

Question & Answer (Q&A): Supporting Family Caregivers of Older Adults through Times of Stress and Isolation

Participants asked these questions during the April 2020 webinar and July 2020 panel discussion on supporting family and friend caregivers of older adults through times of stress and isolation. We have edited speakers' responses for clarity. The webinar and panel discussion recordings, slides, and transcripts can be found on the Resources for Integrated Care website by clicking the following links:

- [Supporting Family Caregivers of Older Adults through Times of Stress and Isolation Webinar](#)
- [Supporting Family Caregivers of Older Adults through Times of Stress and Isolation: A Panel Discussion](#)

Featured Speakers:

- Erin E. Emery-Tiburcio, PhD, ABPP; Associate Professor of Geriatric and Rehabilitation Psychology and Geriatric Medicine and Co-Director of the Center for Excellence in Aging Rush University Medical Center
- Kathy Kelly; Executive Director, Family Caregiver Alliance
- Bryan Godfrey, MA, MSW, LCSW; Clinical Social Worker, UNC Geriatrics Clinic

Supporting Caregivers

Q1: How can health plans best support caregivers during times of increased stress and isolation, such as a public health emergency?

Kathy Kelly: Health plans can identify and reach out to caregivers for wellness checks on a routine basis. These check-ins are particularly important for members with complex needs or those with underlying risk factors. Health plans can also learn what new and existing resources are available in their local communities so that they can better respond to families and connect them with resources and supports. During a public health emergency, it is incredibly valuable to understand what resources are available and to expand the resource lists health plans provide to families.

Erin E. Emery-Tiburcio: It is important for health plans to consider expanding access to telehealth during COVID-19 and after. Some caregivers do not feel comfortable leaving their loved one at home, and therefore do not go into the doctor's office. Having access to telehealth is and will continue to be an incredible support for caregivers. Health plans can advocate for rural broadband – making internet access a basic utility in all communities would allow even more older adults and caregivers to access telehealth.

Bryan Godfrey: One way many health plans are supporting caregivers at this time is by now reimbursing providers for phone, video, and in-person visits at the same rate to encourage providers offer more telehealth services and ensure caregivers and care recipients receive the care they need without having to present in-person. Health plans can also verify the contact information in the resources they provide most frequently to patients to ensure that they are correct and helpful. Finally, health plans should consider actively reaching out to members and caregivers via calls, texts, or emails to ensure they are aware of specific supports and understand how to access them. If support can be provided proactively, plans will likely reach more members.

Q2: Primary caregivers may also share caregiving responsibilities with other people, such as family members or friends. What suggestions do you have for supporting caregivers who may be experiencing tension while sharing responsibilities?

Bryan Godfrey: This is a common issue, especially when a caregiver feels that other family members are not pulling their weight when sharing caregiving responsibilities. It is important to remember that people contribute in different ways and that caregivers often need to ask for help directly. Asking other family or friends how they are able to help, then asking them specifically to do that task, can be constructive. It may also be beneficial to have the caregiver engage with a therapist to explore how to improve communication with or approach a family member to make a request that is more likely to be heard. And, in some cases, caregivers may need to accept that the division of labor is unequal.

Erin E. Emery-Tiburcio: It is helpful to identify the roles of family members and have conversations about the current needs of the care recipient and how the caregivers can work best together to meet those needs. It is also important to understand what matters most to the care recipient in a given situation. This information enables the caregiver to address the need and direct care in a way that the care recipient desires. Once established, helping family caregivers to acknowledge that they share the same goal as the care recipient— assuring that their loved one is safe and well cared for – can help align them with each other. Improving communication about practical tasks and emotional experiences can significantly reduce conflict.

Caregiver Mental and Emotional Health

Q3: What recommendations do you have for people who are feeling intense social isolation at this time?

Bryan Godfrey: As we practice physical distancing, many of us feel socially isolated and lonely. It is normal to feel this way. Speaking with others by phone or video chat can help, and many counties have programs where a volunteer can call to check-in or chat. However, when loneliness is intense, those supports might not be enough. People who are feeling intense isolation at this time might consider contacting their doctor to describe how they are feeling and ask for help. Calling SAMHSA 1-800-662-HELP (4357) for more information about local supports can also be helpful.

Erin E. Emery-Tiburcio: Acknowledging that the isolation is a problem and then seeking connections can be difficult for some people. Telling friends or family that you would like to talk more often can feel like you are burdening them, but much of the time, they would like connection too. Friendly caller programs – established through local Area Agencies on Aging, hospitals, or universities – and helplines can be a great start to having someone to talk with, especially for those who have few relationships. For caregivers, there are many online support groups that can be helpful for both real-time conversations and text chatting through websites.

Assessing Caregiver Needs

Q4: Can you provide examples of questions to ask caregivers during wellness check calls?

Kathy Kelly: During a public health emergency, such as COVID-19, there are several questions that are helpful to ask during wellness check calls. Such questions include: 1) How are you doing? 2) Are there particular issues that concern you today? and 3) Do you need any more information on COVID-19? It is also helpful to ask questions related to food security, transportation, consumable supply needs, and whether they have a way to get their medications.

While some of these questions are not typically included in a standard wellness check call, they are particularly important during the current COVID-19 emergency. For example, if someone was previously referred to services in prior wellness check calls, those services may temporarily not be available due to physical distancing requirements and other infection control protocols.

Erin E. Emery-Tiburcio: With increases in the use of telehealth and other virtual options to connect with members and caregivers, it can be helpful to consider some practical tips for these types of interactions. When conducting assessments over the phone, I encourage people to very clearly identify yourself, who you are, what your name is, what organization you are

with, and any information you already have about who the family is, so they can be really clear and confident that they are talking to someone they know and can trust with their information.

