A GUIDE FOR FAMILY CAREGIVERS

Compassion for Caregivers

A guide to self-care while caring for others — because you matter too.

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WHAT'S INSIDE

- Self-Care Tools
- Hard Decisions
- Legal Checklist
- New York & Florida Data

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Inside This Guide

GETTING ORIENTED

You Are Not Alone — The Caregiving Landscape 4

New York & Florida Spotlight 5

The Effects of Caregiving on Your Health & Well-Being 6

TAKING CARE OF YOU

Identifying Your Personal Barriers to Self-Care 6

Eight Tools for Self-Care, Part One 7

Eight Tools for Self-Care, Part Two 8

MAKING HARD DECISIONS

Respecting Yourself Through Difficult Decisions 9

Balancing Difficult Relationships & Competing Needs 10

End-of-Life Decisions & Advance Care Planning 11

Serving as a Health Care Proxy 11

GETTING YOUR AFFAIRS IN ORDER

A Legal Checklist for Family Caregivers, Part One 12

A Legal Checklist for Family Caregivers, Part Two 13

Navigating the Health Care System 13

RESOURCES

Helpful Organizations & Support 14

You Are Not Alone

If caregiving feels overwhelming some days, it's not because you're doing it wrong — it's because caregiving is genuinely hard, and there are more of you than you might think. Nearly one in four Americans is now a family caregiver, a number that has grown 45% since 2015. Most are caring for a parent, spouse, or other loved one, often while also raising children or working full-time.

This guide brings together research from the National Alliance for Caregiving, AARP, the Family Caregiver Alliance, the National Institute on Aging, and others into one place — practical tools for taking care of yourself, making hard decisions with confidence, and getting the legal and financial pieces in order. You don't have to read it all at once. Come back to it whenever you need it.

63M
U.S. adults are family caregivers

1 in 4
Americans is a family caregiver

3 in 5
caregivers are women

THE TIME AND MONEY CAREGIVING ASKS OF YOU

- Caregivers spend an average of **27 hours a week** providing care — and nearly a quarter provide 40 or more hours a week, equivalent to a full-time job.
- Family caregivers contribute an estimated **$1.1 trillion** in unpaid care annually — nearly twice what the U.S. spends on home care and nursing homes combined.
- Half of working caregivers say caregiving has affected their employment; the average caregiver spends about **$7,200 a year** out of pocket on care-related expenses.
- 71% of caregivers describe themselves as financially struggling, and nearly half report at least one negative financial impact from caregiving.

> **A note on this guide:** you'll see statistics throughout that describe caregivers broadly. If a number doesn't match your exact situation, that's normal — caregiving looks different for everyone. What matters is the pattern: this is hard, common, and worth taking seriously, including your own well-being.

Sources: National Alliance for Caregiving & AARP, Caregiving in the US 2025; Caregiver Action Network, Data & Insights on the Caregiver Experience; National Partnership for Women & Families, 2025.

New York & Florida Spotlight

Since this firm practices in both New York and Florida, it's worth a closer look at what caregiving looks like in each state. The data below comes from the National Alliance for Caregiving and AARP's 2025 state-level research.

NEW YORK

4.04M
adults are family caregivers

26%
of all NY adults

Average caregiver age / care recipient age	**52 / 69**
Work while also caregiving	**64%**
Sandwich-generation caregivers	**28%**
Provide 40+ hrs/week or constant care	**20%**
Negative financial impact	**36%**
High emotional stress	**31%**
Feel alone while caregiving	**18%**
Difficulty caring for own health	**12%**

FLORIDA

4.45M
adults are family caregivers

24%
of all FL adults

Average caregiver age / care recipient age	**51 / 69**
Work while also caregiving	**59%**
Sandwich-generation caregivers	**26%**
Provide 40+ hrs/week or constant care	**34%**
Negative financial impact	**54%**
High emotional stress	**41%**
Feel alone while caregiving	**24%**
Difficulty caring for own health	**31%**

A pattern worth noticing: Florida caregivers report notably higher financial strain (54% vs. 36%), more difficulty tending to their own health (31% vs. 12%), and more emotional stress and isolation than their New York counterparts — even though a smaller share of Florida's caregivers report working while caregiving. Wherever you're reading this from, the numbers say the same thing: this is hard, and support is worth seeking out.

Sources: National Alliance for Caregiving & AARP, Caregiving in the US 2025: New York, October 2025; AARP Florida, Caregiving in the U.S. 2025: Caring Across States, October 2025.

