Caught in the Middle

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INTRODUCTION

In the Philippines, most Filipinos are living in a "sandwich generation." This is a generation wherein an adult is stuck between the responsibilities of raising their children and taking care of their elderly parents. There is absolutely nothing wrong for children to take care of their old parents, especially in our culture, where placing our parents in an old's home is met with negative regard. This set up, however, can potentially be problematic if the middle generation adult is not adequately equipped to handle such a balancing act. It would be good if the children have the means to support their parents financially, but what if they are not able to do so? Will they view their elderly parents as a burden? Today, we are all sons and daughters and maybe some of us are already parents. Some of us might be in this kind of situation right now or some might experience this in the future. So let us look at the journey this family went through to get a clearer picture on what might happen if you get **caught in the middle.**

OBJECTIVES

1. To present and discuss a family in a "sandwich generation"
2. To describe the family structure and analyze the family psychodynamics using the family assessment tools
3. To address the identified biomedical and psychosocial issues of the family in a "sandwich generation" using appropriate family interventions
4. To formulate a wellness plan for the family

RATIONALE

Caregivers are the therapeutic allies of family physicians. They are our potential patients in the future if their biomedical and psychosocial issues are not addressed properly. I chose this case to highlight the situation of a loving daughter, a very efficient caregiver to her parents who, in the process, began to neglect her own family.

EPIDEMIOLOGY

From a report of the Economist Intelligence Unit 2010, based on the total population data from the United Nations, an estimated 20% of the working -age population across Australia, China, Hong Kong, Japan, Singapore, South Korea and Taiwan are members of the Sandwich Generation. The sandwich generation is biggest in China and smallest in Australia and Japan. Although there is no available data on the proportion of Filipinos who belong to the sandwich generation, we can already surmise that they comprise a significant portion of our population just based on our daily patient encounters.

Figure 5
Asia's Sandwich Generation

Country	Total population	Working-age population*	Prevalence of Sandwich Generation in working-age population**	Implied number of people in Sandwich Generation
Australia	20.4m	16.3m	6%	1.0m
China	1.3b	1.0b	37%	370m
Hong Kong	6.9m	5.5m	27%	1.5m
Japan	127.4m	89.2m	6%	5.4m
Singapore	4.3m	3.4m	26%	0.9m
South Korea	47.6m	38.1m	18%	6.9m
Taiwan	23.1m	18.5m	19%	3.5m

* Over 21 and under 70, estimated at 80% of total population except for Japan (70%). NB, The incidence of survey respondents over 60 years of age meeting the definition of Sandwich Generation member is 0.4%.
** See "About the research", above, for explanation of Sandwich Generation socioeconomic classification.
Sources: Economist Intelligence Unit calculation based on survey response rate. Total population data from United Nations Department of Economic and Social Affairs/ Population Division, World Population Prospects 2008, except Taiwan (National Statistics).

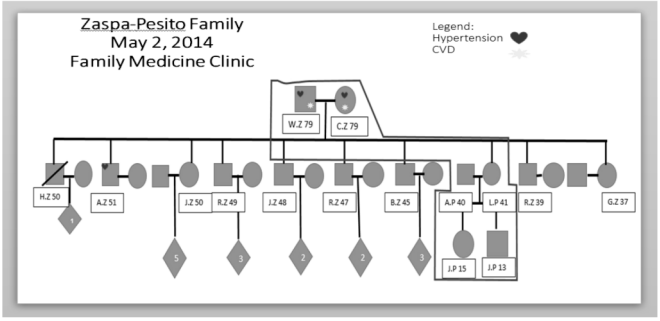
FAMILY PROFILE

Tatay William, who was my initial patient in the family, is a 79 year old married man from Davao, an Aglipayan Catholic, and father of ten children. He currently resides in Sta. Rosa, Laguna with one of his daughters while he seeks regular medical care at the Philippine General Hospital's Outpatient Department. Tatay William has been my patient and has been enrolled in my continuity service since May 2014. He is being treated as a case of Congestive Heart Failure Functional Class II secondary to Hypertensive Heart Disease, Hypertension Stage 2, controlled, s/p Cer brovascular Infarct with right-sided hemiparesis, Broca's Aphasia and dysarthria (2012).

