Beginning a relationship with a CR is exciting – maybe a little nerve wracking. It has a definite date, you’re excited and so is your CR. You may have an idea of what your relationship might be like, but you both forge ahead into an unknown that is filled with possibilities. During your time of caregiving, you bring your concerns REMEMBERING CONFIDENTIALITY to your peer group and, as time passes, hopefully you see growth in your CR as he or she works through their crisis.

When you are in your training classes, there’s so much information to absorb, and let’s face it, your thoughts are on creating a relationship with a CR. So, when you have the class on Closing the relationship, it seems like information you won’t need for a very long time. You’re eager to get started – you’re not particularly interested in the closure part. Now that most of you have had a CR the idea of closure takes on more significance. That’s why we chose to have this as a topic for CE.

Regardless of your CR’s problem, closing the relationship is always in your future – and how you guide yourself and your CR through the closure process has an impact on and can color all the interactions that preceded the actual closure. Have you heard the expression about soldiers…they don’t die, they just fade away. That’s NOT what you want to do…just disappear from your CR’s life without planning and preparation.

When Bob and I attended SL training in 2000, we received a handout entitled “Eight Pithy Points about Closure” the highlights of which I would like to share with you this morning.

1. **Do not fail to bring closure.** In other words, don’t just stop seeing your CR without discussing it and planning for it. And, don’t avoid closure because you think it might hurt your CR’s feelings. When you tell your CR that you are considering closure, really what you are saying is that he or she has grown through the crisis or event that necessitated having a SM. I like to think of closure as a kind of graduation.

When it is time for closure, both you and your CR will grieve the loss of the relationship. Perhaps that sounds overly dramatic, but if you have spent about an hour a week for several months…or years… with someone, talking about serious issues, then there will be a major change in your life and even more so in that of your CR. Your CR loses the security of the caring relationship, the reliable weekly visits of the SM, a trusted confidant who listens to them talk about their life challenges, the sense of being a special person to their SM – and they now have to “go it alone.”
Before I go any further, I want to mention two situations with CR’s where closure may never occur. When a CR experiences the death of spouse, which is followed by a period of grieving, which may be followed by a health crisis, and then the need for the CR to move into a care facility. In this case, you continue as their SM throughout the ever changing needs of your CR. Another situation where closure may not come up is when the CR’s problem is one of loneliness. You may be one of their few contacts with the outside world – and their need for you is so great that closure isn’t possible.

Unless you wear out and need respite, closure never even comes up as an issue. If you do need a break because you feel burned out, that needs to be discussed in your peer group.

2. Bring closure only with supervision. Your peer group is your sounding board – you don’t just make a decision to close without first discussing it with them. Looking at Set C in your Focus Questions is very helpful. Focus question 1 in set C READ IT reads “Is the caring relationship changing? Since when? How?”

You may realize that less time is spent talking about your CR’s problems and most of your time spent together is of a social nature...more like a friendship. This can happen gradually so that you hardly notice the change in your relationship. If you have had a CR for several years, it’s a good idea to look at how your CR’s needs have changed through the years.

If you are seriously considering closure, then Focus Questions 13 through 16 are the ones to look at. If you and your peer group agree that closure is in order, then it’s good to discuss especially question 16 - READ IT!!! Remember...closure does NOT mean that you will never see your CR again...in fact many SM’s have built lasting friendships with their CR’s over the years. Closure simply means that the formal relationship has ended. You, as a SM, are then free to take on a new CR.

3. Do not bring closure prematurely. Sometimes a CR may want to end the relationship after only a few visits. They cancel appointments and make excuses for not having time to meet with you. This might be because they are embarrassed, having shared more details of their life than they intended. Or they may have expected you as their SM to solve their problems in a few weeks, and be disappointed at the lack of progress they have made. Or, working on the issues that are troubling them may be more work than they are willing to do. Occasionally family members feel threatened by the presence of a SM and discourage the CR from meeting with their SM on a regular basis. And, sometimes you never know why.

Whatever their reason for wanting to end or at least slow down the relationship, go back to your peer group and report what is going on, as well as your hunch as to why your CR does not want to meet with you. Try to schedule one more
meeting so you can talk face to face with your CR and say good bye in person. If they refuse, your only option is to send a note to your CR and leave the door open in case they have a change of heart. Also, let your SL who made the assignment know what has happened.

Carol Claton had a CR who really needed her to help her sort through her feelings about a new cancer diagnosis. She and Carol met several times, and it was a fine relationship. One of the CR’s problems was that she had difficulty talking with her mother and sisters about the cancer – but she was OK with Carol. Suddenly she didn’t want to see Carol anymore. So, Carol, trying to keep the door open dropped off some Care Notes with the CR’s husband. Another time she dropped off some flowers at her home. Her husband, who met Carol at the door, said, “She just can’t face anyone right now.” Carol left a message on her CR’s cell phone, but in the end, never heard back from her CR. One problem for Carol was trying to figure out when to stop trying. How much do you do before you give up? It was frustrating and hurtful for Carol to be cut off like that, and to not know what happened or why. Not all SM relationships end wonderfully. That’s why we try and build one another up in our peer groups. Sometimes we get hurt and it’s not our fault.

We have a unique situation here in Green Valley with our snowbirds who are SM’s. Premature closure occurs here in our program when a snowbird SM has had a CR and is preparing to leave for the summer. We prepare the CR first when making the assignment, letting them know that their SM is only here part of their year. Sometimes the departure of the SM coincides with permanent closure. Other times, the CR needs the face to face visits of a SM to continue. When that occurs, we talk with all involved – the departing SM, the newly assigned SM and the CR. Usually the snowbird makes some sort of contact with the CR during their time away, but when they return, a decision needs to be made as to which SM will continue on with the CR. Our decision is based on whatever is best for the CR.

