

# HERE I AM

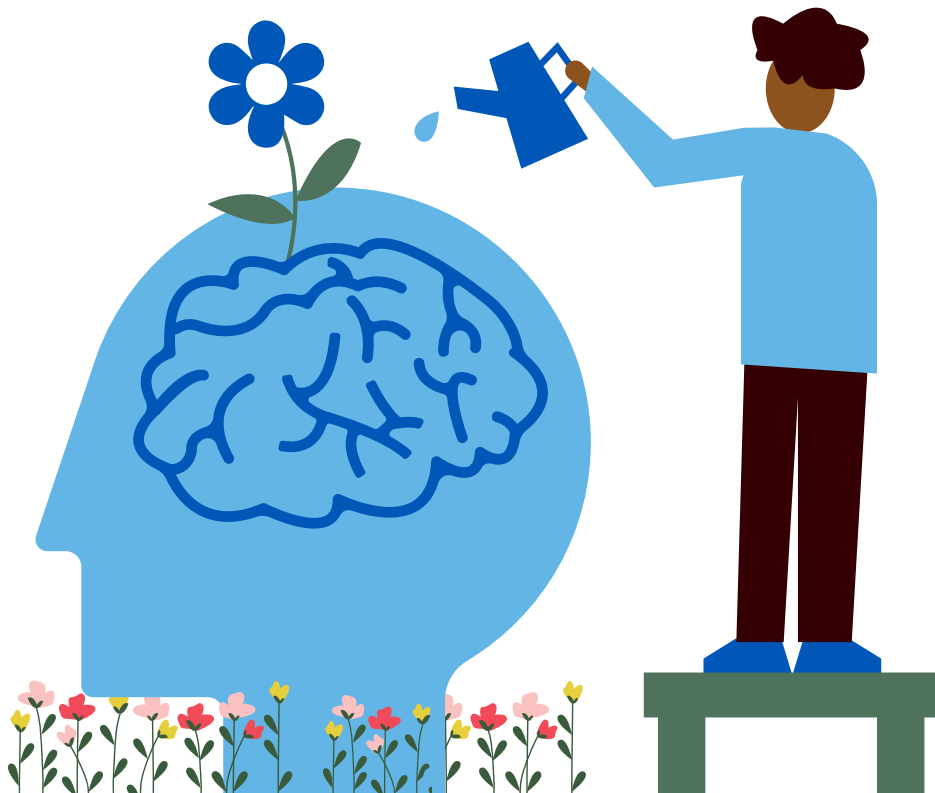
A cartoon illustration of two women embracing. The woman on the left has long brown hair and is wearing a white long-sleeved shirt and a blue skirt. The woman on the right has long blonde hair and is wearing a pink long-sleeved shirt and a pink skirt. They are both smiling and looking at each other. The background is a solid blue color.



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# Introduction

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אֵל נָא רְפָא נָא לָהּ

(El na r'fa na lah)

**"O God, pray heal her!"**

(Shemot 12:13)

This brief but desperate cry came from the mouth of Moses in the Torah portion Beha'alotcha. His sister, Miriam, was ill. This powerful plea cuts down to the core of what it means to love someone who is ill — a feeling of isolated helplessness. When we see a loved one suffering, we want it to end as soon as possible. **We want them to heal immediately and completely — body, mind, and soul.** Feeling there is no way to take away the pain of a child, parent, sibling, spouse, or any other loved one can be agonizing.

There are a great number of resources about mental illness — how it works, how to treat it, how to accommodate for it, what drugs to take for it. Many treatment providers publish “dos and don’ts” for working with their specific populations. For every diagnosis that exists, several treatments exist that may or may not be effective. But how does it feel to have someone who is struggling in your family? To come down to breakfast and not know which “version” of your child will sit with you? To dread the call from school? To have to live with the guilt of maybe having some responsibility for what you see in front of you? To just wish things were easier?



# Introduction

This resource does not aim to teach you how to “fix” a loved one, as much as we wish we could. **Rather, we hope to create a place where someone can turn when they are caught up in the storm of caring for and loving someone who is struggling with their mental health.** If you are reading this, you probably already know that what is referred to as “mental illness” is a complex combination of physical, cognitive, emotional, genetic, and environmental factors even experts struggle to explain. You also probably know that many mental health conditions can be severe, even debilitating, and many are chronic and never fully “cured.”

No matter where you are in the journey of supporting a child with a mental illness, you probably already have experienced the delicate balance of caretaking and boundary setting. Our goal in compiling this resource is to be with you the whole way.

This is a companion guide, not a “manual.” We don’t intend to lecture; we want you to feel as if we are sitting with you at the breakfast table, helping you to step back from your own reactions and look at things objectively. We want it to feel conversational, e.g., one parent/caregiver talking to another, and provide you with information to educate you as a caregiver and accompany you on what is often an incredibly isolating and thankless job. Our team’s extensive experience working with families and educating communities has taught us a great deal about ways to offer support, and we wish to share some of that experience with you and say, “Hineni.”

Rabbi Shai Held describes love in Judaism as an action, rather than an emotion.



**Judaism is about what you do, why you do it and how you do it. Jewish ethics ask for deeds of love done from love... We should not lose sight of the ideal: a life in which emotion and action are deeply integrated and intertwined. - Rabbi Shai Held\***

# Introduction

This is absolutely true here: Loving is doing, or sometimes not doing, what you believe to be right in the moment you are in. In addition to information, outside resources, and skills, we also share with you examples of lived experiences from caregivers — parents, partners, practitioners — who are making the difficult decisions of “what do I do NOW?” on a daily basis. We hope this guide helps you and stays with you as you do the work of loving. The Jewish middah (value) of **pikuach nefesh — saving a life** — has motivated us to create this resource. It is our core value and underneath everything included in this resource. What you do is important, and it is crucial for keeping your loved one alive.

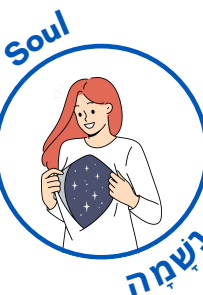
The role of a caregiver can often be isolating. We hope this guide provides a sense of community, information to inform your everyday interactions, and tools to fuel your spirit and keep you moving forward.



Mental illness is rarely logical. Thoughts and feelings can collide in ways that make no sense; illness can make someone reject help they know they need and do things that can harm. We attempt to explain what we can, suggest strategies for maintaining objectivity, and point you toward resources that can provide more information.



Mental health IS physical health and vice versa. We are only beginning to fully understand the way this works and how our actions affect our physical being. In addition, emotions can be a very physical experience, and we gain from learning the skill of tuning in.



Spirituality is so much more than lighting candles on Shabbat or sitting in services every week. Our spirituality has the potential to be an infinite source of energy and support. We want you to explore this aspect of yourself as a caregiver, and identify how it can best serve you in your journey.

## About Us

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The Blue Dove Foundation aims to transform how the Jewish community understands and responds to mental illness and addictions. Working to empower individuals, communities, and professional organizations around the world, we provide educational resources that help people navigate the ever-growing challenges around mental health with practical applications and spiritual significance.

### **Our Work:**

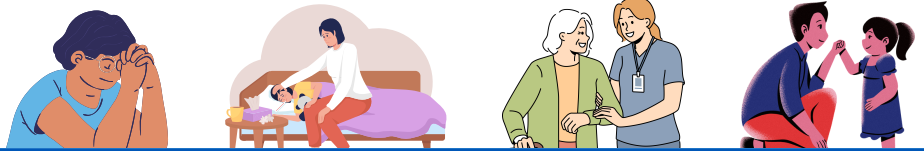
1. Educate the community about mental health through a Jewish lens.
2. Produce powerful and engaging educational resources about the connections between mental wellness and Judaism.
3. Spearhead and design programs that can be replicated easily in communities across the country: mental health Shabbat dinners, various training programs, interactive events with speakers, and more.

Disclaimer: Nothing in this resource is to be construed as medical advice or treatment. For all medical questions, please consult a medical professional or treatment facility.



# Dedication

## Prayer for Caregivers by Rabbi Michele Medwin



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

*As we begin this journey together, it reminds us of a song that is sung in many Jewish settings, Lo Yisa Goy. The second part of the song is sung in English and has a beautiful message we want to share with you.*

*"Don't walk in front of me, I may not follow. Don't walk behind me, I may not lead. Just walk beside me and be my friend, and together we will walk in the path of HaShem."*

# Dedication

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This resource is dedicated to anyone who loves someone who struggles — who is there, fighting the darkness every day. Our love may be rejected, unappreciated, or met with disbelief. Here is a place to:

- Build yourself back up.
- Find allies.
- Remember why you care so much.
- Help you understand what makes no sense.
- Cope with your limitations.
- Get what you need to keep going.



***We see you, and we value what you do every day.***

## Thank You

Thank you to all who contributed to this resource. We are so grateful for the time and energy you put into creating the content. We want to thank the following people in particular:

- Shira Heller, Rachel Lerner, and Mel Berwin for sharing your personal stories with us. Carrie Bornstein Consulting for your support in the creation of this resource.
  - The team at the Blue Dove Foundation for all of your work to create such a meaningful resource: Jaime Glazerman, Sheri Panovka, Carly Coons, Max Hollander, Justin Milrad.
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# Mind



# שכל



Personal Narrative:

# Mind Control is Not a Thing

By Shira Heller



I am an engaged parent, a passionate, experienced educator, and a trained social worker. I believe wholeheartedly in the human capacity to learn and grow. I witness the influence of parents, teachers, counselors, and other guides and mentors on young people's development regularly. As adults, we can have an incredibly strong impact on the children and teens who are in our orbit. It is a privilege, a responsibility, and a power trip. As adults, we matter so much!

As my family started out on our mental health rollercoaster, these beliefs contributed to two crises of faith in rapid succession.

First came the devastating (and devastatingly self-centered) thought, "What did I do wrong? How did I make/let this happen?" My amazing daughter was anxious and depressed. Surely, I thought, if I had been a better parent, I would have seen this coming and somehow prevented it. Surely I would have found the right words to say, the right boundaries to set, the right reassurances or encouragement to yield a happy, healthy kid. Her unhappiness must be my failure. I beat myself up pretty badly for a long time.

The second came as I looked forward rather than back and thought, "I can fix this! I might have messed up in the past, but if I love her enough, teach her enough, get the right support in place, I can guide her out of this hole she's in." I hustled. I ran myself ragged trying to find the right words, the right therapists, the right things to do to help her heal.



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Over time, I had to accept my own limitations. I was not important or powerful enough to cause bipolar disorder. I was definitely not important or powerful enough to fix it, even with my commitment as a parent, experience as an educator and training in mental health. Her teachers didn't cause it and couldn't fix it either. Compassion and indulgence didn't fix it. Tough love and consequences didn't fix it. A small army of doctors and therapists couldn't fix it. Medication, hospitalization, residential treatment and DBT programs couldn't fix it. As influential and important as adults can be in a child's life, we aren't in control. We usually can't make someone get sick and we certainly can't make them get better.

Initially, this realization was depressing. Accepting my limits led me to feel powerless, helpless, and hopeless. Did I just have to sit by and watch her destroy herself? How could I? To some extent, that pain hasn't gone away. The world around us has provided an abundance of brokenness that could use fixing. I still sometimes struggle with the thought that if I just learned enough, tried enough, worked enough, I could 'be the change' that turned things around. I'm tempted back to a mode of living in which I'm constantly wrestling to control forces stronger than I am.

***In a somewhat surprising way, accepting my limitations has also been liberating. The weight of responsibility to fix all the broken things (even just my daughter's broken things) is excruciatingly heavy.***

Deeply understanding that it is bigger than me and beyond me has been a tremendous relief. I can't control it, so I don't have to. I can offer care, resources, and attention to something without accepting responsibility for the outcome. I can help without having to control. I can contribute without being consumed.

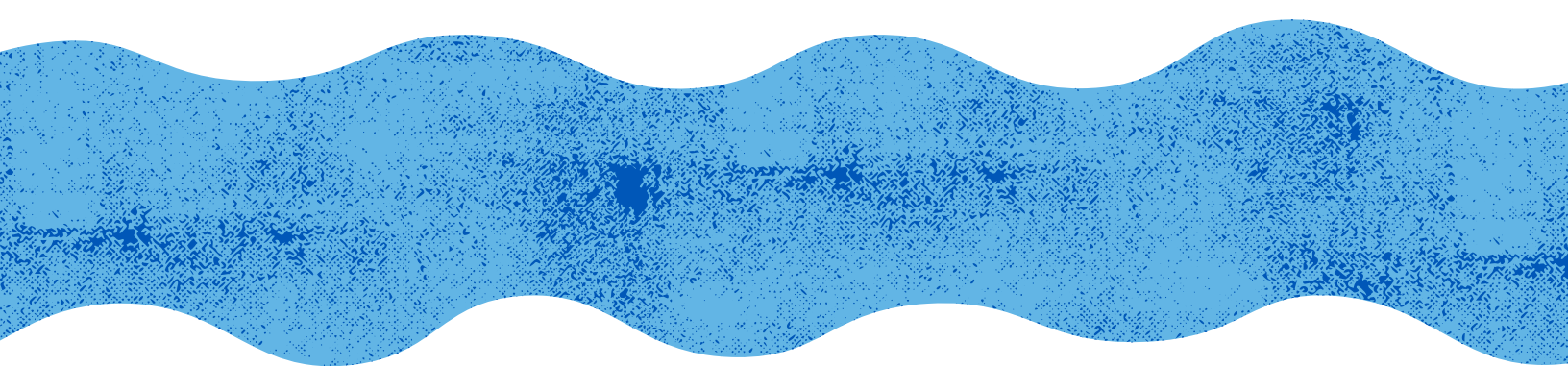
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I'm delighted to say it's been two years since I stopped waking up afraid every day. My daughter is a stable and thriving college student. With her own profound effort, the right medications, an effective therapist, and a supportive family, she is becoming the woman we all hoped she would be.

*The time we spent – years – in the wilderness of her illness was a nightmare, but I see how much the things I learned are serving me in every aspect of my life – at home, at work, in my community, and as a citizen of our troubled world.*

I am much more able to acknowledge and accept that I can't control how others think, feel, or act. I feel more peaceful when I'm beside someone in distress. I don't feel compelled to rescue the situation. Conflict and disagreement remain uncomfortable but are no longer intolerable, as they are not solely my job to resolve. The inflated sense of responsibility that compelled me to control and fix the things around me was an engine of anxiety – for me and for others. Focusing on contribution over control has helped stabilize my equilibrium. I'm valued as a calming influence by the students, families, and teachers with whom I work. They trust my ability to lean in and let go as needed. I'm happier and, delightfully, more helpful. Discovering my limitations has, in some ways, become my superpower.



## Mind - שכל



Middah - B'tzelem Elohim

# To be Created in the Image of God



*And God created humankind in Their image, in the image of God,  
God created them. (Genesis 1:27)*

The idea of all humans being created in the divine image, being born with intrinsic value and worth, is one of the most significant gifts Judaism has given the world. The presumed dignity of a human being was a radical shift from previously held beliefs. "In the ancient world, various kings (and sometimes priests) were described as the images of a god...in dramatic contrast to this, the Torah asserts that ordinary human beings — not just kings, but each and every one of us — are mediators of divine blessings.(1)" The significance of this concept can be observed in its longevity, serving as the bedrock of not only ancient Jewish society but general society today. The United States Declaration of Independence emphasizes this truth: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."