The Effects of Caregiving on Your Health

"My husband is the person with Alzheimer's, but now I'm the one in the hospital." Family Caregiver Alliance hears this often, and research backs it up: caregiving takes a measurable toll on the body, not just the schedule. Caregiving spouses between 66 and 96 who experience mental or emotional strain have a risk of dying that is **63% higher** than non-caregivers their age.

Despite this, family caregivers of any age are less likely than non-caregivers to practice preventive health care and self-care. Regardless of age, sex, or background, caregivers commonly report the same problems attending to their own health while managing someone else's.

46–59%
of caregivers are clinically depressed

1 in 5
rate their own health as fair or poor

53.4%
of caregivers 65+ have 2+ chronic conditions

WHAT CAREGIVERS COMMONLY REPORT

- Sleep deprivation
- Poor eating habits
- Failure to exercise
- Failure to stay in bed when ill
- Postponing their own medical appointments

There's a real emotional whiplash to this role. Showing up for someone you love, day after day, is an act of devotion — and it can leave you completely depleted at the same time. **Both are true at once — neither cancels the other out.**

Sources: Family Caregiver Alliance, Taking Care of YOU: Self-Care for Family Caregivers, citing Shultz & Beach (1999), JAMA; Centers for Disease Control, 2018; National Alliance for Caregiving & AARP, 2025.

Identifying Your Personal Barriers to Self-Care

Many times, attitudes and beliefs — not lack of time — are what stand between you and taking care of yourself. Not taking care of yourself may even be a lifelong pattern. As a family caregiver, it's worth asking: what good will I be to the person I care for if I become ill, or if I burn out completely?

QUESTIONS WORTH SITTING WITH

- Do you think you are being selfish if you put your own needs first?
- Is it frightening to think about your own needs? What is the fear about?
- Do you have trouble asking for what you need, or feel inadequate if you ask for help?
- Do you feel you have to prove you're worthy of your loved one's affection — and do too much as a result?

COMMON MISCONCEPTIONS THAT INCREASE STRESS

- "I am responsible for my parent's health."
- "If I don't do it, no one will."
- "Our family always takes care of their own."
- "If I do it right, I'll get the love and respect I deserve."
- "I promised I would always take care of them."

Watch your self-talk. "I never do anything right" and "there's no way I could find time to exercise" are examples of negative self-talk that create unnecessary anxiety. Try positive, specific statements instead — "I'm good at helping Mom get ready in the morning," or "I can walk for 15 minutes today." Your mind tends to believe what you tell it.

Misconceptions like these lead you to attempt what cannot be done, or control what cannot be controlled — often ending in guilt and a habit of ignoring your own needs. Naming what's in your way is the first step toward changing it.

Eight Tools for Self-Care, Part One

Once you've started to notice what's been getting in the way of good self-care, you can begin to change your behavior — one small step at a time. These are the first four of eight simple, practical tools recommended by the Family Caregiver Alliance.

TOOL 1 — REDUCING PERSONAL STRESS

- **Recognize warning signs early** — irritability, sleep problems, forgetfulness — and act before you're overwhelmed.
- **Identify what you can and cannot change.** You can only change yourself, not another person. Ask: what do I have control over?
- **Take action.** A short walk, gardening, meditation, or coffee with a friend all give you back a sense of control.

TOOL 2 — SETTING GOALS

Decide what you'd like to accomplish in the next three to six months, then break the goal into small action steps.

> **Example — Goal:** Feel more healthy. **Action steps:** (1) Make an appointment for a physical checkup. (2) Take a half-hour break once this week. (3) Walk three times a week for 10 minutes.

TOOL 3 — SEEKING SOLUTIONS

- Identify the real problem — it may not be what first comes to mind.
- List a few possible solutions, then try just one.
- Evaluate the results, and try a second solution if the first didn't work — sometimes an idea just needs fine-tuning.
- If nothing helps right now, it's okay to accept that and revisit the problem another time.

TOOL 4 — COMMUNICATING CONSTRUCTIVELY

- Use "I" messages rather than "you" messages — "I feel angry" instead of "you made me angry."
- Be clear and specific. Other people are not mind readers.
- Be a good listener — it's the single most important part of communication.

Source: Family Caregiver Alliance, Taking Care of YOU: Self-Care for Family Caregivers.

Eight Tools for Self-Care, Part Two

TOOL 5 — ASKING FOR AND ACCEPTING HELP

Many caregivers don't know how to marshal the goodwill of others, and are reluctant to ask for help. Be prepared with a mental list of ways others could help — a walk with your loved one, a grocery run, a stack of insurance forms. When you break jobs into simple tasks, it's easier for people to say yes.

