



Episode 2: Caregiving Through COVID

Introduction and Overview

Welcome to **Intersect**, a podcast for anyone in the business of health care who's committed to providing treatments and experiences that improve patient health.

This podcast tells stories of behavioral science in action. In each episode, we show how MicroMass uses behavioral science, creativity, and technology to solve challenges and create more ideal customer experiences.

This is part 2 of Rachel's story. The COVID-19 pandemic is in full force. Rachel and her family have had to make drastic changes to their routine, and their stress level is higher than ever. Listen to how MicroMass helps Rachel overcome mounting obstacles, get her family aligned as a team, and keep everyone (including herself) moving forward in a healthy way when they can't even leave the house.

Key takeaways from this episode:

- Caregivers and patients need more support to manage the unique challenges of COVID-19.
- Adapting resources to suit the needs of patients and caregivers is a key part of any support program.
- Communication is an ongoing process that can bring family members together to work toward the patient's health goals.
- Empowering caregivers to reach out for help and play to their strengths helps them avoid burnout and keeps them moving forward.



Interested in learning how MicroMass can help your brand?

Email info@micromassmkt.com

Meet the Team



Kathy Moriarty | [Senior Behaviorist](#)

I really enjoy the opportunity to learn about the experiences of patients and caregivers and then use those insights to provide unique, tailored support. While working on an oncology brand for over 3 years, I have been struck by the magnitude of the caregiver's role. There's so much to manage with cancer and treatment, and the caregiver is at the center of it all while still being responsible for their own lives. It's critical to provide caregivers with personalized support to help them in this overwhelming role.



Kim Lilienthal | [Senior Behavioral Copywriter](#)

My favorite part of working at MicroMass is distilling complex concepts into simple and memorable experiences. I have a background in higher education and team development, so I know what it takes to design motivating, engaging, and transferrable learning experiences that build skills and understanding. This shapes my perspective on caregiving: each person brings their own strengths to the healthcare team to work together toward a common goal.



Eric Connor | [Associate Creative Director](#)

I specialize in the visual experience. Whether online or print, I work to understand the needs of the user (UX/UI) to gain clear insight. Clutter creates a confusing experience, while branding and visual cues strengthen the experience and help our work gain credibility. On a personal level, I've been in the role of caregiver for family members. I understand how that role can feel overwhelming or frustrating, and how focusing on your own health often takes a back seat. Plus, I really like working and collaborating with our team to solve challenges.



Kristen Maynard | [Senior Account Director](#)

I've worked in the oncology space for more than 6 years. Caregiver initiatives are usually the first thing on the chopping block when it comes to a brand's prioritization of tactics. Caregivers play an important, unique role in the patient's quality of life. Caregivers are there every step of the way and can significantly influence the patient's experience. One of my favorite parts about working at MicroMass is that there are so many different layers to solving a brand's challenge. It's exciting to peel back the layers and determine which behavioral strategies, channels, and tactics fit together to best accomplish a goal.

