



Supporting Caregivers in Jewish Congregations

This toolkit was developed with support from



What To Look For In This “How To” Guide

C-TAC has prepared the following guide to aid in the creation of a program of caregiver support for your community. Building on the general AARP “Prepare to Care” resource guide, this “how to” focuses on Jewish texts and tradition. It looks at a variety of ways one can work with a caregiver and includes a section on the much needed issue of caregiver self-care.

Following this overview, there is a description of how our tradition approaches the issue of caregiving. We then include a sample of programs that have already been developed and used in congregational settings.

We have also included a section that represent a growing trend within our community to have this caregiver life stage supported through prayer and ritual.

Finally, there is a short list of additional resources, both secular and Jewish.

Introduction

MAZEL TOV and welcome to the C-TAC site for Jewish clergy on how to create a caregiving program for your congregation. No doubt you have been, and will continue to be involved with members of your community, and their families, who have entered, or will be entering, the new life stage of caregiver. As a tradition that has at its core the concept of *chesed* and the value of *bikkur cholim*, we are called upon to respond with compassion, love and support to those with advanced

illness. Issues of caregiver burn out, familial stresses (especially financial), spiritual challenges (think the Book of Job) along with many other issues are confronted daily.

Too often many associate the challenges of this caregiver stage as lined to end of life scenarios. Yet, as many of us know, this caregiver stage can last months, or years and impacts an entire family system. To this end, C-TAC looks at the long view of **serious illness care**, and suggest understanding this life stage as dealing with an illness that is defined as **“one or more conditions becoming serious enough that general health and functioning begin to decline, curative treatment loses its effectiveness, and care become increasingly oriented towards comfort”**. In other words, this is a cer-oriented life stage that accompanies a person through the end of life.

The demographics of our American Jewish community are helping to drive this reality. Close to 25% of our population over 65 and a recent Pew Foundation study found the median age is 50. Medical technology has provided significant benefits as well as raised ethical challenges to those dealing with advanced illness.

Studies from AARP and the National Alliance for Caregiving remind us that 30% of family caregivers are themselves over 65 and almost a quarter of caregivers are now Millennials (people between 18 and 34). Multi-generational caregiving is no longer a rarity. Add to this, the realities and added complexities of long-distance care and this issue is, for many families, THE issue. Indeed, as Boomers age (and every baby Boomer now alive is 50 to 70 years old) elder health care will surpass child care as the number one family financial challenge. The

AARP “**Prepare to Care**” is a valuable resource that provides a comprehensive overview on the totality of caregiving. To assist *you* and your community look into this issue and prepare a program of support and caring, C-TAC has posted this short “How To” guide.

SOME TIPS ON WORKING WITH CAREGIVERS

HOW TO SPEAK WITH CAREGIVERS.

As we deal with people in this new life stage, remember that this new stage can last years. Medical technology has allowed people dealing with advanced illnesses to live longer and, in doing so, live in a variety of different contexts. Again, the stress and strain on people who are caregivers can be overwhelming. When we create a program that deals with caregiving, often, people will want to know “what do we say” or “what can I say” that can make a difference. Often, just the **presence** of another caring soul can bring comfort. Each case is unique as each person’s journey is unique.

The following suggestions were culled from a presentation made by a caregiver accompanied by her spouse with Alzheimer’s. She presented these ideas at a clergy conference on dealing with Alzheimer’s and dementia and then wrote them for jewishsacredaging.com. Keep these in mind as you discuss “*how to speak with a caregiver*”!

“This is a painful time for both the caregiver and their loved one and they need your support. They may not know how to ask for

your kind words. They would like your words to be full of concern, and recognition of their courage in forging this new way of living.”

