Daughterhood the Podcast
Episode #76
Finding Balance in Caregiving
with Jerri McElroy

56:24

SPEAKERS
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Meet the Leaders

Daughterhood

Rosanne Corcoran 00:14
Hello and welcome to Daughterhood, the Podcast. I'm your host. Rosanne Corcoran, Daughterhood circle leader and former primary caregiver to my mom, who lived with vascular dementia for 12 years. Through that journey, I experienced every phase of caregiving firsthand, the heartbreak, the joy and the aftermath. That journey showed me how vital support and connection truly are, and that's why this podcast exists. No matter where you are in your caregiving journey. I'm so glad you found us, because caregiving is far too much to do alone. So welcome to daughterhood, the podcast part of the Daughterhood community, where we empower caregivers to navigate both the practical and emotional sides of caregiving together. Here, your efforts aren't just good enough, they're heroic, and here you're never alone. Join me in Daughterhood.

Rosanne Corcoran 01:04
Before we dive in. I just want to share a quick note. This podcast is part of the whole care network. The conversations you'll hear are here to inform and inspire, but they're not a substitute for professional advice. The views you'll hear are those of the host and guests, and may not always reflect those of the Whole Care Network. If you have medical questions, please talk with your doctor and for legal advice, check in with your attorney. I'm so glad you're here.

Rosanne Corcoran 01:28
Jerry Danyelle McElroy is a full time family caregiver to her father, a disabled Air Force veteran living with dementia, who requires full care. She created First Care 4 Me to encourage family caregivers to

prioritize self preservation for their own health and well being. And she's a former and she's a former care fellow with Caring Across Generations. Jerry is also a mother, grandmother, author of more than 10 books, business owner, entrepreneur and minister. She is a powerful advocate for women caregivers of color. In this episode, Jerry shares her caregiving journey and highlights how caregiving touches every part of our lives, from managing overwhelming medical duties and advocating for a loved one to caring for a parent whom you may have had a challenging relationship with, and the role empathy and self care play along the way. I think you'll see yourself in her story and the strategies she shares can help you find your own balance. I hope you enjoy our conversation. Family Caregivers juggle so many things work. Family having to pivot quickly when things change. I mean, the list goes on and on. Jerri, you live with your father and provide full care for him. What helped you manage the responsibilities and find balance?

Jerri McElroy 02:45
So even, as you said, Jerri, you live with your father, I had to take a deep breath, because yes, and that there is the shift that happened eight years ago for me, I was sandwiched, of course, I'm a mother of six, and four out of six of my children were still in the household when my father's health started to change and decline. And, you know, we tried to do, I tried to do rehab facilities and long term care, and I watched him decline more in these facilities. He, you know, developed the sacral wound on his behind, and he was just getting worse at the hands of, supposedly, the professionals, the healthcare professionals. And so after about four different facilities and experiences and hospital stays and just a lot, I finally, you know, out of my four, two more had moved out, and a bedroom became available. And, okay, let's I remember at the time, I was still married, I told my spouse, I said, you know, I just don't feel comfortable discharging him from the hospital into another facility. I feel like he's going to die in one of these facilities, and I don't know what else to do but bring him home. Right? So to look at, yes, I live with my dad. This was not the first choice. You know what I mean? Yes, I realized that he he required an in depth amount of care, and I was intimidated. I was ignorant to the processes. I was like a deer in headlights, like, how am I going to do this? And at the same time, felt like I'm watching him decline at the hands of, supposedly, the healthcare professionals who are equipped and certified and agreed to take care of him, and they're failing. They're failing. And so in my head, I said, maybe just my love and being around family will encourage some type of. Healing and recovery that's just not available in these facilities, and that's all I had when I initially brought him home, into the into our household. And to be honest, Rosanne, I stayed up more than 24 hours when I first brought him home because I was just trying to get everything situated like, how is this going to work? When I first brought him home, he was delivered to my house on a stretcher. Wow. The hospital, the hospital was not expecting him to ever sit up or talk or do anything they, you know, use the word. He's at his base. There's nothing else we can do. You know, where do you want us to discharge them type thing, and they were wanting me to consult with hospice and palliative care and and for me as a family member, I just still saw life in his eyes, and I felt like no one health care professionals had really given enough attention or Time to help him recover. Everybody was just bandaiding the conditions and the processes and just medicating him and like, okay, you know, like, prescribe another medication, you know, put a band aid on this. Okay, that's all I can do type thing. And so, what did he have? Did he have a stroke? So he had had a mall seizure in April of 2018, and he had lost, you know, he had right side weakness. He had seizures that were just popping off, you know. And after the mall seizure, they were cocktailing, that's the word they use, cocktailing his meds, trying to see what mixture of seizure meds would calm his brain, because his

