

Bonni: [00:00:00] Kerry Moore talks about resilience, caregiving issues and balancing teaching and caregiving on today's Episode of Teaching in Higher Ed 117.

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Bonni: [00:00:23] Welcome to this episode of Teaching in Higher Ed. This is the space where we explore the art and science of being more effective at facilitating learning. We also share ways to increase our productivity so we can have more peace in our lives and be even more present for our students.

Bonni: [00:00:51] This is a special episode on Teaching in Higher Ed because not only am I a welcoming an expert but someone who is already a friend. Kerry, welcome to Teaching in Higher Ed.

Kerry: [00:01:01] Yeah thanks. Many thanks for having me. I am a big big fan.

Bonni: [00:01:05] I feel like I already know you of course because I do know that we are friends but even when you send over your bio I learn some new things about you so I'm going to do that real quick and then you can maybe even share a little bit more about your background.

Bonni: [00:01:19] Right now you work with me at the same institution we both work at Vanguard University of Southern California. You are the chair of psychology in Vanguard's professional studies program and that means that Carey mostly works with working professionals and you are also an assistant professor of social work. But here's some of the stuff that I learned that was new. Well actually some of the stuff I already knew.

Bonni: [00:01:41] But you studied social work at Gordon College and UCLA. And you are a licensed clinical social worker and you worked in hospice care for more than 10 years. And here's the part I didn't know and also have worked

extensively with homeless individuals and families so that part was new for me to learn about you and you've provided clinical supervision to social workers and student interns. And you have a special interest in the factors that help new human service workers to learn and grow. And I do pretty good at it.

Kerry: [00:02:14] You did great. You did great. And the part I didn't put in there too is I'm now serving in the field practicum coordinator for our professional studies psychology student said that I really love working with people getting to go out in the field and kind of try out some of the classroom concepts some of the stuff we're learning in class that they get to go apply that doing some volunteer hours in a field setting as well. So that goes along well with all my interest and kind of how we learn to be human service providers.

Bonni: [00:02:44] When people are first finding out about the profession of social work what are some of the most surprising areas that social workers can contribute.

Kerry: [00:02:53] Oh that's such a great question because I think people tend to have a really narrow view about what social work is and it's very often Child Protective Services that a lot of people have heard that social workers get involved when there's a concern about abuse or neglect. But social workers do so much more than that.

Kerry: [00:03:11] I've worked in medical settings in mental health settings. I've done a good amount of homeless outreach. I did an internship in homeless outreach and then for maybe eight years or so my husband and I led the homeless ministry at our church. Social workers do a lot of advocacy and we called like macro level social work. So getting involved in some of the systemic issues that cause the the concerns that bring people to social service agencies. So lack of access to resources systemic injustice or discrimination. There are social workers who are legislators and are working in state and national policy making. So it's such a great field and really really broad in terms of what you can do with it.

Bonni: [00:03:58] One of the perceptions that I have is that a lot of social workers help people navigate foreign places or foreign experiences. Is that a fair way of phrasing it?

Kerry: [00:04:10] Yeah I think that's true. And I think social workers as part of our value system we're trying to sort of empower people so not just to sort of provide a resource or meet an immediate need but we're trying to help people grow

their own ability to meet needs and to kind of have agency in their own lives. So we're thinking not just about the content but about the process of how we provide help. And I think that's true it's a lot of navigating new situations whether that's a new diagnosis or a new role or someone who's experienced a life change or a trauma. Absolutely social workers would be working in those situations.

Bonni: [00:04:51] I know that you know a little bit of the background behind why I asked you here today and at first it was very selfish we could've just gone for coffee and probably we don't record our coffee from a distance but there's some situations in my family I have two young children and then I'm kind of that classic sandwich generation because I had children much later than we ever had hoped or expected.