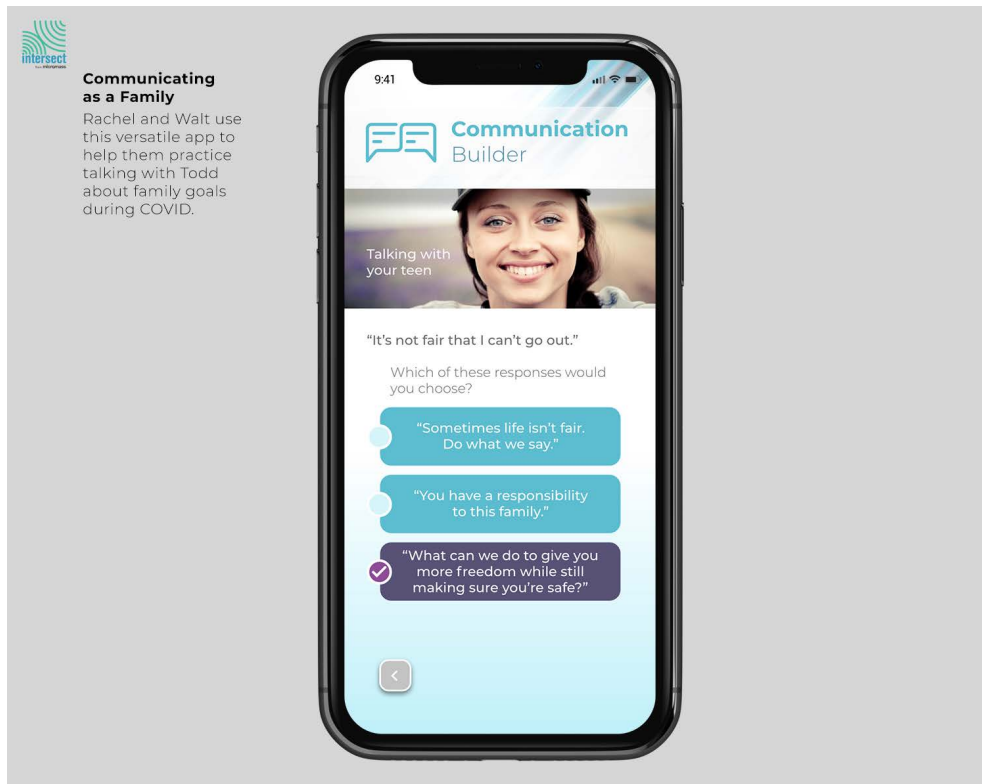
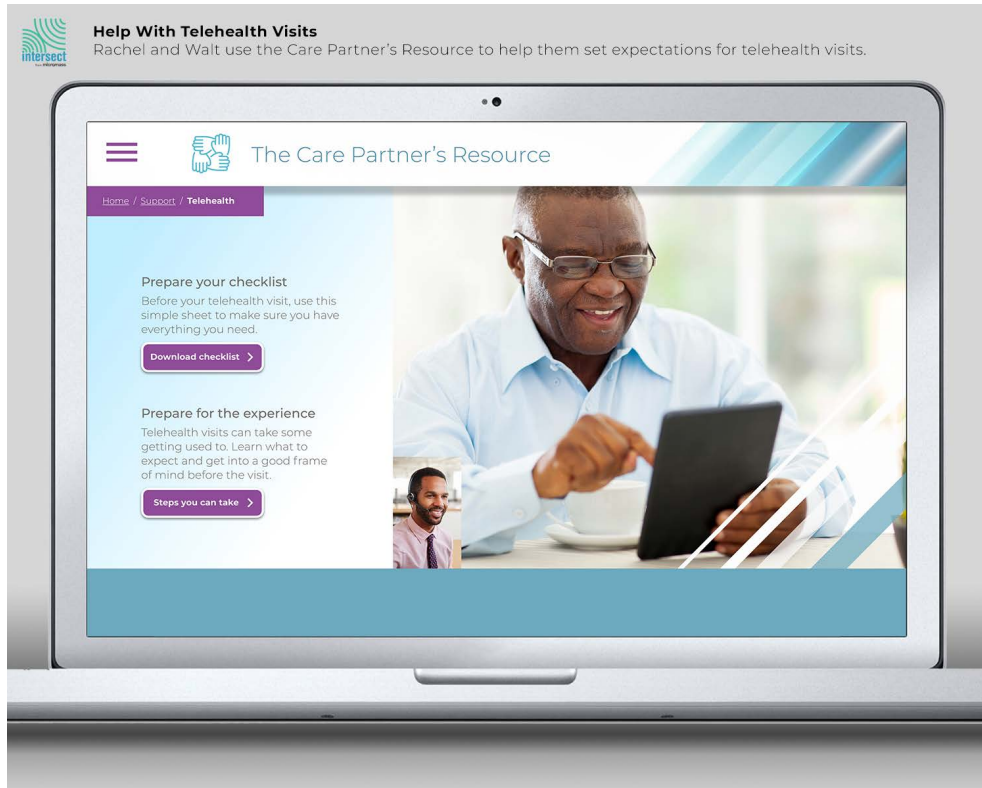


Johnny Knight (Host) | [Senior Behavioral Copywriter](#)

I love talking with people to gain a deeper understanding of their experience and to learn what motivates them and how they view the world. I try to transform simple writing into meaningful moments of connection and growth. Story is my specialty.

