



# **The Ageless Millionaire**

## **The E-Zine of the Longevity Club**

### **You Are Not Alone: 101 Tips for the Adult Child CareGiver By Adriane Berg**

*If you are a caregiver to a parent or older loved one, you are not alone. About 44.4 million Americans, or 21% of our adult population, are caregivers. Every caregiver is unique. You have your own set of personal circumstances, and level of preparedness. Your care giving may have evolved gradually, as your loved one declined in health and capacity. You may have taken on small tasks, which eventually became full time care giving. Or you may be a long distance caregiver, directing others in providing services. Or your care giving may have begun suddenly, under acute circumstances, like a stroke or heart attack. Very lively you do not label yourself as a caregiver, even though your responsibilities affect your health, work and finances.*

*In this material, you will find 101 useful tips that we hope will make a difference in your life, and that of your loved one. We direct you to resources that give immediate help, or lead you to the organizations and services you seek.*

*At the back of this material you will find contact information for a financial professional with know-how in the area of aging, longevity and caretaking. He or she is pre-*

*pared to advise you and support you in your role as caregiver.*

*You are not alone.*

#### **Tips to Assure Home Safety**

*My loved one still lives independently, but I am worried about their continued safety. How can I prevent disasters?*

1. Help them safety proof the house by identifying necessary items and keeping them in easy to reach containers.
2. Use home security systems and monitoring sensors to determine whether your loved one is moving about safely. Look at the web site of the American Senior Safety Agency [www.seniorsafety.com](http://www.seniorsafety.com).
3. If your loved one resists your suggestions, motivate them by explaining the peace of mind that it gives you.
4. At the very least, make sure that an ID bracelet and a contact card is on your loved one at all times.
5. Recommend a Driver Safety Program early on. Suggest that this be a group experience for all of your loved one's friends.
6. Ask your loved one to use a fall alert system that works by the simple pushing of a button on a bracelet or pendant. And get a medical evaluation for low blood pressure and

anemia; these can result in blackouts. See the National Resource Center for Safe Aging [www.safeaging.org](http://www.safeaging.org).

7. Keep food and non-food products physically separated. Cleaning products can easily be confused with condiments or beverages.
8. Consider installing handheld showerheads, grab bars, non-skid bath mats and benches, which promote bath safety. Bathing is the activity of daily living that is the most difficult to navigate. When you visit, offer help with the bathing and never leave the person in the bath unattended.
9. Avoid spills by using finger foods and straws for liquids, which promote safety by avoiding sharp, spillable or difficult to use objects.
10. Avoid scatter rugs and pick objects up off of the floor. Make sure lighting is adequate. Tripping is the most common cause of falling.
11. Buy protective hip pads to prevent undue injury if your loved one falls. Check out [www.elderline.com](http://www.elderline.com).
12. Fraud, identify theft and outright robbery are a financial safety hazard. If a caretaker suddenly comes into money, or has “won the lottery”, be aware of possible identity theft or purloined money or assets. Visit the American Society of Adult Abuse Professionals and Survivors, [www.asaaps.org](http://www.asaaps.org) and familiarize yourself and your loved one with the latest frauds.
13. If you are a long distance visitor, and want to keep your loved one safe, make arrangements in advance to see the doctors, the attorneys, the caregiving agencies and others. If you have set appointments, your visit will be worthwhile and help in long distance safety monitoring.
14. Preserve the benefit that pets bring to your loved ones and spare them the necessity of potentially dangerous dog walking. Use pet walking and sitting services. Check out their organization, Professional United Pet Sitters [www.petsits.com](http://www.petsits.com).

