# Compassion Fatigue

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Harriet and Sam M. will be married 52 years in May. They are devoted to each other and happy to be able to share in the lives of their sons and grandchildren. Sam was diagnosed 11 years ago with Alzheimer's disease and Harriet has addressed all of Sam's changing needs throughout.

As Sam's disease progressed, Harriet has found ways to cope with his cognitive decline. When Sam "wandered" at night, Harriet began sleeping with her leg across Sam's body, alerting her to his every movement. When Sam got anxious and wanted to leave the house, Harriet would take him for long car rides.

Sam went regularly to doctor's appointments with his primary care physician and neurologist. Harriet always took him and smiled, never mentioning the increasing behavioral changes and escalating anger Sam was exhibiting. As the demands of Sam's disease increased, Harriet became more isolated spending increasing time taking care of her husband. Harriet turned down many social invitations because she could never predict Sam's behavior in a new environment and she would never ask her "boys" for help. Harriet didn't feel comfortable going out socially without Sam.

After providing care for so many years, Harriet began to notice changes in her own mood and behavior. She began to care less about her appearance and was delaying her own medical appointments. She no longer enjoyed the crocheting she did for so many years, and spent more and more time "napping" from physical and mental exhaustion.

Harriet is suffering the effects of Compassion Fatigue. The symptoms and emotions Harriet experienced are often a result of providing care for a loved one on a long-term basis. More than caregiver burnout -- a very negative term, Compassion Fatigue is better understood as a deep physical, emotional and spiritual exhaustion. Often in elder care, the daily caregiving responsibilities although unstated, begin to feel more like labor than a labor of love.

The turning point for Harriet and Sam came recently, when Sam's aggression and agitation resulted in his punching his fist through a wall. All of Harriet's past techniques to manage Sam's behavior failed. She was very frightened and called 9-1-1. Sam was brought to the hospital emergency department, where crisis psychiatric services were called to intervene. The cost of caregiving, physically, mentally, emotionally, and financially was more than Harriet could manage alone.

The Hospital referred Harriet to Elder Life Management. Harriet is no longer able to hide what had been escalating at home. As a result, her children now became more aware and involved in future care planning. Together they scheduled an appointment for a Comprehensive Consultation.

At the meeting, the family and agency Director, Judith S. Parnes, were able to develop a concrete plan of action to care for both Sam and Harriet. A certified home health care professional was hired to provide some respite and supportive counseling was arranged for emotional support for Harriet. Elder Life Management also coordinated the follow up neurology and doctor visits for Sam, assuring that complete information was provided in order to ensure that medical and behavioral issues were managed.

A Medicaid application was initiated after Harriet realized that Sam could remain at home and she would not become destitute in the future by accessing this public entitlement for her husband.

All too often even when caregivers are involved with health care professionals and their adult children, they do not always communicate the full picture as to the day-to-day hardships care-giving can bring.

Caregiver fatigue is real. It needs to be prevented and can be avoided by professional intervention – not just with support, but with direct education for improved care management.

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