The opening verses of the Torah highlight both the existence of this blessing and the mission it carries. In Genesis, human beings are assigned the task of stewarding and leading Earth (Genesis 1:28) to creating a functional and prosperous world for all, and the gift of God's divine image gives us the qualities "that are needed for the fulfillment of [their] task on earth, namely, intellect, free will, self-awareness, consciousness of the existence of others, conscience, responsibility, and self-control.(2)"

(1) The Heart of Torah, Rabbi Shai Held, pg. 8

(2) Understanding Genesis, Nachum M. Sarna, pg. 15-16

## שכל - Mind

In Pirkei Avot, Ethics of Our Fathers, God showed Their extraordinary love for humankind, not just by endowing them with infinite value when creating them in the image of God but by expressly telling humankind they had that value inside of them, too.

### Pirkei Avot 3:14

הוא היה אומר, חביב אדם שנברא בצלם. חבה יתרה נודעת לו שנברא בצלם  
שנאמר כי בצלם אלהים עשה את האדם (בראשית ט)

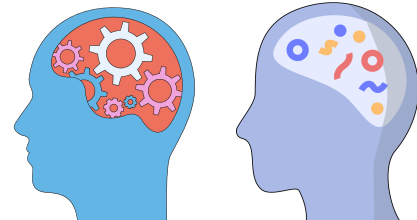
*He (Rabbi Akiva) used to say: Beloved is humankind for they were created in the image [of God]. Especially beloved is humankind for it was made known to them that they had been created in the image [of God], as it is said: "for in the image of God They made humankind" (Genesis 9:6).*

In moments of stress when you are drowning in the challenges of caregiving, it can be easy to forget about the divine value of those you are caring for. But by creating humankind in the Divine Image, Rabbi Yechezkel Levenstein, former teacher at the history Mir Yeshiva in Bnei Brak, explained that God gave us additional support in rising to the occasion of seeing the divinity in others by giving humans the ability to feel a portion of the divine capacity for empathy and compassion. While serving in this life-saving role, what you need are the tools to combat the compassion fatigue that comes with caregiving and access that divine capacity for empathy God and the angels want to remind you that you have. Because you, too, are made in the image of God, with infinite value and infinite potential to see that image in others, even when it's hard.



## Mind - שכל

### Understanding the Impossible: Inside the Mind of a Caregiver



**"Tracht Gut Vet Zein Gut." ("Think good, and it will be good.")**

Some of the more popular mantras in Jewish tradition emphasize positivity and faith in the face of tragedy. Such phrases include: "Think good, and it will be good," popularized by the most recent Lubavitcher rebbe, Rabbi Menachem Mendel Schneerson, and "Gam zu letovah" ("This, too, is for the good"), sourced from a story in the Talmud about a man who refused to give up his positive outlook on life despite suffering from a debilitating and painful illness. But; while positivity is a powerful tool, it isn't always the most accessible or realistic response to a crisis. We are human beings, and as much as we wish we could always be a calm, collected, serene parental figure, that's not reality. And falling back on optimism may not always be the "best" solution anyway. In order to fully understand and support someone in a mental health crisis, we have to be able to experience a full range of emotions and experiences. Judaism wants us to seek balance rather than overcompensation in our responses to distress and tragedy.

For a great example of someone finding this balance, we can look at Moses's response to the death of Aaron's two sons in the book of Leviticus. Moses, in an effort to manage the chaos of the situation and do what he thought was best, instructed the other priests to proceed with normative Temple procedures, while Aaron was left to silently mourn on his own. But when Moses rebuked the other priests for disobeying his instructions, Aaron objected, asking him if it was appropriate for them to proceed as normal after what had just happened: ["Had I eaten the sin offering today, would God have approved?" \(Leviticus 10:19\)](#)

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Aaron verbalized his pain and said he didn't think ignoring what had happened was appropriate. Moses, like a good caretaker should, saw his brother's distress and listened to what he said he needed. Aaron didn't need normalcy and positivity; he wanted comfort.

As caregivers, we can understand Moses's instinctive response. We encourage positivity and hope, and we offer practical solutions to problems when our loved ones are struggling. Like Moses, however, we need to realize what we see is only a very small part of the mental health experience our loved ones are enduring. We cannot fully understand and be objective about the mental health of someone we love, especially our kids. When we interact with a loved one who is in pain, we experience a complex process of thoughts, feelings, and emotions that are not just theirs; they are ours as well.

This section aims to help you better grasp how mental illness affects thinking (theirs and ours); teach you about family dynamics and how they are related to mental illness and recovery; and push you to do your best to step back and be as objective as possible in your understanding and communication. Then we will arm ourselves with strategies for communicating, where to go if you want to learn more, and how to navigate the process of getting support in place.

### ***Arming Ourselves with Information***

Information is key when caring for someone with mental illness. The field of mental health is constantly changing, with new research and treatments being published all the time. Supporting someone with their mental health is different from other types of caretaking. We can provide support, education, safety, access to treatment, etc., but we CANNOT change anything ourselves (we've all tried). So where does that leave us? We first have to be aware of the boundaries and limitations — where we stop and the child begins. We strive to be as up to date as possible on mental health and use that knowledge to inform our choices as we act (or choose not to). Most important, we have to develop the skill of self-awareness, so we can separate our thoughts and emotions from our interactions as much as possible and act in the best interest of our loved one.

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# שכל - Mind

## ***Loving Someone with Mental Illness***



These thoughts race through our heads, often before we have gotten out of bed for the day.

Psychology today describes parenting a mentally ill child as a constant experience of trauma. "Most caregivers don't even recognize it as trauma, because it happens under the guise of parenting and fiercely loving their children.(3)" These thoughts and physical reactions become automatic, often happening so fast we don't notice. We spend hours, days really agonizing over small interactions, hold vigil over bedsides and constantly monitor internet usage. We are on edge all the time; we are irritable, we can't concentrate. We become different people. We also can internalize their struggle — feeling responsible for their dysfunction as a reflection on our parenting. Or our genetics. Or both. This cycle is exhausting and can lead to isolation. In many cases, our own mental health suffers.

# שכל - Mind

## Developing Self-Awareness

Self-awareness is a crucial component of effective support. Taking care of a child reveals unique dynamics and challenges that do not occur in any other relationship. When we raise a child, we have responsibility for who that child is and becomes in terms of values, culture, behavior, or genetics. We may carry pride when we think they are successful or guilt and shame when we do not. From the time they are young, we are programmed to respond to and resolve their discomfort and pain. If we have been with them since they were very small, we remember the newborn and infant years — when they cried or were upset, we responded both mentally and viscerally. We feel it instinctually; an urge to protect and care for them at all costs. That instinct never really goes away. It makes sense to want to continue to follow that instinct as our child grows: When they struggle or are in pain, we don't just want to fix it, our bodies can feel like we HAVE to; it's our responsibility. Our instincts for caretaking are also merged with the fight-or-flight experience of never knowing what will happen next. So when we see our child struggling, when they are feeling anxious, depressed, manic or are acting out, it HURTS, emotionally and physically. As parents, that pain is incredibly difficult to tolerate, and again, our instinct is to resolve and eliminate that pain immediately. We want a fix, fast. We have an incredibly difficult time tolerating this distress (both theirs and ours), and eliminating it becomes the primary focus, even if it undermines the long-term well-being of our child. For example:



**Kid:** I hate my science teacher. She never listens to me, and I don't get anything she is saying. I'm going to fail the ninth grade. There's no point in me going to school today or ever, so I may as well just crawl into a hole and die.



**Parent thinks:** Oh no, here we go again. This sounds just like what happened last year, when Kid was feeling suicidal, and we couldn't get her to go to school for weeks. She actually sounds a lot like me when I was her age; I was bad at science too. What should I do? If I don't get her calmed down now, things will get out of control.



**Parent says:** Relax! We'll take care of it. Stay home today. I can call the school and get you switched to another class.



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In this example, the parent is focused on the here and now — helping the upset kid in front of them feel better. We all probably have a sense that the parent taking on these tasks might provide some temporary relief for the child but likely will not help the child learn any skills or make any progress toward tolerating these feelings the next time they are challenged. Still, in the reality of this moment, and in many similar situations where the feelings are stronger or the stakes are higher, we don't have the mental energy to go through all these thoughts and layers to think big picture or long term. These small "micro-crises" may happen many times in a day, often daily. It's so much! No wonder we want to just survive these moments, so we can make it through to whatever we are afraid might be coming next.



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## ***Reacting vs. Responding***

In order to effectively be there for our child, we have to be aware of ourselves, our reactions, and our own limitations. If not, we can be stuck in the cycle of reaction and misunderstanding, which is frustrating and often detrimental to our relationship with our struggling child. Our goal is to stay in the space of RESPONDING to what is happening in the moment as much as possible rather than REACTING to our own guilt and fear. In stressful situations, it is common to fall into unhelpful thinking patterns such as:



**Catastrophic thinking:** Anxiety and other emotional intensity can lead us to focus on when things have not gone well and worry the worst is likely to happen again. We brace ourselves for things to spiral out of control.



**All-or-nothing thinking:** Just like teenagers, we can get stuck in the trap of thinking in extremes. In some ways it is easier to think things will either all work out or all fall apart rather than imagine something in between.



**Reacting in fear of the illness:** Mental illness is scary. Dangerous and upsetting things such as self-harm, suicidality, risky behavior, overdose, and more are a part of the experience. It is natural to want to avoid those dangers above all else, which can affect how we see or respond to certain related behaviors.



**Disproportionate responding:** This is when we overreact or underreact to a situation, which often is related to the emotional experience we are having rather than the reality of the situation.



**Poor boundaries:** This can occur both in terms of communication (sharing too much or too little) as well as setting limits (too many or not enough).



**Falling into the guilt trap:** How we interact and raise kids definitely has an impact on how they live and grow. But there is a big difference between impact and causality. It is not possible for us to “give” a mental illness to a child. You as a parent do not have the power to cause or cure any mental health condition. We will repeat this fact as many times as necessary until it sinks in.

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Family therapy can be a highly effective way to address these dynamics and patterns in depth. We'll share some of the strategies and tools often recommended for caregivers in family work:



**Practice self-awareness:** Be honest with yourself about your triggers and weaknesses. Kids are experts at finding them and push on them often. Identify a support system of people you can turn to and who will keep you accountable.



**Examine your own history and prejudices:** Mental health has only recently become commonly discussed, and that does not happen everywhere. Do you have any reservations about discussing it openly? Did you grow up that way? If not, why? How was emotional distress handled around you growing up? This history can affect us and how we interact as adults, whether or not we are aware of it.



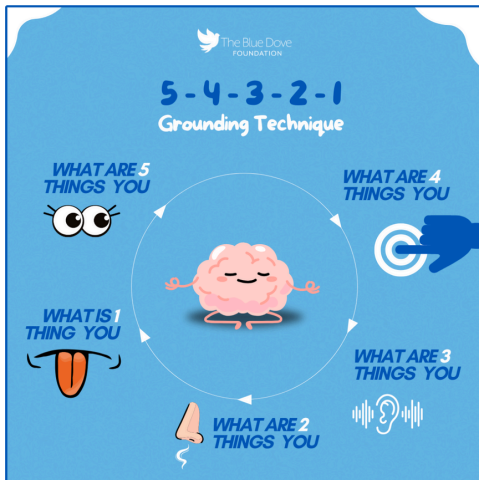
**Utilize emotion-regulation strategies:** Become familiar with relaxation strategies and mindfulness techniques to help you to keep calm and focused. The most effective strategies for you are the ones that feel natural and effective, and are simple to add to your already existing routine. For example, if you practice daily prayer (such as saying the Modeh Ani when you wake up in the morning), add some relaxation skills to this experience.

Dialectical Behavior Therapy (DBT) is one of the most popular and evidence-based treatments for teens, and it has useful tools for caregivers as well. It combines the best of cognitive therapy and emotion regulation. The concept of dialectics involves reconciling contradicting truths, which is hard for us, especially for kids and teens. We are not designed to tolerate dissonance — it does not feel good, and we tend to fall back on thoughts and behaviors that address that icky feeling rather than trying to understand the issue at hand.



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This resource shares many DBT strategies, starting with these mindfulness tools:



Mindfulness can be defined as having full awareness of what is happening in the present moment. When you think about it, the present moment is the only time and place where we have any control. We tend to focus on either the past or the future when we are anxious or upset, which can be unproductive; after all, we do not have the ability to change either of them right now. Practice this skill in some of the following ways:

- Turn your focus to your five senses. People often do this using the 5-4-3-2-1 method.
- Try to approach your thoughts in a nonjudgmental way. Notice what you are thinking and feeling with curiosity. Look for patterns. Try to let your thoughts come and go in waves, again trying to stay in the present moment.
- Practice managing your attention (easier said than done for most of us!!). Do your best to focus on only one thing at a time; in this moment, put off multitasking, and give each thought and feeling individual attention. Try not to worry about things passing you by; if they are important, they will come back to you when you need them.
- Focus on your breathing. Use your senses to notice your breath coming in and out. Try to lengthen your breaths and even your inhales and exhales. Slowing your breathing will help calm your mind as well as keep you in the present moment. Any time you feel you are wandering, returning to either your breathing or some other sense is a gentle and effective way to bring you back.

Like any change, these skills take practice to master. Don't expect them to work right away, and if the only time you try them is in a time of crisis, you will likely not be able to use them effectively.



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### ***Family Dynamics***

Assessing and addressing family dynamics are a way to understand your relationship with your child and to improve communication and limit-setting at home. Research has long shown that positive, effective communication at home provides a stable base of support for someone who is struggling, and of course the opposite is also true. The way people communicate and how (and whether or not) needs get met can also affect a child's mental health and behavior. Kids pick up on so much more than we think they do – what we say, what we do NOT say, how we manage conflict, how we communicate, and how we deal with feelings are all things our kids see, hear, and feel.

Kids learn a lot from their parents by interacting with them as well as observing their interaction with others. The relationships they form with parents, siblings, and other significant people in their lives help them practice how they will relate to others as they grow into adults. There are different systems and ways of looking at these dynamics. We are going to share one here as an example, but there are more to be found. And just as a resource like this one would not be sufficient to diagnose a mental health condition, this information is likely not enough for you to fully assess your family dynamics. Still, it should be useful to help you to identify goals and intentions in your communications. We strongly recommend that if you want to learn more or work on deeper change, you seek a qualified family therapist.

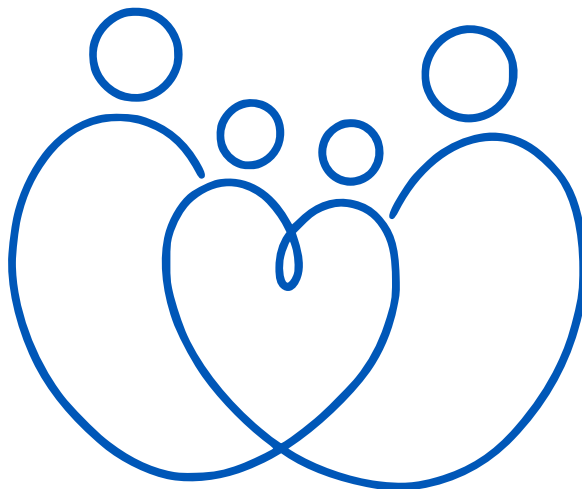
### ***Six types of family dynamics***

Various types of dynamics are present within each family system. They dictate how a family functions and the power roles parents and siblings play.



