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# CareLinks

## Vulnerability

**Y**ou may be familiar with Brené Brown, a research professor at the University of Houston Graduate College of Social Work. Dr. Brown's work is wide-ranging and has focused on a variety of topics related to behavior, leadership, and relationships, but one of the areas of study she is best known for is human vulnerability. In 2010, Dr. Brown gave a "TEDx Talk" (Technology, Entertainment, Design) on "The Power of Vulnerability," which has become a sensation, generating over 12 million views on the Internet.<sup>1</sup>

In her brief talk, Dr. Brown addresses the hundreds of interviews she conducted on the topic of human connection. At an early stage in her career, she became very interested in what it was that connects people to each other. However, she discovered shortly after beginning her research that when she would ask people about connection, she found that "the stories they told me were about disconnection."<sup>2</sup> After a period of rethinking her work, Dr. Brown decided that she ought to focus more on the "power of vulnerability." According to her, it is only when we are truly vulnerable that we are able to get to a point of connection with other people.

Brown's talk goes into more depth on vulnerability, but this notion of finding power in vulnerability, or weakness, got me thinking more about how you relate to care partners in your role as a volunteer, and how they relate to you. As you know, any meaningful relationship with someone else requires an open, honest line of communication between you and the other person. Moreover, it requires that both parties in the relationship be vulnerable in front of each other. I cannot reasonably expect that my wife will want to share with me all of the facets of her life unless she is comfortable sharing those times of vulnerability with me. Nor should she expect anything different from me. Only I can make her empowered to be vulnerable in front of me.



*Brené Brown*



In the same way, only you can make the care partners on your Care Team<sup>®</sup> feel the power of vulnerability. From the moment they come into your presence, they are at their most vulnerable. How you respond—through touch, laughter, or with a welcoming embrace—has the power to turn their vulnerability into a time of care, comfort, and acceptance. But it isn't only care partners who are vulnerable. Perhaps you are just beginning your service on a Care Team. Or, maybe you have been working as a volunteer on a Care Team for

awhile, but are waiting to "hit your stride" in your role. There are lessons to be learned from Dr. Brown.

As she was conducting her work, Dr. Brown began to pay attention to what made people have a strong sense of worthiness, or belonging. She concluded that people who have a sense of worthiness, in part, had in common the fact that they "they fully embraced vulnerability. They believed that what made them vulnerable made them beautiful. They didn't talk about vulnerability being comfortable, nor did they really talk about it being excruciating... They just talked about it being necessary. They talked about the willingness to say, "I love you" first, the willingness to do something where there are no guarantees... They're willing to invest in a relationship that may or may not work out. They thought this was fundamental."<sup>3</sup>

As a Care Team volunteer, you have taken that first step of vulnerability with the care partners you serve. Your presence on the team, your service behind the scenes, the hours you spend coordinating and planning and implementing new ideas or activities all for the sake of bringing

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Interfaith CarePartners<sup>®</sup>  
Phone: 713.682.5995  
Fax: 713.682.0639  
E-mail:  
info@interfaithcarepartners.org  
Web Page:  
www.interfaithcarepartners.org



## Vulnerability

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joy to those who are going through moments of deep pain—these are all acts of vulnerability. These acts say “I love you” first. They invest in relationships with no certain outcome. They risk greatly without concern for reward. This is what it means to care. This is what it means to give and serve. This is what it means to find power in vulnerability.

I truly believe that the work that we are engaged in together can change the world—not through power or might, but through acts of

embrace, care and concern, and a willingness to be vulnerable and admit our weaknesses in front of others. Thank you for your service and spirit. We cannot do this without you.

—John K. Burk, Ph.D.

<sup>1</sup> I am grateful to our Care Team® Coordinator, Becky Villarreal, for directing my attention to Dr. Brown and her work.

<sup>2</sup> “The Power of Vulnerability,” transcript, <http://dotsub.com/view/a51d0f78-3541-4262-b032-5d7e-0438ac22/viewTranscript/eng>.

<sup>3</sup> Ibid.

