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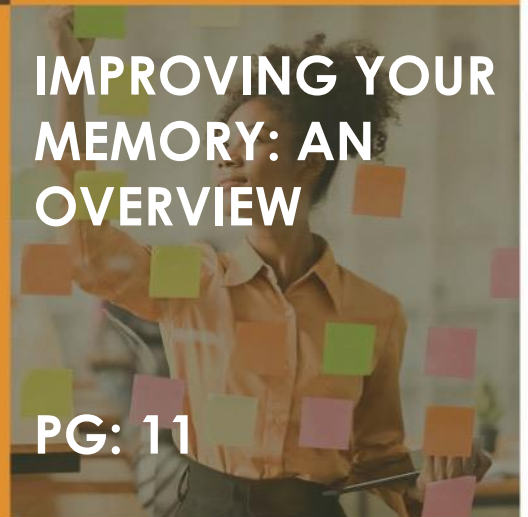
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CARING FOR A FRIEND

Caring for a friend when they need help, whether because of illness, disability, or aging, can be a rewarding experience for you and a comfort to your friend. But the shift in the relationship can also strain your friendship. While caregivers who are family members are the focus of most of the caregiving advice you will find, they aren't the only caregivers. Many people don't have family support or prefer to rely on friends and neighbors when they need help with the tasks of daily living. You might start in your caregiving role by checking in with your friend to make sure they are OK. You might help your friend with shopping, transportation to appointments, or meal preparation. You might make sure they are keeping up with bill payments. As you perform small acts of kindness like these, you may not think of yourself as a caregiver, but that is what you are. And if your friend is growing old or has a chronic condition, your role could increase over time. Here are some suggestions for helping your friend get the care and support they need while

maintaining your friendship and attending to your own needs.

Communicate openly and honestly with each other about your needs and expectations.

Have regular conversations about how things are working for both of you. Your friend might want you to do more. You might feel that you've already taken on more than you can handle. Or your friend might be reluctant to ask for help when you have the time and energy to do more:

- Have these conversations at times when you're both calm and thinking clearly, not in heated moments when one of you is angry or upset. If you start to have a tough conversation at an emotionally charged moment, step back from it and agree to talk at another time when you're feeling more relaxed.
- Be honest with and respectful of each other.

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CARING FOR A FRIEND

- Talk calmly about what's working, what's not, and how you each feel about helping and being helped.
- Consider and discuss your boundaries. For you, that might be how much time and energy you are able to give to your friend's care or what kinds of caregiving tasks you are or aren't willing to do. For your friend, it might be boundaries around privacy and dignity. They may find certain kinds of help from you invasive or embarrassing.
- Think and talk about other ways your friend's needs might be met when you approach those boundaries. Talk too, about how your friend might get the care they need if something were to happen to you.
- This can be hard, but it can often be helpful to talk about what you're afraid of. Fears about what might happen next can be among the most emotional aspect of the caregiving relationship.

Your friend might worry about becoming even less self-sufficient or being abandoned with no care at all. You might worry about what will happen if your caregiving role grows to the point where it interferes with your ability to work or be there for the other people you love. By talking about those fears, you can both reassure each other and open the door to considering different solutions.

Spend time just being friends.

You are friends for a reason. Take time to enjoy each other's company. Your friend may more limited now in the kinds of activities you can do together, but if you're creative and flexible you can find new activities to share. If you once played sports together, you might watch games. If you liked eating out with each other, you might prepare special meals at home. Have movie nights, play games, read quietly, or do whatever you like to do together. Step out of your caregiver/cared-for roles and just be friends.

Take time for yourself.

All caregivers—friends or family members—need time for themselves to rest and recharge. Make time to relax, go for a walk, read a book, or whatever relaxes and refreshes you. Maintaining your health and energy is a priority, both for you and your friend.

Seek support.

Caregiving can become an overwhelming responsibility for one person. Community-based support and services may be available to help you and your friend. Look into services like

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home-delivered meals and transportation to appointments that can take some of the responsibility off your shoulders. Find out about services that can give you a break from caregiving. Consider paying for a professional caregiver at times. Learn about adult day care options. Ask among your circle for friends and the people your friend knows to find people who are willing to take on some caregiving tasks.

Connect with your friend's family.

