



Book Chapter Summaries

Since all of Personal Safety Nets relates to compassionate connection, we've included summaries of the book's chapters as a caring gift to to you, to possibly make your life easier. Maybe you don't have time to read the whole book on teamwork, but you've had someone tell you that there is something in it that will be helpful for whatever is going on in your life. Here's a pretty easy way to find out. Or maybe you have read the book before and now want a quick refresher for a particular chapter. These summaries should do it. Or maybe you don't like the stories that the book holds and just want the "meat". These include no stories. Whatever your reason, here are chapter summaries for you. We hope they are useful.

[Summary of Chapter 1: In the Beginning](#) [1]

[Summary of Chapter 2: I Need You and You Need Me](#) [2]

[Summary of Chapter 3: Asking and Organizing](#) [3]

[Summary of Chapter 4: Putting a Team Together](#) [4]

[Summary of Chapter 5: keeping your team going forward](#) [5]

[Summary of Chapter 6: know what to expect](#) [6]

[Summary of Chapter 7: Watch for Stumbling blocks](#) [7]

[Summary of Chapter 8: prepare to say goodbye](#) [8]

Summary of Chapter 1: In the Beginning . . .

Identifying you have plans, systems, and people who will "cover your back" is what we call a personal safety net.

So, using Chapter 1, Understanding Personal Safety Nets from our book, along with some information from our workbook (Get Ready/Get Started), let's see if we can further everyone's understanding.

Creating a safety net team is intended to provide some emotional protection from life's endless disruptions. It involves ordering your affairs, taking stock, building community and enhancing life. How do you do this? You build teams to help you get things done, face situations, conquer circumstances and improve your plans of action. You get organized.

For example, instead of facing a disease with fear and trepidation, seek to put together a "care-share team" that can supplement your own time and needs - providing both help to get tasks completed, and emotional support. Or, on the lighter side, if you face the task of planning a wedding or great event, instead of "hitting the wall" of too much to do, you can put together a helping team of friends and experts who can not only help put the tasks in order, but also help with the tasks or help find those who can help. Putting a safety net team into the equation can ease your feelings of hopelessness, isolation or fear and stress overload.

Working in teams, no matter their size (so long as they are appropriate for the tasks at hand) can enhance success. Research shows (and we share it with you as a variety of Cool Free Downloads) that running and exercising with others will help you stick to your exercise plan. Likewise, eating or dieting with others will help you improve your nutrition and keep the pounds off. Just creating or being part of a support team will likely make your life more happy and your tasks more manageable. Even finding a group to share laughter with can improve your attitude and help you from feeling run down!



When a team comes together in an organized way to meet any need, then no one feels the burden of shouldering all the care (or needs) alone.

- The particular circumstance will determine who will be most supportive, the best networker, the most creative, or most dependable. Be as objective as possible in thinking through, in advance, who or what would be truly helpful.
- The care-share team's goal (or any team) is to create an environment in which team members can perform at their best and complement each other's efforts.
- Participation is typically voluntary with each person offering his or her own unique gifts. Teams can be long-term or for a short period, or to help with specific challenges.
- Your personal safety net can (and should) be made up a variety of teams (they can be also be businesses and organizations): ones who help or guide you: personally, financially, materially, familial, spiritually, and professionally.

The point is, facing the world alone isn't necessary and just doesn't work!

Summary of Chapter 2: Think It Through

Your life will change, maybe not today or tomorrow, but it will change. Your life is always changing, sometimes in unexpected or unwanted ways. Are you prepared? Not sure? This chapter helps you think about the 'what ifs' and provides you with a foundation to start preparing.

With this in mind, ask yourself: Is the life change I am going through, or planning for, one where seeking out more resources or asking others for help could improve outcomes? Remember, planning for the worst-case scenarios also prepares you for a variety of less drastic situations. It is an approach that will help prepare you to take advantage of support, resources and opportunities to make your life better despite the changes and challenges.

If you can see that planning or dealing with current or future challenges and changes will not be easily tackled alone, it's time to build a team. If you see others are having trouble dealing with their challenges or changes, it may be time for you to help create or become part of their PSN team. Besides helping with big situation, PSN teams can also function to help you focus on weight loss strategies, heighten your spirits, build your resilience and help you deal more effectively with emotions.