brain was seizing, even when you when he looked functional and alert, right? And so they were doing a lot of, you know, scanning and stuff with his brain. And just it was a lot. And so he was, they found a combination of meds that were working, and he was getting better. But then the neglect of the facilities, they weren't administering his meds like they were supposed to, just little negligence was happening that would cause him to go right back to the hospital. And so with every hospital stay, he declined a little bit more, you know, he was losing, you know, cognitive strength. And so by the end of that year, after the malt seizure, he had started regaining his speech and everything, but with these other little hits that were happening throughout the year, by the time he was discharged, where I brought him home in 2018 the mall seizure happened in April of 2018 by September of 2018 I was bringing him home after three different facilities to me failed him and neglected him, and he was on a stretcher, unable to speak, connected to a feeding machine. They had to deliver a Hoyer lift and teach me how to use a Hoyer lift to move him in and out of his bed. He had developed a sacral wound in one of those facilities. So I had, I became a wound care nurse, a skilled nurse, you know, learning how to flush out the feeding machine. I had to learn how to use the feeding machine and change his bags and all the things. The only thing, and I say this all the time, the only thing I have yet to do is be a phlebotomist. I have not been a I haven't had to run an IV or draw his blood, but everything else I got covered, you know, and it's amazing what they are, what they as in the healthcare system is okay putting on a caregiver, yes, a fan, an unskilled, unprofessional family caregiver. You send me out the door with all the supplies. Yeah, you know, extra bags for the feeding machine and everything, and I remember my my saving grace has been other caregivers. Tell me about that. Other caregivers in my family, other caregivers that I've crossed paths with have been the ones to ground me and say, No, hey, no, ask for this. Ask for that. Don't leave when, when it was time for him to be discharged. And of course, again, I'm a deer in headlights, like, I don't know what this gonna look like when we get home, but I just feel like if he goes anywhere else, he's gonna die. So they carted in his hospital room this big cart of, like, boxes of supplies. And so the nurse was just like, this is for that. This for that. These are I was just like, Okay. And so I kind of messaged my aunt and my mom to let them know where everything was. And my aunt was the one who was the grounding voice in that moment, she said, do not leave. Don't let them walk you to the door without showing you how to do everything. Make sure someone from nutrition comes in and shows you how to do the feeding machine. Make sure someone for nerve wound care comes. And show you how to do his dressings. She was the one very just, very matter of fact, matter of fact, very just solid in her words, do not leave until they show you how to do everything. And I just remember that kind of gave me this second wind like, okay, okay, so we're not being discharged. You know, even when they brought me the discharge paperwork, I was like, I haven't seen the wound care nurse. I haven't seen the nutrition, but I wouldn't have known to ask those things without these caregivers, you know, feeding me and, you know, kind of directing me. And so, you know, my mom was staying in Florida at the time with my sister in in the build up to all of this, when I made the decision to bring him home, she made arrangements to travel up. Now, mind you, my mom and dad have been divorced since, you know, separated since I was 15, so in no way does she owe him anything, right? You know, she had remarried, you know, has really moved on with life, but for my sake, she traveled up from Florida and stayed with me for over 30 days just to help acclimate into this new way of living with caregiving. She was the one who showed me how to turn him and change his bed sheets without having to lift him all the way out the bed. She showed me the easier way to put a shirt on him, because he was just, I hate to use this word, but he was dead weight at the time. And so, you know this idea of lifting him, she was concerned about what it was doing to my body. And so everything that she had learned over her years in the healthcare system, she was showing me and imparting into me and just guiding me through the whole process. And I don't even know how I would have figured that stuff out without her, you know, being there so and in no way is she a professional. She's just been a family caregiver. She's just been around other caregivers, you know, and so it's a beautiful thing how we lean on each other and how we support each other, just because we know like you just become a very empathetic person when you've gone through it. And of course, for her coming up, I was overly grateful for her giving that time. And, you know, even since then, there's been several times where I have attempted to pull at my siblings to, you know, cover and take care of my dad while I step away for, you know, go out of town or something. And lo and behold, my mom is the one who shows up, you know, yeah, so I speak her name, Vicki battle. I love you so much. But yeah, so it's beautiful. So that is, that is how you know when I think about where we are in care, is my dad at that place? Now he's not, but he would still be considered level three care, meaning he is fully dependent on someone helping him to do everything. He cannot get up out the bed. He cannot dress himself. He He can feed himself to an extent, but the food has to be brought to him, and it has to be, you know, finger foods or something. He can't really manipulate utensils, and so he would still be considered level three.

Rosanne Corcoran 13:27
Were you were working through this whole time? Yeah, how'd you, How'd you manage that there Jerri?