With your friend's permission, connect with members of their family. Family members may live at a distance or have been out of touch with your friend for some time, but they may want to help if given the chance. Even if bad feelings in the past may have led to your friend's break from their family, now might be a time to try for reconciliation.

If the family becomes more involved in your friend's care, be aware that conflicts may arise about care decisions. Even with that possibility, it's almost always better to widen the circle of care to include all of the people who care about your friend, rather than shutting some out. Pay close attention to your friend's wishes as to who they want to be involved and who they want to take the lead in managing their care. That might

mean you keep the family informed and continue to manage your friend's care, or it might mean you step aside and let the family take charge.

Prepare for when you might need to help make medical decisions.

As a friend and not a family member, you may encounter obstacles when you try to help your friend with medical care. Depending on where you live, privacy rules may prevent a doctor from sharing information with you or a hospital may not allow you to participate in discussions of your friend's medical care. If your friend wants you to help make medical care decisions, and you are willing to help in that way, find out about legal documents your friend may need to complete to make that possible.

Morgan, H. (2023, February 23). *Caring for a friend* (B. Schuette & E. Morton, Eds.). Raleigh, NC: Workplace Options (WPO).

SUPPORT FOR CAREGIVERS: YOUR NEW ROLE



If you're helping your family member or friend through an illness or disability, you are a caregiver. This may mean helping with daily activities such as going to the doctor or making meals. It could also mean coordinating services and care, or it may be giving emotional and spiritual support. The tips below are for most caregivers.

Coping with Being a Caregiver

Giving care and support during this time can be a challenge. Many caregivers put their own needs and feelings aside to focus on the person they care for. This can be hard to maintain for a long time, and it's not good for your health. The stress can have both physical and psychological effects. If you don't take care of yourself, you won't be able to take care of others. It's important for everyone that you give care to you.

Changing Roles

Whether you're younger or older, you may find yourself in a new role as a caregiver. You may have been an active part of someone's life before, but perhaps now the way you support them is different. It may be in a way in which you haven't had much experience, or in a way that feels more intense than before.

Even though caregiving may feel new to you now, many caregivers say that they learn more as they go through their loved one's experience. Here are some common situations that they describe:

- Patients may only feel comfortable with a spouse or partner taking care of them.
- Caregivers with children struggle to take care of a parent too.
- Parents may have a hard time accepting help from their adult children.
- Caregivers find it hard to balance taking care of a loved one with job responsibilities.
- Adult children with an illness or disability may not want to rely on their parents for care.
- Caregivers may have health problems themselves, making it physically and emotionally hard to take care of someone else.

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SUPPORT FOR CAREGIVERS: YOUR NEW ROLE



Whatever your roles are now, it's very common to feel confused and stressed at this time. If you can, try to share your feelings with others or join a support group, or you may choose to seek help from a counselor.

Ask for help.

Many caregivers say that, looking back, they took too much on themselves, or they wish they had asked for help from friends or family sooner. Take an honest look at what you can and can't do. What things do you need or want to do yourself? What tasks can you turn over or share with people? Be willing to let go of things that others can help you do. Some examples may be

- Helping with chores, such as cooking, cleaning, shopping, or yard work
- Taking care of the kids or picking them up from school or activities
- Driving your loved one to appointments or picking up medicines
- Being the contact person to keep others updated

Accepting help from others isn't always easy. Remember that getting help for yourself can also help your loved one—you may stay healthier, your loved one may feel less guilty about all the things that you're doing, some of your helpers may offer useful skills and have extra time to give you. Websites such as SignUpGenius (<https://www.signupgenius.com>) or Lotsa Helping Hands (<https://lotsahelpinghands.com>) can help you organize requests and tasks.

Be prepared for some people not to help.

When someone has a serious illness such as cancer, friends and family often reach out to help. Sometimes people you don't know very well also want to give you a hand. But it's important to realize that there are others who may not be able to help you. You might wonder why someone wouldn't offer to help you or your family when you're dealing with so much. Here are some common reasons:

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SUPPORT FOR CAREGIVERS: YOUR NEW ROLE



- Some people may be coping with their own problems.
- Some may not have the time.
- They are afraid of cancer or may have already had a bad experience with cancer. They don't want to get involved and feel pain all over again.
- Some people believe it's best to keep a distance when people are struggling.
- Sometimes people don't realize how hard things really are for you, or they don't understand that you need help unless you ask them for it directly.
- Some people feel awkward because they don't know how to show they care.