The research is overwhelming. We work better together and we all need what other human beings have to offer.

- All of us have a basic need to be in relationship with significant others - it is life enhancing to share feelings, laughter, needs, hopes and fears.
- We have a basic need to be recognized and valued.
- We all have a need to nurture and to be nurtured, to love and to be loved and to receive and to give care. |

Start today – think it through. Imagine having a team to assist and support you, or imagine you assisting and supporting someone. Who might be included in a PSN team and how might they help? How might you be able to help another?

We are not made for hoarding our time, talent, or treasure, rather, we are channels made for sharing.

Summary of Chapter 3: Ask for Help

Creating a Personal Safety Net can provide emotional protection from life's endless disruptions. In order to

- [Get Started](#)
- [Who We Are](#)



have one, you need to ask people to first participate in your team and next, ask for their help when disruptions occur. Because asking for help is difficult for many, we've dedicated an entire chapter to how to ask for help.

In chapter 3 of our book we address creating a network or care share team. At somepoint this will require you to **ask for help**. In a world of self-reliance, this is not easy for many.

But how does one ask? The answer is - there is NO ONE WAY that's right for everyone! Some, with the courage and know how, simply get on the phone and make the "ASK." Others use a variety of methods: Sarah invited her five best friends for a potluck dinner at her home so she wouldn't back down before making her ask; Ted, knowing his friend, Warren, felt overwhelmed, took matters into his own hands and drafted an email to all of Warren's friends; Sue helped her friend Tom by organizing a face-to-face meeting with Tom's friends; Mary and Sid reached out to their larger community by sending a letter to their entire church congregation.

It may not be easy to ask for help, but learning how to ask for, accept, decline, modify or offer support is an essential life skill. Practicing will help. Start with relatively simple and small requests. This is a powerful step toward increasing your comfort with asking. Asking for help is risky, but many of the best things in life come when we reach out and take some risks. Managing emotions when we hear a 'no' is also addressed in this chapter.

Summary of Chapter 4: Take the First Steps

Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has. ~ Margaret Meade

Chapter 4 is dedicated to working your PSN or being an active member of a friend's or a loved one's PSN team. It explains how to select the best team members and why; it also provides you with examples of roles and responsibilities, including identifying a leader; and, how to manage a PSN team for desired outcomes from the beginning through to the end.

Once you're clear on needs and objectives, asking for help from team members is the next step. Ask team members to help match needs and wishes with resources. Prioritizing may be needed.

The next steps are to establish ground rules (such as: keeping information from the meeting confidential, not using personal money, honoring limits, time, endings, and being respectful); to have a working vision, and create a plan.

Break down this plan into a list of manageable tasks which need to be prioritized to match available skills, information, and individuals. Encourage people to start small by taking on only one or two tasks to begin with. Expand roles as is comfortable. Build on success, and help avoid burnout. Don't let anyone promise too much!

To help your team get organized, you can try various websites like lotsahelpinghands.com, wiggio.com, caringbridge.com, mealtrain.com, or use an old-fashioned calendar or letter. The important thing is that each person knows what is going on and how important their task is to the whole. The group should plan for what will happen if someone can't or doesn't handle a scheduled task: someone will need to cancel or won't come through - at least one time. It is important to know when tasks are being done, by whom, and who the back-up is.

Before you have a change or challenge where you would want a team to support you, or you are supporting another as a team member with their challenge, **think about and honestly answer these questions.** What is needed or wanted from a team? What's the vision for a successful outcome? What do you like to do for others? What do you do well? When are you generally available? Are you likely to be a good leader for your own team or for someone else's? Can you take care of yourself by setting limits? Can you say no as well as yes?

With answers in hand, you're on your way to success!



Summary of Chapter 5: Keeping the Team Going

In Chapter 5, we begin by noting that helping won't feel good all of the time for variety of reasons. There will be challenges to any group. These will be helped by: 1) setting a vision, 2) having ground rules, 3) supporting one another in asking for help, 4) appreciating each other's gifts and 5) playing together and saying thank you.