1. Validate that their caring for a spouse, parent, or child is the *right* thing to do.
2. Give permission for the caregiver and loved one to experience negative emotions like grief, anger and frustration.
3. Ask how the ill person is doing by name—not how is your husband/wife etc.
4. Their world becomes smaller and more isolated as the illness progresses and the caregiver can become more anxious. Make time to visit both the caregiver and their loved one in their home, invite them, if possible, for coffee or some event at the synagogue.
5. If you cannot visit, call and ask to speak to the person who is ill. The caregiver will be touched that you reached out. You may be the only one.
6. Negate the thought that “I must have done something that angered God to deserve this.” (This theological/spiritual issue needs to be addressed during the training of volunteers and can be the opportunity for very meaningful conversation and dialogue within your program)
7. This family is grieving not once with the diagnosis, but every day. Be sensitive to this continuing process of grieving. Often in prolonged illnesses, people begin to grieve way before an actual

death. This “anticipatory grief” may emerge in certain cases of caregiving.

8. The first time a caregiver speaks with you about their situation; ask what they need and follow through. They may not know what they need yet by reaching out to you they are asking for your support. If you do not know, say so and find something. Call them back with this information. It could be the name of a congregant for them to reach out to or the contacts for a support group for caregivers, etc. (As part of some congregation’s caring community program there is a “human resources” director that will allow people to be matched with others in a congregation who have experienced, or are experiencing similar situations. It is a “like to like” type support program.)

9. Remember those persons in the congregation who are dealing with illness as well as their caregivers by including them from the *bima on Shabbat*.

10. If possible, involve other aspects of the congregational community in support. Many congregations have religious school students make cards to share with caregivers and their families. Involve all the generations. Openness to the life cycle, and how our tradition responds, is a powerful teaching tool across generational lines.

11. If the caregiver and family member come to a service or an event, greet them with “welcome, we are so glad you chose to join us” as opposed to “how are you”? which is usually asked by medical

personnel or perhaps people when they do not know what else to say.

12. Give permission to live and love “outside of the box” which may not be socially acceptable, yet works for where they are in the disease process and caregiving role.

13. End every conversation with courage, hope and touch. Most caregivers and their loved ones need to know that they are alive! Touch creates connection. This is important since touch usually declines as the disease progresses.

** These suggestions were adapted from a post on jewishsacredaging.com by Nancy Hays, a caregiver for her husband who dealt with Alzheimer’s.

REMINDING CAREGIVERS ABOUT THE NEED FOR SELF CARE

As you develop a program of support for caregivers, one of the essential aspects of this will be to remind caregivers about the importance of self care. The following suggestions are drawn from secular resources including **AARP’s “Prepare to Care”** as well as the website caring.com. An idea may be to adapt these suggestions into a small brochure or pamphlet, with a blessing, that can be given out or made available to congregants as they enter this new life stage. It is important to remind caregivers to:

- a. Create a caring support team. Often caregivers do this alone. It is important for a family to, if possible, create a care-plan and to develop a care team that can support the primary caregiver and perhaps provide respite care. (The congregation’s

program may help in this). Usually there is a “designated caregiver” in a family system. It is important to provide support. This care-plan idea is especially important if the caregiver is dealing with the challenges of long-distance caregiving. It is important to gather resources and support services that may be needed in dealing with issues that emerge due to people living in different areas. The stresses associated with long-distance caregiving can be overwhelming. (This is another reason to consider creating a patient advocate position as you develop your program, This would be a person whom you can refer the congregant to who could assist in gathering those resources)

- b. Be sure to carve out some private time each day. It is easy to get lost in the caregiving role. Statistics tell us that caregiver burn out, illness and depression can emerge. It is vital that the caregiver make time for self care. Part of the care plan is to investigate options in caregiving so as to allow this private time to exist.
- c. Be sure to maintain proper nutrition, exercise and rest. This seems obvious, but so many caregivers let themselves go. The stresses and strains of this role, especially if it is prolonged, can take a huge toll. By keeping to a routine and by making sure you eat right, have some movement and proper sleep, a caregiver can be of greater benefit.
- d. Stay involved socially. Again, isolation can be a dangerous road to travel. It is easy to “guilt” yourself into non-action, but again,

studies have validated that socialization, staying within community and engaging with others is vital to one's own mental and spiritual health and will benefit the loved one needing care. Take advantage of support groups, meditation etc.