If someone isn't giving you the help you need, you may want to talk to them and explain your needs. Or you can just let it go. However, if the relationship is important, you may want to tell the person how you feel. This can help prevent resentment or stress from building up. These feelings could hurt your relationship in the long run

U.S. National Institutes of Health (NIH), National Cancer Institute (NCI). (Updated 2020, August 6). *Support for caregivers of cancer patients*. Retrieved September 15, 2021, from <https://www.cancer.gov>

DIABETES AND MENTAL HEALTH



Is mental health pretty low on your list of priorities for managing diabetes? This may change your mind. Mental health affects so many aspects of daily life—how you think and feel, handle stress, relate to others, and make choices. You can see how having a mental health problem could make it harder to stick to your diabetes care plan.

The Mind-Body Connection

Thoughts, feelings, beliefs, and attitudes can affect how healthy your body is. Untreated mental health issues can make diabetes worse, and problems with diabetes can make mental health issues worse. Fortunately, if one gets better, the other tends to get better, too.

Depression: More Than Just a Bad Mood

Depression is a medical illness that causes feelings of sadness and often a loss of interest in activities you used to enjoy. It can get in the way

of how well you function at work and home, including taking care of your diabetes. When you aren't able to manage your diabetes well, your risk goes up for diabetes complications like heart disease and nerve damage.

People with diabetes are two to three times more likely to have depression than people without diabetes. Only 25 to 50 percent of people with diabetes who have depression get diagnosed and treated. However, treatment—therapy, medicine, or both—is usually very effective. Without treatment, depression often gets worse, not better.

Symptoms of depression can be mild to severe and include

- Feeling sad or empty
- Losing interest in favorite activities

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DIABETES AND MENTAL HEALTH



- Overeating or not wanting to eat at all
- Not being able to sleep or sleeping too much
- Having trouble concentrating or making decisions
- Feeling very tired
- Feeling hopeless, irritable, anxious, or guilty
- Having aches or pains, headaches, cramps, or digestive problems
- Having thoughts of suicide or death

If you think you might have depression, get in touch with your doctor right away for help getting treatment. The earlier depression is treated, the better for you, your quality of life, and your diabetes.

Stress and Anxiety

Stress is part of life, from traffic jams to family demands to everyday diabetes care. You can feel stress as an emotion, such as fear or anger; as a physical reaction, like sweating or a racing heart; or both.

If you're stressed, you may not take as good care of yourself as usual. Your blood sugar levels can be affected too—stress hormones make blood sugar rise or fall unpredictably, and stress from being sick or injured can make your blood sugar go up. Being stressed for a long time can

lead to other health problems or make them worse.

Anxiety—feelings of worry, fear, or being on edge—is how your mind and body react to stress. People with diabetes are 20 percent more likely than those without diabetes to have anxiety at some point in their life. Managing a long-term condition like diabetes is a major source of anxiety for some.

Studies show that therapy for anxiety usually works better than medicine, but sometimes both together works best. You can also help lower your stress and anxiety by

- Getting active (Even a quick walk can be calming, and the effect can last for hours.)
- Doing some relaxation exercises, like meditation or yoga
- Calling or texting a friend who understands you (not someone who is causing you stress!)
- Grabbing some "you" time (Take a break from whatever you're doing. Go outside, read something fun—whatever helps you recharge.)
- Limiting alcohol and caffeine, eating healthy food, and getting enough sleep

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DIABETES AND MENTAL HEALTH



Anxiety can feel like low blood sugar and vice versa. It may be hard for you to recognize which it is and treat it effectively. If you're feeling anxious, try checking your blood sugar and treat it if it's low.

There will always be some stress in life. If you feel overwhelmed, talking to a mental health counselor can help. Ask your doctor for a referral.

Diabetes Distress

You may sometimes feel discouraged, worried, frustrated, or tired of dealing with daily diabetes care, like diabetes is controlling you instead of the other way around. Maybe you've been trying hard but not seeing results, or you've developed a health problem related to diabetes in spite of your best efforts.