Tatay William was always accompanied by Ate Luningning, his 8th child, whenever he would come for his outpatient visits. Ate Luningning serves as Tatay William's primary caregiver; thus,

Tatay William's illness has had the greatest impact on her. Ate Luningning is a 40 year old Aglipayan Catholic mother of two. Although born in Davao, she has been living in Sta. Rosa Laguna with her husband, Kuya Angel, for the past 16 years. They have been blessed with 2 children, Jansen and Jemsean, who are both in their adolescent years.

FAMILY GENOGRAM



TIMELINE:

Ate Luningning was born in Davao and was raised by her farmer parents. She finished her primary and secondary education at a school in their town. She has always been deemed a responsible daughter and she never got tired of helping out with household chores. **In 1994**, when she was 21 years old, she went to Sta. Rosa Laguna, where she was recruited by her cousin to work in a canteen. During her stay in Laguna, she regularly send money to her parents to help provide for their needs in Davao. She would go and visit her family in Davao only once a year because sending them money would be of more help to them than if ate Luningning went home frequently.

In 1997, Ate Luningning met Kuya Angel who was a seafarer during that time. The shipping agency where he worked at happened to be the same agency which housed the canteen where Ate Luningning was employed as a helper.

In 1998, they became a couple but when the news came to the knowledge of Tatay William and Nanay Carmen, they told Ate Luningning that they were against her relationship with Kuya Angel. Nanay Carmen and Tatay William believed that Ate Luningning was just one of Kuya Angel's "girl in every port". Despite her parents' disapproval, Ate Luningning's relationship with Kuya Angel thrived. They eventually got married only after 6 months of being a couple. Gradually, Ate Luningning's family began to accept Kuya Angel.

In 1999, the couple had their first baby, and she was named Jansen. At that time, Kuya Angel was also scheduled to go overseas but he decided to forgo this job because he did not want to leave his family. Ate Luningning agreed and supported Kuya angel's decision. She never blamed Kuya Angel whenever they would experience financial difficulties. Ate Luningning continued to work hard in the canteen to support the family's financial needs.

In 2002, their 2nd child was born, Jemsean. During this time, Ate Luningning and Kuya Angel realized that their income was no longer sufficient to support the needs of their growing family. They opened a small sari-sari store beside their house in Sta Rosa Laguna. While working at the canteen, Ate Luningning also started to sell AVON products for extra income. Kuya Angel stayed at home to take care of their children and man their small sari sari store.

In 2004, they were able to save enough money and bought a tricycle. During this time, the couple began to shift their roles in the family. Ate Luningning resigned from her job, stayed at home to take care of their children, and man their sari-sari store. Kuya Angel, on the other hand, became a full time tricycle driver. This was also the time when Jansen started to go to school. Right from the start, Jansen excelled academically, and she consistently became the topnotcher of her batch.

Ate Luningning worked full-time in taking care of her family. She played the role of a mother, a friend, and a tutor to her children. She would always take time to check on Jansen and Jemsean's assignments and supported them in most of their school activities.

In 2012, Tatay William suffered a cerebrovascular accident. He developed right sided hemiparesis, aphasia and dysarthria. He became bed bound and needed a caregiver to watch over him. Nanay Carmen

asked Ate Luningning to be the caregiver, since she is the closest to her father. She did not think twice, and brought her whole family to Davao in order to take care of tatay William. They had to close their sari-sari store in Laguna, and they left the tricycle to the care of the barangay. Ate Luningning's family stayed in Davao for 2 months, but they had to return to Laguna since school was starting real soon. Kuya Angel, Jansen and Jemsean went back to Laguna and left Ate Luningning in Davao.