Jerri McElroy 13:33
I didn't, I didn't. I did it, and I embraced and accepted that things are going to have to change, you know, I you know, even when I think about the burden, the heaviness, the weight of caregiving, I often correlated to motherhood. When I think about the sacrifices that mothers have to make to care for their children, it's very similar to caregiving. And so I found myself making those same decisions like, Okay, I don't have the capacity. I can't stretch myself across all of these different avenues. I just don't have the capacity. And this is for this season. You know, just like when my kids were little, I couldn't be all things to everybody, and so I have always spoken in seasons like this season will not allow me to do it all. So what can I do? What makes sense? And so I remember, in May of 2018, a month after his mall seizure, seeing how much his his health had changed, knowing that he could not return to the personal care home where he was staying that he you know, I needed to look at long term care facilities now they're wanting me to go tour facilities and talk to all this stuff. And even then I was, I had several different administrative contracts going, and I sent a mass message to my clients and said, You. Unfortunately, with with the the change in my dad's health, you know, I am unable to fulfill these contracts, you know, I am going to have to refer y'all to other people and, you know, things like that. So I don't think I've ever been afraid of shifting, because as a mother of six, I've often had to shift, you know, over the years, and so that for me, you know, I've always been in and out of the workforce because of my six children, you know, and just kind of, you know, stayed in this contractor entrepreneur type, you know, vein, because that's just what fit. It was just easier to do. I would do 1099, contracts, you know, independent contractor work, where I could have a little bit more say and play in what the scheduling looked like.

Rosanne Corcoran 15:52
So basically, your life has been about pivoting and making it balance for you, yep. So when you when these things come up, instead of, and I know not everybody can do this, but instead of being like, well, I have to do this this way, and I have to, it's like you looked at it and said, I can't do that. Obviously, I still

need to work. I still need to bring in some money. But what other thing can I do during this time? Yep, tell me how you got to that. How did you how did you see the long game in this?

Jerri McElroy 16:30
Um, when, when we think about our adult life is shaped by our childhood experiences. I remember reflecting on my childhood and looking at the fact of how many times we moved around. So of course, a part of my childhood experience is that my father, and a part of my history, or my relationship with my father, is that he fought with alcoholism and substance abuse for most of my life. And so as a child, the alcoholism often led to there not being enough money in the household, and we had to move. So there was a lot of movement that happened, and readjustment. And so what you know when I when I look at my strengths now to readjust, to be able to calm myself in high stress situations. I can reference things from my childhood, and it now works in my favor where then it, you know, was a disruption, you know, having to move and resituate ourselves and everything, but now I see how it still shows up. And so I look back at my childhood, and I can see many things that show up now, but it shows up in a productive way.

Rosanne Corcoran 17:54
Isn't that interesting, the stress and the chaos and the dysfunction of growing up in an alcoholic family actually worked. It's almost like I don't want that, so I'm going to try to go this way, to not be involved in that

Jerri McElroy 18:13
And to learn. As I had children, as I started homeschooling, I started doing a lot of sourcing for myself to learn about learning styles and different developmental abilities and everything, because I wanted to make sure that they were all taking in information the best way that worked for them, sure individually, each child and so but When we're learning we're learning about ourselves too, how we click, how we take in information. And so that was another piece that I discovered, is growing up and everything that was happening, I had a little bit of OCD, and I think it was my way of controlling my atmosphere, as far as, like, how I would, you know, organize the my magazines and the posters in my room like, wherever my designated space was, that's the only space I had that I could control, right? And so even coming into adulthood, just like we were saying, when chaos hits, I automatically look around like, how do I manage this? Right? And that's always where my mind goes, which is why I was saying when I first brought him home, I was up 24 hours. I know I remember. I never went to sleep that night. I literally had notepads and post its because I was jotting down like his scheduling for how many times he needed to be rotated, what meds need to be dispersed? When do I need to change the feeding machine or change the bag like I needed to make sense of all of what was dumped in my lap?

Rosanne Corcoran 19:53
And it's interesting when I spoke with with Becca Dittrich about caregiving, and she said they used a whiteboard for her. Father because He had so many things. Yeah, and you have notepads and lists of boards, of boards, yep. And it's, it's a very interesting thing to bring that type of organization into caregiving. And I think we get caught in the I'm just running errands for my my mother. I'm just taking my dad to this, and I'm just, but it's all things that are happening alongside your own life, yeah, and we have to be able to bring that type of strategies, yes, into this, yeah, while we're pivoting right. Because

that's the to me, and I know everybody is different, but to me, that is the only way to stay sane. Yeah. And and tell me a little What do you say to people that are in this position of, I feel like my life has now gone, has made a hard left, yeah? And I can't find my footing in this. I can't find the balance.