Bonni: [00:05:12] That's a story for another day but it turns out that now there are some hints of some real challenges that could be coming up for me and also my husband in the coming years. But then there's also just the terrifying fear of oh gosh you know someday this could happen to one of our parents. You know something where becomes really debilitating so we thought we'd talk a little bit really about some issues that come up around caring for elderly loved ones.

Bonni: [00:05:41] But I know that much of what you'll have to share is going to go even broader than that. And before I decided to bring you on rather than just go have coffee. It turns out that a lot of the people that are on the slack channel in Teaching the Higher Ed. as soon as I put up you know would anyone be interested in a conversation do you think this will be helpful to people who listen. It was instant People say Oh gosh yes there's this this and this. And then even on Twitter it came up a little bit too with as soon as they posted if anyone had questions for you it was oh gosh my wife just left and she's flown off to her mom who's in the emergency room and these are very real challenges for people that are Teaching in Higher Ed.

Kerry: [00:06:17] Oh absolutely. And I'm in that same boat as well that we just experienced. My husband's mom just experienced an illness over this spring and summer and then passed away just this summer. So we've been going through that in our family as well. I think it's more common than not that people over the course of their teaching career are going to have to grapple with with balancing some kind of caregiving whether that's caring for small children or a loved one with a disability or an aging parent.

Bonni: [00:06:47] The first thing that you recommend terrifies me and also brings me hope is impossible to feel but at the same time and that is the only place. That is around resilience What can you tell me about resilience?

Kerry: [00:07:01] Yes. This was the model that really came to mind right away when you approached me about this topic. So the resilience model sort of says we all are going to face hard stuff in our lives. And I love that kind of realism of starting with this is unavoidable. Our lives are going to face challenges. And then resilience talks about the idea that through those challenges there are some people who experience problems as sort of negative and at times even crushing. Right. That the problem really takes over and you feel like you've lost yourself or your quality of life.

Kerry: [00:07:41] And there are other people for whatever reason who seem to do better with using the challenge as an opportunity for growth and for positive change. The older stuff on resilience talked about kind of bouncing back that you would you'd be able to bounce back to your normal following a challenge or a trauma. And I've seen in some of the newer resilient stuff it talks about bouncing forward. So the idea is that you're not just trying to get back to normal but that you are actually growing and that sometimes challenges can help us to learn and that we might even bounce forward into some new skills or self knowledge through walking through a challenge.

Bonni: [00:08:24] I think sometimes when this issue comes up it could be hard because so many times when you talk about grief our society just wants to instantly fix it. So I'm sure that what you're not saying is that when when we encounter someone who in the example of your husband just lost his mother we don't go gear up! just think of all the great things that are going to come from this that he's going. I'm miserable now I'm grieving. This is really this is difficult.

Bonni: [00:08:52] But but I think what you're talking more of is how we can do that inside of ourselves and not necessarily bounce back to the same place that we were before we experienced that great hardship but that that certain kind of you didn't say maturity but it seems to me that ideally when I go through the death for example of the first time either of my parents die or my husband's parents died that there can be almost a new found maturity is that something that you see happening and resilience as we can it can have that greater maturity.

Kerry: [00:09:25] I mean it could be maturity in terms of sort of self-knowledge or finding sort of a peace within ourselves. It could be new skills new connections

to our right. We might seek out support when we really need it and then find that those connections with friends really enrich our lives. But I love what you said and I think it's so important that the resilience idea is not saying that this stuff that it's OK or that it's not really painful or that if you just look at the bright side you'll realize that this is really such a glorious opportunity right. This is stuff that we wouldn't sign up for we don't want to go through hard stuff.

Kerry: [00:10:06] Nothing is going to make the loss of someone you love or a disability OK. But we know that the way that we walk through that makes a big difference in what our life looks like on the other side and how well we're able to cope with some stuff that's really hard.

