
What are current emotional climate?
What future changes will have to be made?

Chronic Sorrow
(Roos 2002 cited by Rossheim & McAdams 2010)

“The unique grief reaction that occurs when loss is not final, but continues to be present in the life of the griever” [caregiver/ family members] (p. 477)
Chronic Sorrow
(Roos 2002 cited by Rossheim & McAdams 2010)
Not able to function in society - unplugged

Confronts on All Fronts
Body
Mind
Social Connection
Spirit
Heart
Work Life

Self-Care; Coping???
“Taking care of myself while I care for others.”
Jane Hamilton (2010)

“It is not the diagnosis of the person at the end of life that creates the problems for the caregiver(s). It’s the need of support based on the patient’s symptom (emotional & physical) burden.”
McNamara & Rosenwax (2010, p. 1041)
Mastering Uncertainty & Unpredictable Everyday Life

- Living with another person
- Fear of “IT” happening again
- Ongoing negotiation

“While good health, good friends and good income certainly make dealing with the caregivers role easier, it is our attitude toward our losses (death plus the losses along the way) which will ultimately determine the quality of life and living.

(Judith Viorst, 1997)

Self-Care Plan (Restorative Behavior)

1) Recognize self-care is not selfish
2) Acknowledge caregiver is not a machine
3) Replenish energy
4) Avoid stress-numbing

5) Cultivate “Community”
6) Focus on “other issues”
7) Communication: Emotionally re-charging or draining?

Life-Limiting Diagnosis Shatters Assumptive World

“Focus of counseling is to identify the strength & resilience that are present, while understanding that there are realistic limitations to one’s tenacity and capacity”

Winokuer & Harris, 2012, p. 109)
Goals of Counseling
1) **NOT** to eliminate grief
2) Companionship
3) Create a safe environment
4) Referral Resources
5) Bear witness & share joy

Exquisite Witness
(Jeffreys, 2005, p. 127)
- "Knows that the grief journey is different for each caregiver;
- Who understands their cultural background, &
- Knows that the function of the therapist is to support this journey and not control it."

"Grief is often viewed as a wound to our attachment system, and the responses to separation and a broken attachment are often emotional ones."
(Winokuer & Harris, 2010, 119)

Dual Process Model

Secure Attachment
1) Sense of worthiness
2) Values Intimate friendships
3) Expectation that others are generally accepting & responsive
4) Grief Reaction:
Preoccupied Attachment
1) Views self as unworthy / unloveable
2) High disclosure, emotional expressiveness
3) Whatever others want is “okay”
4) Grief Reaction:

Anxious / Fearful / Disorganized Attachment
1) Poor sense of emotional security
2) Self-protects & self-soothes
3) Minimal self-disclosure
4) Grief Reaction:

Dismissive Avoidant Attachment
1) Independence & self-reliance
2) Avoid close relationships
3) Non-existent emotional expression
4) Grief Reaction:

Life-Limiting Illness – Attachment Injury
Attachment injuries occur when a significant loved one (partner, spouse, child, parent, sibling, other) is inaccessible and unresponsive at a time of extreme need.


Life-Limiting Illness – Attachment Injury
Insecurely attached individuals:
➢ An attachment injury begins the process of emotional withdrawal
➢ Others can’t be trusted so withdraws
Securely attached individuals:
- An attachment injury can shake their basic security
- Begins process of emotional withdrawal

It is important to note that the perception of an event as an attachment injury is entirely dependent upon the people involved and their respective attachment histories. (Johnson et al., 2001)

Without open communication of emotions, needs, and desires, it is impossible to build or rebuild a connection like the one that existed before. (Johnson, 2004)

Give voice to emotions & validate experience

Therapeutic Interventions

Cases

I’ll “be” there for you...

Care Giving is NOT a Sprint... It's a Marathon!

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References


McNamara, B., & Rosenwax, L. (2010). Which carers of family members at the end of life need more support from health services and why? *Social Science & Medicine, 70*, 1035-1041.


