



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 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.

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