GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, INC.  
NATIONAL COMMITTEE REPORT  
2018-2020

SOCIAL SERVICES REPORT  
(Sub-Committees: Aging, Autism, Cancer & Other Major Illnesses)  
National Board Co-Chairs: Efthalia Katos and Stella Pantelidis  
National Board Liaison: Evan Mekras Scurtis  
Committee Members: Eleni Constantinides, Lekita Essa, Alexis Limberakis, Aspasia Melis, Helen Psaras, Maria Skiadas, Joanne Stavrakas, Kalli Tsitsipas, Margaret Yates, Billie Zumo

Services provided by Paullette Geanacopulos, LMSW

Metropolis Social Services Liaisons:
Archdiocesan District: Despina Kartson, Vasiliana Fakiris. President Jennifer Constantin
Atlanta Metropolis: Presbytera Evi Kaplanis, Tina Chagaris. President Irene Politis
Boston Metropolis: Georgia Lagadinos. President Athena Kalyvas
Chicago Metropolis: Katherine Siavelis, Helen Theodosakis. President Marilyn Tzakis
Detroit Metropolis: Margaret Yates. President Theone Dickos
Denver Metropolis: President Stella Piches
New Jersey Metropolis: President Eleni Constantinides
Pittsburgh Metropolis: President Crystal Thomas
San Francisco Metropolis: Lisa Xanthos. President Jeannie Ranglas

OVERVIEW OF FINANCIAL ASSISTANCE GRANTS:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020 (01.01 – 07.31.2020)</th>
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<td>• Cancer/Other Major Illnesses</td>
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SOCIAL WORK GRANTS BY METROPOLIS:

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OVERVIEW CALENDAR YEARS 2018, 2019 & 2020 FROM 01.01 TO 07.31) TOTAL AWARDED = $565,064.56

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<tr>
<th>METROPOLIS</th>
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<th>2020 (01.01 – 07.31.2020)</th>
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The Greek Orthodox Ladies Philoptochos Society established its Department of Social Services in 1987 at the request of His Eminence Archbishop Iakovos of Blessed Memory to provide direct services to Orthodox Christian individuals and families throughout the Archdiocese, regardless their immigration status, to help those in need address and resolve, as best as possible, the human service challenges they face.

Over the years, there is one truism that has remained constant in our work: Most of the people who reach out to us never thought they would have to ask anyone for help, let alone us.

Many of our clients thought they did “everything right” to prepare for the future, but because of a quirk of fate, a life-threatening illness, a disaster, or a situation that slides, spirals or catapults them into difficulties, they face financial, practical and emotional challenges requiring interventions and assistance.

**WHY PEOPLE TURN TO US FOR HELP**

People seek our help for one or more of the following reasons:

- **ECONOMIC**
  - loss of employment or underemployment
  - the termination or rejection of public benefits such as disability, or because of their immigration status

- **FAMILY SITUATION**
  - Divorce
  - Abandonment
  - dead beat parent
  - domestic violence
  - death

- **HEALTH**
  - Onset or recurrence of their own or a child’s chronic or life-threatening illness,
  - disability of family’s primary bread winner
  - substance abuse disorder or addiction that impacts both client and family

- **MEDICAL BILLS**
  - Overwhelming out-of-pocket medical bills, even for those who have health insurance, such as copayments, premiums, deductibles.

According to a survey published March 2019 in the American Journal of Public Health, nearly 60% of people who filed for bankruptcy in the United States did so because of out-of-pocket medical bills.

- **MENTAL HEALTH**
  - Mental illness – about 40% of those who seek our help suffer from a chronic and persistent mental illness, such as depression, anxiety, bipolar or borderline personality disorders, paranoia, etc., conditions that affect both the person and their family members
    - Oftentimes, they refuse or stop taking prescribed medications because they don’t like the side effects, or because they “feel better” and think they are well.
    - Many persons with mental illness “self-medicate” with illicit drugs, such as opioids, cocaine, heroin, fentanyl and more
• Mental illness can render the person unable to follow through on public benefit requirements and can cause the person to become immobile, thus unable to take actions to help them move forward. Oftentimes, this leads to homelessness.

**Housing/Homelessness**

• We receive requests for referrals to subsidized housing from low- and moderate-income persons, many of whom are elderly, but because housing options are few and waiting lists can be 6 – 12+ years long, we are hard-pressed to assist.

