

The Thurston-Mason Senior News

A Free Service of The Thurston County Council on Aging

August 2018

The Family Caregiver

“After out-of-home care. . . “

This month’s focus is what to expect after helping a family member get out-of-home care. (Last month we covered how to get out-of-home care. To read last month’s article see www.LMTAAA.org/newspaper.)

If we allow ourselves, we have an image of “the day.” You return to your home after moving your husband into a skilled nursing facility. You are alone. You tidy up, do some dishes, and toss in some laundry until the quiet hits you. The urgency of doing gives way to a feeling in the pit of your stomach: the feeling of loss, if not the feeling of being lost. So you sit down, get partly comfortable, and weep.

Expect the unexpected after your family member settles into out-of-home care. Some people get weaker or lose interest in their surroundings after moving to a new place - different food, people, helpers and roommates. Maybe they have not shared a room with anyone but their husband for 65 years. Maybe they never lived in ‘the city.’ Others may become more active, social or alert because of the food, people and helpers. They may find the new living situation less isolating than being at home with the same few people.

Care facilities have their own methods to integrate new residents. Some may ask you to delay visiting for a period of time to allow your family member time to adjust. It allows your family member to develop relationships with the staff. Trust and discuss with the staff how the transition is going. There are as many ways to adjust as there are people. Most of the caregivers we have helped through this transition report their family members experience at least some measure of initial comfort in the new setting. The rest relies on the skill of both the care facility staff and you.

There are risks of physical and cognitive decline after such moves, especially if your family member is very frail physically or in the later stages of dementia. Such health issues make it more difficult to adjust to new surroundings and routines. Overall this is less risky than to



stay where the primary caregiver’s health is at stake.

When visits are permitted, you will be doing so in a new “role”. You are no longer the primary, sole, buck-stops-here caregiver. You now have help. You can now visit your family member as a wife, husband, daughter or son. You are still a caregiver, but you can now resume being more. There may be times you put on your caregiver hat and ask why or

how some care did or did not occur. Hopefully, there will be times you can just be with your family member or share a memory. Maybe you can even watch them rest without the thought that you should not be sitting still, there is laundry to do, meals to prepare. It takes a while to know and feel the difference because you now have help.

We have heard some great advice from our caregivers who have a family member in out-of-home care.

Visit at different times of the day. See how your family member is doing in the morning, afternoon and evening. Are they doing as well or better than they were at home?

Get to know the staff who is caring for your family member. Know their names. Ask them THEIR care suggestions and insights.

Share what works for your family member, like the best times for a bath, music to sooth them, and favorite snacks.

What about you after they have out-of-home care?

Guilt is natural after major life decisions and changes, but this can change. It can become less intense and painful. Grief is also natural and necessary to allow for past emotions to catch up with what you are currently feeling. Sadness is natural

after a loss, even if it is losing the burden of caregiving.

Expect feeling less worry, some grief, maybe some sorrow. Slowly, the worry and anticipation of what problem will surprise you next will subside. You may wake with less dread, but perhaps some sadness. It is natural to feel sorrow.

Perhaps it is the first time you could feel safe enough to question why this happened to your family member. Doing so earlier could have opened the door to overwhelming pity—and not worth the risk in the midst of increasing caregiving demands.

Expect more sleep and some time to think. Think about how am I doing or when was the last time I went to see MY doctor? Perhaps even have time to ask yourself and ponder an answer — what do I need from life—as I now know it?

After placement, many caregivers report a resurgence of personal mental and physical energy, after giving up their exhausting duties of direct hands-on caregiving. While they most often experience some guilt, sadness, and even loneliness, many are surprised to find they can create or resume a family role again. They can be the daughter, husband or wife again. Some report feeling love for their care receiver again. Some said they thought it was lost forever after years of exhausting caregiving. Caregivers regain time to think, rest, and create their life as they wish. After out-of-home care there can be time to give attention to dreams and goals necessarily put on hold. It is a time for caregivers to decide what is their next act.

This article is a service of the Family Caregiver Support Program at the Lewis-Mason-Thurston Area Agency on Aging. Call (360) 664-2168 or go on-line (www.lmtaaa.org) for more information about how our program can help unpaid family caregivers.

This article is a service of the Lewis Mason Thurston Area Agency on Aging. For more information about the Family Caregiver Support Program, call (360) 664-2168 and ask to speak with a Resource Manager or visit our website at WWW.LMTAAA.ORG