Jerri McElroy 20:59
Yeah?

Rosanne Corcoran 20:59
What do you say to them?

Jerri McElroy 21:01
You know, my first thing is to extend empathy. First like I get it, I overstand. Breathe. Okay, let's breathe. Cry if you need to let the tears come. I think sometimes we have so much bottled up emotion that it causes confusion. It causes paralysis. Yes, people don't realize that holistically, you just can't think straight. I mean, we throw that out there like, I can't think straight. We really can't, no, especially when we have not screamed or or threw a rock across the whatever we need to. We need to get the energy out first. We need to release the emotion first before we can clearly think through a plan or some steps or anything like that. And so usually, what I've experienced is that when I actually say breathe, and they take a breath, tears fall, or they get red in the face because they haven't given themselves the opportunity to breathe or to cry or whatever the stop needs to be. And then with that kind of space, is when I ask, all right, this isn't the first time there's been chaos, and you've lived through it, right? So again, let's breathe on that and understand that this, too is manageable. Let's just see what pieces need to be managed. You know, let's think. Let's think through the pieces. You know, where? Is your loved one? What? Where are they in their condition? Where are they in their independence or codependent? Like, what? Let's talk through the pieces and see what needs to happen in this season. And then I also a lot of times, we'll talk about what they could possibly do to plan ahead, because we know that there may be some in some decline. And so instead of waiting, what can you put in place? Now, whether that's a camera system or, you know, the door alarms, the bed chimes, you know, things like that, to just if you already know what the condition is going to look like, or which way this is going. Let's not wait until it gets crazy, you know. If you have time to prepare, let's do that, you know. And so, yeah, I think a lot of times, just to walk alongside someone and give steps and suggestions, you just the light bulbs go off.

Rosanne Corcoran 23:41
No, I absolutely agree. And I love I overstand, instead of I understand. I like that,

Jerri McElroy 23:47
Yep, because it's just yeah, I mean, I'm so there with you. And it's not, and it's not in those moments where I don't, I don't want to start talking and, like, dominate the conversation, but it's like I overstep, like I really do, yeah, I feel you. I can cry with you right now, you know, like, just really, yeah, really getting them to connect and know that they are seen and felt and validated and you're not alone, yep. And I think that's the other piece that people don't realize is that it can feel very isolating with 1000 people around you. You know, again, when I brought my dad home, I had family in my home. I had children and a spouse, and people were around and at the same time, when you have established

yourself as a self managing adult. People don't check on you as much. No, they don't, because in their head, she got it. She always has it. She always got it. She's the one figure it out. Yeah, I remember my mom. That was one of the thing that my mom. Said she's like, You, you'll be fine. Well, damn it, not right now, not at this moment, you know. And so there has, there has definitely been the moments where I've just had to give myself space and grace to scream. I do a lot of journaling, and so a lot of times my emotions are kind of poured out on the pages. I can be journaling, and literally, will feel the tears coming, you know, well, well, welling up. So I'm definitely one to scribe out my emotions and, and it's, it's therapeutic, you know? It works. It is, you know, something I teach others, there is no substitute for physically writing on paper with a pencil or a pen, doing a voice note, leaving yourself a memo in your phone, is not the same as physically journaling and and I do sessions on it to really get people To see the difference. And I've had people actively feel emotion rise up as they are writing. It's just how our brain connects. It's another way to push out the energy.

Rosanne Corcoran 26:13
Yep, and we spend so much time and energy keeping it all I can't think about this. I don't want to go to pieces. If I, if I open that door, I'm going to just keep crying. You're not you have to release that. Yeah, and it, I think it, it does more harm to us than good, trying to just, I'll think about this later. Yeah, you've got it. You've got to release this.

Jerri McElroy 26:38
And I just saw something that, like I it was new information to me. I just saw something a couple of weeks ago where they said crying is not just wet, wetness, you know, falling out of our eyes. Crying also is. Tears are also carrying stress hormones, really, and which is why we feel lighter after we had a good cry, because we've also released stress hormones, the toxic ones, toxic ones. Yeah, it's very interesting. Yeah. I was just like, Wow, another piece of information, yeah, but it makes sense. You know, it really makes sense when you think about, I know for me, you know, I can, like, go run a marathon after a good cry. It just it really makes sense for me. Like, okay, yeah, right.

Rosanne Corcoran 27:39
No, I hadn't heard that. That makes perfect sense.