I want to tell you how this worked out with Katy Danhof and Valerie Smith last year. Katy was assigned a CR during the winter of 2010. Her CR knew she would be leaving in the spring, so a couple of visits prior to Katy leaving, she talked with her CR about making the change for the summer. During the second to the last visit before Katy left, Valerie went along with Katy to meet the CR, and that went really well. But, the CR had told Katy she would want her back in the fall. Well, during the summer, and fall, Valerie and the CR bonded so well that by November, the CR had decided she wanted to keep Valerie as her SM. Although the CR loved Katy, and Katy had continued to stay in touch with the CR throughout the summer, all of us – Katy – Valerie – and I wanted only to do what was best for the CR. There were no hurt feelings – we were all in agreement. It worked out just fine.
4. **Closure should be a mutual decision:** DISCUSS CLOSURE; AGREE ON CLOSURE, PLAN FOR IT, SET A DATE, LOOK BACKWARD AND FORWARD AT WHAT HAS TRANSPERIED DURING YOUR RELATIONSHIP.

When you notice that your visits become more social and less focused on the initial problem, then it is time to talk about closure. Look back and talk about how much your CR and his or her situation has changed since your first visit. This is when it’s good to have kept a little journal at home with observations and comments your CR has made since the first visit. You'll note perhaps that there used to be a lot of tears, and now there’s laughter. You will see significant growth in your CR and it’s important to tell your CR about that, giving examples.

If the CR is reluctant to close, there may be more issues that have yet to be discussed. Or, the CR may be fearful of taking responsibility for himself. Or maybe YOU, the SM, are reluctant to close – you have worked hard to build a great relationship and you don’t want to let go of it. Perhaps you have some boundary issues and have taken an unreasonable amount of responsibility for the CR’s growth and well-being. Think about whose needs are being met in your relationship.

An exception to closure being a mutual decision occurs when, after a few visits, you as the SM realize (with help from your peer group) that you are over your head in terms of your CR’s needs- he or she needs a therapist or some assistance other than a SM. At this point, please confer not only with your peer group and leader, but also with the Stephen Leader who made the assignment. You may need to end the relationship...temporarily or permanently...in order for the CR to get the help they need. This doesn’t happen often, but when it does, it is difficult for all concerned. Your peer group and assignment Stephen leader will guide you through the process, stepping in, if necessary, to explain to your CR the need to close.

This situation happened recently with Kylene Joplin and her CR who had multiple needs that were above and beyond the scope of SM. And, in addition this CR was unable to meet face to face with Kylene. Their phone conversations were lengthy and when Kylene hung up the phone, her husband would say, “You look like you’ve been through the wringer.” Kylene felt totally consumed by the woman’s problems and when she brought it to the attention of her peer group and the assigning SL, the decision was made to close the relationship. Connie Conklin, who had made the assignment phoned the CR and told her that unless she met some requirements related to counseling and meeting in person, the relationship would end. The CR did not follow through on meeting those requirements. In the meantime, Kylene said she felt like a failure as a SM because nothing she did or said ever seemed to be of any help. Again, these sorts of SM relationships can really be difficult. Kylene needed and received affirmation from fellow SM’s and SL’s, but it took the starch out of her and gave her pause to reflect on how much she is able to give in the future.
In Green Valley, closure frequently happens when your CR dies. When death is anticipated, your visits with your CR may focus on preparing for death, on things that need to be done and said before the final day or on reminiscing about the past. John Vold had a CR who talked about death during nearly every visit, but Sandy Vold had a CR who never talked about death because she had had one remarkable recovery after another. When each of their CR’s died – one was expected, the other was not, it was much easier for John to deal with the death than Sandy. When death is unexpected there is no chance to say Good bye. That is tough and that’s when the Peer group really needs to step in and support you. One happy note about Sandy’s CR is that on the one year anniversary of her death, the CR’s daughter phoned Sandy to thank her and said, “I just needed to talk to someone today – and you’re the one I want to talk to.”

If you have been with your terminally ill CR for a fairly long time, most likely you have gotten to know one or more of the family members during the course of your relationship. If your CR is in a hospital or nursing home, he or she may be unconscious during your final visits. If you have an opportunity to say good bye, regardless of the CR’s response – it’s a good idea to do so. It may mean a lot to you and to the family members as well. Having closure with the CR and the family may be meaningful to all of you.

5. **Closure is a tapering off process.** Once you have discussed and agreed upon closure with your CR, gradually increase the time between visits. And, when it’s time for the final visit, then mark it with something special – perhaps with meal out at a special restaurant or a small gift.

6. **Leave the door open for future ministry** – let your CR know that you are still available if new problems arise. That’s what happened with Kay Davison who first was assigned her CR when her husband was very ill. The husband passed away, and eventually Kay and her CR had closure. But, some time later, her CR became ill and phoned Kay, asking her to come and be her SM again. Kay did, and she remained her SM until the CR died.

7. **Follow up** – after the final visit, make periodic phone calls or emails or cards just to check in. It’s meaningful for your CR to receive those little reminders of your presence.

And Finally:

8. **Fill out the wrap up form** and turn into the SL who assigned you to the CR.

I will get a copy of this talk to Carol Claton who can scan it and put it on our website.
QUESTIONS TO CONSIDER IN YOUR PEER GROUP

1. How long have you been together with your CR?
2. Has the initial crisis/problem of your CR changed since you first started seeing one another?