> A significant number are undocumented older men who have been in the US for 25+ years, most of whom worked, but “off the books”. Being without ‘papers’, they don’t qualify for benefits, and they cannot return to Greece as they have nothing and no one to return to.

• An increasing number of our clients are homeless individuals living on the street, in subways or in public transportation hubs, or in shelters.

> Some of our clients are doubled- and tripled-up with family members, but because they are ‘indoors’, they no longer are considered “homeless” and thus, do not qualify for services and programs designated for those who are homeless.

**Women and homelessness:** A primary cause of homelessness among women and families is domestic violence. The abused women leave their homes, with nowhere else to turn, or landlords sometimes turn victims out of their homes because of the violence against them.

**Funerals/Final Arrangements**

• If a low-income person needs to choose between feeding their children or keeping a roof over their heads and pre-planning a funeral, purchasing a cemetery plot is a “luxury” they cannot afford. As a result, Philoptochos is asked to ensure such persons are not cremated or buried in Potters Field.
  • These referrals generally come to us from the County Offices of Medical Examiners (unclaimed remains of Orthodox Christians), local social service agencies, hospice programs and funeral homes.

While these reasons are viewed as “acceptable”, people also turn to us for help because of:

**Poor Judgment:**

• We often are asked “Why didn’t they know better?” Our response is always the same: Frequently, the path to good judgment is paved by a series of poor ones. And the “penalty” for poor judgment should not have to be homelessness.
  • Not all people have the inherent ability to make sound decisions. Thus, part of our role is to help them develop the skills to make better choices.

**Lack of Family Supports:**

• We also are asked why they haven’t turned to family for help.
  • Many of our clients have no family, or, they have “used up” the good will of their families who will not or cannot help again.
    • In such cases, they turn to us as “their family”.

**Sense of Entitlement:**

• And there are those who believe we must help because we are “Philoptochos”. Their “job” has become “begging” for help from Philoptochos chapters and Metropolises whether or not they have any affiliation with them.
  • Some refuse to submit documentation or bills for us to consider and “demand” we give them cash. **We do not.**
WHAT WE DO WHEN SOMEONE ASKS FOR OUR HELP:

- We ask applicants to complete and sign our Application for Assistance and Consent for Release of Information forms and return them to us with a recent photo and documentation of their situation including copies of household income, expenses, and outstanding bills. *(Forms are available on our website at: www.philoptochos.org)*

- We ask whether they have reached out to or are known to a local Philoptochos Chapter and/or Metropolis Philoptochos, and if not, we ask their permission to notify our local affiliates of their needs. *(Note: a person does not have to be a ‘steward’ of a Church for us to assist them).*
  - Whenever possible, and with the client’s permission, we follow Philoptochos protocols regarding the order in which we and our affiliates provide assistance
    - **First:** the local chapter
    - **Second:** the Metropolis Philoptochos
    - **Third:** If the first two are unable to meet the documented needs of the individual or family, National Philoptochos stands ready to supplement the assistance that was provided locally.

- With strict adherence to **confidentiality and maintaining the dignity** of the individual, we conduct primary and secondary interviews to determine the most effective way to help the person. Together with the client, we develop a plan of action with the goal of improving their ability, as best as possible, to manage on their own in the future.
  - We make sure the person understands the reasons for our interview questions:
    - “I don’t mean to be intrusive, but I am going to ask personal questions to help us determine the best way to help you, so please answer as completely as you can”.
    AND
    - “Please know that everything you say will remain confidential and will only be shared with others with your permission.”
  - One of the things we look for are underlying reasons:
    - A person may reach out to us for a specific “ask”, but we ask questions to find out if there is an unstated reason we first must address.

For example, a person may be asking us to help them relocate but during our interview, we learn they wish to move because they are being abused or harassed by their partner.

- We understand the person seeking help is **under stress**, and is coping with a range of emotions related both to their situation and the need to ask us for help
- And, we are **non-judgmental**, kind and patient in our interactions with clients.

