



The caregiver's guide to good health

Nearly 24 million American women provide care for another person. If you're among them, here's how to help your loved one—and yourself.

Written by Virginia Sole-Smith
Photographs by Jessica Todd Harper

WHEN SHEILA WARNOCK'S BEST friend, Susan, was diagnosed with cancer, more than 20 years ago, Warnock sat with Susan in the hospital, looked after her daughters, and listened as she vented her fears and frustrations. Around the same time, Warnock's mother began her slow decline due to several health problems, including dementia. Within months, "I became the classic, burned-out, isolated caregiver," recalls Warnock. "I was depressed, couldn't sleep, and completely put my career on hold."

Warnock's experience isn't just common—it's the norm. Although many caregivers report a new sense of purpose and closer ties to the person whom they're caring for, according to the National Institute on Aging, the experience often comes at a cost. Caregivers suffer from a disproportionate number of health and emotional problems—from depression to panic attacks. They routinely skip health screenings, too, and don't seek medical help when they need it, even as they scramble to get their loved ones to doctors' appointments. "It took me too long to ask other people to help me care for Susan and my mother and myself," says Warnock, whose

struggles led her to cofound Share the Care, a national organization that helps caregivers form networks and find support.

If you're a caregiver, you may feel, well, stuck. But making small, doable changes to your routine can help you care effectively while keeping your own health—and sanity—intact.

5 ways to lighten any caregiving load

Are you taking on too much? (Of course you are.) You don't have to abandon your role as a caregiver to ease the burden. Use these research- and expert-backed solutions to feel—and function—better.

1. RECLAIM YOUR ORIGINAL ROLE.

Caregiving changes the way you relate to the person you're caring for. But it's crucial to retain some of the old patterns, says Brian D. Carpenter, Ph.D., an associate professor of psychology and an eldercare expert at Washington University, in St. Louis. For example, ask your father for advice about work, even if he's in the early stages of dementia.

If you're caring for an aging parent, as many caregivers are, don't call (or think of) what you're doing as “parenting,” no matter how much it may sometimes feel that way. “Your parent is first and foremost your parent, regardless of her physical or mental state,” says Carpenter. “You can't reverse that role, and being aware of that will help her preserve her dignity, as well as your relationship.”

2. CONNECT. Adults who participated in caregiving support groups reported feeling less burdened and depressed and had an improved sense of overall well-being, according to a 2011 review published in *International Journal of Geriatric Psychiatry*.

“Most start out saying, ‘That's not for me,’ only to later realize it's exactly what they need,” says Jennifer Merrilees, Ph.D., a clinical nurse specialist at the Memory and Aging Center at the University of California, San Francisco. Chalk it up to the word *should*. “You might feel you *should* be able to handle it on your own, when in fact that's a recipe for isolation and fatigue. Talking to other people in your situation can make you feel less alone and give you practical caregiving ideas, too,” says Steven Huberman, Ph.D., a caregiving researcher and the founding dean of the Touro College Graduate School of Social Work, in New York City.

Look for a group that's run by a clinical social worker, a psychologist, or a psychiatrist, advises Randi Kaplan, a licensed social worker and the director of the Caregiver Support Program at Montefiore Health System, in New York City. The more specific the group (“for caregivers of people with cancer”), the more you're likely to benefit from the experience. Give it a few sessions to see if it's a good fit. If you don't feel supported or understood—or simply don't feel better—after several meetings, switch groups, says Kaplan.

Many community organizations and hospitals offer such groups. You can also contact your local Area Agency on Aging (N4A.org) for a recommendation, or find online groups at caregiver.org. If you really don't want to join, seek one-on-one help from a social worker or a therapist with caregiving experience, says Kaplan.

3. THINK OF EXERCISE AS YOUR LIFELINE. No, there is no such thing as a caregiving cure-all, but physical activity comes close, says Karen Robinson, Ph.D., the director of the Memory Wellness Initiative at the University of Louisville, in Kentucky.

Exercise is a direct and almost immediate remedy for the top complaints among caregivers—lack of energy, sleep woes, stress, pain, and depression, according to a 2006 National Alliance for Caregiving (NAC) survey. Addressing those issues has a secondary benefit: “Research shows that if you stay healthy, your loved one is more likely to as well,” says Robinson.

Even 15 to 20 minutes of activity most days is enough to make a difference, says Robinson. If your loved one is still mobile, consider a family gym membership, so you can both go. (YMCAs often offer programs for senior citizens and people with disabilities.) Or focus on at-home workouts. Strength training is especially beneficial if you help move or lift another person, so invest in a set of hand weights or resistance bands.