Bonni: [00:10:25] We have a number of colleagues suffering from various forms of cancer. And one of them I've been able to talk with quite a bit and it sounds so morbid I think maybe when I say it but it's been so comforting to me because he talks to me says Bonnie. We're all dying you're dying. I'm dying you know I just happened to be a little bit more aware in this sense. And again it sounds it is actually is a hopeful statement almost learned to live with that appreciation that we are all dying. It's just a question of how quickly and in what way.

Kerry: [00:11:01] Caregiving sort of necessarily brings you into some real big questions. I think it's a time when people are going to be thinking through their own faith and their own beliefs about life and death. Even if you're caregiving for someone who is not diagnosed with a terminal illness. I think it still brings up these big questions like why does why does bad stuff happen. Why is there brokenness in the world. And so you know it seems like just a simple Yeah you know relatively simple of here's the physical needs that someone has. But almost immediately we find the door is open to these really big life questions.

Bonni: [00:11:39] I know one of the things that you said that resonated so much but I also wrestle with it is just this idea that we really have to reflect on control what are some healthy beliefs that we can start to foster about control and also problem solving.

Kerry: [00:11:55] Yeah. You know I've noticed before you've talked about I think you did some research and locus of control and says Sometimes I think I hear people talk about internal and external locus of control and it's simplified too far and sort of the message that you get is healthy people think that they're in control of everything and that they can just they can do anything they want with their lives and if they just work hard enough they can make anything happen.

Kerry: [00:12:25] And for me that's not the healthy the healthy view is not to say I'm 100 percent in control of my life and it's circumstance because that's just not the reality. For me a healthy locus of control has a realistic assessment of the things that I am in control of. And also the things that I'm not. So if I'm caring for someone let's say who is facing a dementia diagnosis. Although I can do a little bit you know there are some medications or some interventions that might slow down the progression of dementia somewhat. I am not in control of the basic progression of that disease that in most cases dementia is a progressive disease that ends in death and that's something that's out of my control. As a caregiver.

Kerry: [00:13:17] And so if I think that I can that I can reverse that or stop that. That's not a healthy belief because it's not accurate. And I've really seen caregivers struggle to figure out what's within my control and what's not. Because caregiving is kind of a shared enterprise right that you want the person who you're caring for to still have a lot of say in what their life is like. Right. It's not just what would I want if I was the one going through this diagnosis. You want to hear from them what does quality of life look like for you. What are the parts of your day that matter the most to you.

Kerry: [00:13:54] And so you're kind of you're sharing control and you're in this world where the the diagnosis has some some control too right there is there some physical changes that are just not going to be within your control. So for me it's about kind of being realistic about what parts of it am I in control of and getting to the point where I've kind of emotionally grieved the parts that I'm not in control of and I'm able to let go of that.

Bonni: [00:14:20] It reminds me a little bit of the times when I have been dealing with nothing. Nothing life threatening but just medical challenges of my own. And it's so difficult when you're already perhaps not sleeping or even if you're coming off of anesthesia where I think that takes two weeks to get out of your system so you're not quite fully awake yet. Now back to your normal self. And then you sometimes you have to go through the calling the insurance company and figuring. I remember especially when I was single and just all the papers coming in after a foot surgery that I had and which ones do you have to pay and which ones do you have to pay. Because there's all the things around your health.

Bonni: [00:14:59] But then there's also just the administration of one's health challenges. And I can only imagine how challenging that would be if you are trying to help a another person do that in squeeze that into the various parts of

one's life. Getting on the phone following up with the paperwork that's got to be so challenging.

Kerry: [00:15:19] In my interactions with other people who are college professors. There's kind of this personality that you've got that got you to this point in your life. It's a lot of kind of organized type a kind of people. And so if you're helping your loved one to manage their finances or manage all these incoming You know invoices from insurance you might have the tendency to say Please put all of your incoming insurance paperwork in this handy box set up for you and color code with this highlighter and then your last one is like oh no what I do is I stick some of that on top of the fridge and I put some of it in my purse.