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1. **Authoritarian:** Authoritarian dynamics are focused on following a set structure and rules, where one family member is very controlling. They expect others to follow them without negotiation or questioning. There is generally little collaboration or communication between the levels of power, and consequences for breaking rules tend toward punishment. For example, the head of the household sets the rules for when everyone in the family must be home for dinner. If anyone is late, they are met with aggression and punishment.
2. **Authoritative:** Authoritative dynamics also involve rules and consequences but in a different way. One individual sets the rules while validating other family members' feelings and respecting their opinions. The authoritative family member stays in charge. They use positive discipline such as reward systems and praise to reinforce good behavior. They don't use threatening punishment for disobeying the rules. Notice how in these first two examples the balance of power is the same, but the way the structure is implemented and communicated is different.
3. **Competitive:** With competitive dynamics, family members continuously compete with one another. There is a sense of rivalry within the household. This competition could be for many things, such as attention, recognition, or power. Achievement is valued, resulting in comparison and competitive dynamics between siblings, which parents encourage. This competition can be between the adults as well.



## Mind - שכל

5. **Uninvolved:** When uninvolved dynamics are present, family members aren't present to one another, even when they're in the same room. Individuals don't really know what the other members of the family are doing. As a result of the limited communication encouraged in the family, children and adults tend to their own needs. There is often a lack of support and guidance. Parents have indirect power, but why they have it or how it works is often unclear.

6. **Communal:** The presence of communal dynamics emphasizes the family as a community in which every member makes a contribution. Individual opinions are respected, and all voices are heard (4). In a communal family structure, everyone shares tasks and helps to set rules and solve problems and challenges. All family members are encouraged to actively participate in making decisions and setting rules. This process, while egalitarian, can be disorganized and chaotic, with power not concentrated in any one place.

7. **Alliance-based:** Alliance-based dynamics lead to members of the family grouping together and playing off each other. Certain family members form alliances in order to gain leverage over other members of the family. They agree to work together for mutual interest. This agreement can be explicit or implied. For example, in a step family, biological siblings may form alliances against their step-siblings. Or a child may form an alliance with one parent and pit them against the other parent or their siblings.



## שכל - Mind

Just as our kids benefit when we develop internal self-awareness, it helps for us to become more aware of how our relationships (both with and around our children) have an impact. We all play different roles in our families, and they manifest different characteristics and power dynamics. There is no right or wrong way to have a family, but it can help to have an idea of what dynamics are present and if a shift would be helpful. Healthy dynamics of any kind should have the following characteristics:

1. **Open communication and validation:** Each family member should be heard and their thoughts and feelings validated. Note how this does not necessarily mean we DO what everyone else says or asks, but we do make an effort to hear. Even (and especially if) our feelings do not make sense or are not shared, it is important to recognize they are a part of our loved one.
2. **Shared responsibility and authority:** If there is more than one caregiver, they share responsibilities and power. (Note: This does not have to be completely equal). Children take on responsibilities to contribute and care for themselves as they grow.
3. **Express interest:** Even if the last thing you want to do is look at an online video or relive teenage social events, it matters to your child that you care about what is important to them and are willing to take time to share it with them.
4. **Safety, respect, and unconditional love:** These things are not negotiable and do not depend on the child's mental state or behavior.
5. **Balance of support and discipline:** The exact look of this varies, but we all have to find a balance between setting limits, serving consequences, and protecting our families.





## Mind - שכל

As mentioned above, having a child who is experiencing mental illness such as an anxiety or mood disorder can greatly disrupt the way a family functions. The illness itself often becomes a major aspect of how the family thinks, feels, and behaves. Some families in therapy will even use the technique of addressing the illness like a separate challenging family member who disrupted or took over the role of the child before they began to struggle. This “monster” can disrupt the normal functioning of the family dynamics, making it difficult for the parents, child, and siblings to fulfill their roles.

For example, a child who has depression may become significantly more withdrawn or irritable over time. A parent may learn that things like setting limits or asking the child to report on how they are doing tends to lead to conflict or withdrawal. So they do these things less and less. They walk on eggshells around their child, thinking if they have a “negative” interaction or conflict it will make the child worse (5). They may also offer suggestions, hints or try to modify the child’s environment to reduce stressors or triggers. Other parents may take more of an aggressive approach– they may push, shout, punish, or otherwise express their frustration at the behavior they feel helpless to fix or control

Some children over time, more commonly in the case of anxiety, will develop more power than is typical of the role of a child. The family will submit to behaviors and practices that help them avoid experiencing the anxiety. Often this will include everyday activities like eating and scheduling, but it also can be things like the child mediating or processing adult conflicts with parents or the child attempting to intervene to avoid stress. In most cases, these patterns result in short-term relief, but in the long term, they reinforce the illness, making the patterns and habits very hard to break. (6)



(5) [Family Dynamics Can Lift You Up \(or Drag You Down\)](#)

(6) [What Are Family Dynamics? 5 Crucial Roles Within The Family!](#)

## Mind - שכל

We wish we could offer a universally guaranteed strategy to follow that would be guaranteed to support your child, reduce their suffering and make them open up to you. Unfortunately, mental health does not work that way, as you likely know. There are so many individual differences between each child, family and their environment that it is impossible to predict what will happen with accuracy. What we CAN do is offer you information and strategies that are evidence-based and provide you with the intentions and themes to keep in mind when communicating with your child.

“

*Anything that's human is mentionable and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary.*

**Fred Rogers**

Intention means WHY you are saying and doing something is much more important than WHAT you are saying. Therapists, mental health support staff and educators often find adults are terrified of saying the wrong thing, or they feel unequipped to respond in a particular mental health situation. In most cases, the adult knows the child far better than their clinicians – as skilled as they are – and the adult has a practical and emotional connection. When a parent has structure, intention for the communication, and some examples, they can come up with their own words, which often results in a more effective strategy for the long term. The first few times may be stressful, but with practice, they can learn to manage stress in the moment and become more comfortable having difficult conversations.

The INTENTION to keep in mind in a supporting conversation with your child is to first make an effort to notice what you believe is happening in a curious, nonjudgmental way.

- “Looks like you are having a hard time with the change in schedule today. What’s up?”
- It feels to *me* (this is important; you are sharing YOUR feelings, not projecting what they feel) like you are more irritable this morning. Want to talk now or maybe after breakfast?

## Mind - שכל

This list from SAMHSA(7) is a good reference for things to keep in mind while you are talking.

### **When talking about mental health problems with your child, you should:**

- Communicate in a straightforward manner.
- Speak at a level that is appropriate to a child's or adolescent's age and development level (preschool children need fewer details than teenagers).
- Discuss the topic when your child feels safe and comfortable.
- Watch for reactions during the discussion, and slow down or back up if your child becomes confused or looks upset.
- Listen openly, and let your child tell you about their feelings and worries.

We recommend the following resources for information and training for parents and other adults caring for kids struggling with mental health:

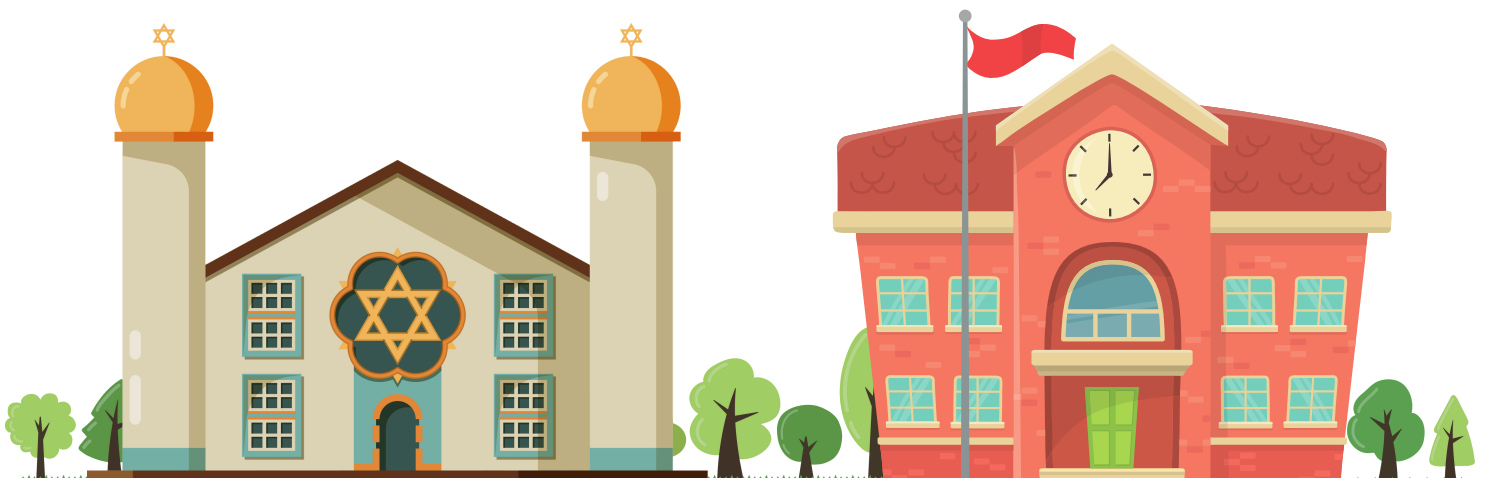
- **Mental health first aid training (MHFA):** Adult, youth, and teen MHFA training, designed for nonprofessionals, provides some overview about mental health, why it is important, and how to recognize signs and symptoms of someone struggling. It also provides training for crisis intervention and safety screening.
- **Parent effectiveness training:** Designed to teach healthy communication skills to parents, educators or carers, P.E.T. is a 24-hour course that usually comprises eight three-hour sessions. The philosophy is focused on teaching families to recognize and honor each family member's feelings and needs, strengthening their relationship.
- **NARCAN/Naloxone training:** A training to recognize the signs of opiate overdose, the general first aid for responding, and how to administer nasal Narcan, the medication that can be lifesaving for someone in an overdose.
- **De-escalation/restraint training:** Teaches how to bring down stress, assess safety, and intervene in a mental health crisis (typically with children in a school/treatment setting, but when appropriate, these skills can be essential at home as well). You learn how to address someone who is in crisis, how to get help, and how to physically intervene when necessary to keep someone from hurting themselves or someone else. This is often a certification you have to get, and we do NOT recommend using these skills and strategies unless properly trained.

## Mind - שכל

- **Dialectical behavioral training (DBT):** One of the most evidence-based treatments for teens and young adults for emotion regulation, managing anxiety, impulse control, etc. There are treatment and training modules for kids as well as parents and family members. We recommend learning the basics of DBT for many parents, because it teaches universally applicable skills such as de-escalation, mindfulness, challenging unproductive behavior, etc.
- **Family-based treatment (FBT):** A more recent development in treating children, FBT began being used with kids who had eating disorders but has recently begun to expand to some other specialties as well. It centers on addressing and restructuring the family system, with the therapist working as a coach to help the family disrupt the unproductive patterns created by the illness. They empower the parents to retake control of the family, introducing more structure until the child is stable enough to do things on their own.
- **Supportive parenting for anxious childhood emotions (SPACE):** A short-term, evidence-based program designed for parents to help their child/adolescent manage and reduce disruptive anxiety and behaviors.

### Navigating schools and synagogue education

Many kids and teens struggle at school without support for their mental health condition. One thing all mental health conditions have in common is that they interfere with functioning, so their symptoms are likely to cause problems at school, whether with academics, executive functioning, communication with teachers, or social skills.



## Mind - שכל

- Public schools have systems in place to support kids who struggle with mental health. See the following from NAMI(8):
  - **Speak with your child's teacher:** It's always a good first step to begin by speaking with your child's teacher(s). They can share observations of your child's performance, strengths, and areas posing a challenge and provide them to you. They can also share their thoughts about what may be interfering with your child's performance and make suggestions to improve it. However, it is not a teacher's expertise or responsibility to suggest a diagnosis of what is causing difficulties.
  - **Know your child's rights:** Quality education is a fundamental human right, protected under the law. Knowing your rights will empower you to advocate effectively and insist on accountability from the school. Section 504 and the Individual with Disabilities Education Act (IDEA) are both federal regulations put in place to protect the rights of children with disabilities, including those with mental health concerns, guaranteeing that all children have a free and appropriate public education (FAPE).
    - There are two levels of accommodation plans in most schools: Individual Educational Plans (IEPs), which are the most intensive and comprehensive, or Section 504 Plans, which are less intensive. An IEP may include time outside class in a "resource room," psychological counseling, or extra time for tests. The 504s generally keep the child in the classroom, but they have many accommodations you and the team agree upon.
  - **Request an evaluation:** This is a formal process where you can request services under IDEA if you feel your child's mental health issues are interfering with their ability to learn.
    - You must provide the request to the school in writing, and you will need to keep copies of all correspondence for your records. The request could be as simple as a single sentence that says, "I am requesting an evaluation for my child," or you can be more detailed regarding your specific concerns in the request.

## Mind - שכל

- A core evaluation lays the foundation for creating accommodations. A comprehensive evaluation will provide insight and give you a better understanding of what will be necessary to provide optimal support, allowing your child to meet their social, emotional, and academic goals.
- The school typically arranges the evaluation at their expense. It can be provided by a school psychologist or through an outside professional. This evaluation process is necessary, even if your child has already received a medical diagnosis from a psychiatrist, pediatrician, or neurologist. This is a separate evaluation.
- **Take an active role in meetings:** Following the evaluation, you and your child (if appropriate) will meet with the IEP team on special education. Others on the team are encouraged to participate — typically teachers, the school psychologist (who will review the testing if performed outside of the school), school nurse, those who performed any components of the evaluation, and anyone you wish to contribute, such as your child's psychiatrist or psychologist. You have the right to invite anyone you choose to attend these meetings with you, including members of your child's treatment team. You may also present any supporting collateral information, such as letters from your child's providers.
  - During this meeting, you will discuss the evaluation and go over the recommendations for accommodations, modifications, and other related services to create a plan to support your child. You and your child are a critical part of the IEP and must approve of the school's recommendations. You have the right to appeal any decisions you don't agree with or object if you feel your child is not receiving the services they need. (9)
- **Maintain consistent communication:** Request that teachers report any time the interventions in place appear to be ineffective, so you can work with them to update the plan accordingly. Regular and frequent communication will be integral to the success of the plan.
  - To advocate for your child the best you can, you will need to build a positive and collaborative relationship with school staff. Keep the lines of communication open and the conversations positive.

## Mind - שכל

- Private schools/Jewish day schools/synagogue education
  - When you are participating in nonpublic education, such as private schools or a synagogue religious school, there may not be as much preexisting structure in place, which may require you as a caregiver to take a much more active role in developing your supports. In most states, access to an evaluation and recommendations for a 504 plan may be available to you through your local school district, even if your child is not attending.
  - We want you to feel empowered to advocate for what you feel is right for you, your child, and your family. Flexibility is a benefit of these types of environments, so nontraditional solutions are more possible, even if they have not been tried before
  - If you are in a Jewish community that offers mental health support services (such as a Jewish Family Services agency), reach out to them or the local federation to see if they have specific support services or resources available that can help you.
- **Jewish summer camps**
  - Jewish summer camps have made great progress in the past few years with regard to mental health professionals on their staff and including them in training. We want this trend to continue and for parents to feel comfortable sharing information with the camp and collaborating with staff to make sure needs are being met.



## Mind - שכל

- **Jewish organizations:** We would all love to live in an ideal world where each child's needs are easily and affordably met. We know we also can't be completely comprehensive in our knowledge.
  - Seeking out others who have walked this path, stigma is the biggest barrier for many families to find information and support.
  - Thinking about ways you can role model openly discussing issues of mental health and welcome those conversations into your community.
  - Encourage your the organizations you are involved in to commit to providing mental health education opportunities for their staff including a basic working understanding of mental health, how to recognize if a child/teen is struggling and feel comfortable addressing the issue, intervening in a crisis and locating resources in your community.