- e. Stay in touch with your own physician and health team. Your health is vital in this life stage. Likewise, make sure you are in touch with physician who cares for your loved one so that they are aware of your role.
- f. Become familiar with legislation that benefits you as a family caregiver. Are you covered by the "Family and Medical Leave Act"? Many states have variations of this act (check with state AAARP office, or www.aarp.org/SupportCaregivers. Also your local Area Agency on Aging). Likewise, check to see if your state has passed an version of the Caregiver Advise, Records, Enable Act (CARE) aimed at relationships with hospitals.

TEXTUAL FOUNDATIONS FOR CAREGIVING

The basis for Jewish approach from Torah

The theological and textual basis for this issue is drawn from three texts which provide us with this insight:

* Exodus 20:12..honor (cabeid); Leviticus 19:3 revere/respect (tira-oo); Deuteronomy 5:16...honor

The Torah places these texts in the context of relationships with parents: the 5th Commandment. However, this is the foundation for the ethical and spiritual approach to caring for another person as values emerge from the traditional concept of being created “tzelem elohim” (in God’s image) and thus sacred relationship with each other. Indeed, at the core of caregiving is the power and importance of being in relationship with another person.

1. Talmud: Kiddushin 31b-32a. The tractate Kiddushin then asks “What does it mean to honor and what does it mean to respect?”

Honor: helping parents eat and drink, clothe and cover them, and helping them go in and out.

Respect: not standing in a parent’s usual place, or sitting where they usually sit, not contradicting their words or interfering in their dispute with others.

Issue of dignity: The implication in the Talmudic discussions is the underlying role of dignity. We are never permitted to take away a sense of a person’s dignity. They are representations of “tzelem elohim.” The recognition of this concept has become a powerful factor in decision making as individuals and families grapple with the issues arising from the evolution of medical technology. A person’s “quality of life” is an accepted factor making those difficult decisions.

“Who Pays”?: The Talmudic discussion understood the value of time. Indeed, it states that in caring for someone such as a parent, if the parent can help pay for the care, they should. In that sense the Talmud understood that money can be used as a means of control and the devaluation of a person’s dignity. It also understood that in many cases

(very appropriate to today) we often “pay” by time. AARP and other caregiving sites have calculated the amount of time in lost production that is now in place as people take time to be a caregiver.

- Honor and respect vs. love: We are commanded to honor and respect; we are not commanded to love. We all have dealt with situations in family systems that speak to this issue. It is important to cite this when training your volunteers.
- Conflict between a person’s wishes and family members: This issue addresses the need for congregations to provide regular educational programs on making end-of-life decisions and the creation of a family “care-plan.” Families can gain the tools and time to avoid conflicts in the midst of a crisis.
- Obligation of “honor” and “respect” when parents abrogate their responsibilities. Commentary on the Talmudic discussion cites the fact that tradition understands that the case of caring for a parent, an adult child may not be obligated to “honor” and “respect” IF the parent had, through their actions, behaved in such a way so as to violate the law and spirit of our tradition. The key word is “may.” This is usually dealt with on case-by-case basis. It is important to understand that the commentaries avow that the adult children also are “tzelem elohim” and that these relationships may be tinged with behavior that abrogates the 5th Commandment’s call.
- When it is time to cede care to a third party: In one of the most interesting teachings of tradition, Maimonides writes (Mishneh Torah. Mamrim. Chapter 6:10) that it is the duty of a

child to care for a parent and restore them. However, if the caring become too much (for psychological, or now, financial reasons) to insure proper care it is permitted to cede care to a third party. In advanced illness situations, often caring for a loved one at home, for example, becomes too burdensome. Indeed, in cases such as Alzheimer's/dementia to insure the loved one's dignity, and provide proper care, the higher value may be to place that loved one in a care facility.