4. TRY TO CULTIVATE INNER CALM. Caregivers who did eight sessions of mindfulness training (classes where they learned to observe and accept their physical and mental states) for two months felt less depressed, slept better, and believed their overall quality of life had improved, according to a small 2015

The average caregiver in the United States is a 49-year-old woman caring for a 69-year-old relative. She provides nearly 25 hours of service a week and will spend at least four years in her role, even though she probably works full-time and is married with children of her own, according to statistics from the National Alliance for Caregiving and AARP.



study of 37 people at Northwestern University, in Evanston, Illinois. Yoga, meditation, and cognitive-behavioral therapy all increase mindfulness, says Ken Paller, Ph.D., the study author and a professor of psychology at Northwestern. (Check out this month's Breathe column, page 52, for a quick stress-reliever.)

5. SAY YES TO HELP. You know you should ask for—and accept—assistance. So why are you still doing almost everything yourself? “Logically, you understand that delegating is a must,” says Kaplan. “But emotionally you’re listening to the little voice in your head that says, ‘This is your responsibility. You should be able to handle it.’”

The fix? “Make yes your default response to offers of help,” says Huberman. “Your brother offers to get groceries, even though they won’t be exactly what you need? Say yes. A member of your synagogue says she’ll bring dinner over? Yes again.”

If the offers aren’t flying in or aren’t sufficient, ask your loved one’s family members, friends, and colleagues to join you for an informal meeting. Come up with a list of the caregiving tasks you could unload, then see who is willing to handle them on a daily, weekly, or monthly basis. (This can also be accomplished via e-mail or Google Docs. But you’re more likely to have a more nuanced and productive conversation in person, says Warnock.) Visit sharethecare.org to download free resources for organizing a caregiving group.

Accept that the help you get may be less than perfect. “No one’s going to do it exactly right,” says Huberman. “And that’s OK. It doesn’t mean that you’re failing your loved one.”

3 types of caregiving (and how to weather each one)

Different situations pose different challenges. Here is some specific advice for you.

IF YOU CARE FOR: **Someone who lives with you**

CATCH A BREAK, ALREADY. It’s true that most caregivers tend to be overworked, but the 24/7 schedule of being a live-in caregiver can put you at a particularly high risk for burnout, says Marion Somers, Ph.D., the author of *Elder Care Made Easier* and the former director of Hunter College’s Brookdale Center for Healthy Aging, in New York City.

If your friends or family can’t commit to giving you time off every week, ask your local Area Agency on Aging about community resources, like adult day care, says Somers. Or hire a personal-care assistant, who is typically not a medical professional but someone who has experience with caregiving. Rates run around \$10 to \$25 an hour; you can find candidates through community senior and aging organizations. (You’ll also find resources for hiring in-home help by clicking on your state in the Family Care Navigator at caregiver.org.) If money is tight, ask local colleges that offer degrees in eldercare and nursing about interns.

In a perfect world, you would go on a one-week vacation every six months while another family member took your place. But if you can’t, “you should still do something that makes you feel good every single day, even if it’s only for 10 to 20 minutes,” says Carpenter. “Bringing old routines and familiar pleasures to your new life can serve as a daily reprieve.”



IF YOU CARE FOR: Someone who lives nearby

SET A SCHEDULE. Not living with the person you're caring for creates its own kind of chaos. "It's easy to get caught in a trap, feeling like you have to run over for every little thing," says Warnock. To avoid commuting- and errand-induced fatigue, decide which days of the week you'll visit. Then, barring emergencies, stick to that schedule, so both you and your loved one have clear expectations. (Again, it helps to ask others to handle errands such as delivering food.)

IF YOU CARE FOR: Someone who lives far away

REMEMBER WHO'S IN CHARGE. (HINT: IT'S NOT YOU.) As a long-distance caregiver, you obviously



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The senior population is set to nearly double by 2030, so even if you're not an active caregiver right now, odds are you will be someday.

don't have control over your loved one's day-to-day issues. (Is your mother really taking her pills? Are her home-health aides showing up when they're supposed to?) So accept that fact and defer to the primary caregiver.

"My mother is in her 90s and lives in Wisconsin," says Gregory Johnson, a senior adviser for family caregiving at EmblemHealth, an insurance company based in New York state. "To help cope with the distance, I put a note by both of my phones that says, 'Kathy [my sister] is the primary caregiver.' I can offer input and support, but when it comes to final decisions, I defer to her." (You can also download the National Alliance for Caregiving's *Handbook for Long-Distance Caregivers* at caregiver.org.)