Body



גוף

## Body - גוף



Personal Narrative:

# Finding Healing Together

By Rachel Lerner



“Everyone should go to residential treatment,” my 13-year-old daughter said to me as we drove home after nine weeks of residential treatment for depression and self harm.

It started with panic attacks in the year prior, although who knows when it actually started. When did my child feel so overwhelmed by emotion that she felt the need to cut herself to feel physical pain as a way of blocking out the emotion? Or when did she start thinking she had less value than others and deserved the scars on her skin?

I know I am lucky. My teenager asked for help, and when given the choice of residential or partial hospitalization, she asked for residential. She knew we needed to make a big change, and the intervention needed to be radical in order to break through the noise of the emotions. I dropped off a child who was ready to do the work and also anxious about what that meant.

It was my kiddo who did the real work of learning all the dialectical behavior therapy (DBT) skills in the book and applying them in the course of the day. She had individual therapy three times a week, group therapy daily and spent every waking minute within eyeshot of a professional adult. She did recovery boxing and wrote healing, vulnerable poetry. She struggled with events from our past, some of which I was a part of and some of which I was not.

## Body - גוף

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Having her away while she was in so much pain was excruciating. For nine weeks, twice a week, I drove to do joint family therapy with her and my husband. We attended online groups five times a week for sessions on shame and resilience, parenting with DBT, multifamily group, parenting skills and a process group for parents.

As a result of those sessions, I never felt isolated or different. I understood there wasn't anything wrong with me or anything we did wrong. I was with a group of other parents who were going through the same thing, and I felt supported.

We also laughed together, a kind of humor born from a club none of its members had chosen to join.

I also learned real skills. I understood my flaws as a parent and my penchant for wanting to solve my kids' problems for them.

***My husband and I became a chevruta – study partners – as we worked our way through articles and books and then attempted the more difficult work of actually applying the learning. We would look at each other across the kitchen when speaking with our other children who were still at home, hinting that the lecture should probably end, or the problem being described was something our kid needed to own, not us.***

We are all continuing on this journey, together. Our kiddo was not "healed," but she certainly had changed routes. She came home with lots of tools to keep herself safe and a better understanding of herself. She continues individual therapy and still faces the struggles of life. Meanwhile, my husband and I continue to read lots of parenting books and to catch each other when we slip up. I'm not convinced everyone should go to residential treatment, but I did discover the power of sharing the experience of a loved one's pain and building our toolbox as a family unit. For us, it made all the difference.

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## Body - גוף



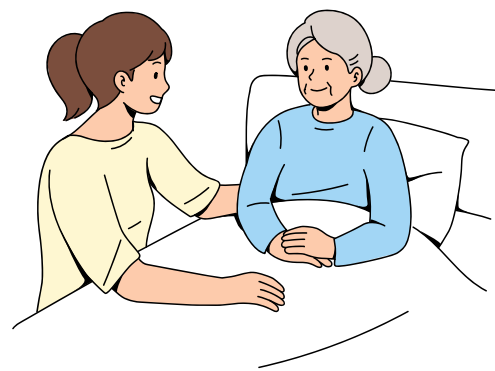
Middah – Refuah Shleimah

# Healing and Wholeness



*May the One who blessed our ancestors – patriarchs Abraham, Isaac, and Jacob, matriarchs Sarah, Rebecca, Rachel, and Leah – bless and heal the one who is ill: \_\_\_\_\_ child of \_\_\_\_\_. May the Holy Blessed One overflow with compassion upon them, to restore them, to heal them, to strengthen them, to enliven them. The One will send them, speedily, a complete healing – a healing of the soul and a healing of the body – along with all the ill, among the people of Israel and all humankind, soon, speedily, without delay, and let us all say: Amen! (Mi Sheberach Prayer)*

In Jewish tradition, visiting the sick is one of the greatest mitzvot someone can do for another person. According to the Talmud, even just visiting and acknowledging the pain of others allieves part of their suffering.<sup>(1)</sup> However, one of the great arbiters of Jewish Law, Rabbi Moshe Isserless, claims prayer is an essential part of the mitzvah:



**“One who visited [a sick person] and did not pray for him has not fulfilled the religious duty [of visiting the sick].”(2)**

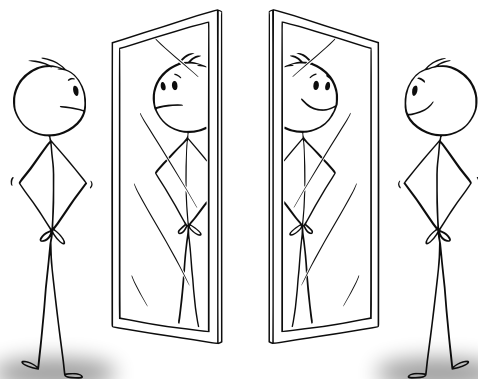
(1) Babylonian Talmud, Tractate Bava Metzia, 30b

(2) Shulchan Aruch, Yoreh De'ah, Siman 335

## Body - גוף

Whether we're a caregiver, a care receiver, or even just a friend of someone who is suffering, we sometimes find ourselves at a loss for words in the face of what feels like insurmountable pain and distress. In those moments, we can recall the inherited language and ritual the Jewish people have passed down for centuries—the mi sheberach prayer for a “refuah sheleimah/full healing.” But the usefulness of this prayer comes not only in its ready application; it comes in the unique way it addresses a fundamental and painful truth about illness: There isn't always one thing that needs healing. But what is prayer, and what should we expect a mi sheberach?

On the subject of what prayer is supposed to accomplish, Rabbi Jonathan Sacks wrote: *“Less than prayer changes the world, it changes us.”* This sentiment mirrors an observation by Rabbi Samson Raphael Hirsch, a 19th century rabbi who wrote about how the deeper meaning of the Hebrew word for prayer can be found in its etymology:



**“Hitpalleh, from which “tefillah” (prayer in Hebrew) is derived, originally meant to deliver an opinion about oneself, to judge oneself, or [to make] an inner attempt at so doing...it denotes to step out of active life to attempt to gain a true judgment of one’s relationship to God and the world, and the world to oneself.” (3)**

## Body - גוף

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Tefillah, according to Rabbi Hirsch, is a reflective experience that consists of both speaking to God and to ourselves. When we pray, we are also reaffirming our belief in and concern for the values, ideas, and people we are praying for. When we've finished praying, we should be inspired to open our eyes and act, to the best of our abilities, in alignment with our prayers toward their fulfillment. This applies to all prayers, including ones for safety and livelihood as well as those for healing. Reciting a mi sheberach should be an opportunity for us to meditate on the people in our lives who need our thoughts, prayers, and support, and inspire us to reach out to them.

The mi sheberach for healing's unique formulation can also serve as a reminder of a crucial aspect of healing and illness; illness can affect more than our physical body. While physical conditions can improve, traumatic medical experiences can leave emotional scars on patients who we as caregivers and loved ones cannot always see. Inversely, mental health conditions can affect our physical bodies in ways that aren't immediately intuitive, causing things like fatigue, high blood pressure, and headaches. Recognizing this duality, Jewish tradition coined the phrase *refuat hanefesh v'refuat haguf*, a healing of spirit and of body, within the language of the Jewish prayer for healing, emphasizing the healing of both the inner and outer experiences of our patients and loved ones.

When you recite this prayer, recognize the people in your life who need healing, say their names out loud, and acknowledge their suffering, physically and/or mentally. Make mental space for God and each other, and say "Hineni - I am here," to both.



# Body - גוף

## Caregiving and its Impact on the Body



“

*If your heart is broken, make art with the pieces.*

Shane Koyczan



“

*Deep breathing is our nervous system's love language.*

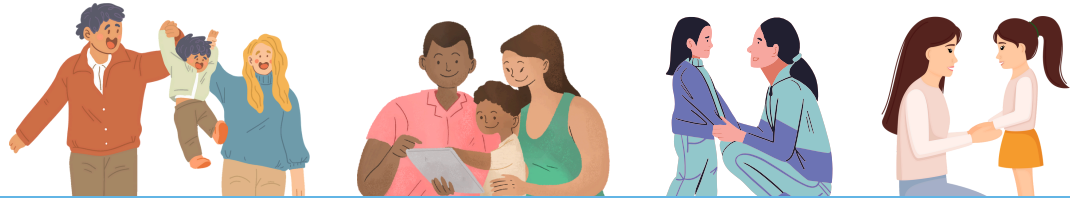
Dr. Lauren Fogel Mersy

Judaism has a long tradition of recognizing that healing is not just physical; it is holistic. It has physical, mental, emotional, social, and spiritual components that are all interconnected. The Jewish tradition also emphasizes healing rather than curing. Even when mental illness is under control, healing and a return to wholeness is needed. Healing is a process that has many components and may be a lifelong journey.

For us humans, mental health is a truly holistic experience. We may never know where the mind stops and the body begins or how the soul drives it all. With all of this complexity, it is difficult to know what it means to “heal” from a mental illness. It is hard enough to get consensus on what a mental illness even IS (the last diagnostic manual took the better part of a decade to develop!) much less what it means to recover.

## Body - גוף

### A MI SHEBERACH FOR PARENTAL CHOICES



***May the one who blessed our first parents, Abraham, Isaac, and Jacob, Sarah, Rebecca, Rachel, and Leah, give you these blessings:***

***May you give yourself the space to make mistakes and learn from them.***

***May you find joy in the challenges and success, in the smiles and the tears.***

***May you have patience with those who help your family through all journeys — mental and physical.***

***May you trust yourself, that you are doing the best you can. Kein y'hi ratzon.***

Unlike a physical illness or injury, a mental health challenge often does not “end” or resolve itself in a neat and distinctive way. Some medications may work for one person but not another; therapy protocols that are “evidence based” and endorsed as effective actually may only have a success rate of 25%–40%. For many people, mental illness can be managed rather than eliminated completely. Keeping this in mind, we encourage you to challenge your thinking around what it means to “recover.” We also would like you to think about mental health from a holistic perspective and find a way to prioritize your own mental health as well as your child’s.



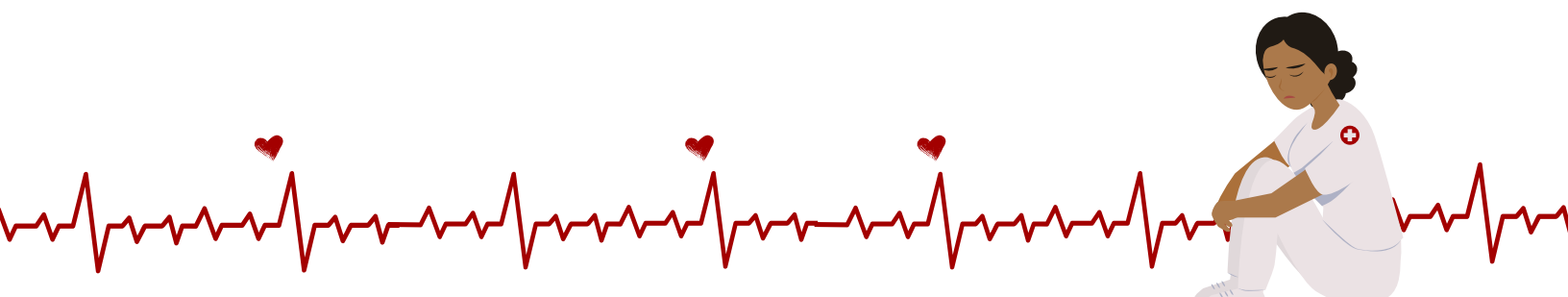


## Body - גוף

Any type of caregiving or other ongoing stress can take a toll on your body. Over time, you may notice you also are struggling — having difficulty sleeping, becoming irritable, and struggling with depression or anxiety. This is normal; however, if these symptoms become too severe in a caregiver, they can lead to burnout or compassion fatigue. We will discuss those more later in this section.

One of the most effective ways to manage stress as a caregiver is to become comfortable with prioritizing and setting boundaries. You will NEVER have enough time to get everything done the way you want, and there is no way you can control every situation or the feelings and behaviors of others. So in addition to working on the self-awareness and observation skills we discussed in the first section of this resource, we want you to apply these skills and combine them with communication strategies for setting effective limits and boundaries, not just with your child but wherever and whenever you need them.

From the very beginning of caring for a child, we are given the message that their needs must come first. Both our biology and our culture program us to drop everything when our baby cries and try our best to give them what they demand. We expect that once we have children to care for, we will no longer be getting enough sleep, going out at night with our friends, working, exercising, etc. Many of us are able to find a reasonable balance as we go and can move forward, gradually ceding caregiving tasks to the child as they grow. When you add the extra stress of a child with additional needs (such as a mental health condition), development may or may not follow the “normal” rhythm, and we can find ourselves dealing with more and more rather than fewer demands over time. Since most mental health conditions can affect our child’s development, physical health, education and physical safety, we can be forced to ignore our own physical and emotional needs over time.



## Body - גוף

If it goes on long enough, it may develop into **compassion fatigue**, which generally has two main components:

- Burnout – the emotional and physical fatigue experienced by caregivers due to their chronic use of empathy in helping others in distress.
- Secondary traumatic stress – when individuals who don't experience a traumatic event directly feel the stress of the people they are supporting.

Though compassion fatigue was originally recognized as a condition that affected caregiving professionals in the medical field, the same process occurs in families where a significant mental health condition is present. With compassion fatigue, the very strengths that make us empathic, responsive parents can get in our way, leading us to deplete our physical, emotional, and spiritual reserves to the extent that we become ill as well.

People going through compassion fatigue tend to experience:



***Helplessness, extreme fatigue, and feeling overwhelmed.***



***Frustration, cynicism, or anger and irritability.***



***Physical effects, such as shortness of breath, increased headaches, heart palpitations, trouble falling asleep or muscle tension.***



***Disorientation or confusion, memory disturbance.***

## Body - גוף

It can be difficult for us to accept that we really and truly must take care of ourselves in order to be a good caregiver. We may “know” this on some level and might even advise our friends and family to do this if we notice them struggling. It can be much harder to apply it ourselves. For many, the belief that we do not deserve this type of self-care runs deep. It may come from our own history of mental illness, feelings of guilt, or internalized cultural messages. It also can feel like if we divert some of our energy into caring for ourselves, then our kids will suffer, which can create a vicious cycle. Overcoming this barrier is the most important and most difficult part of setting the boundaries necessary. In order to do it, we have to be willing (and able) to challenge the deeply held beliefs we have about ourselves; we have to believe we are worthy of support and respect, and, most important, the problems we and our child are facing are NOT OUR FAULT. (We know this is not a belief that will go away quietly; we will keep bringing it up so you can continue to challenge yourself.)

### **The Mechanics of Boundary Setting – Using the Elements of Communication**

Setting limits can be simple; all it requires at its most basic level is the word “no.” So why is it so difficult to do? It can be hard to separate negative associations from feeling mean or punitive. Many of us fear we will cause suffering, it will damage our relationship, or spark conflict that could aggravate the mental health condition. Most of us are not explicitly taught how to set boundaries, even though we’ve all experienced them being placed on us to varying degrees of effectiveness. At its core, setting limits is a form of communication – a combination of the words we do (and do not) say, how we say them, body language, and context.



