When Two Words Collide
Balancing the Roles of Aging Professional and Caregiver

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The Obligatory

Today’s Official Goals:

• Discuss the ethical challenges and conflicts of being an Aging professional and a family caregiver

• Examine the ethical challenges related to boundaries and role blurring

• Invite attendees to consider their own biases in addressing the ways we care for those close to us and how to address conflicting feelings when personal and professional lines blur

Unofficially:

• Create a safe space where we can learn from and support one another

Neither presenter has any conflict to disclose.
Did you attend our Aging in Texas presentation last year - The Prophet Without Honor?

Yes

No

You expect me to remember a year ago?
Life Goes On – Our Stories Continue

• Peggy’s story – long distance caregiving and redefining “family” caregiver

• Tammy’s story – a perfect storm of what can go wrong will

How we thought it would be

How it’s going...
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<td><strong>Have you ever provided care to a loved one with health or other challenges?</strong></td>
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<tr>
<td>Yes</td>
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<td>No, but I expect to in the next few years</td>
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<tr>
<td>No, and I do not expect to in the next few years</td>
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There are only four types of people in the world:

those who **have been** caregivers,

those who **will be** caregivers,

those who **are** caregivers,

and those who **will need** caregivers.

former First Lady Rosalynn Carter

written testimony before the Senate Special Committee on Aging
We May Wear Many Hats

• Subject matter expert
• Referral source
• Care manager/coordinator
• Problem solver
• Errand person
• Physical caregiver
• Punching bag
Caregiving by the Numbers

1 in 5
Provide care for another adult

1 in 4
Care for more than 1 person
Report challenges coordinating care

30%
Have no help in providing care

62%
Also work outside the home

Caregivers: In a few words, what types of experiences, challenges, or feelings have you faced?
Caregivers: Do/did you feel that the care recipient respected your professional expertise?
How did other family members respect your expertise?
Peer Experiences

• I felt like a failure/hypocrite...

• If it is this hard for me, what is it really like for others?

• Knowing too much versus knowing too little – frustration either way

• Why can’t <insert name here> just listen? I know what I’m talking about!

• You don’t know what you are talking about/you’re the expert, why can’t you do the impossible?

• Shouldn’t you have known that would happen?
Surveying The Field

Understanding Our Ethical Obligations
In other professions

• Physicians/medical personnel: should not treat oneself or members of immediate family (AMA)

• Attorneys: can represent family so long as there is no conflict of interest (ABA)
  • Attorney should not represent a client if that attorney’s interests could conflict but the client can choose to ignore concerns
  • An attorney who represents him/herself has a fool for a client
In Helping Professions

• Social workers (NASW) and counselors (ACA)
  • Observe issues of power differential; refer when objectivity is challenged
  • NASW Code of Ethics specifically recognizes dual or multiple relationship roles
    • Social workers should not engage in dual or multiple relationships...[when] there is risk of exploitation or potential harm...
    • BUT if/when it happens, protect your client with clear boundaries
  • Client interests are primary
So We’re On the Same Page

• Dual or multiple relationships – when social workers relate to clients in more than one relationship, whether professional, social, or business (NASW Code of Ethics 1.06)

• Role blurring – we know it when we do it

• Busman’s holiday – when we spend our time off doing the same thing that we do for our job

When is life ever this neat and organized?
Changing Viewpoints

- ACA used to prohibit treating family but has changed to permit it if the counselor can remain objective
  - Some organizations enforce stricter standards
    - Ex. Kaiser Permanente holds counselors to physician standards regarding this issue
Here’s What the Research Offers
Piecing Together the Crumbs

• “The decision is measured by the goodness of the outcome for the most people.” – Dewane (2010)

• What is a client? Is your loved one a client?
  • Professional vs personal relationship
  • Valid informed consent
  • Autonomy
  • Perception
Piecing Together the Crumbs – An Example

• Example – attending the same 12-step meeting as a client

All are right;
All can be justified based on risk

The Altruism Conundrum

• Altruism is the most common reason why dual relationships happen

BUT

• Just because we are in a helping field doesn’t mean we are natural caregivers

• Dig deep - Ask yourself why you are taking on a caregiving role
An Interactive Example – Part 1

Your client has mild dementia. She shares with you that she has been getting lost lately, that she went for a walk around the neighborhood and needed someone to help her find her way home. You provide her with a referral. A couple days later, you follow up with her, and she tells you that she thinks she overreacted and that she’s fine and doesn’t need your assistance. You explain why you think the service is important and she again declines. What do you do?
An Interactive Example – Part 2

Your mom has mild dementia. She shares with you that she has been getting lost lately, that she went for a walk around the neighborhood and needed someone to help her find her way home. You provide her with a referral. A couple days later, you follow up with her, and she tells you that she thinks she overreacted and that she’s fine and doesn’t need your assistance. You explain why you think the service is important and she again declines. What do you do?

Let’s talk – were your first reactions the same?
Digging Deep

• What, if anything, do you differently for a family member?
  • Being old doesn’t mean you lose the right to make bad decisions
  • Substituting judgement
  • Losing person-centered focus
  • Taking on higher level of burden/responsibility
  • Wanting to make everything better
  • Work especially hard to keep everyone on the same page
What do you do when you and the care recipient or you and other family members disagree on the best course of action?
What We Have Done

• Encouraged research
• Remembered that autonomy includes the right to make bad decisions when you are competent and have capacity
• Analyzed own biases
• Embraced self-determination when possible
• Used professional network for support and guidance
Other Lessons Learned

• Tried to establish boundaries
• Recognized our own (and systemic) limitations
• Redirected frustrations into making change
Our Unique Position
There Are No Magic Answers

• We are in new (but not) territory
• Take time to figure out your own motivations
• There is nothing wrong with being caregiver first; conversely, there is nothing wrong with not wanting to be a helper all the time
• Make sure you provide your loved one with the same autonomy and respect for self-determination as you would a client
• Set reasonable expectations for yourself and your loved ones
• Give yourself permission to fail and not to know all of the answers
What will you take away from today's presentation?
Here Are a Few of Our Favorite Things

- Courage to Caregivers website: https://www.couragetocaregivers.org/professional-caregiver-support
- National Alliance for Caregivers (website for professionals): https://www.caregiving.org/resources/for-professionals/
- Kate Bowler (author of No Cure for Being Human) Podcast: https://katebowler.com/podcasts/
- Mayo Clinic Stress Management: https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/caregiver-stress/art-20044784#:~:text=Set%20aside%20time%20each%20week,caregivers%20have%20issues%20with%20sleeping
- Bright Star Care Self-Care Tips for Professional Caregivers: https://www.brightstarcare.com/blog/self-care-tips-for-professional-caregivers
- University at Buffalo School of Social Work Self-Care Starter Kit: https://socialwork.buffalo.edu/resources/self-care-starter-kit.html
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