### **Tips for when behavior changes**

***My loved one seems fine with our current situation, but when I visit I detect small changes in their behavior and demeanor. What is happening and what can I expect?***

15. Maybe only a hearing aid is needed. Not, surprisingly, many people mistake hearing issues with dementia. Be sure to get hearing checked often.
16. Monitor the mail without prying. If necessary, ask outright about unexpected packages or new credit cards. It may be a sign of inappropriate spending. This is not necessarily a problem, but should be discussed and explored.
17. Do not try to change your loved one’s behavior. Remember, if there is a mental change it is a disorder, not a voluntary behavior problem.
18. Keep aware that “odd” behavior always has intent. Your loved one may be trying to tell you something or attempting to get somewhere but is “confused” about language or direction. Consider what the behavior may really mean.
19. Behaviors are often triggered. Identifying the trigger and preventing it from occurring can avoid them.
20. Paranoia, especially about money and trust is common. Do not take it personally; seek medical help.
21. If agitation is a problem, avoid noise, clutter, and stimulants (like caffeine). Acknowledge your loved one’s anger and verbalize your understanding.
22. Avoid “over choice”. Too many choices produces confusion and frustration.
23. Sleep is good. Encourage it with a peaceful and quiet atmosphere, dim lights and soothing music.
24. Even with mild dementia, intermittent hallucinations can occur. Do not try to convince your loved one that what they are seeing does not exist. Rather, be protective and comforting, and seek immediate help.

25. Keep holidays and traditions. They can be a source of comfort, familiarity and happiness. Canceling plans causes depression, including yours.
26. The behavior might be borderline dementia. Keep your loved one's mind active and the body fit. This may sound like a cliché but it is true. Reading, doing puzzles, playing games, making a scrapbook are as health giving to the psyche as jogging, nutrition and taking meds are to the body. Consider gifts from the Elder Store, [www.elderstore.com](http://www.elderstore.com), the Senior Shopping Network, [www.SeniorShoppingNetwork.com](http://www.SeniorShoppingNetwork.com), the catalog of the Attainment Company [www.attainmentcompany.com](http://www.attainmentcompany.com), and Senior Shops, [www.SeniorShops.com](http://www.SeniorShops.com).
27. Incontinence may be a physical problem, or, an outgrowth of the dementia process. Bring up the subject. Your loved one may be ashamed to "come out".
28. Know the four signs that a hired housekeeper or other helper is the problem, not the solution: your loved one is over-alert and jumpy or has developed "new" fears or concerns; bruises or burns; complaints about hunger; and, worry about "what the caretaker wants".
29. Surprisingly mild problems can cause big reactions. Foot care and dental issues bring mental and emotional wellbeing. Be sure to arrange for pedicures, podiatry and comfortable shoes and the dentist.
30. Take a course. You can learn a lot about the problem, the solutions, the practicalities and the expectations. Many organizations, like the National Alliance on Mental Illness [www.nami.org/](http://www.nami.org/), give preparedness courses. Check out their Family-to-Family program [www.nami.org/Template.cfm?Section=Family-to-Family&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=4&ContentID=32973](http://www.nami.org/Template.cfm?Section=Family-to-Family&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=4&ContentID=32973).

## **Tips when you seek a facility**

### ***How Can I Best Judge if a Facility is Right for My Loved One?***

31. Consult with a Geriatric Care Manager (GCM) and your loved one's treating physician to determine the level of care needed. An in home assessment may result in a plan of care that allows your loved one to stay at home. Learn about GCM services and qualifications at the National Association of Geriatric Care Managers, [www.caremanager.org](http://www.caremanager.org).
32. Adult day care services may be enough. Be sure that the staff/participant ratio is at least 1:4 to 1:6. Start with a few hours a week, bring your loved one at various times to see which works the best. Visit the National Day Services Association [www.nadsa.org](http://www.nadsa.org).
33. Know the choices, if a facility is needed. Nursing homes offer the highest level of care, assisted living facilities a mid-range of support, continuing care facilities offer increasing levels of care, that might begin with independent living, and increase to full time supervision, without moving your loved one as their needs change.
34. Make scheduled and surprise visits, and talk to families and residents before choosing a facility. Check out the facility's ratings at [www.healthgrades.com](http://www.healthgrades.com).
35. Check with an elder law attorney ([www.naela.com](http://www.naela.com)) before you sign a contract. Many are not negotiable, but you must understand what you are signing. For example, if both mom and dad are entering a facility, the contract will tell you how they are charged and whether they must live separately if they need different levels of care.
36. Seek out a facility with the specialty you need, such as an Alzheimer's floor with security and visual barriers to prevent wandering.
37. If the issue is the need for a break, respite

care services through Adult Day Care centers may keep your loved one at home. Visit the National Adult Day Services Association, [www.nadsa.org](http://www.nadsa.org).