## Body - גוף

### Communication within the family system

Even under the best of circumstances, communication in a family unit is a challenge. As we stated before, it is nearly impossible to be completely objective when it comes to immediate family relationships. As you consider your role as a caregiver, we offer the following suggestions:

- **Know where your child is developmentally.** If needed, researching ages and stages can provide insight of how they might think and experience emotions. Can they process directions in multiple steps? (Most elementary age kids can't do more than a couple at a time.) Are they capable of understanding the consequences of their actions? (Most teens can't!) Can they put words to intense emotions? (Sometimes!)
- **Keep things simple and behavioral.** Use clear, everyday language and terms that are familiar to your family. For example, what exactly does "listen to me" mean? Or a simple command such as "adjust your attitude" or even "clean your room." Be as specific as possible when setting a limit, and be clear about expectations and next steps:
  - "When you clean your room this weekend, please make sure there is nothing on the floor, so I can run the vacuum; your dirty laundry is in the laundry room; and your dresser surfaces are clean.
  - I want to talk to you about what just happened, but it's hard for me when you roll your eyes and interrupt me.
  - I do not feel it is safe yet for you to keep a razor in your bathroom. Once we have a few more weeks without you cutting yourself, and when you and your therapist feel ready, we can try again.



## Body - גוף

- **Stick to what you know, and avoid making assumptions.** If appropriate, share how you are feeling and reacting to a situation, and let your child express their thoughts and feelings. Our anxiety and trauma responses often brace us for the worst, and we tend to fear negative patterns will repeat themselves. Try to approach tense situations with an open mind, allowing the outcome to change. Think about behaviors you can observe, and be curious about them rather than trying to interpret them. Avoid value judgments about your child, and focus on changing the things that are within your control:
  - When you speak to me in that way, I feel defensive and find it hard to focus on what you are saying.
  - When you avoid speaking and shut down, I don't know what you are thinking or feeling, and it can be scary for me. Would you be willing to share a little bit, so I at least know if you're safe?
  - I don't feel that conversation went well. I was upset, and I think maybe you were too? Can we take a step back and try that again?
- **Keep your role as an adult in mind, and normalize the appropriate boundaries.** Being a grown up who has to make and keep the rules isn't fun. As the parent, that is your responsibility, and you don't need to justify or negotiate. Also, you will face some "adult" issues and topics that are not suitable to share in detail, e.g., details of a marital conflict, or financial or employment issues. Try to express this in a clear way rather than just sweeping it under the rug or avoiding the topic. Remember to keep it age appropriate.
  - I know the rules we have on your internet use are frustrating; we do it to keep you safe. I'm happy to listen to your frustrations, but that will not change the outcome
  - You've probably noticed I'm working late a lot more than usual and have been stressed. I want you to know it should be temporary, and I'm doing what I can to take care of myself.



## Body – גוף

- **Nonverbal communication.** Though a good amount of our nonverbal communication is outside of our control (we are human) it is worthwhile to notice and be mindful of HOW—in addition to WHAT—you are communicating. Things like eye contact, tone, volume, and gestures can affect how our words are received and can get in the way of our message.
- **Bottom line:** Communication is crucial in supporting someone. While it's important to communicate with intention and care when you can, perfection is not necessary. All you need is sincere communication said with intention. Beginning a conversation with a statement like “I have something important to say but might not say it the way I want to” can build the needed trust to be able to speak freely rather than pressure parents or kids to know the “right” things to say. If those existed, we’d have put them here and this guide would have been a lot shorter.

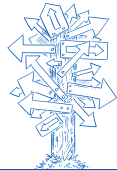
### Communication Outside of the Family

Having a child with mental illness obviously affects more than just the immediate family. You probably interact with extended family, friends, teachers, coaches, etc. We don't always think about how these relationships affect us and our child as well as how external relationships affect us in turn. Family therapy can be a good way to discuss interactions with family and friends, how you are communicating, and how you feel about it. You may wish to explore how you all feel about things like confidentiality — what information do you feel is important to share and with whom? Discuss the different relationships you have outside of the family — friends, synagogue, grandparents, aunts and uncles, etc. Who gets to decide what information is shared? Are you sharing information on social media? How much detail? Also, think together about how you will communicate when you are out and about. How will you know if your child is struggling? What signals should you look for to decide if it's time to go? Who is and is not safe to ask for respite and support? How will we communicate the boundaries we decide, and what is the strategy if things don't go as planned?



## Body – גוף

### *Reinforcement – Avoiding collusion.*



The relationship between our children's behaviors and how we respond to them begins at a very early age. It's another form of communication, one that can be more powerful than speech. When there is a mental illness present, fear of the illness and its power can interfere with the things we know and believe. Mental illnesses, their intense emotions, inexplicable changes, and frightening behaviors can interfere with our ability to see patterns for what they are and move us to react out of fear rather than wisdom. For example, few things are scarier than when you have a child who has tried or wants to hurt themselves. We often try to avoid aggravating situations that might bring those feelings or urges back. Unfortunately, avoiding these encounters may strengthen the illness and the power it has over the family rather than helping.

### *Control – Letting out the rope and pulling it back in.*



The structure and safety needs for teens constantly change. The core developmental task of a teen is to begin the process of individuation, or separating from the parent in order to become more independent. This requires practice, patience, and learning from choices and mistakes. One of the best ways to make progress in mental health recovery is to practice being in challenging situations – exposing oneself to possible triggers, experiencing difficult emotions, and learning to tolerate distress. These skills benefit us as caregivers as well. Using the communication skills we have learned, we can have conversations with our kids about how to do this in the way that works best for them. Every child (and parent) has a window of challenge and distress they can tolerate and work through with the hope that over time, it will be possible to work through challenges that could prevent them from reaching their full potential, e.g., talking to or being around other kids who use substances, facing situations that have triggered anxiety/panic, pushing through a depressive episode.

## Body - גוף

The structure and rules maintaining that window may change, with different stressors and variables affecting what they need at any given time. A constant flow is normal; but again, communication is key in preserving this structure, getting information about how they are doing, and responding with a framework and opportunities for independence that will build confidence over time.

### Safety Issues – Addressing Suicide and Self-Harm

The structure and rules maintaining that window may change, with different stressors and variables affecting what they need at any given time. A constant flow is normal; but again, communication is key in preserving this structure, getting information about how they are doing, and responding with a framework and opportunities for independence that will build confidence over time.

#### How do we talk about suicide and suicidal ideation?



The language we use makes a difference. When talking about suicide or suicide-related behaviors, we stay away from “committed suicide” as well as “successful/unsuccessful suicide attempt.” It is a common, and harmful, idea that those who die by suicide “commit” something wrong — the way you would commit a crime, a sin, etc. — against themselves. This blame only furthers the stigma that already exists. Instead, we use terms like “suicide attempt,” “suicide survivor,” or “died by suicide.” We can also say someone is “living with suicidal thoughts/ideation.” By changing the way we speak about suicide, we can begin to eliminate the stigma and criminalization of suicidal behaviors.

It is common to be afraid to speak about suicide and suicidal ideation. Many of us grew up thinking suicide was a shameful word or action. But we now know when someone is struggling with mental health, it is not unusual to have some type of thoughts of suicide. It can be helpful to ask directly if a loved one who is struggling is having these thoughts. Therapists and practitioners distinguish suicidal thoughts, or ideation, as active or passive.



## Body - גוף

**Passive suicidal ideation** is marked by thoughts about suicide or a preoccupation with death without intent to act on it immediately.

**Active suicidal ideation** is marked by actual, imminent, or emergent detailed thoughts and plans to die. These two states exist on a spectrum and people may experience suicidality that moves between active and passive states.

Suicide and suicide attempts are not the same as what we often call self-harm. **Self-harm or nonsuicidal self-injury (NSSI)** refers to hurting oneself on purpose as a way to release painful emotions, distract from emotional pain with physical pain, express self-hatred or low self-esteem, punish oneself for perceived wrongs, or regain a sense of control. Self-harm is not a suicide attempt but rather a sign the individual is trying to cope with intense emotions. If an individual does not receive support, this behavior may become habit-forming. Many people who have overcome self-harm consider themselves in recovery. If left untreated, however, continual self-harm can lead to a greater risk of suicide.

### What are the signs someone might be experiencing suicidal ideation?

Some of us are very aware when a friend or family member is experiencing a mental health crisis and/or suicidal ideation, while others are taken by surprise when they find out a friend or loved one has been struggling. Just as we strive to reduce the stigma for those who are suffering, we must not blame or shame ourselves or others for not seeing these signs. In order to best support those around us, we all need to recognize and be able to discuss concerns or red flags when we see them.



## Body - גוף

Signs someone may be experiencing suicidal ideation can include a **change in language, behavior, or emotional states**. These behaviors or changes individually do not necessarily indicate suicidal ideation, but they should be taken seriously. They might indicate something is wrong and may even be signs of suicidal ideation. You know your loved ones best, and it is always wise to consult a professional if you have concerns. Common warning signs that may indicate suicidal thoughts include:



### Language:

People who are struggling may or may not talk explicitly about taking their own lives. Concerning language includes the expression of hopelessness, apathy (lack of interest or enthusiasm), feelings of unbearable pain, extreme emotions, regret, or the wish not to be a burden on others.



### Behavior changes:

Those experiencing suicidal thinking may behave in ways that are or seem to be out of character. For example, they may start to use or begin misusing substances, they might spend more money than they have, or they might eat more than usual. Within their communities or with their loved ones, they may withdraw from others or increase contact or dependency with those they think can help. They may stop engaging in activities they previously enjoyed, or they might start to say goodbye to friends and give away favored possessions. They may become aggressive or appear tired all the time, and they may have significant changes in sleep patterns.



### Emotional changes:

Someone experiencing suicidal ideation may become more depressed and anxious, experience uncontrollable anger and irritability, or lose interest in things they have always cared about. They may feel significant shame about any of these feelings or the above behaviors or thoughts. Conversely, a person who has been depressed and is suddenly more energetic might also be at risk.

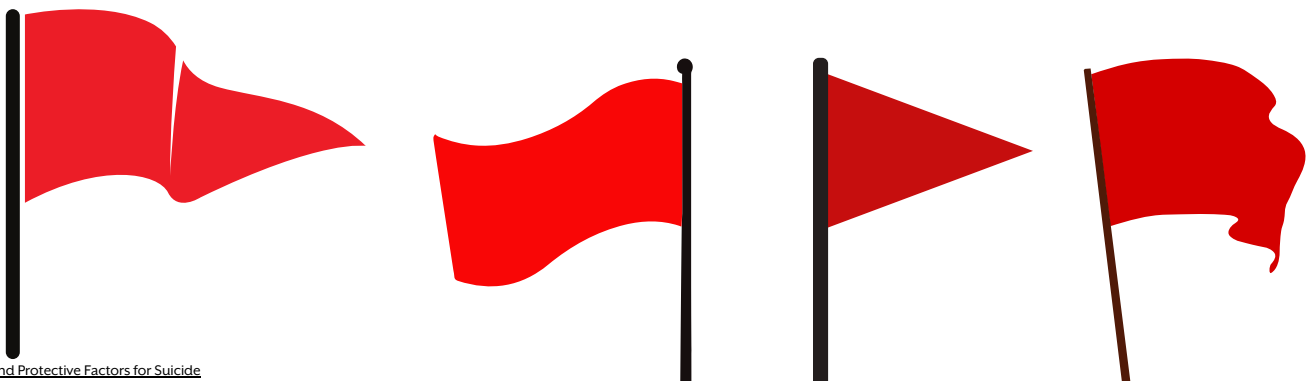
## Body - גוף

These warning signs can be indicators of suicide risk but also of related or separate challenges or stressors, such as a new or untreated physical or mental health challenge, significant life changes like divorce or loss of financial stability, traumatic experiences like abuse or harassment, etc. We often don't know everything that contributes to an individual's mental health challenges.

**"Warning signs"** or **"red flags"** may also be called **"risk factors,"** defined as something that increases the chance that someone is more adversely affected by a challenge.

Risk factors that may contribute to depression or suicidal ideation include:

- Previous suicide attempt
- Mental and/or physical health diagnoses, chronic pain, or illness
- Access to lethal means, e.g., firearms or drugs in the home
- High-stress occupations
- Financial or job insecurity, e.g., lower pay, layoffs, or decreased hours
- Prolonged and pervasive stress
- Sudden stressful or traumatic events
- A family member or friend lost to suicide
- Substance use disorder
- Adverse childhood experiences, such as abuse or neglect
- Social isolation
- Lack of access to appropriate mental and physical health care
- Legal challenges
- Societal oppression, current and historical, of marginalized people



## Body - גוף

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We also know some of the protective factors that may help protect people from suicidal behaviors or attempts. Just as risk factors add to the chance someone will be adversely affected by a challenge, protective factors decrease these chances. Protective factors include both internal resources and family and community supports, such as:

- Access to effective mental and physical health care
- Close connections with and support from, friends, family and community
- Skills for coping, distress tolerance, and problem-solving
- Safe space where there is no access to weapons or lethal substances
- Encouragement from one's religious, cultural, and/or social community to seek help
- A strong sense of purpose

## Body - גוף

Responding to **active and passive suicidal ideation and severe mental health challenges:**

- If you are concerned someone is experiencing suicidal thoughts, ask them directly.
  - “Are you thinking about killing yourself?” or “Are you thinking about suicide?” This might feel uncomfortable or challenging, but practicing out loud can help you feel more confident asking the question in real time.
  - If their answer is “yes” (active suicidal ideation), ask if they have a plan for how they would kill themselves and if they have decided on when they would do it. These questions can help distinguish the level of risk and help you decide what the next steps are in supporting that person.
  - If their answer is “no” (passive suicidal ideation), continue to ask questions and gather information about how you can support them.
- Have a plan ready if the person answers yes and does express suicidal ideation. You may need to help them take the next step, whether that is calling a crisis line, reaching out to a mental health professional, or taking them to emergency services.
- *Be direct and use the words “suicide” or “killing yourself” when you talk with someone struggling with suicidal thoughts, even if it feels uncomfortable. Saying these words out loud reduces the stigma, lets them know you care, and may reduce the intensity of their own feelings. While it may seem counterintuitive, you will not plant the idea of suicide in their head by saying these words out loud. If you have gotten to the point where you are concerned, it may be that they have started to think about ending their life.*
- *If the person is actively suicidal—they have a plan and are ready to carry it out—it is time to call for help. You can call, text, or chat 988 to reach trained counselors at the National Suicide Prevention Lifeline. Other options include calling 911, your local mobile crisis unit, your local or health plan’s urgent mental health crisis line, or another suicide hotline. If you think the person is in danger, stay with them until help arrives. **This is critical.** People experiencing active suicidal thoughts should **not** be left alone. If you can’t stay, find someone who can.*

## Body - גוף

- When someone experiencing suicidal ideation wants to discuss their thoughts, remember to practice empathetic and active listening. That sends the message that you want to hear what the person has to say and understand what the person is thinking. Keep the focus on the person you are talking to. The goal is not to “fix” them, change their thinking, or tell stories about others who have been through similar situations. The goal is to be with them as they determine their own next steps.