"People who have been part of team speak often, and with passion, about the rewards they experience: a sense of connection, a greater awareness of the gift and fragility of life, and new wisdom gained from working with others."

Here are some strategies to maintain the goodwill within your care share team.

- **Schedule regular check-in meetings.** This is the place where folks can speak of all the feelings that arise out of participation, find compassionate listeners, and adjust roles and responsibilities. Encourage members to share experiences, concerns and scheduling conflicts. It's normal to feel and discuss burnout, change or cutting back. You can reduce problems for one and all by discussing how to take a break, cut back or switch to less demanding roles.
- **Communicate.** Good communication begins with a team leader or designee who can take meeting notes, send them to everyone on the team, and use these notes as a tool for keeping everyone working together. Open, rather than selective, communication avoids the "left-out" feeling for some team members - and can be accomplished through group emails or phone trees. In our day of social media - a Facebook or web page, or an update through the Caring Bridge website of information may also be an encouraging, supportive and useful tool. When including the care-share member, viewing the communication can sometimes be uplifting - knowing others are there helping - consider it.
- **Honor your commitments.** If you offer to help another, you have someone relying upon you and your promises. You need to be clear in your own mind, and with others, how much and how often you can offer help - and stick to it! Sticking with tasks and schedules creates a safety net for care partners and the entire team. Don't bite off too much. Each person will have different amounts of time, skills and areas of expertise. What's important to remember is that all contributions matter!
- **Build Trust.** For those who are receiving help, aid or care, trusting people who have come together to help can be a challenge. This kind of relationship can be new: relying upon others in ways he or she never imagined can be hard. You who are providing assistance can build trust by being consistent in doing what you've promised, maintaining confidentiality, and remembering to focus on your care partner's needs.
- **Enter carefully into someone else's life.** It's an act of courage when your care partner opens her more personal, private life and needs, vulnerabilities and fears, hopes and dreams. Be careful, go slowly and honor this special circumstance.
- **Take care of yourself.** When you help someone, even though you might be glad to do so, the effort can be demanding, especially if the commitment is long-term or there is no apparent improvement. Don't be surprised to be emotionally drained. We cannot give what we do not have - which means it's okay to experiment and figure out how to recharge your own batteries. Go for a walk, see a raucous concert, take time for your children - nourish yourself.
- ~~**Respect boundaries and roles.** When there are specified and agreed upon roles with appropriate behaviors it is easier on everyone.~~
- **Play and rejuvenate.** Sometimes care givers come from different parts of a person's life and they may not know each other well. Serving together may create an opportunity to get to know others who have similar values and goals and provide benefits you did not expect. Additionally, when the group can get together, look to celebrate and have some fun. While we stress taking care of yourself, we also see the need for the group to find common ways to build its own identity.
- **Keep rituals and traditions.** Welcoming someone new onto the team, opening or closing meetings with a special saying or certain prayer, periodic celebrations, collecting items for a group scrapbook, writing group thank you notes, burning old papers that don't hold fond memories, keeping charts, creating a collage, sharing food, posting onto Facebook

Summary of Chapter 6: Know What to Expect

- [Get Started](#)
- [Who We Are](#)



Whether you have formed a care-share team for yourself or someone else – or even if you're just contemplating whether or not to join a team, you can realistically assume that there will be surprises ahead. When you're part of someone's personal safety net, try to plan as best you can, but prepare for the unexpected. You may find yourself protecting the care partner's privacy, feeling intense emotions, fighting stress and burnout, or simply wanting more time for yourself.

Chapter 6 encourages us to focus not only on what needs to get done but, just as important, to focus on people involved: their time, their skill sets and their emotional, mental and physical needs. **Learning how to manage and participate in a team's well-being is not a simple endeavor.**

Chapter highlights:

- Plan as best you can, but be prepared to encounter the unexpected.
- Remember it takes a whole community to support both a care partner and a caregiver - that is what the care-share team is created to do. More people tackling the situation will lead to more chances of success for all parties involved.
- Come upon all roles with the idea that those who often fare best are those who see themselves as in charge of their own health and who view physicians and caregivers as critical team members.
- Ask for and accept help before there's a crisis. This is a huge favor for all involved.
- Set aside some time to sit in a quiet place or turn attention inward to help recharge your care-giving batteries.
- Organize, appreciate and give back!