Kerry: [00:15:57] I remember to pay it and there's like this real mismatch of styles because you feel like well if I'm helping I want to be I want to be in charge of the system. But you're sharing responsibility and I've just seen so many caregivers get so aggravated by that process of trying to share. It's like it almost would be easier just to be 100 percent in charge of it but trying to share the responsibility with your loved one can be really tricky.

[00:16:22] You know caregiving The other thing is that it's both there's a lot of physical demands but also a lot of emotional demands. So some other things we do. You know if you're building a fence in the yard it's physically demanding but it's not emotionally demanding and caregiving is really bold. It's like drawing on a lot of different parts of yourself. And so I think it's true that people get physically tired right. You might not be getting a lot of sleep or in some cases you're doing Wisting and moving kinds of stuff for caregiving but it's also a lot of emotional energy to be caring for someone. So people find themselves drained in several ways.

Bonni: [00:17:03] Absolutely. What you just said resonates so much that we need to also be aware of what that does to us that that wrenching feeling of not being able to control it is something we're also trying to control our own emotions and not process the grieving and not be in that feeling in the back of it because it can be painful and so we'll try to do things to self-medicate too. And part of that self-medication can be me trying to control the parts that I think I can control like the paperwork which isn't going to take has done a very good path.

Kerry: [00:17:35] Well that's huge in our whole culture right is trying to. Rather than acknowledging my own feelings I'm going to do something to numb out my feelings or just to kind of artificially make myself feel a different way. It's not

so easy to just know what my own emotions are and then allow myself to feel the feeling that I that I have.

Bonni: [00:17:53] Well I know you have a few pieces of specific advice when we're talking about I guess it's not always necessarily the elderly we would hope that it always would be but anyone who's starting to really need increase seen care in various ways. What are some early things we should start to consider.

Kerry: [00:18:11] Right. So if I was new to providing care a couple of things I would want to think about and talk about with my loved one themselves and with the family group or caregiving group first would be safety. So that's when you don't want to you know you don't want to wait until there's a safety concern that comes up.

Kerry: [00:18:30] So kind of a guideline that I use for example for people to be home alone by themselves would be that they're mobile enough that they can get up and out of the house. If there were some kind of emergency and that their cognition is sufficient to be able to handle something unexpected that would happen like a visitor to the door trying to sell something.

Kerry: [00:18:53] So if people are struggling with either of those two criteria then we would really want to talk about whether they're safe to be home alone. And that's a huge deal when when someone isn't safe to be home alone the caregiving needs then are massive right because then you're talking about arranging some kind of support for them around the clock or even moving into some other place. Other kinds of safety you would want to think about would be driving. So often it comes up the question of whether people are safe to drive. Also if people are safe to use their stove or if that might be a safety risk and also fall risk. So you would want to think about does this person seem stable on their feet. Is their home environment set up with stuff that would be likely to trip them.

Kerry: [00:19:45] So sometimes there are some environmental changes that we can make to improve people's safety. So getting rid of clutter or loose rugs or that kind of stuff. I've even seen caregivers who just take the knobs off of the stove rather than having what we don't want to have a sort of a constant battle over these safety issues where it's like hey I told you you're not really to be cooking on the stove because you're forgetting and leaving it on because that can be really frustrating for the loved ones who feel like they're being kind of policed in their own house. But thinking about like is there a change in the environment that would address the safety concern in a larger way rather than

this being something that's a daily struggle or just an unresolved safety concern. So safety we would want to think about kind of the goals that you have for managing the illness.

Kerry: [00:20:40] A phrase that sometimes people talk about is intensity of care. So is the person that you're providing care for basically thinking my body is starting to shut down. And I want to walk through that process with a good pain management and good comfort care. But I'm not really looking to extend my life or are they thinking you know I want to know that I've done everything I can to get every day that I can. Are there other pieces that are really important to them in terms of quality.