Jerri McElroy 27:42
Yeah. And the other piece, the other piece that I found myself juggling, even as I say, the releasing stress through tears, is all of this happened ironically as I stepped into perimenopause. Of course it did, because, why wouldn't it? Yeah, so, so figuring out a whole new me, yes, and juggling a pandemic. And, you know, kids, trans teenagers transitioning into young adulthood, it's been, it's been a it's been a ride. It's been a ride these past eight years.

Rosanne Corcoran 28:18
Well, yeah, and again, you know, what I think of is what you said about, you know, it's the season. And I think when we can look at things as this is a season and the next, like, it's the same thing, we just don't know what that's going to entail,

Jerri McElroy 28:34

Yep, and we just don't know what life is going to entail.

Rosanne Corcoran 28:38
Exactly.

Jerri McElroy 28:38
So, it's not, you know, it's not just caregiving, it's any part of life. You know, we don't, we don't know why. You know, I think about how people will say I was late getting to work, but obviously I needed to be late because I missed a car accident or, you know, things like that. And so no, we don't know, but when we can be as prepared as we can be for the surprises, then it just makes it a little bit more manageable. You know, when I think of you know one thing as far as the schedule now, with my dad and his care, I've pretty much designated six to 9am on any given day is my time. I do not go in my dad's room before nine o'clock, okay? And so whatever I want to do from six to nine is my time. I can't say that anything else in that day is dedicated to me, because it all depends on what happens or what has to happen, you know, for him sure, but that is, that's how I've been able to, you know, designate something on my behalf, for my preservation and my self care.

Rosanne Corcoran 29:52
That was my next question. What do you do for yourself?

Jerri McElroy 29:55
Oh, goodness, um, so because of perimenopause, I think I have been. Very focused on health and wellness and managing the fluctuations, and really trying to figure that out, understanding the difference between hormonal weight gain and stress related weight gain, and just how the how my body works as a woman, and what season I'm in in that aspect, and a part of the caregiving journey was that a doctor told me in 2018 that I was going to go before my dad because of just being a family caregiver. And I remember when she the way she said, it is, oh, you're a caregiver. Oh, well, you know, caregivers used to go before the loved ones, and she said it so nonchalantly, but for me, it stuck and made self preservation priority in my life at the beginning of our caregiving journey. And so I've always been very adamant about I'm not going to allow my body to break down. I'm not going to lose my mind in this caregiving journey. And so I think that has also been grounding for me, as far as the situations that have occurred where my dad has been misdiagnosed or mishandled or neglected, or, you know, one thing led to something else. As far as his care not being handled well, but I have learned to breathe. I've learned to breathe for my sake and his. I know that if, again, if I put my mask on first, I am more helpful for him. So I designate time I set appointments for myself, just like I set appointments for him, I structure the day, similar to motherhood, when I had a newborn, when he goes to sleep, I go to sleep, you know, like giving myself grace, reminding myself to give myself grace. If I'm tired, I'm tired and whatever. And I think the pandemic also showed me that too, like the world can do without me, especially if I need to take a nap or if I just don't have the bandwidth, the world will move on, and wherever I pick up is where I'm meant to pick up, because I'm not gonna lose myself or let my body tear down or stretch myself too thin for the sake of what other people No, no. So I am. I am adamant to make sure that I learn all that I can in this caregiving journey, to make sure that my 72 looks different from my dad 72 that's that's where I am.

Rosanne Corcoran 32:42
Wow, yes. Isn't that a great goal to have? Yeah, because we do get caught up in that. It's like, turn your phone off, obviously. Now if you're providing care and they're not living with you, that's different. That looks different, yeah, but there's different things that you can do when it comes to other people also impeding in your life, on your time, for sure. So you, you know, we, we all have a way to set different ringtones. I had ringtones for everybody in my life so that I knew what was going to be, what's an emergency and what is the I'm not picking up that phone. Yeah, and we can do that, right?

Jerri McElroy 33:20
Yes, we absolutely can, because, and this is what I say, what you just mentioned about the caregiver, not being, not living with their loved one, they are managing from afar, even with those caregivers, my statement to them is, you're not God. God is the only one that needs to be available. 24/7, even Jesus rested. So the idea that you feel like you need to have your phone on 24/7 in case something happens with your loved one, you're putting yourself in God's shoes. You're not God. All you can do is believe that while you're resting, your loved one will be okay, and if something does happen while you're asleep, what makes you think it would not have happened? There's nothing you could have done any faster if you were sleep deprived and trying to handle the situation. And so again, I think it comes down to a lot of self talk and inner dialog and extension of grace to yourself to say, I can only do what I can do to the capacity in which I can do it. Absolutely. We're not superhuman. We're not meant to be. It is not meant for us to carry the full load. 24/7, that it's just not possible and it's okay to be human. And if you want to make sure that you are not the next loved one that needs to be taken care of, you got to take care of yourself now, because what did miss Carter say? There's four kinds, four kinds of caregivers. Yes, so either we're going to be taken care of or we will care for someone. I will err on the caregiver side. I will be my dad's caregiver with full hope that I won't have to be the one who requires care until maybe I'm over 100 but I want to do the best I can.