- Consider each person's abilities and interests before asking.
- Pick a good time to ask, and be specific about what you need.
- Be prepared for hesitance. A refusal is about the task, not about you — try not to let it stop you from asking again.

TOOL 6 — TALKING TO THE PHYSICIAN

37% of caregivers administer medications or medical treatment, and most turn to the physician for guidance — yet caregivers rarely discuss their own health at these visits, even though it's just as important.

- Prepare questions ahead of time and enlist the nurse, who often has more time to talk through daily-care questions.
- Take someone with you who can ask questions you feel uncomfortable asking, and help you remember what was said.
- Use clear, direct "I" statements: "I am feeling rundown. I'd like to make an appointment for myself, too."

TOOL 7 — STARTING TO EXERCISE

Even modest movement — walking, gardening, household chores — helps maintain endurance, strength, and flexibility, and reduces tension and depression. Walking 20 minutes a day, three times a week, is genuinely beneficial. If that's not realistic yet, walk for as long as you can, on however many days you can. Something is always better than nothing.

TOOL 8 — LEARNING FROM YOUR EMOTIONS

It's a strength, not a weakness, to recognize when your emotions are controlling you. Even painful feelings like guilt, anger, and resentment carry useful information. Intense emotions often mean: you need to make a change, you're grieving a loss, your stress has increased, or you need to be more assertive about what you need.

> **If you can no longer enjoy things you once did,** and emotional pain overshadows all pleasure, it may be time to seek treatment for depression — especially if you're having thoughts of suicide. Speaking with your physician is the first step, and it's a sign of strength, not failure.

Source: Family Caregiver Alliance, Taking Care of YOU: Self-Care for Family Caregivers.

Respecting Yourself Through Difficult Decisions

Many caregivers feel honored to care for an aging parent or ill spouse — but that honor can also bring real challenges. Even with clear conversations about your loved one's wishes, life is rarely so neat that a "right" choice is obvious. Respect for your care recipient's dignity, and for yourself, can be a steady guide through the murkiest decisions.

> **Don't aim for perfection.** That goal is a recipe for burnout. Instead, ask yourself one simple question: am I doing the best I can under the circumstances? If the answer is yes, that's all you can require of yourself.

TO MAKE THE BEST DECISIONS, PRACTICE SELF-RESPECT

- Don't second-guess past decisions. If you feel you've made mistakes, learn from them and move forward without letting them define your worth.
- Set and maintain your own boundaries. Understanding your own limitations is mandatory, not optional.
- When a decision still hurts — like moving a loved one into skilled nursing care — hold yourself to realistic standards, and you'll know you're doing right by them for the right reasons.

WHEN YOU DON'T RESPECT THE PERSON YOU'RE CARING FOR

Some of us care for people who've done little to earn our respect — a difficult parent, an uncaring spouse. Finding even one small thing to admire about them — a hardship they endured, one act of past kindness — can make decision-making feel more bearable. This doesn't mean forgetting real hurt. When abuse has been severe, hands-on care may simply not be possible, and securing care through other means, even going no-contact, is sometimes the healthiest choice.

None of us knows what's ahead. Caregivers regularly face decisions that run counter to what a loved one once said they wanted, simply because circumstances shift in ways no one could plan for. Holding onto self-respect is what makes it possible to keep making those calls, one at a time, without being undone by them. **— adapted from Carol Bradley Bursack, longtime family caregiver**

Source: Carol Bradley Bursack, "Life As a Caregiver: How to Make Tough Care Decisions," AgingCare.com.

Balancing Difficult Relationships & Competing Needs

Many caregivers belong to what's been called the "sandwich generation" — caring for aging parents while also raising children, all while trying to hold onto their own friendships, marriage, and career. There is rarely a way to give everyone everything they need at once, and that's not a personal failure. It's the math of the situation.

One columnist writes about choosing to attend her son's first band concert instead of keeping vigil at her dying aunt's bedside — her aunt, once an opera singer, passed away during his solo. Looking back, she still feels it was the right call: a chance to be present for the next generation, at the one moment that couldn't be repeated. There is rarely a clean answer in these situations — only the best choice you can make with the information and time you actually have.

WHEN COMPETING NEEDS PULL YOU IN DIFFERENT DIRECTIONS

- Respecting your elders' legacy and respecting your children's time-sensitive need to be nurtured are not in competition — both matter, even when you can only act on one at a time.
- You will not always make the decision you'd make with hindsight. That's part of being human, not a sign you're failing as a caregiver.
- Respect for yourself — for having done your best with the moment you were in — is the foundation for living with the choices you make.