Kerry: [00:21:12] So for some people the ability to read might be a huge deal or the ability to still attend church services or not wanting to be overmedicated and not be able to speak clearly. So kind of talking with people about what are your goals for this season of your life. What level of intensity of care are you hoping for and when you think about quality. What does that mean to you. Because I'm a real individual I think to each person what is quality of life mean to you. And so as caregivers we would want to support what our loved one is saying matters to them not come in with our own version of what it would mean to us. You know when I worked at hospice we would even use the phrase a good death would I know sounds it sounds kind of counterintuitive but I really believe that that's something we can talk about with people what would a good death look like for you. And that's so different for each person and we want to try to plan ahead and support that.

Bonni: [00:22:14] I know one of the ways that we can plan ahead and start to have these discussions is your last point here which is to have talked about and gone through advanced directive documents and in case anyone doesn't know what those are maybe you can describe them and talk about how they help with that.

Kerry: [00:22:29] Sure. So advanced directives are this whole array of legal documents that you might put in place a durable power of attorney is a common one. You can do a durable power of attorney for finance or for health care. And that's basically saying if I wasn't able to make my own decisions. Who is the person who I would want to make decisions on my behalf. There's also a poll a physician's order for life sustaining treatments that talks about some of those intensity of care issues. Would you want antibiotics would you want a ventilator.

Kerry: [00:23:03] Would you want CPR and then lots of people have heard about a DNR a Do Not Resuscitate order that says if my heart were to stop beating my lungs were to stop breathing I don't want anyone to attempt CPR. I want that to be the time when my life. And so all of those I just try to highlight for people the word nvm meaning you need to create those documents before the moment that they're needed. Some of them your loved one can do on your behalf if you don't have decision making capacity. But there are others that it can kind of get to the point where it's too late to create them. So if you don't if someone doesn't create a durable power of attorney most likely it will be there next of kin. Your legal next of kin then is who would be your decision maker.

Kerry: [00:23:52] So it's good for all of us to think about if you're especially if you're in a situation where whoever your legal next of kin is is not the person you would want making medical decisions for you then no matter how old or young or how healthy or unhealthy you are it would be a great thing to get an advanced directive in place to clarify who you would want making decisions on your behalf.

Bonni: [00:24:15] I know in our case at our church they had workshops a couple of them Over the last year on advanced directives so that's how we were able to have these conversations together as a couple but then also my mom came up and we talked through that as well. I know a lot more about her than I knew before we did those things. And but where where would someone go if they if they just wanted a little bit of help is there are there nonprofits that provide that kind of service.

Kerry: [00:24:42] Yeah I think you can get a lot of these are basically downloadable. I might go to the National Hospice and Palliative Care Organization Web site as a starting place for getting information about advance directives and a lot of the disease specific organizations will have that kind of workshop like the Alzheimer's Association will have different senior centers in Orange County.

Kerry: [00:25:06] Here we have the Council on Aging and I think that's typical that lots of counties will have some kind of an aging coalition or a committee that has that kind of resources. Well one great resource related to intensity of care if people want to think through this a little more. There's a Radiolab podcast episode called the bitter end and it's about intensive care planning and especially focused on the kinds of decisions that physicians themselves make in terms of intensity of care and what the research shows is that physicians

themselves want almost no life sustaining measures that whereas the general populace tends to say yes do a lot of stuff to try to keep me alive.

Kerry: [00:25:51] Physicians who are in a position to see a lot of what that looks like when it's played out in medical care themselves want a very low intensity of care. So the episode is called The Bitter End, I thought it was really interesting and that's a Radiolab episode.

Bonni: [00:26:06] It sounds fabulous. I love Radiolab. I have to go back and listen to that one. Before we get to the recommendations segment I want to make sure we don't miss out on your most important last topic which is how do we go about balancing our teaching responsibilities with these new found and perhaps unwelcome caregiving responsibilities.