Rosanne Corcoran 35:25
Yeah? And I get that it's hard to see it sometimes when you are in the midst and you know, for those of us that cared through the pandemic, that was, that was something else, yeah, and absolutely, you're in those times where you don't know what to do, and you are so exhausted and you can't see the light at the end of the tunnel, and it's hard to try to maintain that, but I've got to do something for myself. Yeah, and it's almost like we have to change our thinking. So what is that? What is that key? What have you found to be that key to change that?

Jerri McElroy 36:03
It come, it comes down to this, to the to the inner in the Yeah, the inner dialog, the self validation of, I can do this and things will be okay. This does not, you know, the the self shaming and the self condemnation, like it is constantly a rewiring of what we're saying to ourselves. You know this idea of what other people would think, you know where I am about that tell me come in here and say something, and I'm gonna let you know you do it. Then you know the idea of family or friend? Well, I've never had a friend do it, but family. Oh, yeah. How many be like, Well, why is he if you want him to wear something else, change him. If you want his shoes different, change them, you know, like, no, so I just don't even that is definitely boundary setting, you know, is huge when it comes to caregiving. And just getting to the point where, not in a, you know, it doesn't have to be a difficult conversation, but really

just kind of drawing the line, like, nope, not taking that in. You don't even need to finish that sentence, you know, like wherever things are between me and my dad, especially because we live together, this is what I have the capacity to do. If you'd like to do something different, tell me what day you're coming, and I will gladly, you know, tag out, right? And so that's kind of where I leave it. And that has really, yeah, minimized the additional conversations that come out of other people, and you talked about the pandemic, there was a point my dad and I went over 100 days, because I remember looking at the calendar, almost 125 days without any care support, because they just weren't available. You know, they weren't those agencies were losing people left and right. It was just a very scary time, you know, it with the idea of going into someone's home, you know, not really understanding how covid was impacting. And so we went over 100 days without care support. And there were days Rosanne, where all I had was enough to tilt his hospital bed up, give him meds, turn his TV on, make sure his bottom was clean, and I would go and lay back down, yeah, and um, and it was okay. And it was okay because he was alive and I was alive, and that's all I had capacity for, right? You know? And I think it's just us really embracing reality of what we're carrying,

Rosanne Corcoran 38:52
Yeah, well, it is, and it's very hard to allow ourselves that. And that's again, where the self talk comes in, because it's hard to be like, well, this is, this is all I can do. We don't say, this is all I can do. We say, Gosh, why didn't I do more, right? And that's what trips us up.

Jerri McElroy 39:09
And this is it again, for me, it's the same grace and care that we remind mothers to give themselves when they bring home a newborn, right? What do we tell them? When your baby asleep, you sleep, your body is recovering. If all you can do is just change them, make sure they're dry, go rest yourself recover. That is what was happening during the pandemic, because again, in my in our walk and our caregiver journey, I was lifting him. He's not the size of a newborn, right, but the type of care he required was very similar to caring for newborn, the bed baths and the changing of the diapers and condom calves and, you know, just all the things and so, yeah, I kept reminding myself, like. Like, if this was my newborn, and I had just given them a bed bath and changed them and everything. Now add another 160 pounds to it. Yeah, that's all I'm gonna do. He good. I'm gonna go lay now, that's right, and I'm gonna take a double nap. I'm gonna take I'm gonna sleep longer than I did when I had a newborn.

Rosanne Corcoran 40:21
That's right, you are allowed, that's right.

Jerri McElroy 40:24
But, yeah, it was, it was, it was a lot of it. I think, I think we stay in a place of self talk. Yeah, that's all that's, that's, and that's with everything. You know, whether we're at work or whatever it's, this is the self talk. We just have to, we our inner voice has to be more validating in the sense of giving ourselves grace.

Rosanne Corcoran 40:47

Yeah, totally agree. How do you talk to yourself about accepting outside help, bringing that help in to give you a break? Because that's hard. Aside from the cost, it's hard to actually say, okay, somebody, a stranger, is going to come into my house and help me.