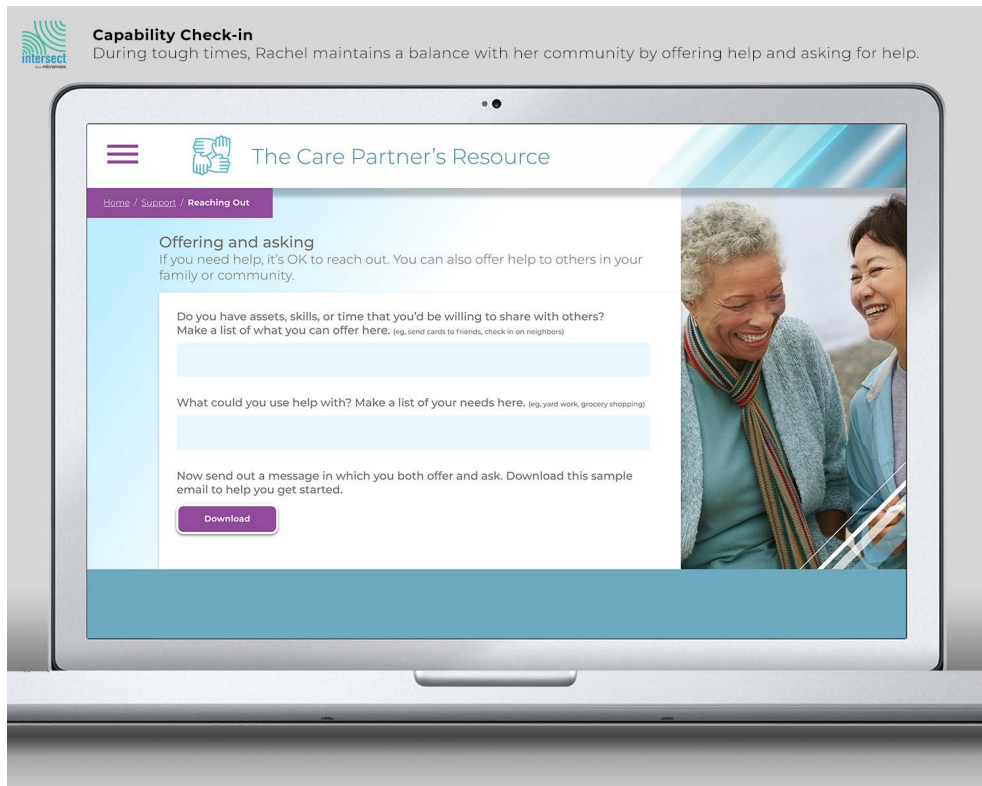
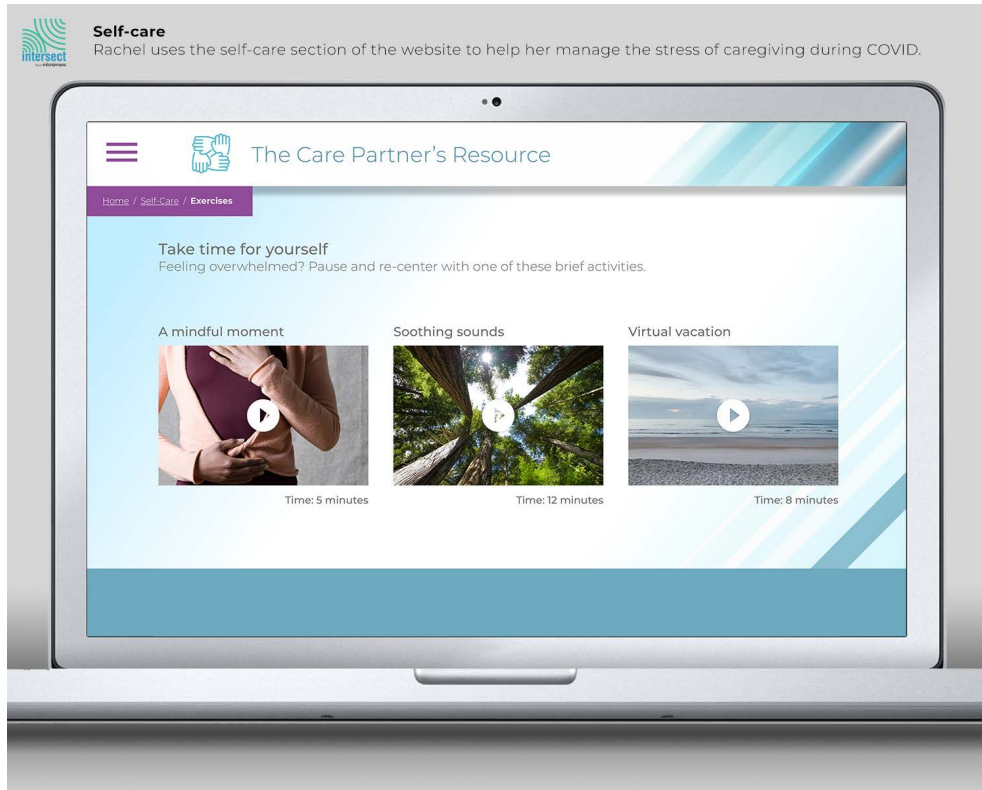
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Support tools discussed in this episode



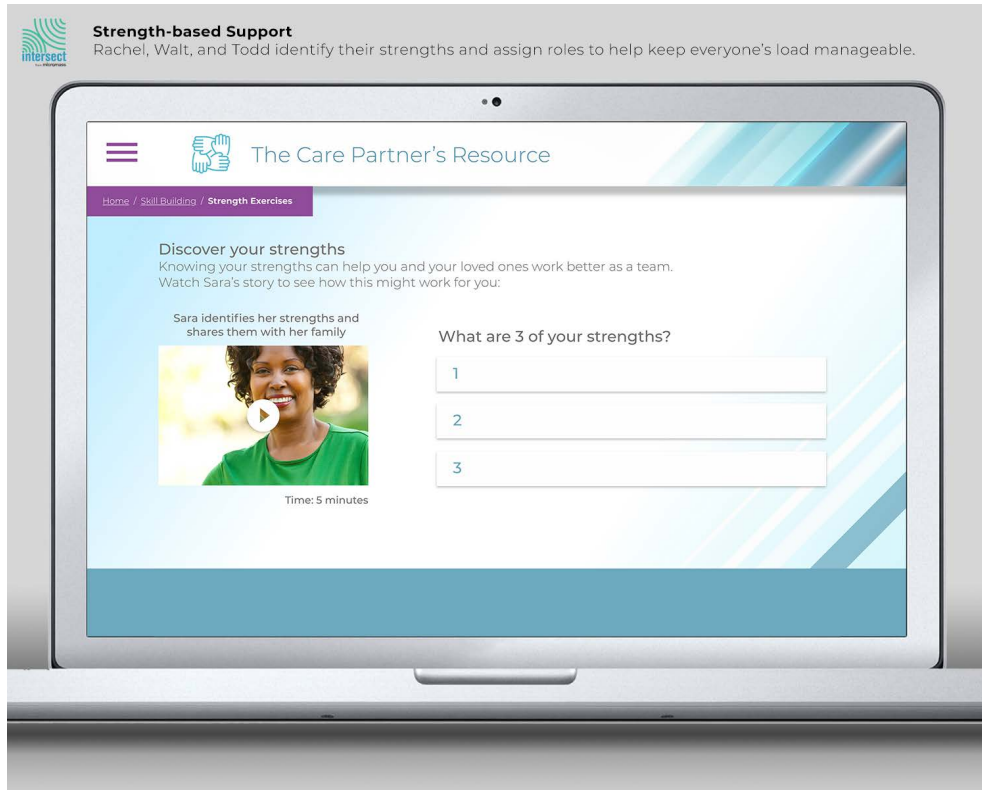
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Episode 2: Caregiving Through COVID Transcript

ANNOUNCER: MicroMass Communications presents: *Intersect*.