Kerry: [00:26:28] OK so going back to these ideas of resilience What are the things that we can do to build resilience in ourselves. I guess it would be resiliency is the trait that you build in yourself. All the research talks about social support. So as we're planning out these busy days of teaching and caregiving I think the key priority would be maintaining social connections. That would be people who know me for real. You know not just friends on Facebook or not just you know casual acquaintances but people who know what's going on with me and are able to convey support and acceptance.

Kerry: [00:27:06] Another is to think about the meaning that we attribute to our caregiving. So a very common one that I hear from professionals who are in the midst of caregiving is because I'm trying to juggle these two things. I'm going to do a less good job at both of them. So you know I'm trying to be a mom and a working professional. That means that both of those roles are going to suffer. I think that's a really common narrative and not the not the most helpful way to think about what's going on. So if we're able to kind of spend some time thinking about the meaning that we attribute to the caregiving we might be able to say I'm looking for ways to grow through this challenging time. I'm kind to myself and I know that I'm not able to do everything and there may even be ways that our caregiving helps us to learn and to grow and that we might be able to bring that back into the classroom.

Kerry: [00:28:07] It's interesting to think about how much we might share about what's going on with students. I'm trained in therapy and we think a lot about self-disclosure. How much do you share with your clients about your own life. And usually we try to do that very intentionally that it's not something that we just accidentally spout out to our students. Oh I'm rushing in today because I was at

the doctor's office with my mom but there might be ways in which if you imagine if the students are taking on a whole new challenge and feeling overwhelmed by it.

Kerry: [00:28:44] If you feel like you're able to you might say yeah you know I'm in this new world where I'm meeting with a lot of neurologists all of a sudden and it feels really uncomfortable. But I've found that as I as I start to get comfortable with the language I am able to understand a lot of those concepts right. So you could kind of bring it in as an example. I think you would only do that if you felt like it wasn't so raw for you that it was going to be sort of overly painful to share it with the class.

Kerry: [00:29:12] But I think there might be opportunities to even make some connections between yourself taking on new new and difficult stuff and then the work you're doing with students when I look back on my own time in college and in grad school I remember some of these really significant moments where professors shared something a little more personal about themselves and some of those moments really reached me and I learned so much.

Kerry: [00:29:42] So I think if we're at a place where it's appropriate there can be some real opportunities for teaching but it's also I just want to be so clear that it's OK if some of this is not really ready for being shared with students and that that doesn't mean that you're not emotionally evolved enough. You know there is some stuff that's going to stay private forever and that that's fine that's fine too if you're caregiving it does not become something that is talked about explicitly in the classroom.

Bonni: [00:30:10] And then we have to be very cautious of not trying to have our students become any sort of play any sort of therapy role with us. That's what the other social support that you talked about earlier is for and that I can't think of a time when that would be appropriate to have a student playing a role like that at least for me. That's that's my I would be cautious.

Kerry: [00:30:28] Right. So in therapy like you would self-disclose related to a specific clinical goal that you would be thinking about what are the client's goals and therapy and how is my personal sharing contributing to those goals. And so similarly in teaching we have learning outcomes that we're working towards. And so if we were to share something personal about ourselves we should be able to think how is this aligned with the goals of the class. It's not our own therapy or just our own need for support that would cause us to do that.

And you're so right that we're going to be tempted to do that unless we have our own strong social support outside the classroom.

Bonni: [00:31:08] Well this is the time in the show when we each get to give recommendations and I'm cracking up because my head could not be more of a zigzag. It's a completely different direction but I'm sure that the listening audience can handle this change of topic.

Bonni: [00:31:24] So I'm going to recommend what are called Plickers and it's a combination of clickers and I don't even know what the piece stands for probably I should have done my research but I actually ordered. So I think there is a way of doing student response systems in your classroom without having students get their phones out. And of course this is a big debate around. Should we let our students use laptops or phones in the class or should we not. And I I happen to as anyone who's been listening for a while no think that there's times when you do and there's times when you don't.