Asking about mental health during wellness check calls, both for the caregiver and the care recipient, is also important. You might consider first conducting a [PHQ-4 screening](#), which combines two items each from the [PHQ-9](#) (a depression screening) and [GAD-7](#) (an anxiety screening) [*links are also included in the Resource Guide, [here](#)*] to better understand how their mood has been, which can guide any resulting referrals on the call. If the PHQ-4 is positive, you could then move on to the longer PHQ-9 or GAD-7. I would also encourage asking about social isolation and providing options for social connection, as needed.

Bryan Godfrey: Our culture tends to downplay asking for help, instead encouraging people to be independent. With this in mind, it is helpful to start by normalizing the experience or the need for help and then asking if they need assistance. For example, instead of simply asking, “Do you need food?” you might instead ask “In times like this, a lot of people have trouble getting to the grocery store. Do you need any food?”

Q5: Some caregivers experiencing feelings of stress or isolation may not initially feel comfortable sharing such feelings. Do you have suggestions for how to approach this type of conversation?

Erin E. Emery-Tiburcio: Acknowledge that caregiving, on its own and during a non-COVID-19 emergency, is a stressful role, and many caregivers can benefit from professional support. In the current COVID-19 environment, it is important to normalize that feelings of stress and isolation are heightened and supports are available. Asking about their interest in speaking with someone about their current stressors is also helpful. You can also ask if they talk with anyone about how they are feeling – a friend, a family member, a health care provider. It may help you to know that they are getting support somewhere, even if they are not yet comfortable discussing this with you.

Bryan Godfrey: For mental health support, it depends on the relationship with that particular individual. If there is an established rapport with the individual, the person working with the caregiver may feel comfortable self-disclosing that they are also feeling worried or stressed during this time. This can go a long way in helping to normalize and humanize the experience of needing and receiving support.

Caregiver Resources

Q6: Do you have any recommendations for resources on providing respite that are available in communities at this time? Additionally, what recommendations do you have for caregivers to avoid and address burnout, especially for caregivers who are balancing full time caregiving along with other responsibilities?

Bryan Godfrey: Respite—a break for caregivers—can come in many forms, ranging from part-time home care to temporary facility placement. Resources vary widely from place to place, and they can even depend on the patient’s needs. During COVID-19, things are even more difficult because many day programs are closed and caregivers are understandably reluctant to allow others into the home. Once the caregiver decides the type of respite they are comfortable with, they can reach out to their local Area on Aging office or local senior center to learn about available resources. They can also contact the Eldercare Locator at 1-800-677-1116.

Erin E. Emery-Tiburcio: Many caregivers are unaware that Medicare will pay for respite services if certain conditions are met. It can be helpful to support them in navigating that system. Further, if the older adult is a veteran, contact Veterans Affairs (VA). They offer respite either in the home or nursing home for eligible veterans.

Kathy Kelly: There has been an increase in requests for respite services due, in part, to high levels of burnout among caregivers providing full-time care without the support of other community programs in place for them and the care recipient. It can be difficult for caregivers to carve out time for themselves to find their personal balance in the midst of their caregiving responsibilities. There are a number of resources available, such as free meditation applications and programs that offer online activities for caregivers to do with the care recipient.

It can be difficult to ask other people for help, so it is important to encourage caregivers to work with their family and friends to articulate exact needs or asks that can support them in their caregiving role.

Q7: During the COVID-19 emergency, there is concern around increases in suicidal ideation and severe depression. Are there any resources available for caregivers of people with increased depression to address these concerns?

Erin E. Emery-Tiburcio: Those with severe depression and thoughts of suicide should speak with a mental health professional. Contacting the care recipient’s primary care provider or community mental health center can help connect them to local mental health professionals. Some primary care providers can also help with treatment. During COVID-19, many mental health professionals are offering video telehealth visits, which can make accessing services

easier. In acute situations, the National Suicide Prevention Lifeline is available for caregivers and care recipients at 1-800-273-8255.

Final Comments

Q8: Are there any final words you would like to share?

Kathy Kelly: Be mindful of the extra stressors that may exist during the COVID-19 emergency for caregivers, care recipients, and families. With different family members that may now live in the home, it is also important to pay attention to the possibility of elder abuse and be mindful of asking the questions that help identify various risk factors. Contact your local Adult Protective Services to understand how they are operating at this time, particularly whether their current staffing levels allow for adequate referrals in the event that risk factors indicate the possibility of elder abuse occurring in the home.

We are all learning as we go in how to deal with this crisis and how to provide alternate ways of delivering services. We need to give ourselves permission to not be perfect and know that we are not going to get everything right the first time. However, with all the different resources available and with the help of communities, we can move forward and do the best job possible in navigating this difficult time.

Bryan Godfrey: As a social worker, it is helpful to remind myself that the ultimate onus for solving a problem never lies with us. We all mean well and want to help, and that is very admirable. At the same time, we need to recognize that these problems do not belong to us alone, and we cannot be the one to solve them. All we can do is offer thoughts, advice, and resources. We can do that very skillfully if we focus first not on solving problems, but really connecting with the individual, understanding what they perceive as their barriers, reminding them of their own strengths, and then helping to approach the problem by offering ideas creatively. Ultimately, they will choose the answer themselves.

Erin E. Emery-Tiburcio: Remember that you do not necessarily have to solve the problems for them. Using a strengths-based perspective – an approach that emphasizes strengths and resources of people, communities, and their environments, as opposed to problems or shortcomings – can be a useful tool. A strengths-based perspective allows us to acknowledge how resilient individuals are, identify what worked well in the past to overcome barriers, and identify the resources they have available. It is important to remember that caregivers are also incredibly resilient and have amazing strengths. Reminding people to tap into those strengths at this time is incredibly helpful.