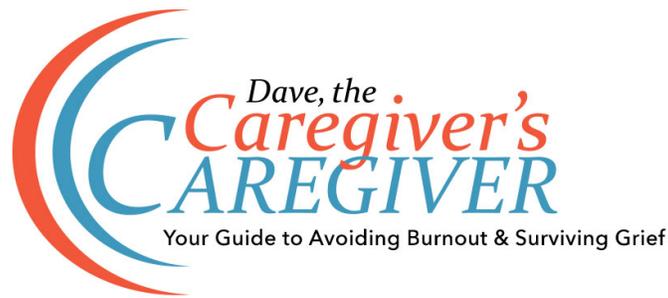




**THRIVE  
PACKS**

**GOOD-BYE  
PERFECTIONISM**



# Perfectionism

I would guess that most caregivers universally believe that only *they* can offer the *very best* care to their loved one. After all, no one could *possibly* love your care-receiver *more* than you. That may be true, however, when you are weary and your own needs are sacrificed, you might become short-tempered and impatient. You might not be as sympathetic to their feelings as you could be, not because you no longer care, but because there are limits to what *any* human being can do for loved one. Sometimes your *best* care isn't quite as perfect as you'd like it to be.

Your ability to care for your loved one depends first on your ability to care for yourself. When is “good enough, good enough?” You are *not* the only person in the world who can give your care-receiver proper care. Yes, you might believe you are the “best” caregiver, but *adequate* care is *acceptable* care if that is the only care that is available—even though it can be a bit of a struggle for



the perfectionist inside of you. Quality care is not perfect care but, then again, perfection isn't obtainable. And quality care is more than adequate for your loved one when you need to be assured that your needs are met as well. Let's start by focusing on your loved one's needs.

What are your loved one's *legitimate* needs? The more aware you are of your loved one's needs, the better able you will be to assure that they are met. The more concrete you can be about your role as a caregiver, the more likely you will be able to provide or to oversee the provision of quality care. Without clear expectations, it is easy for a caregiver to feel as if

their job never ends. If you believe your loved one's needs are limitless, you will be set up to fail—because you are not limitless. If you write out their specific needs, with a realistic schedule so that you can plan ahead, it will help you realize that your loved one's needs are not infinite. They are finite and doable.



The best result comes when you and your loved one co-create a list of expectations. When you can both mutually agree on this list, there is a much higher chance of happiness and a sense of wellbeing for you and your loved one. If you are dealing with a young child, or someone with a brain injury or other debilitating illness, coming to an agreement may not be possible. But to the best of your ability,

empower your loved one to participate in setting the schedule and identifying what is needed. You can both check off items from a to-do list or follow a set schedule that can give a sense of accomplishment, as well as create an atmosphere of safety and satisfaction. If, however, you and your loved one cannot agree on their needs, and your role in meeting those needs, conflict, disappointment and frustration will be the likely outcome.

One of the biggest mistakes I see caregivers making is assuming that if their loved ones are happy, they are receiving proper care. Many people who burn out as caregivers have a rather vague idea of what their loved ones actually need. Instead of having clear and measurable goals, you may try to meet all needs—whether it is in their best interest or not. You may be tempted to assume that as long as your loved one is happy, you've done your job.

The fact is, your loved one's "happiness" is not a true indicator of their legitimate needs. Let's get very honest with each other. Your loved one, if they are like most other "normal" people, probably wants your undivided attention. Their sense of happiness can shift from moment to moment, depending on a variety of things such as how effective they deal with their own emotional life, the level of pain they may be experiencing or the impact of drugs in their system. There may be times when your loved one does not want to follow through with the doctor's instructions, and your insistence on providing them the care they need may trigger

anger, resistance or other unhappy responses. Your loved one may be thrilled if you let him or her off the hook, but doing so would not be providing top quality care. One's emotional state at a particular moment does not determine their legitimate needs for care.

A burned-out caregiver is often the one who is being "run ragged" trying to make their loved one happy. Yes, your loved one faces challenges, but it is important to realize that everyone has challenges, no matter what their circumstances. It is not your responsibility, nor is it in your power, to keep your loved one happy. How he or she responds to life is up to them. Your job is to make sure that their legitimate needs are met—by you or by someone else.

As you create a clear description of your loved one's needs, you may discover there is less for you to do than you had suspected. Or, in some cases, your loved one may require the presence of someone around the clock. The key element is identifying, in measurable terms, the exact nature of these needs.

Most caregivers burn out because of their giving, self-sacrificial and compassionate natures. However, we may be tempted to do more than our loved ones actually need, or intervene when it would be best for them to learn how to care for themselves. Without realizing it, we may impede our loved one's progress by being overly



protective. If you always help your loved one do the things that they find difficult to do instead of encouraging them to try harder, it can make them more dependent than necessary. You may discourage the extra efforts of doing it themselves, robbing them of a sense of self mastery and confidence.

Occupational therapists agree that the best kind of caregiving is where you help the patient to learn to do for themselves, as opposed to always coming to their rescue when they are struggling for something. In essence, occupational therapy should happen not only when scheduled, but when any suitable opportunity arises.

I talk with caregivers all of the time, and there is one indicator that allows me to predict whether or not they will, with near certainty, become a burnout casualty. The more of a

perfectionist a person is, the more likely burnout will occur. That might surprise you, but I've seen, time and time again how perfectionists unwittingly make decisions that set them up for stress-related illnesses, emotional overwhelm and a joyless life.