Some tips for engaging in these difficult conversations:



- *Let them know you care and want to listen and support them. Make sure you have the time and space to give. You may say, for example, “I’m here to listen. You are important to me, and I care about how you are doing.”*
- *Validate their feelings and convey that you are listening carefully by naming or summing up what they say. For example: “I hear you are feeling [xxxxx]. Can you tell me more about that?”*
- *Validating feelings is different from validating the harmful behaviors they engage in or are considering. Use nonjudgmental language about those behaviors, e.g., “You’ve been in so much pain that you are harming yourself/drinking.”*
- *Encourage conversation and ask open-ended questions like “When have you felt like this before?” followed by “When you have felt this way in the past, what has helped?”*
- *Let them know it is common to experience suicidal thoughts, they “do not need to be acted on,” and you are there to explore alternatives and resources.*
- *Remember your loved one is giving you a gift—and being vulnerable— by sharing this part of their world with you. Acknowledge that: “This can be so hard to talk about. I really appreciate knowing what you’re experiencing, and I’m so sorry to hear you’re struggling.”*
- *Reassure them by offering hope and pointing to their strengths. “I have seen you get through really hard things before. You have a lot of people here who love you and care about you.”*
- *Show sympathy: “Asking for help is a hard and brave thing to do, but it is so important,” and offer what is realistic, whether that is a listening ear, a hug, help with groceries or meals, help making calls or accessing care, etc.*

## Body - גוף

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- Depending on their situation, you can encourage them to find ways to help themselves and/or to seek professional help. Offer assistance in doing so. You might ask: “Would you like me to sit with you while we reach out to someone for help? Together, you can call their therapist, a suicide hotline, or a mobile crisis team. Long-term effective mental health support can take time. Provide reassurance and support for this process.
- Remind them they matter to you, and let them know all the ways in which they make a difference in your life.
- Depression and other mental health challenges can make it hard for someone to solve problems or think clearly. Offer to help them put together a list of ideas or resources for when they are struggling, including trusted friends to call, calming activities they enjoy, breathing or mindfulness exercises, and emergency hotlines.
- Do not promise to keep a secret in these situations. You can offer confidentiality, meaning you will only share information with appropriate people or resources, if you are concerned the person you’re talking to may hurt themselves or others.
- These conversations with a friend or loved one can be challenging, and you may need your own sources of support. Consider calling a hotline or talking with your own therapist, doctor, or trusted friend.
- It is OK if you are not the best one to have this conversation with someone. If that’s the case, help the individual find a person to whom they can talk to ensure they are safe.

People who are suicidal need to feel loved and accepted by friends, family, and colleagues. Things to **avoid** include:



- Saying or implying their feelings are wrong or silly or unimportant. That minimizes them.
  - Ignoring their comments when they bring up hard topics.
  - Analyzing or criticizing their thoughts and emotions.
  - Insisting they “cheer up” or “focus on the positive,” or instructing them on how to feel.
  - Telling them what they should be grateful for or who they should live for.
  - Saying it’s all in their head or explaining away their experiences.
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## Body - גוף



Brene Brown teaches a bit about empathetic communication in this short video:

<https://bit.ly/empathyvideobrenebrown>



Please refer to the appendix to see the crisis resources available.

## Specialized Mental Health Concerns

### Substance Use Disorder



Personal Narrative:

## I Didn't Cause It, I Can't Control It, I Can't Cure It

By Bella's Mom

I am a sixty-year-old Jewish doctor, and my daughter is a drug addict. She's alive and thriving, but not too long ago, I was afraid I would have to bury her.

When Bella was midway through twelfth grade, the school counselor called me into a meeting. She had been skipping classes, and they suspected drug use from what they were hearing. We put a tracker on her car and phone, we questioned her, we grounded her. Before I could figure out what to do next, she was arrested by city police for shoplifting. By the end of that week, she got kicked out of high school for vandalism.



## Body - גוף

Before all this happened, I have to admit I was in denial. I believed my daughter was struggling like all teenage girls. Now I was scared to death and found it hard to wrap my head around what was happening. She had been seeing a psychiatrist and taking meds for ADHD her whole life. She had been in counseling since my divorce when she was young. She was in a private school with accommodations. I had been doing everything I knew to do. In truth, I was angry I had to deal with this drug problem now too.

When Bella was released from jail, I took her to the local public psychiatric hospital. The doctor recommended out-patient care at first. Once she got kicked out of school, they directed us to a ninety-day rehab program. I searched online first, not knowing what to look at. I was lost and so confused. I ended up sending her to a program they recommended.

At the same time, the hospital counselor said something very important: Addiction is a family disease, and I needed to go to Al-Anon.

Going to Al-Anon then, and still going now, has changed my life. I came to understand my parenting did not cause this. Addiction runs in our family, so she is genetically predisposed. Her poor self-esteem issues and anxiety led her to self-medicate. She never felt like she fit in. She felt emotionally abandoned by her father. The circumstances of my divorce created stress in her life, and her wiring led her down this road. In high school, her friends kept changing. She spent more time alone in her room, and she wouldn't talk with me anymore. These were the circumstances of her life. I was doing the best I could. I was not to blame. I had no control over her choices.

## Body – גוף

With help, I was able to choose a recovery program I believed could help us—an Enthusiastic Sobriety program with locations in Georgia and North Carolina. With the support of its staff, my husband and I confronted our daughter. I had no control over her behavior, but I had choices about mine. I came to believe that anything I provided to my daughter to keep her safe—a meal, some cash, a bed—actually was contributing to her using drugs for one more day. I could not keep her alive. She could overdose up in her room as well as out on a street.

I finally chose tough love, because I could not live with the daily dramas and anxiety. We took her phone and her car, which belonged to us, changed the locks on the house and gave her the choice of rehab or a bus pass. Her choice was help or homelessness. She knew I was serious this time. I had defined my boundaries for my mental health.

She chose help. She was belligerent and defiant. The drugs were in her system for months, distorting her thinking. The pain and anxiety she had been numbing out with drugs were in full force. She had a tough road to recovery. We emphasized she had to choose the life she wanted for herself. We couldn't live her life for her. She made that journey and is the wiser for it. She understands her struggles and where she gets tripped up, and she has tools and strategies to cope. She found through the recovery community she was loved for exactly who she was no matter how that looked.

The wisdom, faith, sponsor support, and tools of the twelve-step program of Al-Anon got me to this point of influence in my daughter's life. I had to let go and get out of her way.

## Body - גוף

I had to have faith that a loving God was looking out for her, that she has her soul's journey to make. I learned loving detachment. I learned to live in the moment, not futurizing disasters that might not come or rehashing past moments with guilt or shame. I learned to take care of myself emotionally and spiritually. I learned to be grateful for what was and appreciate the small daily miracles. I learned to live my life joyfully, regardless of my daughter's choice. I found a community of parents who understood and did not judge me by her actions.

Teasing out what is parenting and what is enabling my child was the most difficult lesson I have ever had to learn. This has led us both to be independent of each other yet have a close adult-to-young adult relationship we both treasure. She can call for advice and then choose to do what she wants. My happiness is not dependent on her actions.

Bella has completed college and is working in an industry she loves. From completing the twelve steps, I am emotionally and spiritually healthier than I've ever been.

***I am happy and content in all aspects of my life, whether there are challenging circumstances or not on any given day. We have grown our souls through this journey.***



## Body - גוף

### Addiction - What is it exactly?

Addiction is defined by the CDC as a chronic disease characterized by compulsive use and seeking of a substance or harmful behavior despite the adverse consequences. It is a treatable medical condition involving complex interactions among brain circuits, genetics, environment, and life experiences. Substance use disorder (SUD) is a related term, indicating continued substance use despite significant problems.

Addiction is a unique situation in terms of how we think about it, understand it, and treat it. It often occurs as a result of an attempt to self-medicate for an underlying mental health condition, and this must be addressed in order for recovery to occur and last. Certain circumstances can be physically and medically dangerous, resulting in a life-threatening overdose or requiring medically supervised detox. A person struggling with addiction is likely to act very out of character, and many of their behaviors will be harmful to themselves and their loved ones.

Caring for a teen who is struggling with addiction differs in many ways from caring for one with other mental health conditions. The addiction can change who your child is and who you are as a parent. It can make you question your reality, and often the “right” thing to do in a given situation feels wrong or is incredibly difficult or distressing to do. It is essential to seek guidance and support. There are many frameworks to think about and approach addiction, each with its pros and cons. We encourage you to educate yourself as much as possible about different options and find the best fit for your family. We recommend that you start with a reputable information source - SAMSHA.gov is a good place to start.

### Supporting children/youth with addiction

Having a conversation with your teen who is struggling with addiction should be handled with thought and consideration. We recommend that you have support and a plan in place. This chart from the SAMHSA website<sup>(4)</sup> has helpful tips for navigating this difficult conversation:

(4) Starting the conversation Guide | SAMHSA

# Body - גוף

## SUPPORTING A LOVED ONE DEALING WITH MENTAL AND/OR SUBSTANCE USE DISORDERS

### STARTING THE CONVERSATION

When a family member is drinking too much, using drugs or struggling with a mental disorder, your support can be key to getting them the treatment they need. Starting the conversation is the first step to getting help.

#### How You Can Help

- 1 IDENTIFY AN APPROPRIATE TIME AND PLACE.** Consider a private setting with limited distractions, such as at home or on a walk.
- 2 EXPRESS CONCERNS AND BE DIRECT.** Ask how they are feeling and describe the reasons for your concern.
- 3 ACKNOWLEDGE THEIR FEELINGS AND LISTEN.** Listen openly, actively, and without judgement.
- 4 OFFER TO HELP.** Provide reassurance that mental and/or substance use disorders are treatable. Help them locate and connect to treatment services.
- 5 BE PATIENT.** Recognize that helping your loved one doesn't happen overnight. Continue reaching out with offers to listen and help.

#### What to Say

"I've been worried about you. Can we talk?  
If not, who are you comfortable talking to?"

"I see you're going through something.  
How can I best support you?"

"I care about you and am here to listen. Do  
you want to talk about what's been going on?"

"I've noticed you haven't seemed like  
yourself lately. How can I help?"

For more resources, visit  
[www.SAMHSA.gov/families](http://www.SAMHSA.gov/families).

If you or someone you know needs help,  
call **1-800-662-HELP (4357)** for free and  
confidential information and treatment referral.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. 1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • [www.samhsa.gov](http://www.samhsa.gov)

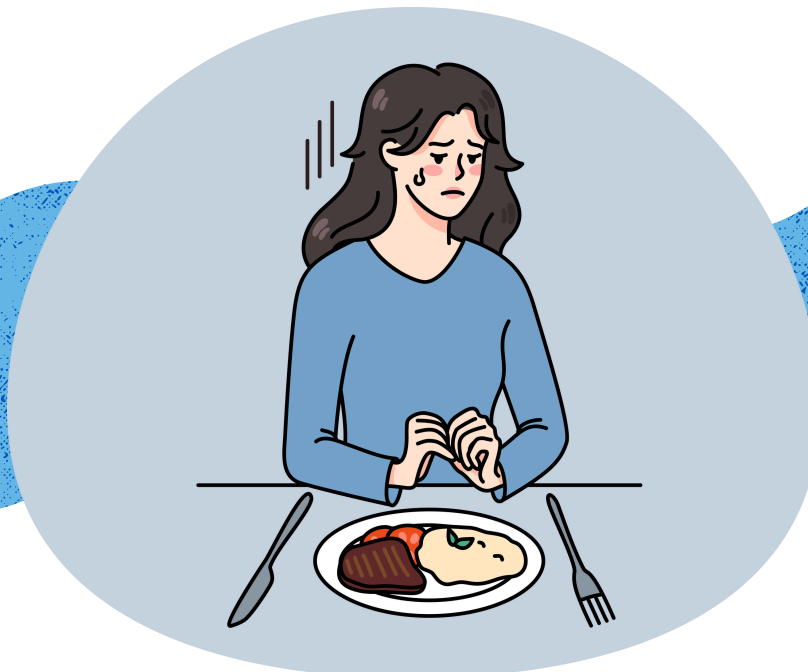
**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

## Body - גוף

### Eating Disorders

Eating disorders (EDs) differ from other types of disorders. In some ways, they are similar to substance use and other behavioral disorders, but they have their own characteristics and challenges. We will discuss some here, but if you would like more information, we recommend the [National Eating Disorder Association \(NEDA\)](#) and its [NEDA Parent Toolkit](#).

All eating disorders affect the body significantly. Monitoring physical symptoms and medical risks are essential, as an ED is the most lethal type of mental illness. In addition to safety risks that occur with other types of mental illnesses like self-harm, suicidal ideation and substance use, ED behaviors generally cause harm to the body, leading to health concerns like malnutrition, cardiac and/or gastrointestinal complications, growth issues, and more that not only put a patient at risk but also can interfere with the effectiveness of any treatment someone may be getting. In most cases, these issues need to be addressed first for any therapy or other treatment to be effective. If your child has an ED, please make sure you are working with a qualified medical professional and treatment providers who are trained in eating disorders.




## Body - גוף

### Navigating Kashrut

Treatment can be chaotic and difficult to navigate, especially when it comes to finding kosher food. Anyone staying in a hospital or other treatment center who keeps kosher should contact the chaplain or patient services as soon as possible to learn if they have any kosher options available.

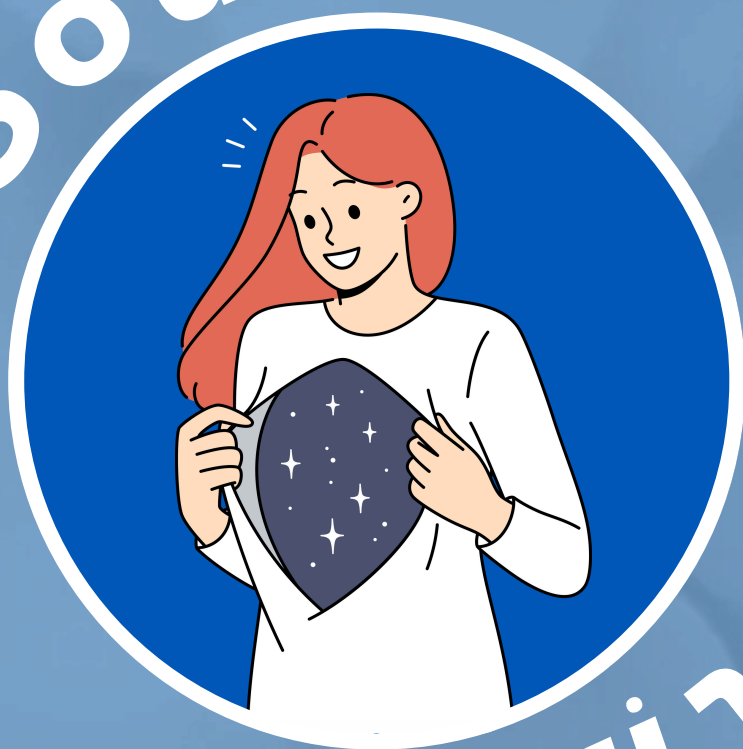
Eating nonkosher food or eating on a fast day can be mentally and spiritually distressing. Many Jews find religious practice grounding at times when the rest of their lives are chaotic, and for someone in a situation where their health requires violating their normative kashrut practice, losing that can feel awful. But sometimes observing a law means “breaking” the law. Hasidic tradition tells a story of two brothers, Rabbi Elimelech of Lizensk and Rabbi Zushe of Anipoli, who were once stuck in a room that was unsanitary and therefore unfit for prayer and couldn’t recite evening services for the first time in their lives. Losing this path to connection with God distressed Rabbi Elimelech so much that he began to cry, but his brother told him there was no reason to cry.



**Don't you know the same God who commanded you to pray also commanded you not to pray when the room is unfit for prayer? By not praying in this room, you have achieved a connection with God. True, it is not the connection you had sought. Yet, if you truly want the divine connection, you would be happy God has afforded you the opportunity to obey Their law at this time, no matter what it is!(5)**



Soul



נֶשְׁמָה

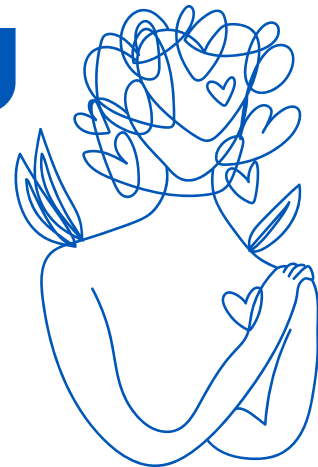


## נשמה - Soul



Personal Narrative:

# Extreme Caregiving and the Problem with “Self-Care”



By Mel Berwin

“How are you taking care of yourself? What do you need?” Just about every friend I have has asked me these questions during the several years I have been in and out of crises with my daughter. They started when she was 11 years old and suddenly diagnosed with a severe chronic illness.