Our services vary depending on what we learn through our interviews:

- **SUPPORTIVE COUNSELING:**
  - Note: We don’t provide psychotherapy or clinical counseling, rather we refer to other resources if such is needed.
  - We use “interview language” to help us obtain needed information:
    - For example, rather than say, “What is your problem?”, we ask, “How may we help you today?”
  - We encourage applicants to talk about why they reached out to us “now”
  - We ask how they hope we can help them – their specific ask(s).
We ask if “this” issue occurred previously, and if so, why, and what happened.
  • Because many people present with more than one need (e.g. income, housing, hunger, bereavement, family services, caregiving, etc.) we prioritize needs and if the need is something we cannot provide, we arrange short- and long-term services through other appropriate organizations

• INFORMATION & REFERRAL:
  o We provide information about and referrals to long- longer-term resources, e.g. non-profit or government agencies, Philoptochos Metropolises, local Chapters.

Local chapters and Metropolises are our “on the ground” resource, for example, when a home visit / personal contact is needed. When the need is food, we ask local chapters to give the person a supermarket gift card. Local chapters also are asked to provide socialization and visits and when needed, transportation to Church or other services, and through their priests, spiritual support.

• ADVOCACY is the final “piece” of Information and Referral as it allows us to ensure clients obtain the benefits and services to which they are entitled.

We help people navigate and negotiate complex service systems – especially for persons with cultural or language barriers who cannot access mainstream services on their own.

• FINANCIAL ASSISTANCE:
  Within the guidelines of Philoptochos policies and procedures (details on our website), we award financial grants directly to the vendor(s) based on invoices / bills submitted that
  o Contribute to rent or mortgage arrears to prevent evictions and foreclosures
  o Pay utility arrears; arrange for emergency fuel deliveries to ensure a family has heat in the winter
  o Contribute to uncovered medical and other outstanding daily living expenses
  o Relocate victims of domestic violence into safe housing
  o Arrange heavy-duty cleaning of a hoarder’s home to ensure s/he is not evicted and sent to a shelter
    • We connect that person to mental health and housecleaning services with the hope they will not repeat these behaviors.
  o Arrange and pay for funerals of indigent Orthodox Christians who otherwise would be cremated or buried in Potters Field.
  o Provide interim financial help to persons awaiting a decision on their public benefits application, or who are ineligible because of their immigration status, their age, family size, or because their income is above the threshold.
    • Thus, we give them breathing space to figure out their next steps.

• FOLLOW-UP:
  o Oftentimes, we ask clients to stay in touch with us as they put their plan in place.
    • As a faith-based organization, we strive to ensure that those who reach out to us know their problems are not because God – or their Church - has abandoned nor is punishing them.
      • Sometimes all a person needs to know is that they are not alone.
OUR COVID-19 RESPONSE:

• More than 5 million Americans have contracted the virus to date
• Over 170,000 Americans succumbed to the virus – many without family able to say “goodbye”
  • Millions of Americans lost their jobs and for the first time, had to apply for Unemployment Insurance Benefits, frequently overwhelming state systems
  • Businesses closed – many may never be able to reopen
• Per CDC recommendations, people are wearing face masks, practice social distancing, and are sheltering-in-place.
• Huge lines of people are turning to food pantries for the first time to feed their families – many wait in line at public schools that began food distributions, regardless the age of the recipient
  • More than ever before, Americans face eviction and mortgage foreclosures
• Schools closed and went to remote learning – it remains unclear when/ if they will reopen and how teaching will occur safely for students, teachers, administrators, staff, bus drivers, etc.

In response to the “new” normal caused by the COVID-19 crisis,
WE HAVE GOOD NEWS, TOO:
As soon as the pandemic began, Philoptochos went into “high gear” and immediately answered the call at the National, Metropolis and Local Chapter levels with substantial support to national, regional and local organizations, including food pantries and shelters, direct financial assistance to individuals and families, outreach, visits and grocery deliveries to older adults and shut-ins and more!

At the national level, we broadly publicized the following:

If you are facing an economic or financial hardship as a result of the COVID-19 Pandemic and need emergency help meeting your rent or mortgage payment, utility, food, childcare, medical or other daily living costs, or if the stress of the crisis has overwhelmed you and you would like a referral to a mental health counselor. You are not alone!