Perfectionists are never satisfied. Since no one is perfect, it's impossible to satisfy a perfectionist—not even themselves. I've met so many caregivers who are ruthless to themselves, never feeling like what they've done is enough. A heavy cloud of failure, self-criticism and dissatisfaction hangs over their heads. I promise you—if you hold yourself to a perfectionistic standard, you will (sooner than later) be burned to a crisp.

Will your loved one do everything as well as you could? Perhaps, but probably not. Will they be as quick as you might be? It's doubtful. But when they take care of themselves, you give them the opportunity to feel better about their lives and more engaged with activities that make life worth living. To do otherwise will turn them into a bed-ridden invalid, and they will



become someone who will need 24/7 care. That means a higher-maintenance loved one, and less freedom for you.

Rather than have the necessary patience to allow your loved one to go according to their own time table and abilities, it's tempting to do everything for them yourself. What is the hurry? Why not relax and encourage your

loved one, rather than criticize them or rob them of more independence? When your loved one can regain some of their own independence, you both win. Your life is easier, and your loved one receives the confidence and competency they feared was lost.

The stress and confusion this causes can really hamper your effectiveness to be a great caregiver, especially if you are the type of person who: is easily offended, is overly sensitive, is anxious to please people, finds confrontation difficult, is easily taken advantage of, is too passively introverted, or already has a weak self-image of themselves. In essence, caregiving is not for wimps or weaklings. You must be strong, have thick skin, be assertive and confident in your caregiving role while realizing the importance of taking care of yourself first.

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advantage of, is too passively introverted, or already has a weak self-image of themselves. In essence, caregiving is not for wimps or weaklings. You must be strong, have thick skin, be assertive and confident in your caregiving role while realizing the importance of taking care of yourself first. Tough love—a necessary part of protecting yourself—can appear mean or selfish to others. Only you can decide if you're acting out of anger or selfishness. When you have a clear description of your loved one's legitimate needs, everyone involved can see whether or not quality care is being provided. But I've never met anyone who wants to be told, "No." When we set boundaries that protect ourselves, while assuring quality care is provided, you can know that you are truly giving your best.

I realize that some loved ones are bedridden and do not have any physical or occupational therapy that you may supervise or help them with. In fact, the bedridden care receivers can be more demanding with their inability to do for themselves. You may have to let them know, for example, “that between the hours of 12 and 2, I will be taking a break, so please allow me to serve you before and after that, I won’t be available unless it is an emergency.” This is a much better policy than allowing yourself to be on call 24/7.

Remember, any of us can become self-centered and find it easy to rely on others to serve all of our needs. Remember, *It’s Your Life Too*. The world does not revolve around your loved one—there’s room for all of us. This may sound harsh, but if you don’t speak up and establish healthy boundaries, then resentment will build. As you experience burnout, you’ll miss legitimate signs of distress and run the risk of being disrespectful, short tempered and insensitive. You don’t want to go there.

## A Typical List of Your Loved One’s Needs

### Medical Care: (Mark ‘X’ for all that apply)

1. Calling Doctors and Picking Up Prescriptions from the Pharmacy \_\_\_\_\_
2. Managing Delivery or Pick Up of Supplies and Equipment \_\_\_\_\_
3. Administering Prescriptions/Care \_\_\_\_\_
4. Overseeing Medication Schedule \_\_\_\_\_
5. Provision of Specific Treatment (breathing treatments, blood sugar monitoring, surgery dressing, etc.) \_\_\_\_\_
6. Symptom / Pain Management \_\_\_\_\_

### Treatment Care:

1. Keeping Track of Appointments \_\_\_\_\_
2. Transportation to Appointments \_\_\_\_\_
3. Helping to Communicate with Doctors and Other Care Providers \_\_\_\_\_
4. Helping with Therapy Homework \_\_\_\_\_

### Personal Care and Hygiene:

1. Dressing \_\_\_\_\_
2. Bathing \_\_\_\_\_
3. Grooming \_\_\_\_\_
4. Toileting \_\_\_\_\_
5. Massages \_\_\_\_\_

### **Home-Based Activities:**

1. Cooking \_\_\_\_\_
2. House Cleaning \_\_\_\_\_
3. Bed-making \_\_\_\_\_
4. Laundry \_\_\_\_\_
5. Grocery and Other Shopping \_\_\_\_\_
6. Errands of Various Types \_\_\_\_\_
7. Pet Care & Feeding \_\_\_\_\_

### **Supervision and Mobility:**

1. Continuum: Weekly Visitation,  
or Around the Clock \_\_\_\_\_
2. Companionship \_\_\_\_\_
3. Assistance with Walking  
Scheduling/Overseeing Home Care \_\_\_\_\_
4. Physical Therapy \_\_\_\_\_
5. Occupational Therapy \_\_\_\_\_
6. Visiting Nurse \_\_\_\_\_
7. Social Worker \_\_\_\_\_
8. Other: \_\_\_\_\_

### **Financial Management:**

1. Paying Bills \_\_\_\_\_
2. Handling Insurance \_\_\_\_\_
3. Maintaining Bank Account \_\_\_\_\_
4. Collecting Retirement and Social \_\_\_\_\_
5. Will and Estate Planning \_\_\_\_\_

### **Emotional Wellbeing:**

1. Coordinating Friends/Family Visits \_\_\_\_\_
2. Assistance in Attending Church or  
Community Groups \_\_\_\_\_
3. Companionship \_\_\_\_\_
4. Providing Transportation for Attending  
Events and Support Groups \_\_\_\_\_