38. When at home help is needed, use an accredited care agency. Visit the National Association for Home Care and Hospice at [www.nahc.org](http://www.nahc.org).
39. Consider “home sharing”, a relatively new idea where unrelated persons share homes, care considerations and costs. Check out the Home Sharing Program at [www.nyfsc.org](http://www.nyfsc.org).
40. Moving your loved ones from their home to a facility is complex, emotional and often traumatic for both of you. Give honor to your reservations but do not give in to them. If a move is necessary, make it easier with the help of a moving mentor. See, [www.movingmentor.com/movingseniors.html](http://www.movingmentor.com/movingseniors.html)

### **Tips on communication**

*I am heartbroken. I just don't know how to communicate with my loved one who suffers from dementia. Are there special techniques?*

41. Understand that there are many levels of dementia and the ability to communicate goes in cycles.
42. Understand that elder rage is a common by-product of all dementia. If you are abused verbally, speak about your concerns during daytime hours, at a time that is far removed from any specific incident. Do not meet rage with rage.
43. Set boundaries. Talk in direct terms about the effects of the problem on both of you. State that you will not be treated abusively. Do not take it personally. It is a symptom not a true feeling.
44. With other family members, act cheery. It can make you cheery. It is true. Studies have shown that you actually can “fake it ‘til

you feel it”.

45. Understanding the physical pain suffered by your loved one can be a difficult task. Standard measures, such as Pain Rating Face Scale are generally reliable, but not conclusive. Your instincts are good, but always talk to the doctors.
46. In any attempt to communicate, ask simple and direct questions that do not require complex answers. Yes and No questions work best.
47. Avoid multitasking. Avoid distractions for both yourself and your loved one when communicating.
48. Especially on brief visits to a loved in a facility, bring photos and visual props. Remembering and reminiscing opens a great number of communication doors and keeps people engaged and interested.
49. Establish a communication support system in your family. Alert everyone to present conditions, keep everyone informed and have periodic family meetings to discuss all aspects of the care situation. Get help with establishing the system at the National Citizen's Coalition for Nursing Home Reform, [www.nccnhr.org](http://www.nccnhr.org).
50. Accept the fact that your loved one may not recognize you or confuse you with another person from their past. Gently remind them who you are and do not take it personally.
51. When visitors arrive, help them with these tips: look the person in the eye when talking, identify yourself and remind the person who you are, be calm and quiet and do not become upset at the person's behavior.
52. Learn how to handle the “why” question. Usually, a question that begins with “why” has no answer and is merely rhetorical. Understanding this can avoid fear and frustration.
53. Do not patronize. Avoid talking to your loved one like they were an infant. Remember, if you treat them as a baby, they will act like a baby.

54. Grandchildren and Great Grandchildren are great assets. Being with children (supervised, of course) can bring calm and a sense of wellbeing.
55. Use the lowest pitch in which you can speak. Miscommunication is often about diminished hearing, and the hardest to hear are high pitched, high ranged voices.
56. Always use storytelling of others' injuries, from friends, the newspapers or your imagination, to persuade your loved one to be cooperative with safety measures.
57. If a loved one becomes mentally impaired and tends to "wander" from home consider a registry like the Safe Return program run by the Alzheimer's Association, [www.alz.org](http://www.alz.org).

#### **Tips on self care**

***My own health is failing because of the pressure of caregiving, but there is no one else to help. What can I do?***

58. Keep focused on your life goals, with time savers like faxing and e-mailing. Use them to communicate with doctors, nurses, pharmacies and facilities.
59. Monitor yourself at all times. Keep on the lookout for your own changes in eating, sleeping, anger levels and physical symptoms and take care of them immediately.
60. Take advantage of all available counseling to protect yourself. Many people develop symptoms of depression after placing a loved one in a facility. Replace guilt with know-how.
61. Avoid isolation. Be with friends and relatives as often as you can.
62. Remember, there are no absolutes when it comes to giving care. Do your best, keep aware and do not blame yourself.
63. Keep hope and acceptance in balance. It is okay to both embrace your optimistic moments and to accept things as they are. What gets the caregiver into trouble is false optimism and unrelenting pessimism. Expect to have good days and bad days.