Summary of Chapter 7: Watch for Stumbling Blocks

Most problems or "stumbling blocks" can be resolved. To help you deal well with these predictable, unpredictable events, Chapter 7 reviews some of the stumbling blocks that frequently cause problems for care-share teams.

- **Emotional Traps:** People typically love to be needed, yet hate to be in need. "Needy" has such negative connotations...that ...we act as though having life under control means doing it all ourselves, or paying for help, but rarely asking for assistance. Individuals and helpers must find a balance that includes learning to ask and to give. Other traps you're likely to encounter will be jealousy, guilt, fear, anger, and the pushing of many "hot buttons."
- **Too Many Needs:** A care partner (someone in need) may have infinite needs, wants or preferences. And while he should feel free to express these desires, you and the care team may not be able to meet each and every one of them. The team should attempt to fulfill only the needs and wants that can be comfortably and reliably managed...The team should feel perfectly comfortable seeking community resources to tackle the tasks they cannot.
- **Mix-ups:** Not every team works perfectly; not everything goes smoothly. A team member may drop the ball, forget a task or disappoint your care partner. This is just life! The best thing the team can do when someone "goofs" is to not assign blame but to learn, improve or make changes. Don't sweep problems under the rug - address them!
- **The Bossy Person:** Some people view entering into a care-share team as their chance to "save" or "fix" the care partner or the situation. Yet the entire team should remember that supporting, not fixing or saving is the goal!
- **A Crabby Care Partner:** From time to time a care partner may feel emotional, fearful or crabby. One way to deflect negativity and criticism is to prepare responses, such as, "I hear how hard this is for you" or "I can only imagine how it seems from your perspective." Practicing and getting help with responses is your best path.
- **Fears:** It is perfectly normal and understandable to have some of your own fears when asking for or being asked to help someone with illness, injury, or the unknown. The care partner has his/her own and discussing, gaining knowledge and understanding about them will help you avoid the kind of distancing



behavior that can keep you from being a good care-share team member.

- **Depression:** While grief is often confused with clinical depression, the two are not the same. Grief is a normal response to an event or situation experienced as loss, clinical depression is an abnormal psychiatric disorder. It's usually marked by a persistent feeling of stuck in hopelessness and dejection, and sometimes by suicidal tendencies. If you think you or your care partner is experiencing clinical depression, seek help from a trained mental health specialist.
- **Loss of Control:** If your values and beliefs differ from your care partner's, personality conflicts may arise. This is an opportunity for dialogue, compassion, and increased understanding. It's important to remember that the care partner is the one who ultimately will live with the situation, and is the one who has the last word! If disagreement persists, consider a brainstorming session or bringing the issue to a neutral the party, perhaps a trusted family friend or trained counselor.
- **Too Much Help:** There are many "helping strategies" that actually complicate the situation or cause problems. Many of these attitudes and behaviors, while well-meaning, may cause a care partner to become weaker or more dependent. With a goal of balancing individual responsibility with the power of a group, this chapter provides lists and suggested strategies.

Summary of Chapter 8: Prepare to Say Goodbye

Most care-share teams are created with the idea of accomplishing a specific task or group of tasks. A PSN brings people together during a time of need. It may be a short term need or one that may go on for an extended period of time with each having a beginning, middle and end. It may be just one person leaving the team or the team's purpose has been fulfilled. With your PSN, you are encouraged to honor the contribution made by the departing team member(s). **Good beginnings are very important, but so, too, are good endings.**

In Chapter 8, you will discover how to create good endings even during heightened emotions from conflicts or loss. You want to be able to embrace all that was good from the experience of having participated in someone's PSN or perhaps your own as the care receiver. It is not uncommon for care teams to develop into long lasting relationships. Good endings promote good beginningstoo. One of the gifts this Chapter provides is how to create good endings and to say good bye respectfully and honorably, preserving good memories and embracing the knowledge gained.

Situations differ on why a good-bye maybe needed. Family conflicts or personal styles may offend a team member. A care-team member may no longer support the existing situation. A care partner may no longer be appropriate in a care-giver's position. The care partner may get well. The care partner may die.