- Caregiving...self care: Current literature is filled with studies and observations of the need for the caregiver to take care of themselves. As you create this program, *stress this*. Many congregations incorporate programs on stress reduction, meditation, and help with respite care for caregivers. Often these programs are partnered with outside agencies. Caregiver burn-out is a very real phenomenon and since caregiving is a life stage that can last for years, and is a family systems issue, the more focus we place on the issues involved, the better we prepare and support congregants.
- Opportunities for personal/spiritual growth as caregiver: As you prepare programs for your community, recognize unique opportunities for personal spiritual growth as people care for a loved one. It is not unusual for past issues to be reconciled, hurts forgiven and a new more profound sense of love to be experienced. Find ways to acknowledge and celebrate this aspect of a very difficult experience. *

(* a fuller description and analyses of the Talmudic passage can be seen in an essay by Rabbi. Michael Chernick “Who Pays? The Talmudic Approach to Filial Responsibility” in *That You May Live Long: Caring for Our Aging Parents, Caring for Ourselves*. Address and Person, eds. URJ Press. 2003. P.94 and also, from the same book: “Honor Your Father and Mother: Caregiving as a Halachic Responsibility.” By Rabbi Ruth Langer. P. 113)

HOW TO ESTABLISH A PROGRAM TO SUPPORT CAREGIVERS AND FAMILIES WITHIN YOUR CONGREGATION

Based on the theological foundation we find within Jewish texts and tradition, here are ten suggestions culled from many years of developing successful care programs in congregations and monitoring their progress.

1. As clergy your support is crucial to the program’s success: These programs are usually volunteer-based; however, some congregations have a paid staff person that oversees the program. Especially in volunteer-based programs, your support, guidance and involvement are critical to the program’s success and growth.
2. Assessing the needs of the community: What are the real needs of the congregation? By beginning this process with focus group meetings and conversations to identify and prioritize the needs, invite key “front line” people: i.e administrator, religious school director, other clergy, and dedicated lay and professionals to participate. Congregations that take the time to do a real needs

- assessment build support and commitment and a step forward towards a successful program.
3. “Democratize the Mitzvah”: The saying “kol Israel aravim g zeh l’zeh” (All of us are responsible for the other.) is another key aspect. These programs can be a cultural change for the community. People who may not see a need now often find that need as their lives and circumstances change. Involving the entire community in planning and by soliciting volunteers from the community who may have experience in some areas, all will be of great benefit. Participation strengthens community bonds and builds relationships that provide the support to its members.
 4. Bit-sized Chunks: As you gather information and needs, the list of desires will grow. Many programs have failed because they tried to do too much too soon. Take one or two small and doable issues and begin to build success and support. Evaluate the program on a regular basis. As issues and strengths emerge, you will learn from what is working, what is not, what is needed and what needs to be changed. Remember that this may take months, even years to fully engage the culture of a congregation. Have patience, have a plan and have faith that you will be helping to change people’s lives.
 5. Respect Confidentiality: As this program of caregiving evolves, you and the committee will become aware of very personal issues and circumstances. It is essential that each person’s confidentiality be respected. This needs to be stressed in every aspect of the process, beginning in the training orientations.

Programs decline or are destroyed if it is known or thought that someone is revealing personal information.