*The natural question is, of course, how we reconcile the understandable desire one has to stay in his or her home with realities such as dwindling savings, expiration of long-term care insurance, or the rising costs of health care.*

## Independent Living?

In December 2012, *The New York Times* ran an article entitled “With Help Here and There, Preserving Independence in Old Age.”<sup>1</sup> In it, the author begins with a situation familiar to thousands who find themselves in a position of coordinating care for a loved one: a 92-year old, cognitively impaired woman, lives alone in her apartment with the assistance of round-the-clock care from home health aides who help her with the basic tasks of her day. However, her long-term care insurance has run out and her savings is dwindling to the point that she will soon no longer be able to afford the care that has allowed her to stay in her own residence for so long. Moreover, the woman’s daughters have committed to keeping her out of a nursing home. So, what are the options?

This scenario or others like it are becoming all-too-familiar. According to the article, “the number of Americans 65 and older is expected to double to 80 million in the next three decades. People 85 and older are the fastest-growing age group; by 2020, there will be 6.6 million people in that age bracket when rates of debilitating ailments soar.” Of those polled, “80 to 90 percent of older people say they want to remain in their homes as long as possible.”

The natural question is, of course, how we reconcile the understandable desire one has to stay in his or her home with realities such as dwindling savings, expiration of long-term care insurance, or the rising costs of health care.

The author does not propose one particular solution to this problem. However, she mentions organizations that partner with volunteers to help seniors who are facing aging challenges. Sound familiar? Volunteers like you and organizations like Interfaith CarePartners are quickly becoming the backbone to caregiving in the United States. The American Association of Retired Persons (AARP) recently released a study which suggests that the same level of family-based care that baby boomers (those in the 46-64 age range) provide to their aging loved ones will not be available to the boomers when they age and begin to require care from their children.<sup>2</sup> Why? Because people are living longer, but family size is shrinking. Therefore, there are going to be competing demands for care as age-related diseases and infirmities become more prevalent and there will be fewer people to help meet those demands. I look at these realities as opportunities for the continuation of service to meet the boundless needs of those in our community who so desperately need help.

The thanksgiving season is quickly approaching. This year, as I read articles and reports on the current state of caregiving and the anticipated demands that will be increasing over the next several years, I am thankful for people like you and organizations like Interfaith CarePartners that are working to fill the void of care in our community.

<sup>1</sup> Jane E. Brody, “With Help Here and There, Preserving Independence in Old Age,” *The New York Times*, December 25, 2012.

<sup>2</sup> “The Aging of the Baby Boom and the Growing Care Gap: A look at Future Declines in the Availability of Family Caregivers” by Donald Redfoot, Lynn Feinburg, and Ari Houser, AARP Public Policy Institute



# Meet the Care Team Coordinators: Tom Breaux

In the last issue of *Carelinks*, we began a series in which we are introducing the various Care Team Coordinators of Interfaith CarePartners. This month our featured staff member is Tom Breaux, who has been with Interfaith CarePartners for 23 years and serves as Vice President and Care Team Coordinator. Enjoy reading Tom's responses to the questions below.

***What initially drew you to work for this organization and what do you remember about the early days?***

I moved to Houston in December 1989 when I had completed my last class for my Master's Degree in Psychology and was finalizing my thesis. I began searching for employment either in Social Services or with a nonprofit organization. I read an article in the Houston Chronicle in January of 1990 which highlighted agencies providing volunteer services and support to people with HIV/AIDS. This really piqued my interest as I donated as much time as possible while in college as a volunteer and subsequent coordinator for an organization in Lafayette, LA that served people with HIV. In fact, my research and Master's thesis was written regarding college student's perception of risk for contracting HIV. Although the Chronicle article was originally written to help recruit volunteers, I decided to forward a resume to a small agency now called Interfaith CarePartners in the hopes that there might be possible employment. Unbeknownst to me, Drs. Earl Shelp and Ron Sunderland had recently received a grant to hire professional staff to expand the AIDS Care Team program. They read my resume, interviewed me the following week and I was hired in February of 1990. The rest, as they say, is history.