A gentle reminder: we only get to see our children grow up once, and we only get a limited number of moments with aging parents, too. There is no formula that resolves this tension perfectly. Give yourself the same grace you'd offer a friend in your position — and don't hesitate to say the tension out loud to a partner, friend, or fellow caregiver who understands this math without needing it explained.

29%
of caregivers are sandwich-generation, caring for both children and adults

1 in 3
is under age 50 and still building their own career and family

PRACTICAL WAYS TO EASE THE SQUEEZE

- Loop in siblings or other family early, rather than assuming the load is yours alone to carry.
- Protect small, non-negotiable pockets of one-on-one time with your children, even 15 minutes.
- Give yourself permission to miss something occasionally — a recital, a visit — without treating it as proof you're failing either role.

End-of-Life Decisions & Advance Care Planning

The most serious and nerve-racking decisions in caregiving concern life and death: whether a procedure should be done to keep someone alive when there's little hope of a good quality of life, when hospice is the right call, whether to treat an illness that will only prolong suffering. Even with an advance directive, POLST, or DNR in hand, many caregivers still find doctors and family members turning to them for answers at the hardest moments.

> **Only 1 in 3 Americans** currently has a plan in place for their future health care — which means most families are navigating these decisions without a clear map. Starting the conversation now, however uncomfortable, is a gift to everyone involved later.

HOW TO START THE CONVERSATION

- **Start simple.** Ask about concerns, decisions they may need to make, and who they'd trust to make choices for them — rather than diving straight into specific treatments.
- **Share what matters to you, too.** They may feel more comfortable if the conversation goes both ways.
- **Explain why it matters.** Documenting their wishes means they're more likely to get the care they want — and it can ease loved ones' guilt and burden later.
- **Be patient.** If it feels overwhelming for them right now, it's okay to pause and revisit it another time.
- **Keep it going.** Revisit the conversation yearly, and after any major life change — a diagnosis, a death, a divorce.

If a procedure, hospice transition, or end-of-life choice is on the table, try to reflect on past conversations and do your best to honor what you know of your loved one's wishes — even when the exact scenario was never explicitly discussed. That's the most any of us can do.

Source: National Institute on Aging, Advance Care Planning and Health Care Decisions: Tips for Caregivers and Families.

Serving as a Health Care Proxy

Most people ask a close friend or family member to serve as their health care proxy — the person responsible for talking with doctors and making decisions about tests, procedures, and treatments if they can no longer speak for themselves. If you've been asked to take on this role, it's worth pausing to consider whether it's right for you.

ASK YOURSELF

- Can I honor this person's wishes and values about life, health care, and dying — even where they differ from my own?
- Am I comfortable speaking up on their behalf, asking questions, and standing up for what they'd want?
- Am I comfortable holding to their wishes even if other family members disagree?

IF YOU'VE AGREED TO SERVE, A FEW WAYS TO PREPARE

- Talk with them about their values around life, health, and dying — not just specific procedures.
- Ask for a copy of their advance directives, typically a living will and durable power of attorney for health care.
- Keep contact information for their health care providers and family members in one place.
- Ask about spiritual, cultural, or religious traditions they want considered, and who else should be part of the conversation.
- Revisit the conversation each year, and after any major life change.

> **Even with everything in writing,** you may still face difficult choices, or find you can't follow a wish exactly as stated. Reflect on your conversations and do your best to honor their spirit — that's the standard to hold yourself to, not perfection.

Source: National Institute on Aging, Advance Care Planning and Health Care Decisions: Tips for Caregivers and Families.

A Legal Checklist for Family Caregivers, Part One

Amid all of caregiving's daily to-dos, it's easy for one crucial task to get pushed to the back burner: making sure your loved one's legal and financial arrangements are actually in order. These five steps, drawn from AARP's caregiving research, can help protect their rights — and your own.

STEP 1 — ESSENTIAL LEGAL DOCUMENTS

Financial power of attorney
A durable POA lets you step in and manage finances once your loved one no longer can. A durable POA is effective immediately upon signing; a "springing" POA only activates once a physician deems the person incapacitated — most experts advise against springing versions, since you want to be able to act quickly.

Health care power of attorney (health care surrogate)
Gives you or your loved one's chosen agent authority to make health care decisions and talk with doctors on their behalf.

Living will
Part of an advance directive, spelling out wishes for emergency care — including whether and when life-sustaining treatment should stop.

Will
If your loved one doesn't have one, it's worth creating one. If they do, review it every few years or after any major life change.