RACHEL: Well he is grounded.

WALT: Grounded?

RACHEL: For at least two weeks.

WALT: We're already quarantined. How much more grounded can he get?

Musical interlude.

JOHNNY: It's May 15, 2020. Rachel and Walt are in their second month of quarantine, and they just found out their son Todd has been doing something reckless.

RACHEL: I'm firm on this. He is not leaving the house except to get a COVID test. No phone, no computer...

WALT: Come on...

RACHEL: Nothing.

WALT: Come on, slow down.

RACHEL: This isn't the first time. He told me he's been doing this for weeks. He goes for a "walk," he goes to Nick's house to play video games. All those teenage boys from the neighborhood hang out over there. I bet the game controllers are covered in coronavirus.

WALT: He's done this before already?

RACHEL: Yes. I asked him, "What could happen if you come home with the virus?" And he was like, "Mom, I washed my hands." I mean, he just doesn't get it. He doesn't get it.

Musical interlude.

JOHNNY: Walt has cancer. He's in the highest of high risk groups. But he's not the only one affected by this.

WALT: I probably can't come near him. I'm going to have to start wearing my mask in the house I guess.

RACHEL: [SIGHS]. I'm sorry. This is gonna be rough.

WALT: Wait a minute—two weeks? His birthday's next Monday. His friends have a virtual party planned for him. We can't take away his phone.

RACHEL: He lied to us. He is risking your life.

WALT: It's his 16th birthday. He's already stuck at home, and now he can't talk to his friends. Just let him have his birthday.

RACHEL: So you want to make an exception for that one day?

WALT: I do, seriously. I can't take this away from the kid. He's already had so much to give up. And frankly, it's partly because of me.

RACHEL: You feel like you've taken away his freedom.



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Transcript (continued)

WALT: I have. I've made life harder for him.

RACHEL: So you want to make it up to him by letting him have his birthday party?

WALT: He has to learn to be honest with us too. We can have the party and still punish him in some other way.

RACHEL: Alright. Well, what else can we do?

Musical interlude.

JOHNNY: Welcome to **Intersect**, a podcast by MicroMass Communications. On our last episode, we met Rachel and Walt. We explored Rachel's role as a caregiver. She's a partner to Walt, a mother to Todd, and the sole breadwinner of the family. We looked at her experience through the lens of a patient support program and we came to the conclusion that it's vital to support Rachel as well as Walt. She's the one who Walt trusts, who Walt depends on for a stable environment. Her well-being and care are every bit as crucial to Walt's health as the doctors he sees and the drugs he takes. We developed a care partner website to help Rachel practice self-compassion and a chat platform to help her strengthen her communication skills. You may have noticed her using some reflective listening in that clip you just heard. It's a technique from the chat platform we provided. Now that COVID has hit, our team of specialists is still following Rachel, working hard to help her as she supports her family. Let's re-introduce you to our team.

KATHY: I'm Kathy Moriarty, Senior Behaviorist.

KIM: I'm Kim Lilienthal, Senior Behavioral Copywriter.

ERIC: I'm Eric Connor, Associate Creative Director.

KRISTEN: I'm Kristen Maynard, Senior Account Director.

JOHNNY: And I'm your host, Johnny Knight. Everyone has been impacted by COVID-19, but for cancer patients and their caregivers, the stress has gone to a whole other level. With Walt's compromised immune system, every trip out of the house brings up fears, and potentially brings the deadly virus into their home. In this new normal of everyday high alert, what resources can our team create, or how can we adapt existing resources to help Rachel build skills as a caregiver during the pandemic? First up: the challenge of seeing the healthcare team. Like a lot of people, Rachel and her family have gone online.

RACHEL: We do all the doctor visits on the computer now. The one time we went to see Walt's doctor in person, we had to wait almost two hours. We had to sit in the car the whole time.

WALT: Once we did get in the door, it felt like we were on an assembly line.

RACHEL: I mean, telehealth visits aren't great, but they're the best option right now. I'm doing my best to get comfortable with them. Todd loves them.

WALT: I hate them.

JOHNNY: What don't you like about telehealth visits?

WALT: Well first, I can't stand dealing with the tech. It feels like 20 minutes of setup for a 10-minute appointment.

RACHEL: When we get on the call, it always feels rushed. There's always some question we forgot to ask.



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WALT: What really bothers me is it feels like I don't have a connection with the doctor. I actually like my oncologist. He's a good guy. When I used to go see him in person, I'd always feel pretty good, pretty confident leaving his office. Over the computer, it's not the same.

JOHNNY: Rachel and Walt were already struggling to stay engaged with Walt's healthcare team. Telehealth is all they have right now, and they're not feeling great about it.

KRISTEN: We're seeing Walt's outward frustration with the telehealth process, but there may be consequences from a health perspective that Rachel and Walt aren't even conscious of. Walt clearly doesn't have as much confidence in the experience now that we're in this telehealth virtual world as he did when he was going in person. What if he's sharing less information as a result of that? He may be forgetting to mention critical pieces of information over the phone, like how he's been feeling recently, if he's had a headache or any other symptoms that he's noticed. And he also may be forgetting to ask any key questions that might have come up more naturally in the in-person conversation.