64. Give yourself credit and avoid guilt. None of your loved one's problems are of your doing and you cannot provide a cure. Everything you do, from the smallest to the largest, is great and a testament to your caring and loving.
65. Find a support group where you and others sharing your situation can exchange ideas, feelings and experiences. For help, consult organizations such as the National Family Caregivers Association, [www.nfcacares.org](http://www.nfcacares.org).
66. Establish routines. Having consistent time slots for activities is good for both of you.
67. Make your own personal health habits a priority; exercise, eat right, bathe, use preventive medicine and have good oral hygiene.
68. Take care of yourself financially and legally by working with an elder law attorney and financial professional.
69. If necessary, take a medical leave from work. This may be available under the Family Medical Leave Act. For details see the US Department of Labor web site [www.dol.gov/esa/whd/fmla](http://www.dol.gov/esa/whd/fmla).

#### **Tips on financial issues**

***I am afraid that long-term care needs will devastate our family financially. What can I do to prevent this?***

70. Recognize that long term care is costly and payment comes from four main sources: Medicare, Medicaid, State Benefit Programs and Family Money:
  - Medicare is a federal health care program which covers doctors, hospital, hospice, rehabilitation, speech therapy and other skilled care needs.
  - Medicare Part D is the Drug Program for all older Americans. It is complex, so check out BenefitsCheckUpRx at the National Council on Aging to sort out your

- choices. [www.ncoa.org](http://www.ncoa.org).
- State and local program can be researched at the National Council on Aging's [www.benefitscheckup.org](http://www.benefitscheckup.org).
  - Medicaid is a national needs based program, administered separately by each state, with different rules and regulations. It is a poverty program for which participants must qualify. Qualification requires very low assets or income. "Trying to qualify" is a difficult undertaking that requires professional assistance and a willingness of the person in need to relinquish control over assets. A synopsis can be found by visiting [www.BenefitsCheckUp.org](http://www.BenefitsCheckUp.org), [www.accesstobenefits.org](http://www.accesstobenefits.org), or the National Academy of Elder Law Attorneys, [www.naela.com](http://www.naela.com).
  - Your primary source of information is from the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), (202)690-6145, (800)MEDICARE, and [www.medicare.gov](http://www.medicare.gov).
71. Consider hospice, if a loved one is terminally ill. Medicare covers the cost for patients who are expected to live less than six months and who choose to receive palliative and supportive services. Check out the National Association of Home Care and Hospice, [www.nahc.org](http://www.nahc.org).
72. When purchasing innovative devices, such as wheelchairs, beds, pull bars, etc, check out Medicare reimbursement at [www.medicare.gov](http://www.medicare.gov). Often the seller will fill out the Medicare application for you.
73. Tap home equity, where appropriate, with a reverse mortgage. It may be available to finance long-term care needs. Visit the National Reverse Mortgage Lenders Association, [www.reversemortgage.org](http://www.reversemortgage.org) for information on reverse mortgages. Proceeds are not paid back until the owner leaves the home and the borrowed funds are not counted for Medicaid entitlements.
74. Save money on medications with generic drugs, buying in bulk, or online. Safety comes first. Contact The Medicine Program, [www.themedicineprogram.com](http://www.themedicineprogram.com), the National Association of Boards Pharmacy, [www.habp.org](http://www.habp.org), for safety and savings information, and from the government, visit [http://www.pueblo.gsa.gov/cic\\_text/health/buyerscript-online/guide.htm](http://www.pueblo.gsa.gov/cic_text/health/buyerscript-online/guide.htm) for a free pamphlet "Buying on Line." When buying online, make sure there is a registered pharmacist, the company requires a valid prescription, and is a member of VIPPS, Verified Internet Pharmacy.
75. Keep records of everything, especially money spent on others. You may be entitled to a tax credit for expenditures for non-institutionalized dependent care. (IRS Form W-10, [www.irs.gov](http://www.irs.gov).)
76. Be sure that family members sign a "caregivers agreement" that either reimburses you when you use your own money or holds you harmless for using your loved one's money that they might have inherited. The United State Department of Human Resources has a web site with information on family caregiving and agreements. Visit [www.aoa.gov/prof/aoaprof/caregiver/careprof/resources/caregiver\\_resources.asp](http://www.aoa.gov/prof/aoaprof/caregiver/careprof/resources/caregiver_resources.asp).
77. Consider Long Term Care insurance for yourself or even your loved one. Some people with medical conditions are still eligible for the insurance. Check it out with a qualified insurance professional.
78. Check in with your financial professional often about their newest innovations in financial products and services for the care of older people. For example, they can explain about using insured death benefits or cash values while your loved one is alive, and about immediate annuities for that extra income that can keep your loved one at home.