6. Educate the congregation: You want the community to know about the process, what programs or what help is available, and how to participate or seek help. Many colleagues will begin this process via a High Holiday sermon or article, as well as through social media. Those identifying the need will continue to change so the educational aspect of this needs to be on-going. This educational concern flows directly to suggestion seven.
7. Communicate with the congregation: Keep what you are doing in the consciousness of the community. Some congregations have found success with regular columns of how the caregiving program has helped people (You need permission from those helped to tell their story.), a special Shabbat in honor of caregivers, a special “aliyah” for caregivers at a service, an annual dinner/celebration that honors caregivers and the members of your program. Any chance to keep the program in front of the collective consciousness of the community is a benefit to both the program and its ability to help.
8. Train and support volunteers: People’s lives change and people can move in and out of membership. People who have been helped or participated in these programs tend to stay involved. Therefore, volunteer training is very important in orienting people to the challenges that may be encountered with people and families in the caregiving stage. Training and follow up will allow for evaluation of volunteers as well as support them. Not every

person will be right for the more difficult tasks; working to find alternatives that respect the goodwill shown but protect the integrity of the program is also important. Sending a “friendly visitor” who represents the congregation to be involved with someone dealing with advanced illness requires appropriate screening. And, training a next generation is important. Many congregations create buddy systems to support and train new volunteers.

NOTE: There are a variety of ways to create this training program.

Focus for the training may evolve from the needs assessment that you do. Some congregations have used members who have a background in training and social services. Some have partnered with a local Jewish Family/Children’s Service. Some have used outside resources such as Ner Tamid in Henderson, NV that used DOROT in New York City as their facilitators.

9. Continuity of leadership and infrastructure: As mentioned, people’s lives change. For the program’s success, a strong, continuing leadership team needs to stay in place to establish the program, meet regularly and develop a plan for how issues may be communicated. In other words, if a person hears of an issue that the program needs to deal with, how is that request handled. In larger congregations there may be multiple people involved. Who gets the message? If a request comes into the office, how is that handled (remember confidentiality). In smaller congregations, you, the clergy may be called on to be much more active in managing the program and requests. This continuity flows as well to the development of a next generation of volunteers. As volunteers move in and out of the program, you

will need to create a system where a next generation will be ready to step in. Often the core of volunteers will come from individuals who have been helped by the clergy or members and who wish to “give back” to the community.

10. Caring for people reflects our relationship with God and ultimately, with our own soul: The heart of this rests in the power of human relationships. To develop a program that supports the caregiver and a person in need of care is to model the core values of our tradition. As we are created “b’zelem elohim,” by being involved with another in time of illness, recovery or need, we bring forth that divine spark that rests within each of us. These relationships can be transformative. In other words: Just Do It* (* Adapted from “Becoming A Kehilat Chesed: Creating and Sustaining A Caring Congregation”.Rosen, Address, Hochman and Izes. URJ Press. Department of Jewish Family Concerns)

Sample programs from selected congregations

A Multi-session series on Caregiving that can adapted to a weekend program.

1. *Honoring Our Mothers and Fathers.*

An opening session designed to discuss the Jewish textual and ethical traditions as it relates to the 5th Commandment.

Issues included could be how much can or should the adult child be responsible for in caring for a parent; stresses in responsibility between one's nuclear family and one's parents. Focus on Torah and Talmud discussions such as dignity, time and transitions in caring.

2. *Caring for the Caregiver*

An exploration of stresses associated with being a caregiver. The psycho-spiritual issues. Self-care. Long-distance caregiving. Being an "only" child. Challenges and opportunities in caring for a loved one (parents, spouse, child, etc.)

3. *Financial and Legal Issues*

Often a panel discussion with Q and A. Subjects include: 1) an examination of laws that impact caregiving; 2) end-of-life decisions; 3) how to navigate the "system"; 4) Medicare/Medicaid information; 5) the development of a congregation based "patient advocate" program; and, 6) Accessing local, regional and national resources. Panel members may, and have included, elder-care lawyers, chaplains, AARP representatives, funeral directors, financial planners, Medicare/Medicaid experts.

4. *Where Shall We/They Live? A Discussion on Living Possibilities.*

Providing a session with an overview on various available living options. Explain the differences between assisted living, skilled nursing, CCRC (continuing care retirement

communities), the costs associated with each, insurance, home health aid information.