For most of the reasons for a team ending, it's quite natural to experience complex feelings: relief mixed with sorrow, anger combined with guilt, or fear overlaid with depression. All of this is normal and needs to be accepted, experienced, understood and passed through.

What's important at the time of leave-taking is to honor the good that has come from the relationship, recognize hard parts but focus on the intention to help -- and say goodbye both to the expectations and dreams, as well as to the individual.

Index to Stories in the Book

index to Personal Safety Nets: Getting Ready for Life's Inevitable Changes and Challenges

We've included stories by people who have dealt with changes and challenges which may be helpful to readers.

[Download this Index](#) [9]

- [Get Started](#)
- [Who We Are](#)



abandonment, fear of, 106-07, 124, 158-59
accepting reality, 57-58
accidents, coping with, 13-14, 45-46, 63, 96-97, 140-41
adult family homes. *See* assisted living facilities; nursing homes
aging. *See* elderly
alienating help. *See* support, alienating/sabotaging; asking for help, avoiding
Alzheimer's, 11-12, 27-29, 129, 171-72, 174-75. *See also* elderly; memory loss
anger/resentment. *See* emotions
anxieties, coping with, 57-58, 115-16, 181-82
appreciation/gratitude/thanks, expressing, 5-6, 9-10, 13-14, 43-44, 54, 73, 94, 174-75, 177-78, 178-79
arthritis, 6-8
asking for help
 for aging parents, 27-29, 71, 176, 185
 avoiding, 59, 96, 124, 134, 135-36, 137-38
 for clients or colleagues, 11-12, 45, 96-97
 for/from friends, 7-8, 9-10, 13-14, 45, 70, 86, 88
 for self, 6-8, 9-10, 15, 27-29, 30-31, 42, 43-44, 45-46, 46-47, 55,
 56-57, 57-58, 63-64, 81, 82-83, 84, 91-92, 96-97, 137-38, 144-45, 164-65, 174-75
 for injured soldier, 73
 for spouse, 27-29, 35-37, 46-47, 81, 91-92, 94, 122-23, 134
 with spouse, 6-8, 35-37, 47-48, 54, 81, 94
 See also communication; meetings
assisted living facilities, 82, 118-19, 140-42, 171-72, 179-80. *See also* hospitals; nursing homes
biorhythms, 84
bitterness. *See* emotions
blessings/faith/grace/prayers, 18-19, 23-24, 53, 54, 59, 60-62, 63, 94, 112-13, 144-45,
 164-65, 174-75, 178, 181-82
boundaries. *See* setting limits
brainstorming. *See* decision making/brainstorming
burnout and exhaustion/feeling overwhelmed, 13-14, 27-29, 35-37, 81, 122-23, 129,
 134, 135-36, 137-38, 144-45, 185
business advice and skills, 5-6, 88, 147-48. *See also* finances
cancer, 18-19, 38, 42, 45, 46-47, 51, 53, 54, 57-58, 63-64, 91-92, 134, 144-45, 147-48, 164-65
care coordination. *See* care plans; planning
careers, effects upon, 4-5, 9-10, 11-12, 171-72
caregivers/case managers. *See* professional help
care plans, 4-5, 6-8, 11-12, 27-29, 30-31, 35-37, 70, 71, 73, 94, 96-97, 134-35, 171-72.
 See also planning; support
care-share teams/care-sharing teams/care teams/personal support teams/sharing the care.
 See support, care-share teams
carpooling, 6-8
case managers. *See* professional help
cell phone or e-mail lists. *See* communication
choice. *See* power of choice
chores, sharing, 27-29, 35-37, 94
churches. *See* support, church congregations/faith communities
colleagues. *See* human resources personnel, as initiators; support, colleagues and co-workers
coming full circle/giving back, 177-78
communication
 cell phone or e-mail lists, 27-28, 35-37, 54, 94
 e-mails, 6-8, 35-37, 45, 54, 56-57, 59, 60-63, 94
 in person, 4, 9-10, 12, 43-44, 81, 94
 letters, 45-46, 47-48, 55-56
 phone calls, 30-31, 35-37, 38, 42, 53, 54, 59, 63, 173
 selective, 15, 38, 88, 106-07
 Web sites, 60-62
communities. *See* support, communities



compassion. See emotions, love and compassion.