STEP 2 — PROTECT THEIR FINANCES

- **Connect to financial accounts** and confirm your level of access as POA with each institution — many issue POAs their own separate login credentials.
- **Sign up for transaction alerts** so you're notified of large withdrawals or unusual activity.
- **Add a trusted contact** to their accounts — someone a bank can reach about questionable activity, even without transaction authority.
- **Consolidate scattered bank accounts** to make monitoring easier, and set up automatic payments for recurring bills.
- **Confirm beneficiary designations** are current on every account, and freeze their credit at Experian, Equifax, and TransUnion to guard against fraud — it's free, and easy to lift temporarily if ever needed.

Source: Laura Petrecca, "A Legal Checklist for Family Caregivers," AARP, updated September 2024.

A Legal Checklist for Family Caregivers, Part Two

STEP 3 — HAVE A HEART-TO-HEART WITH YOUR LOVED ONE

Once you know what needs to be done, set aside real time to talk with the person you care for. Ask what their ideal care setting looks like, and how you can support them if their goal is to stay home as long as possible. Ask who they'd like to lead financial decisions versus day-to-day care — sometimes one family member excels at one and not the other. Document everyone's roles and have all parties review and sign the plan; while not a legal document, it clarifies expectations and reduces misunderstandings later.

STEP 4 — FORM A PROFESSIONAL & PERSONAL SUPPORT TEAM

An elder law attorney
Can help preserve resources, maximize public benefits, and retain quality of life for your loved one. Many state bar associations offer referrals to affordable or free legal aid.

An accountant or financial planner
Can identify potential tax deductions, such as home modifications or a portion of assisted living fees.

A geriatric care manager
Can help with everything from modifying a home to age in place, to identifying social programs available to your loved one.

Build a "personal board of directors," too — family, friends, and community members who can offer practical and emotional support as you get everything in order.

STEP 5 — STORE ALL CRITICAL DOCUMENTS IN ONE PLACE

Keep paperwork in a designated, easily accessed spot — a fireproof, waterproof document bag or safe works well. Make sure family members know where it is. Beyond the documents above, gather:

- Birth certificate & marriage certificate
- Divorce decree, if applicable
- Citizenship papers or passport
- Military discharge papers
- Deed to a home
- Funeral plans & cemetery deeds
- Car title & registration, insurance policies
- Pension & bank/credit account information
- Investment & recent tax records

Source: Laura Petrecca, "A Legal Checklist for Family Caregivers," AARP, updated September 2024.

Navigating the Health Care System

When a loved one becomes too sick to make decisions, family members often need to advocate on their behalf — especially if no proxy was formally named. These tips can help you stay organized and be heard.

- **Ask questions** if you're unclear about something — don't be afraid to ask a doctor or nurse to repeat it, or explain it differently.
- **Make their wishes visible.** Share copies of advance directives and proxy contact information with the care team.
- **Write down a contact** on the medical team you can reach with questions, and **choose one point person** for decisions while keeping family looped in.
- **Consider a mediator** if family members can't agree on a care plan.
- **Discuss an end-of-life approach early** once it's clear your loved one is nearing the end of life, including whether hospice is right for them.
- **Remind the care team who they are** — share what your loved one enjoyed, and consider posting photos in their room.

> **You don't have to do this alone.** Many hospitals have a patient advocate or care navigator on staff, and a geriatric care manager in your community can help too.

Sources: AARP, A Legal Checklist for Family Caregivers; National Institute on Aging, Advance Care Planning and Health Care Decisions.

Helpful Organizations & Support

You don't have to figure this out by yourself. These organizations offer information, tools, and someone to talk to — whenever you need it.

Family Caregiver Alliance

National Center on Caregiving; self-care tools, education, and services by state.

(800) 445-8106 • caregiver.org

National Alliance for Caregiving

Research, the Caregiving in the US Data Hub, and state-level caregiver data.

caregiving.org

Caregiver Action Network

Peer support, a caregiver help desk, and practical tools for family caregivers nationwide.

(855) 227-3640 • caregiveraction.org

AARP Caregiving Resource Center

Legal, financial, and daily-care guidance specifically for family caregivers.

aarp.org/caregiving

Eldercare Locator

Connects you to local aid, geriatric care managers, and support services in your area.

(800) 677-1116 • eldercare.acl.gov

ARCH National Respite Network

Helps you find respite care so you can take a genuine break.

archrespite.org

IF YOU NEED SUPPORT RIGHT NOW

988 Suicide & Crisis Lifeline — call or text, 24/7	**988**
National Caregiver Help Desk	**(855) 227-3640**
Eldercare Locator (find local support services)	**(800) 677-1116**

If caregiving has brought you to a difficult emotional place, please reach out to one of these resources or to your physician. Asking for help is a sign of strength, not failure.

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