In early 2013, Ate Luningning went back to Laguna to rejoin her family. They reopened their sari-sari store and Kuya Angel continued to work as tricycle driver. Ate Luningning became more lax with her growing adolescents. It was noticeable that Jansen became aloof and stubborn, but Ate Luningg did not pay much attention to the changing behavior of her child. On the other hand, Jemsean remained the same playful but obedient child. He was also consistently the batch topnotcher since he started going to school.

In early 2014, Tatay William was transported to Ate Luninging in Laguna since Rene, the 4th sibling is experiencing a hard time taking care of their father. Once again, she accepted taking care of Tatay William with open arms.

On May of 2014, Tatay William was brought to PGH and this was the time that I had started managing him.

Upon performing a comprehensive geriatric assessment (CGA), it became evident that Tatay William was suffering from severe cognitive impairment. In terms of functional activity, he required assistance in most of the basic and instrumental Activities of Daily Living (ADL's).

CGA Component	Elements	Tatay William
Medical Assessment	Problem List	1. Congestive Heart Failure Functional Class II secondary to Hypertensive Heart Disease 2. Hypertension stage 2, controlled 3. Post Cerebrovascular Infarct with right- sided hemiparesis, Broca's aphasia and dysarthria (2012)
	Medication Review	Losartan 50mg/tab OD, Aspirin 80mg/tab OD Simvastatin 20mg/tab OD, Multivitamins tab OD Vitamin B complex tab OD
Assessment of Functioning	Basic ADL's Instrumental ADL's Activity/exercise Gait and balance	**Katz score: 1 (Very dependent to caregiver)** **Lawton: 0 (completely unable to do instrumental ADLS Unable**
Psychological Assessment	Mental Status (Cognitive) Testing Mood/depression testing	**MMSE: 4/30: Severe Cognitive Impairment** **Geriatric Depression Scale: 0/30: NO DEPRESSION**
Social Assessment	Informal Support needs and assets Care resource Eligibility/Financial assessment	**Primary Caregiver: Luningning Pesito**

In August 2014, Nanay Carmen also moved to Sta. Rosa Laguna to live with Luningning. It was Nanay Camen's choice to live with her because she knew that she would be well taken care of. At a glance, this new set-up seemed to be beneficial for Tatay William's recovery since he was now going to be together with his wife. In addition, Nanay Carmen could serve as an additional caregiver for tatay, thus sharing care-giving responsibilities with Ate Luningning.

As it turned out, Nanay Carmen had actually suffered a mild stroke some months before. Because of her condition, her son Rene had difficulty taking care of her especially whenever conflict would arise between her and Rene's wife. Rene actually wanted to pass on the responsibilities of taking care of Nanay Carmen to Ate Luningning. Since the stroke, Nanay Carmen seemed to be having problems with memory as she became noticeably more forgetful, much to the irritation of Rene's wife.

Ate Luningning brought Nanay Carmen into her family's home. Eventually, she brought her to PGH for medical care. Nanay Carmen was also enrolled in my continuity clinic and was managed as a case of Hypertension stage 2 controlled. A Comprehensive Geriatric Assessment was also performed on her.

CGA Component	Elements	Tatay William
Medical Assessment	Problem List Medication Review Nutritional Status	Hypertension stage 2-controlled t/c Vascular dementia Amlodipine 5mg/ tab OD, Multivitamins tab OD, Vitamin B complex tab OD MNA
Assessment of Functioning	Basic ADL's Instrumental ADL's Activity/exercise Gait and Balance	**Katz score: 6 (Full function)** **Lawton: Needs help and supervision with instrumental ADL's** **Stable gait, no history of fall**
Psychological Assessment	Mental Status (Cognitive) Testing Mood/depression testing	**MMSE: 2/30: Severe Cognitive Impairment** **Geriatric Depression Scale: 0/30: NO DEPRESSION**
Social Assessment	Informal Support needs and assets Care resource Eligibility/Financial assessment	**Primary Caregiver: Luningning Pesito**

Nanay Carmen had better functionality than Tatay William. Unfortunately, in terms of mental capacity, they both suffer from severe cognitive impairment.