Over the next two years, she was in excruciating pain. She saw one doctor after another and spent time in the hospital more than once. She had to go on a restrictive diet and get immunotherapy infusions, leaving her severely fatigued and still trying to fit in at her new middle school. She didn’t know how to manage it all. She started restricting her eating, then self-harming. On top of her physical illness, she was diagnosed with an eating disorder, anxiety, and depression.

Then one day, a particularly despairing one, because the therapy program she had just started didn’t feel like it would help, she attempted suicide. Fortunately, she survived and landed in a residential treatment program for the next few months. During that time, I visited her every day.

Ever since her physical and mental health crisis started, I have felt hope and despair and anger and confusion and constant worry as well as pressure to figure out what she needed and how to show up for her. I also have felt shame and isolation. I’ve struggled to figure out how to cope while being the sole support for my child.

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## Soul - נשמה

I am a single parent with three kids and a very full-time job in education. Fortunately, my work allows for some flexibility in my time during the day, and I have very supportive colleagues as well as decent health care and a steadfast village of close friends. And while I have never lost sight of my gratitude for each of those essentials, through much of my daughter's ongoing crisis, I have felt existentially alone.

Despite the many therapists, psychiatrists, and nurses caring for her, the residential treatment centers felt very "one size fits all" with their rules and their zones and their clinical notes. None of these people really knew my kid or saw her for the beautiful, creative soul she is. When she was most depressed, she went numb, blank. This wasn't the bright, sassy, creative, or even irreverent, quirky, and darkly humorous child I knew. I felt I had to persuade her to keep going, to survive this time because it would — I promised, I prayed, I couldn't quite imagine how — get better. Plus, I alone was navigating the health care system, communicating with her providers, receiving the midnight phone calls with yet another staff member on the line reporting my kid had made yet another attempt at suicide. As much as my family and friends cared, it was my body holding the constant grief and worry, supporting my other two kids in their normal daily needs plus the extra stress of their sister's crisis while trying to keep my household running, let alone keeping up at work to keep the roof over our heads.

So when well-intentioned friends would ask, "How are you taking care of yourself?" I felt furious. What does that even mean? Can't you imagine just how much I am taking care of right now? Do you think a bubble bath or massage would help when my daughter is on the brink of life and death? If I am still standing, if I am going to work, if I am eating and sleeping, if I am not abusing alcohol or drugs to deal with this stress — isn't that enough?

"What do you need?" felt equally challenging to answer. My instinctive response: "I need my daughter to live." That was what felt true. And yes, I appreciated help with meals or laundry or other tasks, but when your nervous system is set on constant alert, trying to answer a question about mundane needs honestly just feels baffling.

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## נשמה - Soul

My daughter is now 19. She graduated high school. She is enrolled in university part time and has a job she loves. She has good friends and several pets and is a talented artist. In addition to her original diagnoses of chronic illness, depression, and anxiety, she has been diagnosed with epileptic and nonepileptic seizures and bipolar depression with psychotic symptoms. In the past eight years, she hasn't gone a few months in a row without a hospitalization or debilitating challenges. We are in constant consultation about medications and symptoms. Indeed, it's been an incredibly rocky road for her.

And from all of my years in this position of what I call "extreme parenting," I have learned much about my own coping strategies. I know I have physiological and emotional "armor" that allows me to stay calm in a crisis and manage the challenges at hand as well as any triage nurse. I know to alert my inner group of friends about what's happening, so they can be on call to support me and my other kids as necessary. I've gotten better at asking for and accepting help from friends and community members. I have determined the most helpful tasks or gift cards we can use when we're in the hospital or when I'm on 24-hour safety watch, and I know when to designate one or two friends to field those questions for me from other folks in my community who want to know how they can help. I know fresh air and walks and nature are always healing for my nervous system, even in small doses. I know when the crisis ends, I will experience a wave of exhaustion and emotion that can last up to a week, and I have found a somatic therapist whose practice helps me heal my nervous system from the constant hypervigilance of having a kid who has these life-threatening and unpredictable conditions.

And now that I have these strategies in place, I feel less aggravated at the well-meaning questions folks ask about self-care. I focus on gratitude for the good care we receive from friends, family, colleagues, and community. I also really appreciate when friends offer something specific, because I know they've thought about what they are able and willing to provide: "I'm stopping at Trader Joe's. Want me to drop anything off?" or "I'm free this weekend and would be happy to give you a break at the hospital for a few hours." When I'm exhausted or stressed, I can say yes or no to those specific offers more easily than trying to answer a general question like, "What do you need?"

## Soul - נשמה

I am quite open about our family's experiences (my two sons have also experienced significant depression and anxiety). My daughter has spoken publicly about her experiences with mental illness, and I facilitate workshops on supporting kids with mental health challenges. This too is a form of self-care: receiving and offering support from and to others in similar circumstances. We have both found communities of support and connection that have been vital for us. I have joined Facebook groups for parents of kids with the specific illnesses she faces, and I have created a network of friends and acquaintances near and far who know what it's like to have a kid with extreme physical or mental health challenges. For me, being able to share support, resources, or just a few words of true "I get it" empathy with other parents is a direct way to turn our suffering into a blessing of connection.

As much as I've learned, though, I still question the timing and use of the term "self-care." Caregiving through a short-term crisis or providing long-term care to a loved one is often an isolating experience. The question or expectation of "self-care" at precisely that time feels like an added burden, investigation, or judgment lobbed at us during the moments in our lives when we actually need the most communal care. Instead of asking a friend or relative what they are doing for self-care, consider offering a specific helpful act, whether it's providing goods or time on the phone or in person or a task you can help them with. Or validate how many things your loved one is doing well, despite the challenges, and ask what they are worried might be falling through the cracks. In a quieter moment, ask what they are learning about the type of care they are providing and how it feels physically, emotionally, or spiritually.

As someone who has experienced the extreme stress of critical and long-term care-giving to a loved one, I understand intrinsically I have to take care of myself as much as I'm able to in order to take care of my child. But having family, friends, and a community who are willing to show up in so many forms and remind me I'm not alone — that is a true gift of care.

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## Soul - נִשְׁמָה



# What Does Judaism Say about the Soul?

The soul, or neshamah in Jewish thought, is the self, the "I" that inhabits the body and acts through it. There are many words for the soul in Hebrew, but the most commonly used are nefesh and neshamah — both of which mean "breath." – Rabbi Yanki Tauber

**God formed the human from the soil's humus, blowing into their nostrils the breath of life: The human became a living being. (Genesis 2:7)**

In this final section, we bring together the concrete information presented in the previous sections while going deeper. The word neshamah means "breath." This act is not only essential to life but also to us maintaining our connection with our mental health. The act of breathing is at the core of just about every aspect of maintaining our mental health. It is the way we connect with our body, in order to notice what is going on with us internally, so we can assess what we need. It is the primary aspect of our emotional experience we can control.

This section seeks out the gaps. Now that you have practical information and a sense of what "to do," what is missing? When you take a step back and look at yourself, your child, and your family, what do you still need? As stated in the beginning of this section, being this type of caregiver requires an immense store of mental, physical, and emotional energy. Where does it come from? How do you replenish it? And where, or to whom, can you turn when you just don't have it? Finding ways to nourish and maintain the spiritual parts of ourselves can help to hold the rest together.

## What *is* well-being????

Well-being is one of those terms that have many vague definitions, which actually leads to a lack of true understanding of what it means. According to Psychology Today, it is the experience of health, happiness, and prosperity. It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and the ability to manage stress.<sup>(1)</sup> Online and in other media, one can find countless articles, surveys, and experts telling us how to achieve it – by purchasing things, changing our diet, activity, medical status, relationship status, job, you name it. There have been hundreds of studies (likely more) that have come up with different ways to measure it and then share the “data.”<sup>(2)(3)</sup> For our purposes, I think it makes the most sense to make your own working definition of what YOUR well-being currently looks like and what direction you would like to go in – knowing there are some aspects of your life you feel you can control and others you can’t. Start by asking yourself the following questions:

- On a scale of 1-20, how am I feeling mentally, physically?
- Are my social needs being met?
  - Do I have the energy/time to make that a priority?
- Can I find satisfaction in my daily activities?
- Do I feel confident in my ability to complete tasks?
- What makes me feel happy? Connected? Fulfilled?
- Am I spending enough time doing things that interest me?
- Can I ask for help when I need it?
- Set expectations in my relationships?
- What else matters to me?
- (insert your own questions here)



<sup>(1)</sup> What is well-being?

<sup>(2)</sup> What is well-being?

<sup>(3)</sup> Definition, Types, & Psychology - The Berkeley Well-Being Institute

## נשמה - Soul

### What is Self-Care(4)

The National Institute of Mental Health (NIMH) defines self-care as “taking the time to do things that help you live well and improve both your physical and mental health.”(5) How we do this looks different for everyone. For most of us, it’s more than manicures and bubble baths.

Self-care is preventative and interventional. If you regularly take time to practice it, you’re acting to prevent stress. If you have a high stress level, it’s important to begin self-care practices as intervention.



### Intention

If you don’t know where to begin, ask yourself this: “If I had free time with zero obligations for a day, what would I do? How would I spend my time?”

Everyone is going to have a different answer. The key is to be intentional about how you spend your time. You choose to do something because of how it makes you feel. Recognizing the effect of the experience, and knowing the feeling came from your self-care practice, solidifies the intention and sets you up for success.

(4) #QuietTheSilence - Personal Stories

(5) Caring for Your Mental Health - National Institute of Mental Health (NIMH)

## Time

A little self-care is better than none at all. Starting small will create momentum that results in progress. It may mean taking just ten minutes a day to begin creating your self-care practice. It can be hard to find the time. Life is busy, and individuals are pulled in a hundred ways. The key here is to make the time and change your mindset to include self-care in your daily (or weekly) routine. When you use time and intention in your self-care practice, you'll find your mind will be clearer, and you'll feel more relaxed and re-energized.

As your self-care practice deepens and becomes more routine, the next step is to encourage others in your community to create their own self-care practices. By helping them make positive changes in their lives, you can make a real impact on the world. That's what tikkun olam is all about, and there is no better feeling.

## Find REAL Self-Care

We need different types of self-care as we respond to the world around us. We can think of self-care in different ways to help it feel more approachable.

### *Reactive vs. Proactive*

As you think about caring for yourself, consider how you might support yourself in these different scenarios:

- What do you do after a stressful experience or in a time of crisis?
  - This is reactive self-care — what we do in the moment to help ourselves feel grounded, re-regulate our bodies, and be able to continue on with the tasks ahead.
- What are you doing long term, on a daily, weekly or monthly basis?
  - This is proactive self-care — the habits we are building to care for ourselves, so we have the bandwidth to navigate the daily challenges of life and the more stressful moments.



## Soul - נשמה

It helps to distinguish between reactive and proactive self-care. You might do very similar things in these scenarios, because you have found something that really works for you. Your reactive care might be something you can engage in quickly and get back to the day ahead of you. Your proactive care might require more scheduling — time you've set aside to connect with others, move your body, engage your brain. This distinction might not resonate with you, however, and that's OK!

### *Wellness Dimensions (6)*

Society often refers to self-care as a “one-stop shop” — the one thing you can do to make yourself feel better. But in reality, we are complex beings with different needs. As we navigate challenging situations, we might need different support based on the situation at hand. The Wellness Initiative through SAMHSA breaks wellness down into eight dimensions.<sup>(7)</sup>

1. **Emotional:** Coping effectively with life and creating satisfying relationships
2. **Environmental:** Enjoying good health by occupying pleasant, stimulating environments that support well-being
3. **Financial:** Satisfaction with current and future financial situations
4. **Intellectual:** Recognizing creative abilities and finding ways to expand knowledge and skills
5. **Occupational:** Personal satisfaction and enrichment from one's work
6. **Physical:** Recognizing the need for physical activity, healthy foods, and sleep
7. **Social:** Developing a sense of connection and belonging; and having a [good] support system
8. **Spiritual:** Expanding one's sense of purpose and meaning in life

As a caregiver, we are often so in tune to the needs of those around us. These wellness dimensions invite us to tune into our own needs. These dimensions can be a great tool to help us better identify what would be supportive for us. If you are struggling spiritually, you might reach out to a religious leader or attend services. If you are struggling emotionally, you might connect with friends or a mental health professional.

<sup>(6)</sup> [Promoting Wellness for Better Behavioral and Physical Health](#)

<sup>(7)</sup> SAMHSA – Swarbrick, 2014, p. 13; adapted from Swarbrick, 2006, p. 311

## נשמה - Soul

These different approaches and tactics to engaging in self-care might feel really helpful for you. We would be remiss, though, if we didn't acknowledge just how hard it can be to engage in self-care practices. There are real barriers despite our best efforts. As caregivers, we do not always have time and energy to dedicate to ourselves. It can feel selfish to prioritize something for yourself.

During airplane safety instructions as the plane is getting ready for takeoff, the flight attendant says to put your oxygen mask on before assisting anyone around you in the event pressure changes in the cabin. If you don't have enough oxygen to stay alert, you cannot help those around you. Self-care can be an oxygen mask as we navigate crises and daily life.

Caring for ourselves does not have to look the same every day. Some days it may be a small moment, while other days we have more bandwidth to do something that rejuvenates us. It can be challenging to find the energy to care as deeply for ourselves as we do for those around us. As you navigate this day in and day out, offer yourself the same patience you would offer those around you.

### Find Your People

While it may seem like common sense, it is still worth saying: We all need our village, and different people provide different kinds of support. You need your professional team but also your family and friends — the one you call in the middle of the night, the one to come stay at your house when you need a break, the one who will listen when you need to vent and anything in between.



## נשמה - Soul

It can be very easy to isolate yourself when your child is struggling. For many of us, being with other people takes energy, and it may seem like there is little to spare. Others isolate because of a sense of fear, guilt, and/or shame. We would like to really encourage you to fight this urge to hide what is “wrong” in your family and reach out — both to people you have existing relationships with as well as other caregivers who have navigated similar experiences to yours. Most higher level of care (IOP, PHP, inpatient or residential) treatment facilities have parent support groups, and parents can find online resources to connect with each other. While that type of support is not a substitute for clinical expertise, it is so powerful to get that kind of validation.



### Getting Started with Self-Care(8)

The following is not a fully encompassing list of self-care practices but rather some suggestions for starting off. Always begin with time and intention. As a caregiver, we might not have a lot of time to dedicate to ourselves, so think about the small things you can do. Small actions add up over time and create a great impact.

- **Connection**

- Reach out to someone to share the positive things happening in your life.
- Reach out to someone when you need support.
- Make plans with friends or family to feel connected to someone you care about.
- Attend a community event to feel connected to the greater community.

- **Get organized**

- Create an achievable to-do list each day that will help you feel accomplished and not overwhelmed or lost. Keep it simple and realistic.
- Plan your meals for the week to reduce stress around what you're going to eat and to ensure you're eating a healthy diet. Consider asking for help with meals if you need it.
- Say no. If you're swamped or don't want to go to something, then don't. You have limited time each day and week. It's OK to say no.

## נשמה - Soul

- **Move Your Body**

- Open your mind, and increase your health through physical activity. Set aside even five minutes to move your body.
- Go on a walk with a loved one.
- Visit a local park for a picnic.