Contact National Philoptochos for help with:

- Loss of income
- Medical Payments
- Housing & daily living costs
- Mental Health Referrals

Spirit ⇒ Body ⇒ Mind ⇒ Soul
We posted on our website relevant literature from the CDC, Mayo Clinic and more, to help people suffering from the effects of the virus and the shelter-in-place regulations throughout the county:

- Anxiety Illnesses
- How Spirituality Can Benefit Mental and Physical Health
- Managing Anxiety and Stress
- 24/7 Crisis Hot Line: Text a Counselor
We immediately streamlined our application process, publicized our services through our social media, our local chapters and Metropolises, several Orthodox Christian and social service networks and leaped right in. We continue to vet every case that comes to us to ensure requests are legitimate and we are not duplicating assistance they have received from other sources.

Because of the success of our outreach, just in the first seven months of this year, we already have helped more than 150 individuals and families from all over the country and have awarded nearly $200,000 in grants to members of our community who suffered permanent job layoffs and furloughs and thus loss of health benefits, denial of unemployment or other public benefits, and whose financial losses caused them to exhaust their life savings. They are people who were hard-pressed to pay their rent, mortgage or utility costs, and who for the first time had to turn to food pantries to feed their families. These figures do not include the assistance provided by Philoptochos at the Metropolis and local chapter levels.

Many parts of the country went into “lockdown” as of March 16th, we are proud to report that National’s first COVID grant to an individual was awarded on March 26th!

Many of our grants are contributing to rents and mortgages, and although some people were protected by “no evictions” during the pandemic, this “waiver” primarily affected buildings constructed with federal funds, and is temporary – limited to three months. At some point the piper has to be paid – and as of July 31, that is what happened.

Regarding mortgage payments – people have said that the person should apply for a three-month forbearance, and many have, but not all mortgage companies have added those three months to the back end of the loan.

• Whether rent or mortgage, right now, a significant number of people are being required to pay the full amounts due.
  ○ And if they lost their jobs whether or not they are receiving unemployment benefits – IF they were eligible - how are they expected to pay the full back rent?

In a nutshell, the pandemic has totally thrown people’s lives into a state that can be compared to “walking a tightrope over the Grand Canyon in gale force winds”.

Because of the increased anxiety and stress the pandemic created, we also are directly responding to mental health needs. We included on our COVID application a question about whether any family member is struggling with the emotional stress of being quarantined, loss of income, unpaid bills and, if they have children, needing to help them with homeschooling.

But we don’t just ask the question – we refer those who request it to counseling, and since many people lost their health insurance or have had to waive paying their premiums after being laid off, we offer to pay for up to ten sessions of mental health therapy.

None of us knows what the future will bring, nor do we know if our lives will ever return to what it had been before, but the one thing we definitely know is:

ALL LEVELS OF PHILOPTOCHOS STAND READY TO RESPOND!
TELEPHONE CAREGIVER SUPPORT GROUP:

“The fellowship of the members of this caregiver group was both nourishing and nurturing. I feel supported, encouraged, and inspired by hearing everyone's story and not alone in my struggle.

The final session with Father Harry was profoundly calming and illuminating. The entire series was an unforgettable gift to us as ministers to those in need and as human beings carrying our cross with the Lord's help.

With love in Christ”

For seven consecutive weeks from February 27 through April 9, 2020 the National Philoptochos Social Services Department conducted a Telephone Caregiver Support Group for Orthodox Christians who are caring for a loved one whether elderly, ill or disabled. Given the response that our outreach generated – participants hailed from Maine to Hawaii – it quickly was apparent that caregiving is an issue that broadly resonates throughout our community. While we originally planned to conduct one group/week, the number of persons who responded and were accepted into the program resulted in our conducting two separate groups each week, one primarily for persons caring for an elderly parent or in-law, and the second primarily for persons caring for a spouse or adult child.

The Philoptochos support group was facilitated by Theodora Ziongas, M.A. whose strong background in leading support groups created an ideal environment for participants to speak freely and willingly. Paulette Geanacopoulos, LMSW, National Philoptochos’ Director of Social Services, served as co-facilitator, with the final session led by the Rev. Dr. Harry Pappas of Church of the Archangels in Stamford, CT. As the group “met” over the telephone via conference call, it was accessible to members of the Greek Orthodox community nationwide.