KIM: And one reason for that might be this perceived lack of privacy when he's talking to the doctor in his home. Some of these topics are tough to talk about, and he might not want Todd overhearing him struggling with anything. So if he thinks that Todd might be listening, he might be less inclined to share certain things with his doctor.

KATHY: You know, it's important to remember that everyone's going to have a different experience with telehealth. And because of that, there's not going to be one fix or one solution that's going to meet everybody's needs. What we can do is we can offer a variety of suggestions and options and then Rachel and Walt can choose which ones are going to work best for them.

KIM: And those options they choose, they can be simple preparations that can actually make a big difference. So, if they used to have to drive 15 or 20 minutes to the doctor's office, they can still dedicate that time to get ready for the appointment—thinking of the topics they want to discuss and making a list—especially if they are concerned that these telehealth appointments are shorter or less involved than an in-person appointment.

KATHY: One technique that will be really beneficial here is expectation setting. And this is going to go a long way in terms of helping them accept that telehealth visits are going to feel different, or that there might be issues with technology, and this is part of their new normal and the changes that COVID has had on life in general. Another thing that might be helpful would be to consider engaging in some mindfulness and relaxation exercises before the appointments, so that Rachel and Walt can get into a good mindset and feel less stressed going into a stress-inducing situation.

KRISTEN: We can also let Rachel and Walt know that it's OK to express their concerns about telehealth with their doctor. It could help for the doctor to hear from them how important the personal connection is to them and help them to establish what this new normal for appointments looks like for them. Maybe they end up spending the first few minutes just catching up like they used to do at in-person appointments.

JOHNNY: Well Rachel and Walt need help right now. How can we get these resources into their hands soon?

ERIC: I think we can adapt, just like everyone's having to adapt. This technology that we've already created—this is very agile. That list of ways to prepare sounds like it's going to be more of a natural addition to the care partner website. We can also update the communication builder to help Walt and Rachel tell the doctor exactly how they feel about telehealth. As soon as we update, we can send a push notification to let Rachel



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Transcript (continued)

know that new activities or tools are available.

KRISTEN: Yeah, and outside of the current distribution, we could look to assess current channels that are being used both from the patient and HCP side to quickly get these resources out through other avenues. We know that providers are looking for resources to better support their patients during this time. We can share with the field force via Veeva email. They could then send an email with available resources to their customers for them to provide to their patients at the end of telehealth appointments. We could also incorporate it into existing EMR portals and send to patients as a follow-up email or a text message after their telehealth visit.

JOHNNY: Fast forward. Rachel is dealing with the daily stress of having a restless 16-year-old in her house.

Door slams. Muffled sound of Todd shouting.

RACHEL: Another day in our endless battle. Todd just stormed off to his room.

Phone dings.

JOHNNY: What was that?

RACHEL: A notification from the support program. I hope they have an app for keeping a teenager under control during a pandemic.

JOHNNY: [LAUGHS]

Musical interlude.

KATHY: Right now, we are all in a world where strengthening our skills could help. So many things that we've taken for granted before have suddenly changed. And while it's important to know that there are certain circumstances that are out of our control, there are plenty that are still within our control. And one thing we can do for Rachel is help her take control of her world within the circumstances of COVID.

KIM: And the great thing about the communication builder is that it is flexible, and that these skills are highly transferrable to a lot of different topics of conversation. And maybe we can add in an element of the communication builder that includes conversations with teens, because you might be applying the skills in slightly different ways. We could create a new chat experience that allows Rachel to practice talking with her whole family, including her teenager, in a way that they can all come together for one common goal.

KATHY: The key challenge here is to help Todd understand that he has an important role, right? He's a key part of the family, and he's also old enough to have an active voice. So Rachel and Walt can bring him into this conversation and then the three of them together can create a solid game plan that works for their family.

KIM: And it might help also to give them some tips for talking in general with teens about cancer because as much as Todd might be feeling frustrated about how COVID is impacting his day-to-day life, he also is still very scared and overwhelmed about the fact that his dad has cancer, which is—COVID is just another layer of feelings to that, that he might not be comfortable talking about. So in helping his parents understand his point of view and where he's coming from, we could show Rachel some examples of how to establish a plan for her family in a way that encourages everyone to buy into it.

KATHY: We talked earlier about the technique of expectation setting, and here's another great example of how it can be utilized. So the family can work together to clearly define a role for Todd within this plan. And



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when Todd knows what those expectations are and commits to this role, he knows that he's doing his part in keeping his family safe. By participating in making the plan, he's going to be more likely to stick with it.

RACHEL: So we just talked to Todd and tried to make it clear that he's a valuable member of the team.

WALT: And he's a baseball player, so he gets it.

RACHEL: Yeah, I get where he's coming from. He's 16—he wants freedom.

WALT: Join the club. I don't like being bottled up in here either.

RACHEL: We didn't put it like that.

WALT: Right, that's what not to say.

RACHEL: So, we listened to him. Tried to reflect how he's feeling back to him to let him know we understand. We asked him how he could have some more freedom and still avoid coming into contact with the virus. We discussed a few options, agreed he could hang out on the porch with his friends, or in the yard, two friends at a time, max. And we were comfortable with that as long as they're 6 feet apart.

WALT: And I reminded him also that he can play video games at home and talk to his friends online at the same time.

RACHEL: Yup, the main thing is, he gets it. Um, he's starting to understand that he's part of the bigger picture.