Clearly, Ate Luningning has her hands full. She is now tasked to take care of both her parents, both elderly, both of whom are highly dependent, both with cardiovascular complications due to uncontrolled hypertension, and both requiring intensive supervision and chronic medical care. Ate Luningning might be at risk for developing caregiver fatigue as she now had to play multiple roles as daughter, primary caregiver, and mother and wife to her own family. Thus, she was asked to accomplish the modified caregiver strain index.

MODIFIED CAREGIVER STRAIN INDEX (MCSI):

Madalas (3) Paminsan-minsan (2) Halos hindi(1)

QUESTIONS	SCORE
1. Naaabala ang aking pagtulog dahil sa pag-aasikaso sa pasyente.	2
2. Ang pag-aalaga sa aking pasyente ay nakakapagod dahil sa pagkarga, pag-alalay at pag-asikaso.	**3**
3. Ang pag-aalaga sa aking pasyente ay nagdulot ng mga pagbabago sa buhay ng aking pamilya dahil sa nagulong pang-araw-araw na gawain.	**3**
4. Nauubos ang aking pansariling oras sa pag-aalaga ng aking pasyente.	**3**
5. Ang pag-aalaga sa aking pasyente ay nagdulot ng mga pagbabago sa aking mga plano sa buhay tulad ng pagpalit o pagtigil sa trabaho o pag-aaral, paglabas-labas, pagbabakasyon, at iba pa.	**3**
6. Bukod sa pag-aalaga sa aking pasyente, mayroon pang dumagdag na responsibilidad na nangangailangan din ng aking oras.	**3**
7. Ang pag-aalaga sa aking pasyente ay nangailangan ng tibay ng loob dahil sa hindi naiiwasang mga alitan at hindi pagkakaunawaan.	2
8. Ako ay nalulungkot dahil malaki na ang ipinagbago ng aking pasyente mula ng siya ay magkasakit	2
9. May mga pagkakataon na nauubos ang aking pasensiya at ako ay naiinis dahil sa ikinikilos ng aking pasyente.	2
10. Lubos akong nag-aalaala kung paano ko makakayanan ang sitwasyong ito .	2
11. Malaki na ang aking gastusin dahil sa pag-aalaga sa pasyente.	**3**
TOTAL	**28**

A score of **28 in the MCSI** means that Ate Luningning is predisposed to having strain. During this time, I realized that Ate Luningning is a potential patient if her issues will not be addressed properly. In addition, this might further affect the biomedical and psychosocial issues faced by the family since Ate Luningning plays such a crucial role in the family.

I decided to explore further on the questions that she answered "Madalas" to in the Modified Caregiver Stain Index.

I asked her about the most stressful situation for her at that moment. Ate Luningning told me that since she became the primary caregiver of her parents, she has never received financial support from her older brothers. Josephine, her eldest sister, and Gina, her youngest sister, would send their parents monthly allowance ranging from 1,000-1,500 pesos which was still not enough to cover for maintenance medications and other necessities. Because of the increasing financial demand in the family, Ate Luningning and Kuya Angel opened a new sari-sari store in a nearby small market. Aside from driving the tricycle, Kuya Angel started to repack charcoal and deliver it to different houses in the neighborhood for extra income. Ate Luningning continued her AVON business, and the sarisari store beside their house remained operational.

We computed for an estimate of the monthly expenses for Tatay William's and Nanay Carmen's medical care in order to get a clearer picture of the family's financial situation.