## **Tips on legal issues**

***I want to help my loved one make all the correct legal arrangements. What do we need to do?***

79. Execute the most important document, the Durable Power of Attorney. Your loved one can name you and a co-surrogate or successor to handle their financial affairs. Because it is “durable”, the power remains in effect even if they lose capacity. Legal help is available by calling your local bar association, or by visiting [www.elderlaw.org](http://www.elderlaw.org), or [www.naela.com](http://www.naela.com).
80. If your loved one has created a revocable trust to avoid probate, have them recheck it with their attorney. These trusts usually contain a power of attorney that should not conflict with the Durable Power of Attorney.
81. Under HIPAA (Health Information Portability and Accountability Act) every patient is entitled to privacy of medical records. If you want access, have your loved one file a HIPAA release with their doctors and have your elder law attorney prepare a HIPAA proxy for you.
82. Your loved one can control their medical treatment, including organ donations, CPR, defibrillation, tube feeding and more, with a Health Care Proxy or Health Care Power of Attorney. Support them in their decisions, but decline to be their surrogate if you do not believe in their approach, whether they want “aggressive treatment” or to “pull the plug”. Check out the American Bar Association “Five Wishes” at [www.abanet.org](http://www.abanet.org).
83. Be aware that even if your loved one is emotionally dependent on you, they are the client as far as the lawyer is concerned. Do not be hurt if an attorney asks you to stay outside in order to establish confidentiality with the client.
84. Any legally competent individual can execute all the relevant documents. If your loved one is incapable, you may need to be

appointed as guardian or conservator by a court.

85. If siblings object to your handling of legal matters or your financial and health care decisions, consider sibling mediation, if a simple family meeting does not resolve the issues. See the article on family mediation at [www.mediate.com/articles/rose4.cfm](http://www.mediate.com/articles/rose4.cfm).
86. If as surrogate, you plan to give gifts or transfer assets to other family members, or yourself, consider a Family Financial Agreement signed by all concerned. It covers who pays what, from which asset or account, who is responsible for taxes, who gets medical and dependent tax deductions, and how assets are distributed if your loved one passes on.
87. If you loved one want to make loans to family members, i.e., for grandchildren’s education or to help family members buy a home or start a business, consider a trust with a “Family Bank” clause where money can be paid back and reloaned under specific criteria.

## **Tips on Medication Management**

***I am spending a lot of my time managing my loved one’s medications. I often lose work time to visit doctors or to cope with side effects. Is there a better way?***

88. Have a list of current medications available. You and everyone involved with caretaking should have a copy. Make multiple copies and keep them up to date. You can register them online along with other information on databases like Life Ledger [www.elderissues.com](http://www.elderissues.com). Use pill-taking reminders like alarm clocks, voice prompts and push button dispensing, see, [www.epill.com](http://www.epill.com), [www.verbaprompt.com](http://www.verbaprompt.com), [www.imd2.com](http://www.imd2.com).
89. Consistently use the same pharmacy. This will allow another professional to have full knowledge of all medications. This is especially important if your loved one uses

multiple prescriptions.