KRISTEN: By helping Rachel improve her communication skills, we can create a ripple effect of better communication in other areas. We've talked a lot about the surround sound support that we want to provide for Walt by supporting Rachel. Improving communication can help ensure that support for Walt is solid, even during COVID. By building communication and problem-solving skills, we can help Rachel and Walt to navigate the adherence challenges that come up during this time.

JOHNNY: Let's check in with Rachel and see how she's doing with the day-to-day experience of the pandemic.

Musical interlude.

RACHEL: I'm exhausted. I never have a moment to myself... Between telecommuting and the family, I feel like I'm always at work... If the investment company I work for goes under, I lose my job, we lose our insurance... My mind always goes to the worst place... I used to sit and read at my favorite coffee shop to relax, but now it's closed... Being stuck at home with people all the time at home is hard, but at least we're all safe.

KATHY: She's coping with an extreme amount of stress, and she needs help figuring out where to start.

ERIC: We can add some visual content to the self-care section of the website. Those things make it more of a pleasant experience overall, those engaging visuals, maybe some music lifts her stress away. It's not just the task; it's something that she really wants to do.

JOHNNY: Rachel has taken a few minutes to sit on her bed with her laptop. She's looking at photos of nature scenes on the screen.

RACHEL: I mean, look at that. I don't know where all these pictures were taken, but it's so inspiring to look at them. I'd rather imagine myself in any one of these pictures than stare at the walls of this house.

[SIGHS]. We were going to Italy in April. I was so looking forward to it; Walt was too. Now he's finally starting to feel stronger, he's excited about getting a change of scenery.

JOHNNY: What does looking at these pictures do for you?

RACHEL: It's like a little mini vacation. Since the trip was canceled, I've been trying to find other ways to get, you know, some kind of relief.

JOHNNY: How do you feel when you don't get that relief?

RACHEL: Just really wound up. Tight all the time. There's always something to do, and I just don't have enough hands to do them.

JOHNNY: She's constantly getting pulled in different directions. We are offering Rachel a lot of helpful tools—self-care, practical tips, and all kinds of skill-building opportunities. How can we make sure this website feels like help and not just more obligations?

ERIC: Right, I feel like keeping this simple is going to be key. Let's give it that very intuitive design. We can set it up so each time she arrives, she just types in a word or two about what she's needing at that time, and it starts helping her.

KRISTEN: It can include basics like who she's caring for, what does her day look like...

KATHY: What kind of challenges does she need help with? Emotional? Practical? Physical needs?

KIM: And who is she comfortable talking to? Who can she ask for help?

RACHEL: I know exactly what help I need. I need grocery shopping. I'm terrified of picking up the virus at the store. Last week I was a nervous wreck. I could feel my heart pounding while I was pushing the shopping cart. When I got home, I broke down into tears. Poor Walt. He wanted to hug me, but I wouldn't even let him get close to me until I took a shower. I mean, going to the grocery store should not do that to a person.

JOHNNY: Routine things are causing you so much stress.

RACHEL: Yeah, and it's every little thing. Not just when I go to the store. Even thinking about asking somebody to do shopping for me is making me tense right now. I hate asking people to do stuff for me. And I don't want to use those delivery services. You know the shoppers are not staying 6 feet apart in the store. No. It would have to be somebody I trust.

JOHNNY: How can you ask for help in a way that feels fair to you?

RACHEL: I'm not sure. I could offer them something in return, but there's not much I can give.

ERIC: I know when I was in caregiving situations, I was always grateful for outside help. But I never liked asking for it.

KIM: That makes a lot of sense. And I think we can also all remember that right now, these are extreme circumstances for everyone, and when we're all in a crisis like this, everyone is needing help in some way, whether they're asking for it or being quiet. But I think right now you can really ask for help and offer help without anyone feeling like they're being a burden, or that they owe anyone anything.

KATHY: And along those lines, you know, now's the time that we can suggest this idea to reach out to people—not just to ask for help but to offer it as well. In times like these, goodwill is a currency that we all

have to offer to each other. I think about this like a capability check-in, right? Here's what I can offer to you, and here's what I need in return, and can we meet in the middle in some way? You know, Rachel could think about this as swapping services with her community to ultimately meet everybody's needs.

RACHEL: OK, look at this. The care partner website suggested that I send out an email to friends, letting them know what I can give. I'm pretty good at math, so I offered to tutor people's kids online while they're homeschooling. So far I've had 3 responses back, and they've all asked what they can do in return. And my friend Candace across the street offered to help with the food shopping.

JOHNNY: That's great. You're really taking this and running with it.

RACHEL: I think I'm going to start a Facebook group—Neighborhood Needs—or something like that.

KIM: And the more the program learns about her, the more personalized and customized the resources and experiences she receives will be.

ERIC: Even, what does she want outside of taking care of her family? I feel like the more Rachel uses this tool, the more she's going to get a better understanding of herself.

RACHEL: It's like it anticipates what I need. When I get frustrated, I don't always know what to do. There's just so much. But when I see it here, broken down into one step at a time, it feels doable.

KRISTEN: So, it sounds like she can use this experience to help her in several ways. First of all, to understand her own needs and separate those from helping others. She can also use it to treat herself with more compassion, learn how to ask others for support, and as a result, this will help to lower her stress levels.

ERIC: And the self-care content—it isn't just for her. She can help Todd find a form of self-care that's safer than hanging out with his friends.