The early days seemed to center on this incredible emotional rollercoaster of highs and lows (often simultaneously) as we partnered with congregations caring for those who so quickly succumbed to the ravages of this disease. One moment we were sharing the burden of those struggling with this illness, while at the same time experiencing the joy of service and feeling the admiration for the volunteers who so bravely journeyed with the men, women and children ostracized by most of the community unable or unwilling to help amidst its crippling fear of transmission and contracting this disease through care and service. This early experience affected and shaped my life and how I relate to all people in need of our support.

***What are some of the more significant changes you have observed during your time here?***

I am proud that our mission began with HIV/AIDS and that became the catalyst to respond to other illnesses and health conditions. Our mission today serving children and adults with chronic illness, seniors and those with memory loss reminds me we still have a lot of work to do ahead of us.

We are also entering a new and exciting time for the agency. As our original co-founders, Ron and Earl, have now both retired we look forward to continuing their tradition and legacy as John assumes leadership.

***What periods of challenge do you remember most? What periods of joy are most memorable?***

I've previously mentioned a few personal and professional challenges in the early years of my tenure, but subsequent challenges have evolved over the years from the ebb and flow of funding as we lose qualified staff and curtail program services due to the loss of funding. We continue to meet challenges head on as we find creative ways to offer additional services and support to congregations and our community in ways that are not only cost effective, but are of a quality and compassion that's unequalled. The joys are found in the successful partnerships we have fostered along the way and the relationships we enjoy with all those we serve.

***We continue to meet challenges head on as we find creative ways to offer additional services and support to congregations and our community in ways that are not only cost effective, but are of a quality and compassion that's unequalled.***



*Tom Breaux*

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## Care Team Anniversaries This Quarter

### Happy Anniversary!

#### Alzheimer's Care Team®

Bellaire United Methodist (6)  
Clear Lake Presbyterian (1)  
Clear Lake United Methodist (3)  
Congregation Beth Yeshurun (2)  
Fountain of Praise (4)  
Grace Presbyterian (20)  
Memorial Drive United  
Methodist (20)  
St. Anne's Catholic, Tomball (6)  
St. John the Divine Episcopal  
(13)

#### Second Family Care Team®

Epiphany of the Lord Catholic  
(15)  
Holy Cross Lutheran Church (9)  
Hosanna Lutheran (18)  
Our Lady Of Guadalupe  
Catholic, Rosenberg (11)  
St. Anne Catholic, Houston (16)  
St. Cyril Catholic (6)  
St. Francis of Assisi Catholic (11)  
St. Ignatius Loyola Catholic (4)  
St. Martha Catholic (9)  
Woodlands Presbyterian (15)

### Meet the Care Team Coordinators

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#### ***What is the one piece of advice you think all Care Team volunteers could benefit from hearing?***

Always keep your sense of humor, especially when coping with difficult situations. Humor helps during these painful times we share with our care partners. If we can find the humor in even the smallest things and share a laugh or smile with those we care for, then I not only feel good about what we are accomplishing, but I seem to be rejuvenated in my resolve to continue the journey of caring.

#### ***What about the kind of work that you get to engage in daily do you find most rewarding?***

Without question, it's the people I get to meet every day. I have learned so many things from the most incredible and diverse group of Care Team members that I've ever had the privilege to work alongside. At the same time, the strength and grace of the many families we've had the honor to serve never cease to amaze and inspire me. They bless us by allowing us into their lives and it's through this blessing that my life has changed. I have also grown to love working

with those with memory loss. Alzheimer's and other dementia-related disorders remind me daily of the challenges that were confronted and overcome in my early years of work. When I see the smiles and joy of those who attend the Gathering Place program throughout the city, I am reminded of the immense impact we have on the lives of others and their impact on us.

#### ***To what do you attribute your longevity with the organization?***

The relationships with congregations, care partners, the professionalism and camaraderie of our staff, combined with the flexibility of Interfaith CarePartners to adapt to change and continue to be a leader in serving others has proven to me that no other organization can offer these qualities.

#### ***And finally: what do you enjoy doing when you're not working?***

There is a lengthy list of fun things I enjoy when I'm not working. For those of you who know me well, you have learned fairly quickly of my love of all things French, addiction to dark chocolate and love of red wine, food, entertaining, traveling and antiques.

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