	Tatay William	**Nanay Carmen**	**Total (30 days)**
Food: Breakfast, Lunch, Dinner	50x3 = 150.00 / day	50x3 = 150 / day	9,000.00
Medications (Generics drugs)	Losartan 50mg = 11.00 Aspirin 80mg = 2.00 Simvastatin 20mg = 14.00 Multivitamins tab = 3.00 Vitamins B complex = 2.00 Total: **32.00/day**	Amlodipine 5mg = 11.00 Multivitamins = 3.00 Vitamins B complex = 2.00 Total = **16.00/day**	**1,440.00**
Electricity: 1 bulb, 1 electric fan	-	-	**500.00**
Drinking water (Mineral)	-	-	**150.00**
Toiletries (Bathing soap, laundry soap, shampoo, toothpaste, toothbrush)	-	-	**400.00**
Total			**11,490.00**

The estimated monthly expenses for Tatay William and Nanay Carmen's medical care and basic necessities amounted to 11,490.00. If Gina and Josephine would send allowance regularly on a monthly basis, Ate Luningning's family would only have to **shoulder 8,000-10,000.00** added to the monthly expenses of Ate Luningning and her family. The SCREEM tool was then utilized to assess for other extra familial resources that may be tapped to help this family.

SCREEM

	RESOURCES	PATHOLOGY
SOCIAL	The family has well balanced lines of communication with extra-familial social groups and other community organizations such as: **Homeowners' Association**	
CULTURAL	The family has cultural satisfaction and does not feel cultural inferiority or shame	
RELIGIUOS	The family has satisfying spiritual experiences	
ECONOMIC	Their source of income: angel's work as a **tricycle driver, sari-sari store**	The family is having financial problems making it difficult to meet the monetary demands of crisis
EDUCATIONAL	The educational background of the family members is adequate to understand the illness and the care for the patient	
MEDICAL	Medical care is available through channels that are easily established and have previously been experienced satisfactorily **Such as: Local Health Center, use of Barangay's Ambulance on follow-up consults at PGH**	

After doing the family SCREEM, we have together identified the resources of the family that would help them in their current crisis. We also listed the programs that the government offers for senior citizens.

1. Senior Citizens Benefits applicable to them:
   - 20% discount on medications, recreation areas, restaurants
   - Free medical and dental services in government facilities
   - Free vaccinations for indigent senior citizens
   - 5% discount on water and electric bill provided that the meters are registered in the name of the senior citizen residing in the household

2. DANGAL (Damayan Damayan Ang Nayon Gabayan Ang Lungsod): A program in the 1st District of Laguna (Sta. Rosa included) that provides medical assistance/support, scholarship programs, livelihood programs

3. Available free medications at the barangay health centers: I advised them that most of the medicines that Tatay William and Nanay Carmen were taking are available at their barangay for free

Apart from the financial problem that bothers her, Ate Luningning also had less time for her family. She became busy taking care of her parents, and she was also preoccupied with earning money to support their family. She is thankful that Kuya Angel understands their current situation and is doing his best to help and support her.

Meanwhile, Ate Luningninig was having problems with Jansen. They seldom get the chance to talk as Jansen spends most of her time outside their house with her friends. She would only stay inside the house to eat, sleep and take a bath. Ate Luningning first took note of this when she returned from Davao. I asked her to tell me more about the changes that she noticed with Jansen. She said that she also got

dismayed when Jansen ranked 3rd in the class, where she was consistently the topnotcher for the past years. When she asked Jansen what happened, she would just stare at her and will not give an answer. I then realized that there is an ongoing conflict between Jansen and ate Luningning. Ate Luningning would also seek Jansen's help in watching over the elderlies but she would only give excuses not to follow ate Luningning. Since this became evident during the time she came back from Davao, I asked Ate Luningning what could have been the reason for Jansen's attitude. Ate Luningninig was quiet and seemed apprehensive to give out a reply. I asked her again about the changes in the family that would make Jansen act differently towards the other family members.

Ate Luningning said that since her parents got sick, she had less time to bond with her family and even less attention to her children. Ate Luningning realized that she might not be delegating the tasks among the family members properly and her time was taken up by the different roles that she needed to perform. From her realizations, we agreed on a plan to improve on her time management. And since it was near Christmas Vacation that time, I asked Ate Luningning to bring Jansen with her on the next follow up.

Last December 2014, Ate Luningning came back for follow up with Kuya Angel and Jansen. I asked ate Luningning how she was able to convince Jansen to come with her and she said that she did not find it hard to do so. This was a sign than Jansen was willing to cooperate.