RATIONALE FOR PROGRAM:

Evidence-based research, anecdotal information and practical experiences have shown that support groups improve caregivers’ quality of life by helping participants recognize that they are not alone, by enabling participants to connect with and share information with others facing similar experiences, and by providing the opportunity to speak about and work through their feelings in a safe and non-judgmental setting. As importantly, support groups are a forum for the provision of accurate information about resources, and broader and local referrals for services including financial, home health aides, appropriate facilities and programs, counseling options, caregiver resources and more. Support groups also empower participants through increased knowledge, insight, and (in our case) faith-based support to enable them to continue developing resiliency and coping skills as they proceed through this difficult journey.

UNIQUE ASPECT OF THE PHILOPTOCHOS PROGRAM:

In response to those who asked why there was a need for a Philoptochos support group considering the number of other organizations that sponsor them, our program was unique in that it highlighted the cultural, religious and spiritual issues and challenges distinctive to Greek Orthodox Christians – whether actual or perceived - that inform our lives and that may impede our community’s willingness and/or ability to access mainstream services.
SCREENING INTERVIEWS OF APPLICANTS:
All respondents were interviewed over the telephone by Theodora Ziongas to assess their appropriateness for the group and caregiving situations, to obtain an overview of their concerns, to compile demographic information, (i.e. ages of caregivers and care receivers) and to ensure their understanding of confidentiality. These interviews allowed the facilitators to plan and organize group discussions and topics to maximize the relevance of the sessions.

Participants were from California, Connecticut, Florida, Georgia, Hawaii, Illinois, Iowa, Maine, Maryland, Michigan, Minnesota, New York, New Jersey, North Carolina, Ohio, Nevada, Pennsylvania, and Tennessee. Most were members of Greek Orthodox parishes; two were Romanian Orthodox and one was Ukrainian Orthodox.

Of the caregivers, 30 were between the ages of 50–70. One caregiver was 89 years old, caring for his 75-year-old wife. Of the care receivers, 34 were between the ages of 60 and 90, with one over the age of 100.

TOPICS OF DISCUSSION:
Each session focused on topics of physical, emotional, practical, spiritual concerns. Caregivers shared information about managing challenges and reframing their approach to their lives. They shared roller-coaster feelings of anger, exhaustion and guilt, ways to cope with their “new normal” and sometime loss of control of their lives, and oftentimes reversal of roles with their care receivers. Discussions also helped caregivers learn how to become advocates – for themselves and their loved ones.

Overall, topics covered:
- Memory issues including understanding dementia / Alzheimer’s
- Complexity of issues when a care receiver’s exhibits aggressive behaviors
- Finding caregivers who speak Greek – especially in non-urban areas
- Finding geriatric and gerontological professionals
- Where and how to locate and obtain needed resources
- Feeling alone – lack of support from family and friends
- Coping with stress, exhaustion, isolation, feelings of guilt and anger especially when caregivers expressed impatience towards their loved ones
- Having to be physically present almost all the time
- Caring for physical needs, e.g. bathing, especially when the loved one was uncooperative.
- Understanding and coping with the loss of their previous relationship with their loved one either through dementia/ loss of memory, physical disability, depression, etc.
  - Trying to find new ways to “reconnect” as best as possible, such as taking walks or reading books together, virtually walking down “memory lane”
- Family dynamics and decision-making
- Long-distance caregiving
- Difficulty asking adult children for help
- Coping with and accepting major changes in their own lives
  - needing to retire early
  - needing to work from home
  - no time for previous relationships and friendships
• The need for self-care:
  o Significant time was spent on the need for caregivers to focus on self-care, such as through exercise, nutrition, carving out time to socialize with family and friends or the importance of spending time alone and more.
• Some participants voiced disappointment about ways others offered to ‘help’ them, stating that some neighbors or friends acted as if they knew more and better about what the caregiver (or care receiver) needed rather than ask a simple, “what do you need me to do and when?”
• Planning for the next phase, including financial, legal, emotional, and spiritual concerns; building resilience, developing and maintaining an ongoing support network.

IMPACT OF THE PANDEMIC:

“\text{It’s been a rough month in the world. I pray all are well.”}

Shortly after we began our support group, the COVID-19 quarantines and lockdowns began, so we pivoted to respond to the “new normal” of caregiving. Since the crisis was at different stages in different parts of the country, it provided caregivers with the opportunity to share experiences at the beginning stages and what might be helpful to others in the future.