congestive heart failure, 137-38

congregational support. See support, church congregations/faith communities

control, exercising one's, 15, 144-45, 158-59, 168-69. See *also* power of choice

counselor-consultants/therapists. See professional help

courage, 30-31, 43-44, 57-58, 140-42, 177-78

creative outlets/expressions, 118-19, 147-48

creative solutions, 81

crises, 81, 129, 135-36, 147-48, 168-69

cultural diversity, 106-07, 115-16, 164-65, 179-80

cystic fibrosis, 86

death, facing, 23-24, 106-07, 164-65, 173, 181-82, 183, 185. See *also* rituals

decision making/brainstorming, 5-6, 6-8, 9-10, 11-12, 15, 27-29, 30-31, 35-37, 55-56, 70, 81, 82-83, 88, 102-03, 147-48, 158-59

dementia. See Alzheimer's; elderly, fragility and dementia

denial. See emotions

depression. See emotions

disabilities, 135-36, 137-38, 164, 171-72

diseases, 15, 38, 60-62, 70, 88, 93, 102-03, 135-36, 140-42, 168-69. See *also specific illnesses*

divorces, 9-10, 56-57, 135-36

Down's syndrome, 179-80

dying. See death, facing

dysfunction, family, 71

elderly

- couples, 27-29, 80, 122-23, 137-38, 178-79
- fragility and dementia, 27-29, 71, 96-97, 158-59, 171-72, 178-79, 181-82, 185
- individuals, 27-28, 30-31, 43-44, 96-97, 155, 158-59
- parents/grandparents, 4-5, 9-10, 18-19, 23-24, 27-29, 71, 80, 84

e-mails. See communication

embarrassment. See emotions

emotions

- anger/resentment, 59, 127-28, 135-36, 155-56, 164-65, 176, 185
- bitterness, 155-56
- denial, 106-07, 135-36
- depression, 46-47, 137-38
- embarrassment, 127-28
- fear, 6-8, 106-07, 124, 127-28, 129, 144-45, 150-51, 158-59
- frustration, 135-36
- grief and sadness, 30-31, 63, 137-38, 178-79, 181-82, 183, 185
- jealousy, 150-51, 168-69
- love and compassion, 18-19, 81, 127-28, 135, 164-65, 178-79, 181-82
- powerlessness, 127-28
- shame, 6-8, 127-28, 135-36
- tenderness, 127-28

encouragement, 18, 27-29, 86, 94

exhaustion. See burnout and exhaustion/feeling overwhelmed

faith, role of, 4-5, 23-24, 47-48, 53, 60-63, 112-13, 174-75, 177-78, 179-80, 181-82, 183

families. See support, families; dysfunction, family

fear. See emotions

feeling overwhelmed. See burnout and exhaustion/feeling overwhelmed

finances, 5-6, 43-44, 73, 88, 147-48. See *also* business advice and skills

foster care, 150-51

friends. See support, friends

frustration. See emotions

genetic diseases. See diseases

grandchildren/grandparents, 4-5, 18-19, 27-29, 60-62, 80, 84. See *also* elderly, parents/grandparents