JOHNNY: I hope you're enjoying the podcast. I wanted to take a second to check in. As you listen to this story, does anything from your own business experience come to mind? Have you ever thought about how your audience's thoughts, feelings, and actions might be contributing to the challenges you're working to solve? In this episode, our MicroMass team uses their detailed understanding of health behavior to meet Rachel where she is. As you listen, think about how that approach could fit into the context of your business. Whatever goals you want to achieve, ask yourself how MicroMass may be able to help. OK, back to the show.

JOHNNY: There's one big hurdle that Rachel still has to overcome. She's gotten comfortable asking people outside the house for help, but she remains overwhelmed at home.

RACHEL: See, I told you you could do this. Geometry's not that bad. OK, I'm going to go throw a load of clothes in to wash, and when I get back, I want to see at least 3 of those problems done. And show your work!

WALT: Hey, how's he doing?

RACHEL: Every time he finishes one math problem, he takes a break to go on Instagram. He's getting it, but it's slow. But I shouldn't complain. At least I get to help him while I'm working from home. How are you feeling?

WALT: I'm actually feeling better. The nausea's pretty much gone. Of course, I don't want to jinx it but I think I might be able to eat dinner with you guys tonight.

RACHEL: Oh, good! I'll get dinner started as soon as I get the laundry done. And I've got to check in with work at some point. They need me to approve this report by tomorrow. They said they were going to send it to me by the end of the day, but it's almost 5.

WALT: Hey, I was thinking maybe we could watch a movie tonight. What do you think?

RACHEL: Oh, honey, I'd love to but...

WALT: No...?

RACHEL: It's just, this report's going to take me a couple hours, and Todd still has miles to go on his homework. Plus, I've got to get up early tomorrow to drive you to chemo.

WALT: Alright. Hey, you know what? Why don't I drive myself to chemo tomorrow?

RACHEL: Oh, honey, I'm not sure about that.

WALT: No, I'm serious. I can do it.

RACHEL: What if you start feeling bad on the way home? If you get in a wreck...? No, I really should drive you.

WALT: At some point, I want to do it myself.

RACHEL: At some point, yeah. But maybe not yet. OK, where was I? Laundry.

ERIC: A person can't keep going at this pace forever. I feel like Rachel's going to break down.

KATHY: You know, when we're trying to take care of other people, we often are so critical of ourselves. We think we have to keep doing more, even if we don't have more to give. We tell ourselves that we shouldn't feel burdened and that other people have it harder than we do.

KIM: And it's that combination of thinking, "My situation could be worse," and also, "I should be doing better," that creates so much stress and self-judgment for people. And it might help Rachel to think about what she does well every day, and instead she can focus on that.

KATHY: You know, we can create a self-reflection exercise that Rachel can use to identify her strengths. You know, this can be done by starting small—starting by identifying 3 strengths. What are 3 strengths that make Rachel *Rachel*. And finding examples and writing them down. That really becomes evidence to reinforce that these are things she does well.

ERIC: We need to help her get comfortable with the idea in a user-friendly way. Maybe give her a short video showing another caregiver going through this exercise.

KATHY: Yeah, Rachel could watch the video first, and then she could encourage everyone in her family to watch it too. And through this process they can discover each other's strengths and, you know, really create this kind of continually growing and evolving pool of strengths that they can draw on as a family when they need them.

KRISTEN: Identifying strengths can help with the practical challenges that they're encountering. So, if everybody in the family knows their own unique strengths, they'll be better prepared to approach daily challenges that come up.

KATHY: Exactly. You know, they can use this video to become more comfortable with the idea, diminish any



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resistance to it, let it soak in. And then start working on finding their strengths together.

JOHNNY: We caught up with Rachel after she watched the video on the care partner's resource. She's had a little time to process it. Let's see where she is with things.

JOHNNY: So, what did you take from the video?

RACHEL: It's been helpful. I've been thinking about what my strengths are.

JOHNNY: Great. Tell me more.

RACHEL: Well, I think, I guess I'm good at keeping this family going. I keep Todd and Walt healthy. The video calls that kind of person "The Provider." I do provide, but I don't think that's all I do.

JOHNNY: What other strengths do you have?

RACHEL: Oh, I don't know. I mean, I guess I'm good at seeing the big picture. I plan well, you know. I think I look past today, and past tomorrow.

JOHNNY: I think we call that a "Visionary."

RACHEL: I'll take that. I like to think big, but it's hard to make big plans with so much... so much unknown because of COVID. When Walt was first diagnosed, I did my best to look past the moment and keep us focused on the future. But now...

JOHNNY: Now you're having trouble. What is it that's keeping you from using that strength?

RACHEL: Well, COVID. That's the main thing. Nobody knows what to expect. But also, I'm just... exhausted. I don't have enough time. I'm stretched too thin.

JOHNNY: Why?

RACHEL: You name it. Laundry, dishes, chemo. Keeping up with Todd's homework. I can't even think about the big picture when I'm spending all my time treading water. But I can't not do it either, you know?

JOHNNY: You're the only one who can do all that stuff?

RACHEL: Well, yeah, I guess. I guess I could ask Walt for help, but he's... he's working hard enough just to beat cancer. I can't burden him with anything else.

JOHNNY: You don't think he could handle doing laundry?

RACHEL: No, he could handle it. I just...

JOHNNY: You don't want to burden him with how you're feeling.

RACHEL: [SIGHS]. I don't.

Musical interlude.