Bonni: [00:31:59] But this is a wonderful tool where if you want to have the ability to quickly scan a room and whether you're doing peer instruction and you're trying to see is it a B C or D the answer to this question and maybe they can talk to the person next to them. Students hold up a piece of paper essentially it can be laminated or it can be just printed on your printer and the orientation that they're holding that paper indicates whether their answer is A B C or D and you can program in to say this piece of paper belongs to John this paper piece of paper belongs to Maria so on and so forth.

Bonni: [00:32:34] Or you can just how people use it anonymously. And our institution we had a group come from Iraq and visit from their higher education. I forgot the name of the organization but it was to build more women in leadership there in Iraq. And I used Plickers with them and it was great fun because we could I could just use my iPhone and quickly scan it all around the room and get their input on things and they could see it show up on the screen. But it didn't involve getting phones out of that kind of thing it was a perfect combination of analog and digital so I would recommend that people check out because it's a free service but if you want to buy laminated cards you can buy those off of Amazon among other places as well.

Kerry: [00:33:15] Very cool.

Bonni: [00:33:17] All right. Kerry what do you have to recommend today.

Kerry: [00:33:19] I have two. I have the Institute for Congregational Trauma and Growth. So if you are thinking about trying to build a community that is resilient and a community that sort of trauma informed and helping people to learn and grow through challenging experiences I think this is a great resource. They have a lot of really search and best practices and training information it's focused on faith communities. So how do churches and other faith communities do this. Well but I think even if you're a community that you're a part of is more secular I think it's still really relevant and helpful. And that's the Institute for Congregational Trauma and Growth.

Kerry: [00:34:05] And then just a fun one I have a new documentary that it's not new but it's new newish to me a documentary that I really love. It's called "Mile Mile and a Half". Have you seen that one.

Bonni: [00:34:16] No.

Kerry: [00:34:17] OK so it's a group of friends who are hiking the John Muir Trail which goes through Yosemite and they are artists as well as just friends and good hikers and they create all of this art as they go. And the cinematography is beautiful the art that they create is lovely. I can't find it anywhere right now for FREE. But you can watch it for a couple dollars on iTunes or Amazon. And in terms of something to watch that is going to make you feel good about life and sort of restored and refreshed. It's just lovely It's called "Mile Mile and a Half".

Bonni: [00:34:57] Thank you for both of those recommendations they sound. So a nice way of wrapping up this episode if only I could have actually picked something that so that we all the variety is always fun. Somebody wrote about in an iTunes review that they enjoy the recommendations because you never know what you're going to get. It's that whole life is like a box of chocolates.

Kerry: [00:35:17] It's a real mixed bag. Yeah.

Bonni: [00:35:19] You know every once in a while you'll find something that really really resonates and these are great recommendations. And I want to just thank you for coming on and investing your time and talents and your story. It's really been fun to talk to you in this way and I feel better even as we close our time together and just really appreciate the risk that you took to do it and the time that you took as well.

Kerry: [00:35:43] Thank you so much for having me. I've learned so much from you and from your whole community. So I really appreciate getting to be a part of the conversation.

Bonni: [00:35:53] I really appreciate your time and her friendship and all the advice that she gave us about caring for the elderly or whoever else in our lives may need care. And for her wisdom in making sure that we also are caring for ourselves. Thank you so much Kerry. And I'll see you soon on campus.

Bonni: [00:36:12] And thanks to all of you for listening. If you have yet to give a radio or a review to the show I would kindly ask you to do that. It should be the first thing you do as soon as you stop with unless you're driving in which case you should not. But it's really easy to do and it's a great way to help other people discover the show. And I look forward to seeing you next time we have some great guests and some really challenging interviews that I'm excited to share with you but also nervous because they're on hard topics but ones that we deal with all the time in higher ed thanks so much for listening and I'll see you next time.

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