Before I conducted a separate interview with Jansen, I first did a family APGAR to help me assess each member's satisfaction or dissatisfaction with their family's current state of function.

FAMILY APGAR

		Ate Luningning	**Kuya Angel**	**Jansen**
ADAPTATION	Ako'y nasisiyahan dahil nakakaasa ako ng tulong sa aking pamilya sa oras ng problem	2	2	2
PARTNERSHIP	Ako'y nasisiyahan sa paraang nakikipag-talakayan sa akin ang aking pamilya tungkol sa aking problem	2	2	1
GROWTH	Ako'y nasisiyahan at ang aking pamilya ay tinanggap at sinusuportahan ang aking mga nais na gawin patungo sa mga bagong landas para sa aking ikauunlad	1	2	1
AFFECTION	Ako'y nasisiyahan sa paraang ipinadadama ng aking pamilya ang kanilang pagmamahal at nauunawaan ang aking damdamin katulad ng galit, lungkot at pag-ibig	1	2	1
RESOLVE	Ako'y nasisiyahan na ang aking pamilya at ako ay nagkakaroon ng panahon sa isa't-isa	1	1	0
TOTAL		**7**	**9**	**5**

With the result of their APGAR, we can say that Ate Luningning's Family is Moderately Dysfunctional. After doing the APGAR, I asked ate Luningning and Kuya Angel to wait outside. Since Jansen is an Adolescent, I did the Home, Education Activity, Drugs, Spiritual, Sexuality, Safety (HEADSSS) to get a good overview of her psychosocial history. Based on her HEADSSS, Jansen had balanced her academics and extracurricular activities in school, has time to go out with friends and no history of any delinquencies. She was cooperative and answered the questions appropriately. But when the questions were about her relationship and satisfaction with her family, she would only smile and say that everything is okay. I asked her to elaborate what "OK" means for her. She did not say any word but just smiled at me. During my interview with her, I sensed that Jansen is experiencing issues that she hasn't disclosed with the family. She might not be aware of the reasons why she is experiencing those feelings. I was thinking of an intervention that would bring her to awareness of her actions and feelings. So I decided to use the Gestalt Therapy.

INTERVENTION: GESTALT – THE EMPTY CHAIR TECHNIQUE

I explained to her that I will ask her questions and her answers will be based on what is she is feeling and experiencing at that very moment.

Since she cannot elaborate what "OK" is for her, I asked her to tell me what she was feeling at that moment. She asked me if I really wanted to know the truth, asked me to keep it a secret from her parents. She told me that she feels sad because she feels neglected and unappreciated by her mom. I asked her how Ate Luningning made her feel that way. She was quiet for a moment, and said that Ate Luningning does not love her and the only thing important to Ate Luningning is to earn money and she is irritated about this. As I was listening to her, I also observed her reactions, gestures and mannerisms. I let her ventilate her feelings and remained silent.

When she was done expressing her feelings, I asked her to stay on her feelings. I asked her to close her eyes and imagine Ate Luningning sitting in front of her, listening to her. I then told her to tell Ate Luningning everything that she was feeling during that moment.

Jansen closed her eyes. She started talking to the empty chair. She said that she feels that she is unloved. All her efforts to be a good daughter is unrecognized. Jansen also told the empty chair that Ate Luningning has neglected her family and that she has no time for them because all she does is work and earn money, which frustrates her.

After Jansen expressed her feelings on the empty chair, I asked her to open her eyes and sit on the empty chair. I told her to imagine that she is Ate Luningning and what could have been Ate Luningning's reply to everything that she said. Jansen was quiet. When she started talking, her voice cracked. Jansen said that ate Luningning would have said that it's not true that she is not loved and unappreciated. The reason for all her hardwork is for their future. She also said that Ate Luningning would also say that they don't have financial or material inheritance to leave the family. They can only support their education and that is the best thing that she can give her children to prepare them for the future. As she finished her statement, I felt that Jansen was slowly developing self-awareness. I paused and gave her time to ponder on the things that we have talked about. After a few minutes, I asked Jansen what she became aware of after the experience. Jansen said that she realized that she was wrong, thinking that her mother does not love her. She also realized that her parents are working extra hours and their family time is compromised just because they want the family to have a decent life.