gratitude. See appreciation/gratitude/thanks, expressing

grief and sadness. See emotions

guilt. See saying no



healing, 9-10, 137-38, 140-42, 174-75
Health Care Power of Attorney, 106-07
Health Insurance Portability and Accountability Act of 1996 (HIPPA), 106-07
heart attacks, 55-56, 94, 137-38
help appeals. *See* asking for help
HIV/AIDS, 177-78
home-health agencies. *See* professional help
honesty, lack of, 38, 51, 81, 106-07, 124, 135-36, 150-51, 164-65
hope. *See* power of hope
Hospice, 164-65, 181-82, 183
hospitals, 23-24, 30-31, 73, 86, 106-07, 124, 173
human resources personnel, as initiators, 11-12, 96-97, 171-72.
See also asking for help, for clients or colleagues; support, colleagues and co-workers
humor, 84, 93, 181-82. *See also* laughter
illnesses/injuries
 child's, 13-14, 86
 facing, 35-37, 106-07, 168-69, 171-72, 179-80
 long-term, 15, 70, 134, 135-36, 144-45, 173
 midlife, 11-12, 35-37, 38, 70, 73, 91-92, 93, 127-28, 135-36, 140-42, 164-65, 168-69, 171-72, 177-78
 military, 73
See also accidents, coping with; Alzheimer's; arthritis; cancer; congestive heart failure; cystic fibrosis; diseases; Down's syndrome; elderly, fragility and dementia; emotions, depression; heart attacks; memory loss; prostate cancer; strokes; transplants
independence, 71, 96-97
injuries. *See* illnesses/injuries
intergenerational support. *See* support, intergenerational
isolation/feeling trapped, 27-29, 96-97, 134, 135-36, 140-42, 164-65, 173, 176, 177-78.
See also burnout and exhaustion/feeling overwhelmed
jealousy. *See* emotions
joy, 181-82, 183
laughter, 9-10, 183. *See also* humor
letters. *See* communication
life-coach counselors. *See* professional help, counselors/therapists
limits. *See* setting limits
long-term illnesses. *See* illnesses/injuries, long-term
love and compassion. *See* emotions
"medicalization", 140-42
meetings
 addressing colleagues at, 5, 11-12, 63-64
 avoiding, 106-07
 bringing up issues at, 9-10, 27-29, 81
 having care partner present at, 102-03
 setting up initial, 43-44, 46-47, 55-56, 70
memory loss, 27-29, 71, 158-59, 171-72, 176
men
 asking for help, 6-8, 30-31, 42, 45, 55-56, 56-57, 63-64, 71
 facing illness or death, 6-8, 23-24, 51, 57-58, 63-64, 91-92, 96-97, 122-23, 144-45, 155-56, 177-78, 178-79, 181-82, 185
 primary caretakers, 27-29, 35-37, 81, 135-36, 137-38, 185
See also isolation/feeling trapped
midlife, facing illness in. *See* illnesses/injuries, midlife
military. *See* illnesses/injuries, military
moving, 82-83, 88, 118-19, 140-42, 158-59, 171-72, 181-82
neighbors. *See* support, communities
no, saying. *See* saying no
nursing homes, 43-44, 140-42, 171-72, 181-82
offering help, 4-5, 5-6, 9-10, 11-12, 13-14, 30-31, 38, 51-52, 53, 59, 60-62, 91-92, 94



overwhelmed. *See* burnout and exhaustion/feeling overwhelmed

paid caregivers. *See* professional help

parenting. *See* single parenting; support, intergenerational

passive-aggressive behavior, 135-36, 150-51

peace, finding, 118-19, 144-45, 164-65, 171, 173, 174, 181-82, 185

phone calls. *See* communication

planning

- in advance, 4, 9-10, 23-24, 30-31, 35-37, 43-44, 51, 56-57, 57-58, 82-83, 86, 96-97, 144-45, 147-48, 158-59
- too late, 38, 71, 88, 106-07, 129, 135-36, 137-38, 176
- when there's a need, 5, 6, 11-12, 13, 27-29, 42, 45, 45-46, 46-47, 47-48, 55-56, 63-64, 70, 73, 91-92, 96-97, 122-23, 134, 144-45

powerlessness. *See* emotions

power of choice, 15, 38, 82-83, 140-42, 164-65, 181-82

power of hope, 137-38, 140-42, 147-48, 164-65, 185

prayer, 23-24, 47-48, 53, 60-63, 94, 115-16, 127-28, 144-45, 164-65, 174-75

pregnancy, 81

priorities. *See* values

privacy, 6-7, 30-31, 38, 88, 96-97, 106-07, 122-23

professional help

- accountants, 96-97
- caregivers/case managers, 15, 70, 71, 80, 135-36, 140-142, 156, 172, 176, 179-80, 181-82
- counselors/therapists, 11-12, 15, 27-28, 70, 71, 93, 96-97, 115-16, 134-35, 140-42, 144-45, 147-48, 168-69, 171-72, 178-79
- home-health agencies, 15, 27-29, 47, 59, 70, 71, 73, 168-69, 176
- housekeepers, 36-37
- social workers, 15, 71

