

SECRETS OF THE SUCCESSFUL CAREGIVER

A NEW BOOK OFFERS A BUSINESS MODEL TO HELP OVERBURDENED CAREGIVERS

SHIRLEY ROBERTS STRUGGLED MIGHTILY when she was first thrust into

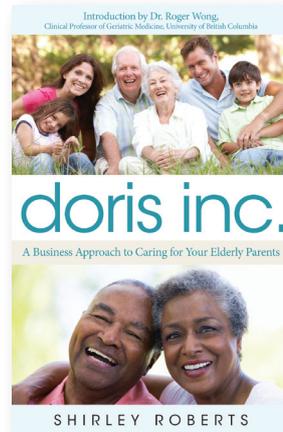
the role of caring for her mother Doris, who was suffering from Alzheimer's disease. But instead of throwing up her hands in surrender, she went to work on a solution. She and her brother, both business school graduates, developed a model to help cope with the situation. The result is detailed in her new book, *Doris Inc.* (Wiley, 2012) a one-size-fits-all process on how to provide top-notch care without burning yourself out.

Peter Muggeridge interviewed Shirley Roberts about her ultimately successful caregiving journey – and the book that resulted from it.

Peter Muggeridge: What was your motivation in writing *Doris Inc.*?

Shirley Robert: I grew attached to the seniors at my mother's nursing home. I got to see them as special people and I saw that many of them didn't have the same amount of attention as my mother did. Many were lonely because their emotional and social needs weren't being met. My heart went out to them, and I thought that if I could help family caregivers understand what elders' needs were that I could help make their lives better. I felt that somehow, in a small way, I could make a difference.

PM: Explain the title.



Shirley Roberts

Doris Inc. was the method my brother and I developed to take good care of our

mother, whose name was Doris. At the beginning of taking care of my mother, I wasn't prepared and, as a result, I did a very bad job of it. My brother and I had degrees from Ivey Business School. We had the expertise to run businesses and manage huge amounts of dollars and people – why couldn't we apply this expertise to taking care of our mother? We started using our business skills and found a better way to take care of our mother, and my husband joked that we were running Doris Inc.

PM: Do you need to be a Type A personality with top-notch business skills to succeed at your plan?

Not at all. The book is written in simple language with tips and charts so that anybody can follow.

PM: How did you narrow your game plan down to 250 pages?

When I began caregiving, there was no manual that outlined everything I'd need to know about looking after my mother. I didn't know anything about looking after someone with Alzheimer's. I wanted to take the fear out of what can be a terrify- →

ing experience. That's what I tried to create in this book. Eldercare is a very complex endeavor, but I worked hard to boil the complex down to make it understandable to all readers. I spoke to nurses, social workers and case workers and tried to find out what are the greatest fears and the most asked questions the typical caregiver has. I tried to include all that in my book in charts, graphs, tips and action plans that cover the whole range of caregiving needs.

PM: But can one book cover off all the different experiences?

Yes, this is a story about my mother who had Alzheimer's as well as a number of other chronic conditions. But it's relevant for anyone caring for a loved one who has entered the declining years. It follows the natural progression of how people slowly decline, going through supportive living, assisted living, dependent living and palliative care. I defined these stages of decline with the help of health-care professionals.

PM: You speak of balancing your own personal needs with those of the person you're caring for. Did you achieve this balance?

At the beginning, I was torn. I had a fiancé I wanted to spend time with, a mother I wanted to care for and a marketing business to run. It was difficult, but I discovered that the only way it would work was if I reached this state of equilibrium where my mother's care needs and my own personal needs were both being met. It was only after my brother and I took charge of the situation that I was able to find balance. If you lose balance and all your time is spent caring for the person, you'll start feeling resentment and get burnt out. You'll wear down and get sick.

PM: How important is establishing a family caregiving team?

Spreading the workload among family members is very important. It's a connected world, and anyone can help,

even if they live in a different province. My brother lived in Vancouver, but we were still able to share responsibilities between us. Yes, I was in the trenches, but he looked after my mother's hearing aids, got involved in advocacy and managed and invested her money. He even participated in the family care conference with the nursing home staff by phone. It worked amazingly well. It was a true business model: we worked as a team to develop a game plan, understood how the system worked, communicated to get things accomplished and delegated tasks to people with the right skill sets.

PM: Were you the CEO of Doris Inc.?

My brother and I were equal partners. We made decisions together and communicated this in one voice to my mother's health-care team. Too many times, everyone is off doing his or her own thing, and the patient's needs get neglected.

PM: Are people ready for the financial shock that comes with caregiving?

No, they aren't. Many families wait until a parent can no longer pay their bills or has run out of money before discussing finances. Adult children don't realize that their parent's financial problems become their problems. It's important for families to discuss and start planning for the passing of the financial baton when seniors are in their 70s or earlier and in good health when they can discuss this issue rationally.

PM: How do we get the finances in order?

In my book, I've laid out what all the costs are likely to be in a retirement residence and nursing home as well as other living expenses. If they're running out of money, it doesn't make sense for them to live in an expensive retirement residence. You want to spend the money wisely, know how much there is and how long it will last. I've included spreadsheets that

give a 10-year forecast of how long a senior's money will last.

PM: Many people think their parents' money is theirs to inherit. You disagree with this?

Absolutely. It's the parents' money and it should be used to provide them with the best care they can afford and the quality of life they deserve.

PM: What's the biggest issue that catches new caregivers by surprise?

Besides financial planning, the other big blind spot is planning for the stages of decline. Most people say they want to remain at home. That may work in some cases, but most seniors will develop chronic conditions that will erode their ability to live independently. Families need to understand the increasing care needs that will inevitably come and begin planning for them.

PM: A constant source of frustration for any caregiver is navigating what you call the "health-care maze." Did you learn the trick?

Oh, yeah! The secret's in the book! (Laughs) Families can play such a big role in the quality of care received once they figure out this maze and when they work as a team with health-care professionals. I developed charts that break down how a hospital functions from when you first arrive to when you leave. I also explain how to proactively work with a health authority case manager, your family doctor, a social worker, nurses, the nursing home, etc.

PM: You talk about finding joy in caregiving. Really?

Absolutely. As long as you're not burnt or stressed out (that's where my caregiving method comes into play), you can find joy in caregiving. It comes from the satisfaction of helping someone in need and doing something to improve their quality of life. It's also the sense of accomplishment that you were able to manage the care and do it well.