Jerri McElroy 41:03
My statement is, let the Help Help. And again, I've been making that statement since motherhood, let the Help Help. I was definitely I remember my season of being super mom and trying to do it all, you know, homeschooling and, you know, trying to make sure they had extracurriculars and the laundry and all of that, and I didn't want anybody else to fold the laundry, because this is how I want my towels folded. And I and I, and even then I was like, had several meltdowns, several crying spells of just feeling like the load was too heavy, and I remember still small voice saying, Let the Help. Help. It may not be the way you fold towels, but do you want somebody else to fold towels, or do you want to continue carrying the burden of trying to get to the towels when you have 1000 other things to do, and so let the Help Help. And that is what it has been with our journey with caregivers coming in, I was a stickler, and you know, would say, do it this way. And when you give them a bath, make sure it's this way. And then I had a lot of turnover, because it took me understanding that they don't get paid much, and the idea of coming in and handling a level three client, you just don't get paid enough to do what he's required, what what kind of care he needs. It's really unfair. And so the more I understood, again, empathy, the more I understood the aspect from their side of things that you could be getting paid $10 an hour to come in and prepare somebody's meal and then sit with them and watch a game show, or the same $10 an hour to come in for bed bound client like my dad at the time, where you're turning him you're being asked to give him a bed bath, to change out his condom calf and empty a urinal and put on disposables. He can't help you dress him. He can't help you feed him like drastic differences from one client to the next and you make the same money. What? Yep. And so I just started really doing a introduction meeting with the paid caregivers every time we had a new paid caregiver, and I would go over what he required, and then we would have a conversation on, on with the time that you're being allotted for him. What do you have the capacity to do? What? What is your comfort level, you know, and we would work out a plan together. Now, were there still people who were negligent and just didn't fit the bill, of course, but overall, it became a lot more helpful for them to kind of come in and know and be able be given the opportunity to make a sound decision on their end, like, am I skilled enough? Some of them were not skilled. Did not know how to use a Hoyer lift. Had never heard of a Hoyer lift. Didn't know what a Hemi Walker was, you know, and so was it comfortable changing a condom CAD, you know, just different things. And so that really became a helpful tool for me as a caregiver, making decisions, and then also understanding they get to make a decision too. So let's put it all out on the table. Before I introduce you to my dad, let's talk about what He requires, and then let me give you the opportunity to determine. Is this something that fits the script for you? And so that idea of just really seeing people for as people? First of all, you're not just hired help. You are a person with a body that you need to take care of as well. And I don't know what you're making. You know, I can Google and see what the average is, but I don't know what you're making. And I really just got to a point where I felt like, fair is fair, yeah. And so let me be as transparent as I can about what He requires. And you make the decision on if you can take this on or not.

Rosanne Corcoran 45:38
Do you have an empathy tattoo?

Jerri McElroy 45:44
Um, I don't but that is definitely the theme of our caregiving journey. Um, God has shown me through the eyes of everybody you know, from from the doctors to the assistants in the residential facilities that he's been at the rehab facilities. Because again, you come in in one role. I come in as the daughter wanting to spend time with my dad. It was like 11 O'clock mid morning. He was still in the bed, undressed, had not been touched for the day. But for some reason, the still small voice said, look at what the tech is doing. And this particular day, the tech that was assigned to his wing had the full wing of people for herself, so it was over 15 people that she was required to get up, get dressed, showers for some of them, you know, whatever they needed, you know, and all of that. And I, I was just like, whoa. So she was still down at the other end of the wing, and I was like, it'll be one o'clock before she gets to my dad. And so I remember just kind of leaning out when I came in. I was angry, but then to observe what she was responsible for, I leaned out and I was like, Hey, you can take him off your list. I'll get him up and get him going. And I just remember her whole demeanor changing, because you could tell she was on defense. She was so used to family members yelling at her, you know, or being upset that you know, their family members hadn't been addressed or cared for whatever she had over 15 people. It's impossible. I don't know when her shift started. I think her shift started at eight, but to think of I know how much time it takes to get a wash up, a bath or whatever for my dad. And you got a whole hallway of people to do this for, and then had to prioritize, like, for the ones who needed had appointments for dialysis, like she had to rush and get them going first, and then, circle back, it was unreal, unreal. And again, I don't know how much she was making, but I just remember, yeah, it's been very insightful this whole journey to really just stop and look from other people's lenses. And I think that is what has helped me just manage through and give myself grace, because if anybody were to stop and look and through my lens, you would not be so critical exactly. You would not be asking me, why does he have on white shoes with blue pants like Be glad he got clothes on. Okay, you're not doing it.

Rosanne Corcoran 48:43
No, no, no, I love that. So we've learned a lot here with you, Jerry, lots of lessons. If somebody was just starting, or somebody somebody listening who's just starting, or somebody listening who's like, I don't know how I can continue doing this? What would you say to them?

