

The Feeling Owed Syndrome...

... The Demands of Caregiving can catch up

Caregivers are loving and supportive people. They give and give and expect little in return. It's the least they often feel they can do in return for everything parents did for us when we were little. But caregiving relationships often suffer from inequity, in which one person contributes much more to the relationship than the other. You might say, "*Of course. The sick person can't give much back. They are too sick.*" You would be correct. But understanding this fact [and loving the care recipient] does not make this feeling go away.

Our society teaches that this sort of inequity shouldn't make us angry, but the fact is it often does. We all carry around an internal ledger that keeps track of what we are investing in any given relationship, and what we are getting back in return. People experience these ledgers differently, but they are still there.

For instance, let's say you leave a department store and someone with their arms full of packages is following you. As a courtesy you hold the door for this person. We've all done this hundreds of times.

Now, suppose that this individual with the packages that needed help walks through the door, not even bothering to acknowledge your presence. How would this make you feel? Most of us would be at least a little annoyed.

You probably wouldn't be hostile or depressed, but you'd likely be miffed. Why? Because you performed a service for this person, and they did not bother to give you anything back, such as a "thanks" or even a smile or nod.

You've just experienced an unbalanced relationship and you feel "owed." This has resulted in stress. Multiple this situation by a thousand, and you have an idea what many caregivers experience. (It's true the care recipient is likely to be much more grateful than the person carrying the packages, but there is still a feeling of inequity in the relationship that caregivers need to admit and address.)

Regardless of the specifics, consider the following statistics that illustrate the stress that caregivers are experiencing today:

Workers Caring for Elders

Employees who care for elders only (25% of those surveyed by ComPsych in 2011) spend 10 hours per week on caregiving duties, which breaks out as follows:

- 4.4 hours per week on caregiving tasks for an elderly relative;
- 2 hours each week traveling to the elder's residence; and
- 3.6 hours per week making financial, legal, health-related or other arrangements for the elder.

Workers Caring for Elders and Children

Employees who care for both children and elders (8% of those surveyed) spend 36 hours per week on caregiving duties, which break out as follows:

- 10.4 hours per week on child care tasks, such as bathing, feeding, etc.;
- 9.6 hours each week on extra-curricular activities for kids;
- 4.1 hours each week on caregiving tasks for an elderly relative;
- 2.6 hours per week on traveling to the elder's residence; and
- 4.7 hours each week making arrangements (i.e. financial, legal, social or health-related) for the elder.

The so-called "sandwich generation," workers who care for both children and elderly relatives, put in enough caregiving hours (36 hours per week) to make it a second job, according to ComPsych Corp, the world's largest provider of employee assistance programs.



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As if these stats aren't enough, "sandwich" employees reported getting only six hours of sleep each night, and need to take off nearly 19 vacation and sick days per year to deal with personal and caregiving issues. And remember, these stats are slightly dated and may have gotten worse!

"More and more Baby Boomers are caring for elderly relatives as well as children. Add to this the increased pressures at work... and you've got employees in dire need of help," said Richard Chaifetz, chairman and CEO of ComPsych.

Relationship Imbalance

Behavioral scientists know that stress is cumulative, one stressor just piles on top of the next one, and it gets worse and worse, according to former caregivers David and Rhonda Travland.

As the relationship imbalance becomes more and more pronounced, we may begin to feel that we are not getting nearly enough back from the person we are caring for to counter what we are putting into the relationship. FOS is experienced not only by caregivers, but by anyone who feels they've been short-changed or denied an adequate return on their investment in others.

The more they feel they're owed, the more extreme the reaction. This is true regardless of whether the stress is translated physically into illness, or in some type of acting-out behavior.

Avoiding FOS

How can EA and other mental health professionals help employee caregivers from experiencing Feeling Owed Syndrome? The following are some suggestions.

❖ **First and foremost, caregivers must admit they keep track like everyone else.** They need to admit caregiving is extremely demanding, that it is often a thankless job, and they are probably carrying around some resentments.

❖ **Caregivers must find a way to reduce the amount of inequity.** They must find a way to limit their "investment" because it's unlikely they can successfully demand more back from the individual that needs caregiving.

❖ **Caregivers need to pay close attention to their own needs.** Sacrificing too much for another person is dangerous, resulting in physical and emotional damage.

❖ **Caregivers need to treat their symptoms of stress seriously.** This includes anxiety, depression, loneliness, and anger. They need to create an action plan to correct the imbalance in the caregiving relationship.

❖ **Caregivers need someone to talk with who understands caregiving frustrations.** Normally another caregiver is the best choice; *as noted a mental health professional or EAP is another option.*

❖ **Caregivers need periodic breaks from caregiving.** Finding a substitute caregiver is crucial, whether it's a relative, friend, neighbor or someone hired to sit with the individual.

❖ **Caregivers must distinguish between wants and needs.** Caregivers have a tendency to treat wants and needs alike, but an individual's "wants" can run caregivers ragged. Needs must be met, but not wants, especially when they interfere with the caregiver's needs and well-being.

❖ **Caregivers must get enough sleep.** Sleep deprivation amplifies FOS and may result in depression, anxiety and anger.

Exercise: Stress, resentment, and caregiver guilt have certain commonalities, but each is still unique to the individual, family and circumstances. However, all caregivers are experiencing some degree of stress. Ask participants to jot down any FOS feelings they are experiencing.