5. *Making Sacred Decisions as Life Ends.*

A session, or a panel, on advanced illness, end-of-life issues including information on hospice, Jewish views on euthanasia, views and discussion on “Medical Aid in Dying” legislation (if relevant to your area), and medical marijuana issues.

How to fill out forms such as advanced directives, health-care proxy/power of attorney, POLST (Physicians Order for Life Sustaining Treatment). What and how the law understands these documents.

6. *Judaism and Mental Health Issues*

This issue is increasingly important. Depression, often brought about by isolation, is a major concern as we live longer as is the increase in opioid addictions brought on by pain medications. Also, there is the need to examine issues related to dementia and Alzheimer’s and the caregiving challenges associated with these issues.

7. *How Can Synagogue Be A Source of Comfort to Our Families?*

By following up on the above issues with a session’s focus on bringing support, direction or help within the congregation. This “how to” session can begin the process of establishing or adding to a congregation-based program.

NOTE: *This multi session program can be adapted to a weekend (often using scholar-in-residence to help facilitate). When this format is used congregations have created, on Sunday, in the social hall, a “Health Fair” that will allow attendees to move from station to station (during registration or lunch time) and get to know local agencies, programs, residences, and other local resources. This series program has also been condensed into a long one-day seminar that also uses the health fair model. Another format is a one-day, 9am to 4pm program that features an overview “keynote” (Jewish approaches) followed by a series of breakout sessions.*

Shabbat Service Honoring Caregivers.

Many congregations use either a stand-alone or as part of an annual Caring Community Shabbat at which the concept of caring is celebrated. The service often involved creative liturgy (see next section), involvement of people impacted by the congregation’s program, often a sermon focusing on the “Mitzvah” of “bikur cholim.” At some congregations, the service has been preceded by a dinner honoring caregiver and/or Caring Community volunteers.

Honoring Caregivers With “Aliyah” During High Holiday Services.

This a very easy and moving way to honor caregivers. We have seen congregations that take an “aliyah” at one of the Holiday services and ask all those who are or have been caregivers to rise and chant the blessings for Torah. It is way of honoring them, of seeing people who share this journey as well as allowing the community as a whole to support and celebrate them.

Development of Support Groups and Direct Service Programs.

These ideas may evolve as you establish your program: 1) partner with local agencies to help in these programs; 2) caregiver support groups; 3) adult day-care programming (Check local laws on facility usage and safety regulations.); 4) transportation and respite care services; 5) caregiver support; 6) congregational health care worker (a take on the Parrish Nurse program); 7) congregation-based patient advocate (someone to whom clergy can refer to guide a congregant to appropriate services); 8) a Health and Wellness program based on our tradition (By drawing from a wealth of texts that inform this issue which are of growing concern to aging Boomers).

Annual Educational Forums.

As clergy know, too often people come to us in crisis. Everyone benefits from your establishing an annual series of educational forums around three important and recurring issues: caregiving, end-of-life issues and mental health. Annual educational program on what Judaism says about these issues give congregants the opportunity to learn about these issues, and available resources, before a crisis occurs. You may not get huge numbers of people, but people who may not need them one year, may find that they need it the next year. When helped, people also recommend attendance so attendance often grows.

RITUALS AND PRAYERS THAT SUPPORT CAREGIVING

One of the most interesting aspects of the emphasis on caregiving and supporting the caregiver has been the increase in the creation of prayers and meditations and rituals that speak to this new life stage. A study guide containing dozens of pages of new rituals and prayers is available on the jewishsacredaging.com web site. Go to Resources and click on “New Rituals for New Life Stages”. Also, we are seeing collections of these rituals growing. Such resources as:

- www.ritualwell.com
- “Caring for the Caregivers: Blessing Those Who Bless Others”. A service created by Rabbi Paul Kipnes and Cantor Doug Cotler. Or Ami, Calabasas, CA. rabbipaul@orami.org
- “Where Healing Resides”: Central Conference of American Rabbis Press.
- “This Grateful Heart” by Alden Solovy (CCAR Press)
- “Seasons of Caring: Meditations for Alzheimer’s and Dementia Caregivers” 2014. Clergy Against Alzheimer’s Network

Here are examples of prayers that have been created and used to help support caregivers.