After her Gestalt experience, I asked her about her plans regarding the conflict between her and Ate Luningning. She said that she will try to be more understanding about their situation. I then called Ate Luningning and Kuya Angel for the schedule of their follow up.

On March 2015, I did a Home Visit with them at Sta. Rosa Laguna. It was noticeable that Ate Luningning has a happier aura. She told me that Tatay William and Nanay Carmen were approved by the DANGAL foundation, and the 2 elderly will receive a

Quarterly monetary allowance from the foundation. Nanay Carmen and Tatay William also joined the Senior Citizens' Club in their Barangay where medical assistance are rendered monthly. The Senior Citizens' Club also offers morning exercises and other weekly/ monthly activities, where Nanay Carmen and Tatay William are now regular attendees. I asked her how Jansen was doing after their consult with me. She said that Jansen changed a lot and was then helping in the household chores and is now more actively involved in caring for Tatay William. Ate Luningning was also proud of Tatay William's improvement in functionality. She attributes this to the patience of Jansen and Jemsean in assisting their grandfather in performing the prescribed rehabilitation exercises.

I then asked Jansen how she was doing and if there were changes she noticed in their family. Jansen told me that Ate Luningning has allotted more time for the family. They now go to church every Sunday and eat at Mang Inasal after going to church. She is now content with the time and attention that she is receiving from her family. As I heard the things that they said, I did a reassessment of the Ate Luningning's Caregiver Strain, Tatay William's functionality, and their family APGAR.

REASSESSMENT OF FAMILY APGAR

		Ate Luningning	**Kuya Angel**	**Jansen**
ADAPTATION	Ako'y nasisiyahan dahil nakakaasa ako ng tulong sa aking pamilya sa oras ng problem	2	2	2
PARTNERSHIP	Ako'y nasisiyahan sa paraang nakikipagtalakayan sa akin ang aking pamilya tungkol sa aking problem	2	2	2
GROWTH	Ako'y nasisiyahan at ang aking pamilya ay tinanggap at sinusuportahan ang aking mga nais na gawin patungo sa mga bagong landas para sa aking ikauunlad	2	2	2
AFFECTION	Ako'y nasisiyahan sa paraang ipinadadama ng aking pamilya ang kanilang pagmamahal at nauunawaan ang aking damdamin katulad ng galit, lungkot at pag-ibig	2	2	2
RESOLVE	Ako'y nasisiyahan na ang aking pamilya at ako ay nagkakaroon ng panahon sa isa't-isa	2	2	2
TOTAL		**10**	**10**	**10**

REASSESSMENT OF FUNCTIONALITY of Tatay William

	May 2014	**March 2015**
Katz score	2	4
Lawtons Score	0	0

REASSESSMENT OF CAREGIVER STRAIN of Ate Luningning

	August 2014	**March 2015**
Modified Care Giver Strain Index	**28**	**17**

POSSIBLE REASONS FOR DECLINE IN SCORE OF MODIFIED CAREGIVER STRAIN INDEX:

1. Time management
2. Delegation of Tasks
3. Cooperation of other members of the family
4. Open communication
5. The family might have adapted to the changes and current situation

DISCUSSION

The term Sandwich Generation was coined by Dorothy Miller in 1981. It refers to a generation that is simultaneously caring for two generations. The members of the sandwich generation face difficulties in allocating time and money and often describe themselves as being pulled in two directions or caught in between generations.

In the family that was discussed, Ate Luningning was caught between taking care of her parents and supporting her growing children. Conflicts arise due to gap in generations, and in their case, lack of communication.