With issues and solutions identified by the support group participants, we reframed discussions to include

• addressing caregivers’ increased stress caused by trying to keep their family members healthy and “unexposed”, in light of the severity of the virus on older people and those with compromised immune systems
• how to safely let a home health aide into one’s home especially if s/he were coming from another family’s home
• helping shut-ins deal with isolation – not being able to physically see adult children and grandchildren

and the one topic that resonated among all the participants, both caregivers and care receivers:

• the inability to physically go to church for Sunday liturgies, and whether and how they would be able to celebrate Easter with all its glories in the face of social distancing.

For some of our immigrant care-receivers, the isolation, shortages of foods and other products, health warnings for persons in their age group, empty streets and little to no traffic reminded them of their WWII experiences in Greece – bad memories indeed.

The final session, led by Rev. Dr. Harry Pappas, was held on Thursday, April 9\textsuperscript{th} and was a joint session with both groups. As the final session was about to begin, one of the caregivers called in and tearfully told the group that her husband had just been diagnosed with COVID-19 that afternoon. She asked the group to pray for her husband and her.

After the end of that session, Dora called her to offer support. The participant indicated her husband was in the hospital, she was talking to his doctors and trying to coordinate his care – he was 89 years old and she was, of course, very worried. She appreciated the call, and Dora reinforced that Philoptochos was available to help any way we could; she was provided with the National Philoptochos phone number and Father Harry’s email and phone number as well. She was very appreciative of this.
PASTORAL / SECULAR ISSUES RAISED BY CAREGIVERS:

• Caregivers who “want” to be good Christians but “sometimes” find it hard
• Cultural issues of secrets, silence and isolation
• Asking if caregivers are being punished – in relation to having to be a caregiver
• Asking if all of us are being punished because of the COVID-19 pandemic
• Addressing issues of those who used to find comfort going to church but no longer are able because of lockdowns
• Asking about the role of prayer helping caregiver deal with their daily challenges, and if yes, which prayers
• Finding strength and resilience – how to empower themselves
• How faith, religion and spirituality can help caregivers reframe the challenges they face

OVERALL IMPRESSIONS

• The overwhelming response to the outreach for this group indicates there is a great need for services, information, support and connections for caregivers.
  o Along with a much larger number than expected answering the call to participate, we continued to see a high participation rate throughout the seven weeks
• Participants expressed their appreciation for being part of a group with other Orthodox Christians
• Participants congratulated Philoptochos on this initiative, saying it was much needed. Several wrote emails expressing their appreciation.
• Throughout the seven-week sessions, it was clearly evident how overwhelming caregiving is and how much commitment, caring and resourcefulness they are exhibiting.
• Many participants expressed that it helped a great deal to know they were not alone, stating that the group helped them feel empowered.
• There is a need for more resources, especially bilingual home health / homecare aides which was very difficult for caregivers to find especially outside of the major metropolitan areas.
• One of the participants who works in the IT field, offered to form a closed, invitation-only Facebook page for the participants of these groups – independent of Philoptochos - so they could continue to communicate and support each other after the end of this group.
  o Information on how to join this group was distributed to all the participants (both Tuesday and Thursday), with many indicating they would join.
    ▪ This initiative was a particularly positive development since one of our goals was to empower participants to continue supporting each other after the initial 7-week sessions ended.
• Relevant articles and resource information regarding religion and spirituality were compiled by Rev. Dr. Harry Pappas and distributed to group participants
• Secular resources were compiled by Paulette Geanacopoulos also for distribution to group participants.
FUTURE CAREGIVER SUPPORT OPPORTUNITIES / CONCLUSIONS

The following became evident during the course of the sessions:

- Orthodox Christian communities need more information, services, and resources to help parishioners who are caregivers
- Support groups such as this one are needed as many participants expressed a desire to participate in any future programs offered by Philoptochos
- Caregivers are committed to caregiving and do so with love and compassion – or try to “most of the time. “Many saw their caregiving as a “ministry”
- There are challenges to caregiving – many of which can be daunting. Those caring for a loved one have difficulty juggling everything by themselves
  - While respite is needed and sometimes offered to individual caregivers by others, “helpers” need to follow the lead of the caregiver rather than make assumptions based on their own frames of reference
- It is important that caregivers not feel “judged” or “criticized” for feeling angry, overwhelmed, tired or stressed. (One caregiver said had been told feeling angry was ‘a sin’).
- Local programs and services should encourage compassion and:
  - “If you can learn a simple trick, Scout, you’ll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view, until you climb inside of his skin and walk around in it.”
  - – Atticus Finch in To Kill A Mockingbird by Harper Lee
- The “sandwich” generation is particularly vulnerable – those who are raising a family, caring for children and aging parents, while also working and focusing on careers.
  - Most of the participants in these two sessions were either retired or retired early to care for their loved ones. Most of their children were in college or working full time. Perhaps the “sandwich” generation did not participate in one of these support groups because they could not even spare the one hour a week for seven weeks to participate. It would be interesting to explore this further.
- It became apparent that there are opportunities for training at the regional and chapter level for Philoptochos members and perhaps even clergy on caregiver issues.
  - Several of those who were initially interested in participating were not caregivers themselves but were involved in helping members of their parishes who were caregivers.
  - As a next step, we plan to provide them with additional resources and training – via local and regional webinars - so they can expand and develop services to this population at the local level.
  - We plan to put together a toolkit to facilitate the expansion of services and resources.
- It is strongly recommended that services developed at the local and/or regional levels include participation by a member of the clergy who can provide spiritual comfort and a pastoral counseling component to programming.

Since our inception, the work of Philoptochos has been informed by regularly monitoring our social environment to enable us to respond proactively and with cultural sensitivity to the human service challenges faced by our community, and in many cases, we learn along with our “constituents”. With God’s grace, and with your support, we will continue to work diligently to mitigate as many of these problems as we can.

In closing, I share with you a bible quote that a client of mine sent me that I believe appropriately represents our work:

“For I know the plans I have for you”, declares the Lord; “plans to prosper you and never to harm you; to give you a future and a hope.”

Jeremiah 29:11.

During these difficult times, we all need to know that God will give us a future and hope.
ADDENDUM: LIST OF RESOURCES / LITERATURE SENT TO PARTICIPANTS:

SPIRITUAL RESOURCES SUBMITTED BY FR. HARRY PAPPAS:
- Pastoral Responses to Issues Raised During the Final Session of the Philoptochos Caregiver Support Group
- Spiritual Resources for Healing
- Recommended Psalms (Greek and English)
- Why Should the Church Care?
- Spirituality of ElderCare
- Church Fathers: On Life and Suffering

SECULAR RESOURCES:

SELF-CARE
- 5 Self-Care Practices for Every Area of Your Life
- A Caregiver’s Guide to Coping with Stress and Burnout
- Caregiver Stress Tips for Taking Care of Yourself (Mayo Clinic)
- Coping with Stress – Sandwich Generation (US News & World Report)
- Manage Anxiety & Stress – CDC (Re: COVID-19)
- Caregiver Mental Health
- Crisis Text Line – Anxiety

RESOURCES
- Aging Services and Resources – From Association of Life Care Managers
- Aging Services – Hiring Home Care
- Guide to Finding an In-Home Caregiver
- As Caregivers Get Younger, Planning for Long-Term Care is Getting Even More Important
- Association of Life Care Managers – (formerly Geriatric Care Managers)
- Signs the Senior Needs Help at Home

CARING FOR SOMEONE WITH ALZHEIMER’S OR DEMENTIA
- Guide to Alzheimer’s Caregiving
- How to Help Aging Parents Manage Medications
- How Dementia Caregivers Can Practice Building Resilience
- Does the Full Moon Affect Alzheimer’s Patients?
- Understanding and Minimizing Symptoms of Sundown Syndrome

SPECIAL SITUATIONS
- What to Do When a Senior Refuses to Bathe and Change Their Clothes
- Tips on How to Cope with a Crisis or Trauma
- Caring for Aging Parents Who Didn’t Care for You
- Caregiving During the Holidays: Have a Realistic & Positive Approach
- Grieving for a Dying Loved One During the Holidays
- 5 Examples of How Forgiveness Can Improve a Caregiver’s Life
- The Difference Between Palliative Care and Hospice
- Advance Care Directives • Advance Care Directives About Treatments That Prolong Life

For copies of any of the above resources, please email Paulette Geanacopoulos at PauletteG@philoptochos.org