EAPs can Help

Employers are increasingly turning to EAPs to address the growing number of caregiving employees and the costs associated with this phenomenon. Innovative programs are essential to meet caregivers' needs as well as to contain costs for employers. *Proactive planning also reduces caregivers' stress and likely symptoms of FOS.*

(**Editor's note:** See this month's *Employee Assistance Report* cover story.)

Employees dealing with elder care issues may call an EAP to get much-needed information, leaving them better able to focus on work rather than fitting additional phone calls into their work schedule. An EAP might perform services such as:

- Providing information on the making of wills and trusts;
- Connecting the employee with a legal service to schedule a consultation with a lawyer after work;
- Acting as a "broker" of sorts of available services. In this way, a single phone call begins the process to develop a personalized plan that meets the employee's needs.
- In some cases, an EAP may be able to refer a *credentialed geriatric care manager for in-home or phone consultations. These managers act as point persons, orchestrating the specific assistance that the employee needs. Care managers educate the employee and family about the specific issues and stresses of caregiving.
- An EAP may be able to help secure an *account manager. Such managers respond to client inquiries, maintaining a bridge between the elder care program and the employer. They report on areas to the employer such as utilization data, cost benefits, etc.

*These are components of one behavioral health organization's elder care program. Be sure to check with your EAP for local elder care services.

Other Ways EAPs can Help

These are just a few of the ways in which an EAP can help an employee with elder care concerns. Here are some additional ideas in which an employee assistance professional might be of assistance.

- Is there a plan in place if the employee will be out for an extended time, or frequently has to miss key appointments?
- Can workers be cross-trained or teams built that cover for each other?
- Can the EAP assist in looking at employee benefits to see if there are ways to ease the economic impact of caregiving on the employee?
- Would job sharing be appropriate, and would the individual be willing to job share?
- What non-essential tasks could someone else do so the time and talents of the employee are maximized?

Help the employee caregiver come up with a plan that takes into account managing his/her work time, and the need for some paid time off, etc. Ask the caregiver if he/she has had discussions with family so the responsibility of caregiving doesn't fall entirely on one family member.

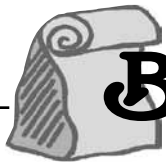
Keep in mind that even the little things can help reduce stress. Could co-workers periodically chip in and help run some errands for the employee caregiver? Who could take the caregiver out for coffee or lunch from time to time? Sometimes a break is all that's necessary on a particularly stressful day.

Summary

While there are no quick fixes to caregiving issues, caring for an elderly person doesn't have to be a continually stressful, around-the-clock situation either. What elder care *does mean*, however, is doing things *differently*. It means managers and employees working together to meet each of their needs and goals.

Sources: David A. Travland, Ph.D., a clinical psychologist, former caregiver, and the author, along with Rhonda, of "The Tough & Tender Caregiver, a Manual for the Well Spouse." Rhonda is a gerontologist, former nursing home administrator and was a caregiver for more than 10 years.

Additional sources: Barry D. Epstein and PacifiCare Behavioral Health.



Determining if Your Loved One Needs Help

❖ **Physical health.** Has the elderly individual been diagnosed with any chronic diseases such as diabetes, high blood pressure, or arthritis? What about other diseases, such as bowel or bladder problems, heart disease, stroke or cancer? Does he/she have vision or hearing problems, excessive weight loss or gain, or difficulty walking? Make a list of health professionals currently used, and include recent hospitalizations.

❖ **Mental health.** Has the elderly person been diagnosed with Alzheimer's or another form of dementia? Do you know what the early warning signs are?

❖ **Medication use.** What medications is the individual currently taking? What is the dosage? How often? Is he/she taking the medication as directed?

❖ **Daily living skills.** Is the elder able to dress, bathe, get up from a chair, use a toilet, climb stairs, and use the phone? Does the elderly parent or other relative know how to get help in an emergency? Can he/she shop, prepare meals, do housework, and safely drive?

❖ **Home and community safety.** How safe is the neighborhood where the elder lives? Does the elderly individual's home have smoke alarms, and can they be heard adequately? Is your loved one able to avoid telephone and door-to-door fraud? What about maintaining the house?

❖ **Support systems.** Does the elderly individual have visitors or see friends? Does he/she go to a Senior Center, or get out of the house for other social reasons? Do family members live close by? Do they know the names, addresses, and phone numbers of friends, family and/or neighbors who can be called in an emergency?



❖ **Appearance and hygiene.** How is the elderly person's overall appearance? Hair clean? Teeth brushed? Shaved?

❖ **Finances.** Does the elderly person's income cover basic living expenses? Can future needs be met with current income? Are there any legal documents such as trusts, living wills, and/or durable power of attorney? Are bills paid on time?

❖ **Interests/lifestyles.** Does the individual have a favorite hobby, read books, and watch their favorite TV shows, exercise, play a musical instrument, go to church, and keep up with friends? Is he/she still engaged in activities that have always been enjoyable?

Summary

An assessment like this can help solve problems and allow a parent or other elderly person to remain independent longer. It's not always easy to recognize when an older loved one needs help. Learning how to assess their needs will make it easier to know when, and how, to help.

Source: American Association of Retired Persons (www.aarp.org)