90. Understand the side effects of all medications. Discuss this with the doctors. If the medication cannot be changed, at least the side effect will not come as a surprise. Check [www.drugdigest.com](http://www.drugdigest.com) or [www.webmd.com](http://www.webmd.com) for side effect discussions.
91. Understand drug interactions. Like side effects, interactions should be discussed with doctors and, avoided. If this is not possible, at least, the reactions should not be unexpected. New meds can be scheduled to start on a day when you are available to help with side effects.
92. Terminate unnecessary medications, such as antidepressants, which are designed to be temporary. If a patient starts getting better, consider that the need for the drug may have ended. Always ask the doctor.
93. Keep track of the supply of medications. A sudden under or over supply is symptomatic of wrong dosing.
94. Explore alternative medications with the doctor, to treat the same ailment, before settling upon one. And remember that herbs, vitamins and even hot and cold medicated skin patches can interact with prescription medication.
95. Watch for skipped dosages, as many competent seniors deliberately skip medications because of side effects or cost. If your loved one is competent, do not snoop, ask directly.

### **Tips on family harmony**

*My siblings and I are at odds with each other, short of family sibling mediation, what can I do to make peace?*

96. Gather all of the data on medication, diagnoses, prognoses, and treatment available to you. Call a family meeting to share information. Often siblings just do not understand what a caregiver is up against and feel left out.

97. If you and a sibling are named in a legal document as Power of Attorney, meet to discuss how you will make decisions, define exactly where you agree and disagree.
98. Welcome a request to prepare a budget and account for expenses. It is not greed or distrust and even if it is, do not take it personally.
99. If a sibling cannot or will not pitch in and help, suggest that they pay for a home aid or other service that will help you out. Or, conversely, if they do not make financial contributions, suggest that they help you with physical chores.
100. If no type of help is offered, accept their stance. You cannot force them, but an accepting attitude often makes a difference in the long run.
101. If you need legal representation, do not use a generalist, consult an elder law expert. Ask friends and relations for recommendations. Or contact the National Association of Elder Law Attorneys, [www.naela.com](http://www.naela.com) or visit [www.elderlaw.org](http://www.elderlaw.org).

### **Important Resources**

*You are never alone. There is always help. In addition to the many organizations and links in this guide, check out:*

- ❖ *Federally funded Elder Care Locator from the US Administration on Aging: [www.eldercare.gov](http://www.eldercare.gov)*
- ❖ *Check list and other organizational help from AgeNet Solutions for Better Aging: [www.agenet.com](http://www.agenet.com)*
- ❖ *On line network for caregivers from Eldercare Online from [www.ec-online.net](http://www.ec-online.net)*
- ❖ *Online professional and lay caregiver's help from Elderweb, [www.elderweb.com](http://www.elderweb.com)*
- ❖ *Handbook for caregivers and much more from Family Caregivers Alliance: [www.caregivers.org](http://www.caregivers.org)*
- ❖ *Resource for Federal and other programs and services: Administra-*



- tion on Aging, US Department of Health and Human Services from [www.aoa.dhhs.gov](http://www.aoa.dhhs.gov)*
- ❖ *Resource for local and community programs from coordinating area agencies [www.n4a.org](http://www.n4a.org)*
  - ❖ *Online support from the Center for Family Caregivers: [www.familycaregiver.org](http://www.familycaregiver.org)*
  - ❖ *Resources for Community service centers from National Adult Services Association: [www.nadsa.org](http://www.nadsa.org)*
  - ❖ *Resources from religious organizations helping caretakers from Faith in Action, Interfaith Community Group [www.fiavolunteers.org](http://www.fiavolunteers.org)*
  - ❖ *Extensive resource database form Children of Aging Parents: [www.caps4caregivers.org](http://www.caps4caregivers.org)*
  - ❖ *Patient's rights from Senior Citizens Home Safety Association [www.schsa.org.hk/eng/service/service.html](http://www.schsa.org.hk/eng/service/service.html)*
  - ❖ *Health resources from Health Initiatives for Seniors: [www.careguide.com](http://www.careguide.com)*