JOHNNY: So how is Rachel going to solve this problem if she hasn't even been able to open up about it with Walt?

KRISTEN: Walt has cancer, but it affects Rachel just as much. And in any relationship, there's never going to be an equal, 50-50 split. Someone in the relationship is always going to have to do more. Ever since Walt's

diagnosis, the pendulum swung to Rachel, and she's had to assume the majority of the work since then. Now that he's feeling better, he may be ready to take some more of the responsibility back. Even if he's still sick, we can support Rachel to work with him to find a healthy balance, so she doesn't burn out. We want to keep Rachel in a good place so she can continue to help Walt throughout treatment.

KATHY: This really starts with Rachel. You know, she doesn't have to ask Walt's permission to take care of herself. And I also don't think he wants to be in that position either. She deserves compassion just like everyone does. She can own it, and she's the one who's ultimately going to know best what she needs. It's really going to be up to Rachel to decide how she's going to communicate that.

KIM: And even though Rachel is a caregiver, she's not really caring for a patient. Walt is her partner; they're a team. So if they participate in this together, they'll both be able to talk openly about their strengths and their capabilities, and also what they need. And then they can start to balance their roles accordingly.

RACHEL: Hey, Walt?

WALT: What's up?

RACHEL: Can I talk to you for a minute? Is this a good time?

WALT: Sure.

RACHEL: You know I'd take care of you through anything. I'd do anything for you. We're in this together.

WALT: Yeah, of course. You're the best.

RACHEL: Thanks. Um, this is hard for me to admit. I'm fried. I am worn out. Um, I've got to start taking care of myself because I'm just not feeling like myself anymore. And to do that I need more time. Do you think you could—if you're feeling up to it—you could start doing some of the laundry?

WALT: I'm so glad you're saying this, and yes, I'd love to do the laundry.

RACHEL: You would?

WALT: Of course. I can do the dishes too. What else can I do?

RACHEL: Please understand that I'm still here for you.

WALT: Honey, I've never doubted that for a second. And I'm here for you.

RACHEL: It's just gotten to be too much. It's been too much for a long time, but I always feel like I should be able to handle it.

WALT: You should... Ten times a day I hear you saying you should be doing this, you should be doing that. "I should clean up. I should check on Todd." You're shoulding all over yourself.

RACHEL: [LAUGHS.] Yeah, I guess so.

WALT: It's OK if you want to quit doing that.

RACHEL: Thanks. From now on, every time I say, "I should," I'll put a dollar in the jar.

WALT: Perfect.

RACHEL: OK. Thank you. [SIGHS IN RELIEF]. There's this video I want you to see. I think I want Todd to watch it too.



Episode 2: Caregiving Through COVID

Transcript (continued)

KIM: So when Rachel, Walt, and Todd all watch this video, they can identify what they're each good at. And that will help them develop a shared vocabulary for how they talk about their strengths and how they each contribute to the family. And it will also help them ask for what they need from others too.

KATHY: This strengths-based partnership is an ongoing process for their family. It's about being present and identifying needs as they come up, so they can make an appropriate plan when they need to. You know, next time there's a challenge that this family faces, they can quickly regroup, identify who has the strengths or who has the capacity to best meet this need, and go from there. So it's about being responsive and being able to, in the moment, figure out what works for them specifically.

JOHNNY: Let's do one last check-in with Rachel and Walt at home.

RACHEL: It's been good having this kind of support.

JOHNNY: How has the support been helpful?

RACHEL: It's just, every little thing. So many ideas, so much help, all in one place. It's helped with dealing with cancer, dealing with COVID.

WALT: Dealing with Todd, dealing with me.

RACHEL: [LAUGHS]. Come on. We're in this together. We're both letting ourselves play to our strengths.

WALT: Well one of my strengths is being a pain in the butt. I know it.

RACHEL: You're my favorite pain in the butt.

WALT: I don't know what I'd do without you. Seriously, she keeps it together so much better than I do.

RACHEL: Honestly, you're doing pretty well too. And we're both still working on it. We're going to be in this for a while. Plenty of time to get better as a team. Alright, let's get set up for your 3:30 doctor call. I'll go get the computer from Todd. You have your list of questions ready?

WALT: Check.

Musical interlude.

JOHNNY: This has been episode 2 of **Intersect**. Here are the capabilities that our MicroMass team used in this episode. Through the care partner website, we helped Rachel and Walt prepare for telehealth visits. We added guidance about talking with teens to the communication builder to help Todd to find his role in the family. We provided self-care content to help Rachel manage stress. We helped her problem-solve so she could find outside help during the pandemic. And finally, we gave her a strength identification exercise to help her understand that she doesn't have to bear the sole responsibility for her family. All in all, we helped her combine her own strengths with those of her family members to achieve a healthy balance. Join us for more episodes on a range of behavioral science and healthcare topics. In the meantime, if you'd like to see sample images of the tools that Rachel used in this episode, click the links on our podcast page. And visit MicroMass.com to discover what we can do for you.

Our MicroMass team members for these 2 episodes were Senior Behaviorist Kathy Moriarty, Senior Behavioral Copywriter Kim Lilienthal, Associate Creative Director Eric Connor, and Senior Account Director Kristen Maynard. Original music by Lindsay Jones. Special thanks to Ashley Jones, Darrell Miles, Samantha Konkus, and Rob Peters. For now, I'm Johnny Knight. Talk to you soon.



Episode 2: Caregiving Through COVID



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