According to a 2013 report by the Pew Research Center, financial planning will help in surviving sandwich generation. Here are the tips that may help in coping with being in a sandwich generation:

1. Keep saving for retirement
2. Fund a college savings plan
3. Purchase long-term care insurance
4. Get legal paperwork in order
5. Inventory assets and consolidate accounts
6. Look for outside help
7. Keep saving

Obviously, most of the things listed are pertaining to the financial concerns of the sandwich generation. This is may be applicable to some patients. But in the case of Ate Luningning and her they have little left to save since their total expenses is greater than their income. This family is able to survive their financial crisis through their hardwork and with the support coming from the other family members and government programs.

Pesito family has also undergone conflicts in the relationship with each other. They were able to hurdle this because they were able to adjust to change through improvement in communication, time management and proper task delegation.

Pesito Family is in the stage of **Family with Adolescent.** Identifying the first order and second order changes helps provide anticipatory guidance for stressful changes that are expected to happen in each stage of life cycle. These may require adjustments and readjustments to maintain the viability of the family.

1st Order Change (Need to Do)	2nd Order Change (Need to Be)
• Shifting of parent-child relationships to permit the adolescent to move in and out of the system • Refocus on mid-life, marital and career issues • Beginning shift towards concern for the older generation	• Providing facilities for widely different needs • Working out money matters in the family with teenagers • Sharing the tasks of responsibilities of family living • Putting the marriage relationship into focus • Keeping the communication system open • Maintaining contacts with the extended family • Growing into the wood as a family and as a person • Reworking and maintaining a philosophy of life

PROBLEMS ENCOUNTERED IN THIS STAGE OF LIFE CYCLE

ADOLESCENT:

MEDICAL	EMOTIONAL AND SOCIAL
• Drug and other substance • STD • Acne, bad odor • Gynecologic problems • Menstrual problems • Allergies and other skin disease • Circumcision	• Sexual experimentation leading to teenage pregnancy • Homosexuality • Conflict with parents • Juvenile delinquency • Depression secondary to peer pressure identity crisis and secondary sex characteristics • Child prostitution • Suicide tendencies

PARENTS

MEDICAL	EMOTIONAL AND SOCIAL
• Common medical problems • OB-gyne problems • Pre-menopausal symptoms • Alcoholism and vices	• Middle life crisis • Male climacteric • Extra-marital affairs • Insecurities secondary to changing appearance

FAMILY WELLNESS PLAN

My interaction with this family does not end here. As a Family Physician, it is imperative that short and long-term wellness plans be agreed upon and implemented among the family members.

FAMILY MEMBER	MEDICAL & PSYCHOSOCIAL CONCERN	RECOMMENDATION
Luningning Pesito (40)	**Psychosocial:** Care-giver fatigue	Repeat caregiver strain index as the need arises
Angel Pesito (41)	**Psychosocial:** care-giver fatigue	Screen for caregiver strain
Jansen Pesito (15)	**Psychosocial:** Conflict with parents	Immunization Anticipatory Guidance
Jemsean Pesito (13)		Immunization Anticipatory Guidance Screening for psychosocial and biomedical issue as an adolescent
William Zaspa (79)	Medical: Hypertension, Congestive Heart, FC II Cerebrovascular Infarct Right sided hemiparesis	Immunization BP Monitoring Continue Rehabilitation Exercises
Carmen Zaspa (79)	Medical: Hypertension To consider Vascular Dementia	Immunization BP Monitoring Refer to neurology for further assessment: Acetylcholinesterase inhibitors can be used to treat vascular dementia

INSIGHT

Family physicians have a different perspective in taking care of patients. Managing the physical signs and symptom is as important as looking into the contribution of the family in maintaining the health of all members. There are family tools that are seldom used but were of big contribution in changing the life situation of this family. Indeed, a biopsychosocial approach enables family physicians to see the patient beyond the physicality of his symptoms and to explore and discover the origin of the symptoms which are mostly psychoemotional issues. Most of the time, we only see the tip of the iceberg but allowing ourselves to listen to our patients and their issues reveals the depth and magnitude of the patient's story.