Jerri McElroy 49:03
I would say to do an assessment. Do an assessment. Look at who you have in your corner, because, again, we can feel isolated, but really look at who you have in your corner, who is checking on your loved one or checking on you, who is, you know, showing up in any type of way, whether it is the doctor or a spouse or a sibling or your children or, you know, whoever. And start there, you know, look at where your support system is. Reach out and connect to other caregivers, whether it's virtual or local. I always say, you know, I'm realizing that in the span, you know, looking at a worldwide caregiver community, that resources look different in every area. And so while I can easily say, reach out. To your local office of aging. That may not be the name of it in their area. And so I've gotten to the point where I'm like, do a search. Do a Google search, you know, for your area. You know, use those keywords, aging Senior Care, you know, senior support, elder care. Like, look up, you know, do all the keywords and and don't overwhelm yourself. You know, I do a lot of time blocking when I have to do when I have to search for resource resources or fill out paperwork for my dad. I'm only going to do it for about an

hour, and then we going to come back to this. That's right, because I just don't want to burn myself out. I just I know what that looks like, and that's just not going to be a part. I don't it's just not good it's not good for me, it's not good for anybody. And so I don't that when I think about boundary setting, I talk about boundaries like, just don't stretch yourself too thin. Embrace the fact that life has changed. All right? This is, this is the cycle of life, right? We we will age. We will decline. It is not your parents fault or your loved one, whoever it is who is ailing, it's not their fault. It's just aging. It's what's happened, right? And so no reason to get mad at anyone, you know. Let's just breathe and accept the fact that we got to do some shifting, because the season has changed. We're here. It's not going anywhere. So let's just, you know, let's just see what we can do from here and know that there are more resources out there than we realize, and so it's just a matter of doing an assessment. You know, how dependent or codependent is your loved one? You know, are they safe? Where they are, you know, and then where can the adjustments happen? How can you utilize technology? You know, when, especially when you're dealing with a loved one who is adamant to stay in their own place, okay, well, let's get camera systems in place. Let's get some door sensors and, you know, let's, let's, let's equip the home for them to stay there as long as they can, you know, and have that open conversation, you know, sometimes while parents or loved ones may, you know, be kind of nippy around the conversation, it's still like, Okay. I need you to admit, you know, that you're not who you used to be, and it's okay, right? We want to validate that life is just happening. You know it is and it's okay. This is the cycle of life, so let's be okay with where we are, but Let's equip the home to be as safe as we can, keep you, you know, and I think when they're included in the conversation, as far as the loved ones, it just helps to make that transition. You know, as you as you need to make it so in all those different dynamics, whether your loved one is with you, or long distance, or whatever, we have technology now that just was not possible back in the day. And so I think that is a huge advantage, you know, that there's so many devices and apps and all these different things that we can put in place to keep them as independent as possible, as long as possible, yep, and then continue working on ourselves, because we know that there are strained relationships out there. You know, I remember several family members saying to me like they were surprised that I took this on to care for my dad because of his lifestyle choice. And I'm like, again, empathy, but it's not the person who was drinking who's now needing care. You know what? I mean, like, do that's a totally different Why would I hold that against him now, like, the damage is done. You know, as far as his body, his it's enough for his mind to accept that his choice of lifestyle now has him in the condition that he's in that's enough for him to deal with. I'm not going to make this any more difficult by treating him worse, right? That's not why I don't understand that. I don't understand that frame of thinking. However, I do know that people still grapple with family tension and family breakdown and all of that. And so the only thing I can say on behalf of that, because I am a counselor and a grief counselor and everything. The only thing I can say to that is that we have to still keep working on ourselves as well, to again deal with and face whatever our traumas or dysfunction is and how it is showing up in our lives. Because to me, if you are challenged with the idea. Of having to care for someone because of past issues, then that is something that you haven't done the work on.

Jerri McElroy 55:08
A big thank you to Jerri McElroy for being my guest today. For more information about Jerri, visit our leader page on daughterhood.org, under the circle tab. I hope you enjoyed today's episode and found something helpful, whether it was information, inspiration, or even just a little company. You'll find the full transcript and links to resources mentioned today@daughterhood.org in the podcast section. While

you're there, explore more of what daughterhood offers. We're more than a podcast. We're a nonprofit community providing free services and support for caregivers, including nationwide virtual support groups. We call circles on our website, you can register for a circle, sign up for our newsletter and read our founders blog. Don't forget to subscribe and review us on Apple podcasts or wherever you listen. Your reviews help other caregivers discover the support they need. Follow us on Facebook and Instagram at Daughterhood to stay connected, and if you know someone else who may benefit from daughterhood, share it with them. Also. A very special thank you to Susan Rowe for our theme music, Mama's Eyes. This is Rosanne Corcoran. I'm so grateful you spent your time with me, and I look forward to being with you again next time here, in Daughterhood.