- **Reflect**

- Write in a journal. This will help you reflect on how you are spending your time and what is happening in your day.
- Compose a list of the most important things and people in your life. Reference this list weekly to remind yourself to spend time on these things or with these people.
- Watch YouTube videos, read books, or research the topic of mindfulness.
- Challenge your mind with Sudoku or other brain puzzles.

- **Relax**

- Meditate.
- Get adequate sleep.
- Try cooking or baking.
- Find a creative outlet. Try coloring, listening to music, writing, reading.

### **This S\*^t is Hard – So Try Not to Take Yourself too Seriously**

Doing this work, taking care of a child with mental illness, is a thankless job. It is unpredictable, drains energy and often does not make logical sense. It can be easy to get caught up in the moment, feel overwhelmed, and not know the way out or how to move forward. Humor can be a reminder to take a step back and find what matters in the moment. Laughter gets the air moving in our bodies and gets feel-good chemicals moving.



## נשמה - Soul

Humor has long been a part of Jewish culture; officially since the 19th century, but likely has been with us all along. There are many theories and opinions about what “Jewish” humor is and where it came from. For our purposes, we can look at it as a tried-and-true coping strategy, combining humility, intellect, resilience, and creativity. From a mental-health perspective, it can be an effective strategy to help reconcile things in our lives that are out of our control or do not make sense. Cognitive dissonance happens when we are unable to reconcile contradictory information. This leads to mental discomfort and anxiety. Humor is a way to remind ourselves things will not always add up, and we are capable of stepping back and moving ahead. It also helps us experience conflicting emotions in a safer way. And perhaps most important, humor can communicate things that are difficult to say otherwise and create connections between people who care about each other.

“

*“Inevitably, in our lifetime, we will face countless moments so frustrating and so confusing that we will be unsure whether to laugh or cry. Jewish tradition suggests we do both, preferably at the same time.”(9)*

**Tamar Bendror**

Humor can be a very powerful coping tool, both for an individual and the family. It can be helpful to give a mental illness a name, e.g., “that annoying guy ED (my eating disorder),” as a way to separate the problem from the person and to take the pressure off when things are intense and words and actions may be taken personally. As a family, find the rhythm and boundaries around the humor that works and doesn't work for you.

“HA  
HA”  
“HA  
HA”  
“HA  
HA”  
“HA  
HA”

(9) Two Jews Walk Into a Bar: A Brief History of Jewish Humor

# נשמה - Soul

## Gratitude



*Feeling gratitude and not expressing it is like wrapping a present and not giving it.*

**William Arthur Ward**

Gratitude is more than just a feeling; it is the way we express our appreciation. This feeling is magnified with intention and awareness. Hakarat hatov, the Hebrew phrase for gratitude, translates to “recognizing the good.” The active nature of gratitude can be a powerful way to feed our soul and engage in self-care.

Research finds that practicing gratitude helps people feel more positive emotions, relish in good experiences, improve their physical and mental health, enhance their ability to deal with adversity, and develop stronger relationships. When we practice gratitude, we strengthen our mindset to engage more easily in joy.<sup>(10)</sup>

Joy comes from adding something pleasurable or removing something uncomfortable. The feeling of Joy is the release of dopamine, the chemical that allows you to experience pleasure. It helps regulate movement, attention, learning, and emotional responses. It also enables us not only to see rewards but to take action to move toward them.<sup>(11)</sup>



<sup>(10)</sup> [Practicing Gratitude | NIH News in Health](#)

<sup>(11)</sup> [#QuietingTheSilence - Personal Stories](#)

## Soul - נשמה

How can you incorporate gratitude into your daily life?

There isn't one way to practice gratitude. It can vary from engaging with others to individual practice. Here are some places you could start:

- Share your gratitude with others: Tell someone in person, write a letter, pick up the phone and call.
- Write your gratitude down: Journal daily, weekly, monthly. Write about the big and/or small things you are grateful for or the things that feel challenging.
- Quiet time: Spend a quiet moment with yourself. Meditate to reflect on your day or think about what is to come.
- Connect your mind and body: Engage in the five senses activity from the "Body" section.
- Ignite your creative side: Draw, paint, write, dance, or do anything else that allows you to get your creative juices flowing.

### *Using "SMART goals" to engage in gratitude*

SMART goals allow us to think about how we can actuate our goals by making them specific, measurable, attainable, relevant, and time-bound. The way we choose to practice gratitude may change depending on our circumstances. For example, if we have had a long day talking to medical and mental health professionals, we may not want to pick up the phone to call our friend like we normally do. That is OK. Think about the type of gratitude you need on a particular day. Here is a SMART goal template you can use:

Specific: My goal is to \_\_\_\_\_, \_\_\_\_\_ times per \_\_\_\_\_ (week, month, etc.)

Measurable: I will measure my progress by \_\_\_\_\_.

Attainable: I will \_\_\_\_\_ to build in time for this practice.

Relevant: This goal is realistic for me right now because \_\_\_\_\_.

Time-bound: I will evaluate in \_\_\_\_\_ (# of days, weeks, etc.) to see if this goal is still working for me.

## Routines are Routine...Until They're Not

It would be challenging, if not impossible, to fully encapsulate the laws and regulations of the Shabbat experience for the diversity of this publication's intended audience. Between the various denominations, each with different definitions of Jewish legal texts and terms, and different methods of interpretation and application. Generally speaking, if there is a life-threatening emergency or even the chance of a life-threatening emergency, you do what needs to be done to get the help you or your loved one needs. The Torah teaches, "That a person shall perform in order to live by them." (Leviticus 18:5) 15th-century scholar from Safed, Rabbi Josef Karo wrote:

**"For someone who has a dangerous illness, it is a commandment to break Shabbat for him. One who hurries to do this is praised. One who [hesitates and] asks [a question about the permissibility of an action] is a murderer. (Shulchan Arukh, Orach Chayim, 328)**

Maimonides also wrote: Shabbat prohibitions are suspended in the case of a danger to life, the same as other mitzvot. Therefore, we may perform anything necessary for a sick person whose life is in danger, as determined by a doctor. If there is a doubt as to whether Shabbat must be violated for a sick person, it should be violated, because Shabbat laws are suspended even in a doubtful case of danger to human life. This is also the case when one doctor says to violate Shabbat and another doctor says that doing so is unnecessary. (12)

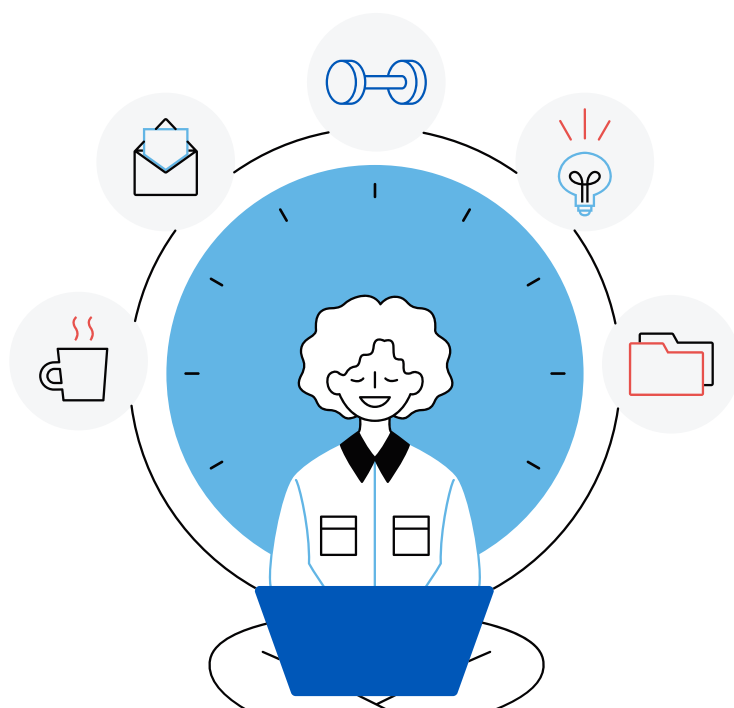




## נשמה - Soul

Depending on your denominational affiliation, there may be more detailed questions you'll have about Shabbat or holiday observance in your hospital setting. It is best to contact your hospital chaplain or the synagogue nearest you to ask what you need to know to support your Shabbat practice. Regardless of affiliation or denomination, one thing is pretty certain: the Shabbat experience is going to be hard no matter what.

Routines keep us grounded. They keep us moving, give us purpose and give us direction. For Jews, Shabbat practices provide observers with a sense of routine and regularity; the day is an immovable anchor in an otherwise unstoppable world. "Six days a week, we wrestle with the world, wringing profit from the earth; on the Sabbath, we especially care for the seed of eternity planted in the soul. The world has our hands, but our soul belongs to Someone Else. Six days a week, we seek to dominate the world; on the seventh day, we try to dominate the self." More poignantly, early twentieth-century Hebrew essayist Ahad Ha'am wrote, "More than Jews have kept Shabbat, Shabbat has kept the Jews." But when you or a loved one is hospitalized or you're a caregiver, that anchor begins to disappear. And a day or holiday usually spent with family and community can be isolating and deeply disheartening when observed alone.



# נשמה - Soul



Personal Narrative:

## Shabbat is Waiting for You

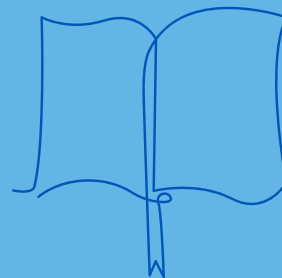
By Max Hollander

When my father was sick, I spent almost every Shabbat and holiday in the hospital. On days that would otherwise have been spent in a brightly lit synagogue among friends and community, I was sitting in a dark hospital room greeting nurses coming in and out. Instead of listening to the melodies of a prayer service, I listened to the beeping of hospital equipment and the shuffle of emergency room personnel. This went on for months. At one point, I was spending more time away from my community than I was being a part of it, and I felt my connection to my religious practice eroding.

## Soul - נשמה

I was still adhering to most of my religious practices — praying three times a day and studying Torah when I had the chance — but I was doing it on an irregular schedule and I was doing it alone. Similarly on Shabbat and Jewish holidays, I adhered to the religious norms of traditional orthodox observance I am accustomed to, despite often having to change the way Shabbat looked for me when medical needs came up. To be clear, I don't regret anything I did or any changes I made to my religious practice. Still, that doesn't change the fact that I'd had a major part of my life, in a sense, taken away from me. But strangely, I hadn't realized that I'd lost it until it was almost gone.

As the months dragged on, and my father's medical situation worsened, he needed me more and more. I visited my father countless times on Fridays and had to call my wife to let her know I'd probably be in the hospital for Shabbat because his condition had suddenly taken a turn for the worse, and wouldn't be coming home to be with her and our baby. But with each passing week, something inside me began to hurt. I thought it was just the experience of caring for my dying father, but one Passover morning, I sat down to pray *shacharit*, the Jewish morning prayer service, and I looked down at my *siddur* and began to tear up, barely recognizing the book I was holding. I had been using it every day but not with any intentionality or regularity, and all those months of distance between me and my regular practice finally set in, leaving me feeling adrift and alone.



## Soul - נשמה

It reminded me of a story told by the Ba'al Shem Tov, a 17th-century mystic:

A King had an only son, the apple of his eye. The King wanted his son to master different fields of knowledge and to experience various cultures, so he sent him to a far-off country, supplied with a generous quantity of silver and gold. Far away from home, the son squandered all the money until he was left completely destitute. In his distress he resolved to return to his father's house and after much difficulty, he managed to arrive at the gate of the courtyard to his father's palace.

In the passage of time, he had actually forgotten the language of his native country, and he was unable to identify himself to the guards...

In the parable, the prince is sent on a mission that doesn't go as planned, and he subsequently loses himself in the new life he is forced to make for himself. Regardless, the story ends with the King (God, Jewish tradition, his foundational beliefs) hearing the prince's cries, running past the guards, and welcoming him back home.

I had that epiphany about the status of my relationship with my religious practice in April before my father passed in June of that year. But even after identifying what had been pulling at my subconscious for so long, I didn't and couldn't change anything about my practice.

***Since he passed, I've been able to reacclimate to the life I once had. I've learned the Judaism and life I'd stepped away from weren't gone; they were just waiting for me to return. And they will be waiting for you, too.***

## נשמה - Soul

When our routines and rituals are shaken, situations that are challenging already can become so much more difficult. Be kind to yourself if you have to make adjustments unexpectedly to support your child. Think about who you can turn to when you feel overwhelmed by these changes, even if they are short term. Know that even in the most difficult moments, you are not alone.

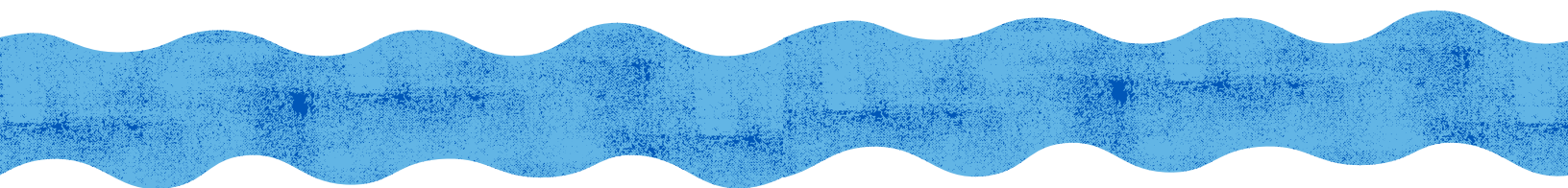
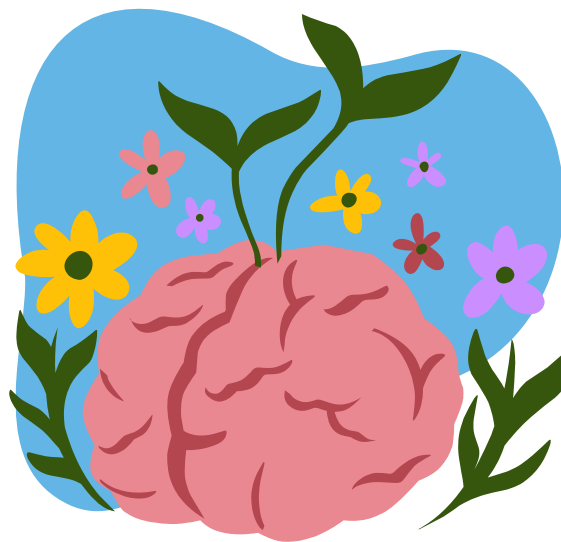


## Appendix

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The Mental health arena constantly changes and evolves. As a field, we are learning more and more every day about how the mind and body work together. We acknowledge there is no way for this resource to be comprehensive, so we have included a page of additional resources we hope you will use if you want to learn or process the topics we cover in more depth.

This resource is fixed in time. As a team, we will make an effort to make sure the links and information here are up to date, but we are human and might miss things. The caregiver landing page will have the most up-to-date information.



## Appendix

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### **MI SHEBERACH FOR COMPASSION AND SELF-HEALING**

Written in collaboration with  Bnai Keshet  
Reconstructionist Synagogue

**May we be compassionate** to ourselves as we want to be with others;

**May we be as patient** with ourselves as we aspire to be with our loved ones and others in the world;

**May we able to shine** light into our own hearts in order to be bright for others;

**May we able to step back** and renew our energy when we need to refuel;

**May we be able to hear** our own voice that sparks lasting clarity and evolves into wisdom;

**May we stay true** to our own wisdom and have the ability to access it when we need to as a tool against self-doubt in the face of obstacles.





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