progressive diseases. *See* diseases

prostate cancer, 42, 91-92

receiving help. *See* asking for help; support

recovery, 35-37, 43-44, 47-48, 63, 73, 94, 122-23, 127-28, 140-42, 155-56

relief, 35-37, 135-36, 137-38, 168-69

resiliency, 18-19, 140-42, 144-45, 164-65, 168-69, 185

rituals, 9-10, 80, 118-19, 171-72, 179-80, 183

sabotage. *See* support, alienating/sabotaging

safety, 73, 82-83, 106-07, 171-72

saying good-bye, 118-19, 171-72, 178-79

saying no, 37, 51, 55-56, 63-64, 70, 73, 84, 115-16, 174-75

saying yes. *See* offering help

selective communication. *See* communication

self-care, 5, 9, 18-19, 43, 51, 82, 84, 112-13, 115-16, 118-19, 122-23, 134, 144-45, 171-72, 174, 188-89

self-neglect, 129, 134, 137-38

setting limits, 38, 51, 84, 115-16, 174-75

shame. *See* emotions

single parenting, 4-5, 13-14, 150-51. *See also* support, care-share teams, communities, intergenerational

solo caregiving, 129, 134, 135-36, 137-38. *See also* support, care-share teams, communities

spiritual partners, 174-75

strategizing. *See* care plans; decision making/brainstorming; planning

strokes, 30-31, 47-48, 122-23, 127-28, 129, 137-38, 155-56

support

- alienating/sabotaging, 38, 106-07, 150-51, 155-56, 158-59, 164-65, 176
- care-share teams, 15, 35-37, 70, 73, 81, 94, 106-07, 134, 155-56, 171-72, 177-78
- church congregations/faith communities, 4-5, 23-24, 47-48, 73, 86, 94, 174-75, 177-78
- colleagues and co-workers, 5-6, 9-10, 11-12, 15, 45, 55-56, 63-64, 70, 94, 171-72
- communities, 13-14, 15, 51, 70, 73, 81, 122-23, 135-36
- families, 18-19, 23-24, 27-29, 46-47, 55-56, 56-57, 71, 84, 127-28, 179-80
- friends, 6-8, 9-10, 13-14, 18-19, 27-29, 30-31, 35-37, 43-44, 59, 60-63, 81, 86, 88, 91-92, 122-23, 174-75



intergenerational, 14-15, 18-19, 27-29, 71, 73, 137-38, 185
one source (See solo caregiving)
surgeries, 35-36, 43-44, 94
tenderness. See emotions
thanks, ways to show. See appreciation/gratitude/thanks, expressing
transplants, 38, 60-62, 86
trust, 23-24, 51, 91-92, 106-07, 134, 135-36, 144-45, 150-51, 177-78
values, 81, 82-83
vision, 38, 73, 140-42
vision statement, 18-19, 82-83
volunteer organizing community. See support, communities
vulnerability, 96-97, 127-28. See also emotions, fear
wearing down. See burnout and exhaustion/feeling overwhelmed
Web sites. See communication
withdrawing support, 164-65, 174-75, 176. See also saying no

[CONTACT US](#)

Unless otherwise indicated, all content on this site is licensed under a [Creative Commons 3.0 US License](#).

Source URL: <https://personalsafetynets.org/content/book-chapter-summaries-0>

Links

- [1] <https://personalsafetynets.org/content/summary-chapter-1-beginning>
- [2] <https://personalsafetynets.org/content/summary-chapter-2>
- [3] <https://personalsafetynets.org/content/summary-chapter-3>
- [4] <https://personalsafetynets.org/content/summary-chapter-4>
- [5] <https://personalsafetynets.org/content/summary-chapter-5>
- [6] <https://personalsafetynets.org/content/summary-chapter-6>
- [7] <https://personalsafetynets.org/content/summary-chapter-7>
- [8] <https://personalsafetynets.org/content/summary-chapter-8>
- [9] <https://personalsafetynets.org/sites/default/files/pages/psn-book-index-fixed.pdf>