Y’va’rech’cha Adonai Va’yish ma’recha

You sustain and nourish us with the sacred wisdom and traditions of our people, teaching Torah to us and our children.

May God bless you and keep you

Ya'er Adonai Panav Elecha V'chunecha

You work alongside us to bring the light of justice and compassion to God's broken world.

May God's face shine upon you and may God always be gracious to you

Yi'sa Adonai Panev Elecha V'yasem L'cha Shalom

You bear witness to our lives and accompany us on our journey; You help us elevate our consciousness and search in every hour for God's presence in our lives. For the care you give to our community, may God life up your hearts and grant you wholeness, fulfillment and peace.

A Caregiver's Prayer

A blessing for the community who are caregivers. Consider using this or adapting it as you end a service honoring caregivers. An adaptation of the 3 Fold *Birchat Koahnim* Benediction from Numbers. (Developed by Rabbis Amy Memis-Foler, Debbi Till, Aaron Petuchowski, Frederick Schwartz, Cantor Aviva Katzman)

Sustainer of the Universe,
help me to care for my loved one
with hope and sensitivity.

Grant me insight, resourcefulness
and the ability to ask for help
and to accept help when it is needed.

May I find the patience to overcome difficult moments
and to find meaning and purpose in the smallest task.

O Eternal God,
help me to remember to take care of myself
so that I may have the strength to help others.
Be with me and my loved one,
as we journey on this path together.
May the One who makes peace in the heavens,
bring peace to me, to my family and loved ones,
and to us all.

*A Mi Sheberach for Chronic Illness**

Eternal God, I ask for mercy and compassion
for me and my family, burdened with chronic illness.
Give us the strength and courage
to face the daily challenges in our lives.
Compassionate One, give us hope for the future
and at the same time, acceptance of the present.
Help us to find a path towards spiritual wholeness.
Be by our side.
Help us to know that You are with us at all times,
even in times of doubt.
Source of healing,
comfort us and bring healing to our souls. Amen.

(* Prayers from "Alzheimer's Families: Emotional And Spiritual Tools for Coping". Michele Brand Medwin, D.Min. Colchester Books. Binghamton, NY. 2018. p. 210, 211)

RESOURCES

As you develop your program, here is a short list of resources that may be of assistance in creating that foundation of resources.

- The Coalition to Transform Advanced Care (C-TAC)
- AARP: "Prepare to Care" - A planning guide For Families. www.aarp.org
 - Included in this comprehensive guide is a huge list of secular resources available to support caregivers and families.
- Jewish Sacred Aging, LLC.
- Alzheimer's Association: A comprehensive web site for support and resources for caregivers dealing with Alzheimer's/dementia. Also, as this issue becomes more prevalent, a good idea is to link with local Alzheimer's Association chapter.
- National Council on Aging
 - Resources for older adults and caregivers.
- Jewish Family and Children's Service
 - If you have access to a JFCS, they have a wealth of caregiving resources and can be great assistance in helping with long distance issues.
- Growing Older
- Next Avenue
 - Online resource on aging issues)
- Caregiver Burden Scales and Caregiver Grief Survey. From American Association of Family Physicians
- "Honoring Our Parents" in *The Talmud of Relationships*. Vol. 1. Rabbi Amy Scheinerman. JPS. 2018. pp 97-121*
- "What To Do With An Aged Mother" in *The Land of Truth*. Jeffrey Rubenstein. JPS. 2018. pp. 21-32*

*Both authors discuss their books on "Seekers of Meaning" podcasts, archived at [Jewish Sacred Aging](#).