Those overwhelming feelings, known as *diabetes distress*, may cause you to slip into unhealthy habits, stop checking your blood sugar, even skip doctor's appointments. It happens to many—if not most—people with diabetes, often after years of good management. In any 18-month period, 33 to 50 percent of people with diabetes have diabetes distress.

Diabetes distress can look like depression or anxiety, but it can't be treated effectively with medicine. Instead, these approaches have been shown to help:

- Make sure you're seeing an endocrinologist for your diabetes care. They are likely to have a deeper understanding of diabetes challenges than your regular doctor.
- Ask your doctor to refer you to a mental health counselor who specializes in chronic health conditions.
- Get some one-on-one time with a diabetes educator so you can problem-solve together.
- Focus on one or two small diabetes-management goals instead of thinking you have to work on everything all at once.
- Join a diabetes support group so you can share your thoughts and feelings with people who have the same concerns (and learn from them too).

Talk to your health care team.

Your health care team knows diabetes is challenging but may not understand how challenging. You may not be used to talking about feeling sad or down. However, if you're concerned about your mental health, let your doctor know right away. You're not alone—help is available!

U.S. Centers for Disease Control and Prevention (CDC). (Reviewed 2021, May 7). *Diabetes and mental health*. Retrieved October 14, 2021, from <https://www.cdc.gov>

IMPROVING YOUR MEMORY: AN OVERVIEW

So many ways to forget! You forget names and faces; appointments and anniversaries; where you left the car keys; what you read; what you said; what you were doing before you were interrupted. Not to mention all the numbers you have to memorize nowadays: telephone and cell numbers, new area codes, PINs, password and user IDs, Social Security numbers, which five of those 500 cable channels you actually use.

How does your memory handle it all? And how can you get it to be more reliable?

Your memory's like a computer. Material has to be inputted properly, saved in storage, and retrieved efficiently. How effectively your brain performs each of these steps depends on three things:

- How recently the remembered event took place



- How vivid, spectacular, or striking an impression it made
- How frequently the event recurs

In addition to these factors, attention, concentration, imagery, organization and mood all play key roles in what could be called the chain of memory: Need or interest motivates the brain to remember; motivation generates attention; attention demands concentration; concentration permits organization; and organization allows for the efficient processing of information.

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There are ways you can strengthen the process. One is *rote memorization*, which involves going over a list of items over and over again until you can remember the whole thing.

Another, more efficient way, is to use *mnemonic devices*. These techniques strengthen the connections between various pieces of information by using the most under-exercised portion of the brain—the imagination. Using a mnemonic device is as simple as exaggerating the features of what you want to remember until it's as silly as a cartoon. The ridiculous image you construct, and your participation in its creation, combine to make mnemonics surprisingly effective.

Key Tips

Key Tip 1

Mnemonic devices are systems that use images and associations to aid your memory. Your mind grasps the new image and association easily, and then remembers the information that it

represents. You probably learned a few mnemonic devices in grade school—the rhyme of I before E except after C.

Key Tip 2

The key to every mnemonic system is *association*. You create an image that connects you to the information you want to remember. The more vivid, involved and outlandish the image, the better. If you wanted to remember to pay your credit card bill first thing tomorrow morning, you might imagine yourself opening your eyes at dawn to find a duck-billed workman standing in the middle of your bedroom, cutting up your credit cards. The patch on his worksuit would read "Bill" (of course).

Key Tip 3

- *Visual learners* do best by mentally picturing what they want to remember. A visual learner would picture Bill, the duck-billed workman in specific detail, down to the buttons on his clothes.

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IMPROVING YOUR MEMORY: AN OVERVIEW



- *Auditory learners* are most comfortable hearing information. He might imagine the sound of scissors slicing through credit cards while Bill sings a song about paying bills.
- *Kinesthetic learners* remember by doing. The kinesthetic learner might imagine himself or herself getting out of bed in the morning and following Bill as he dances him or her over to his or her checkbook.

- Your environment (distractions or being rushed)
- Your body (fatigue or anxiety)
- Medications or other conditions that interfere with your normal functions

Schinhofen, L., Trier, N., & Searleman, A. (Reviewed 2023). *Improving your memory: An overview*. Raleigh, NC: Workplace Options.

Key Tip 4

When you forget, it's usually not your brain's fault. It's more likely due to outside factors that prevent you from recalling the information as quickly or with as much detail as you'd like. These distractions usually come from three sources: