

Making a Plan for the Future

Independence vs. Dependence: Who's in Charge?



By
J. Daniel Bruce, LCSW, BCIA
Director of Social Services
Safe Choices Senior Care Planning
CardioVascular Home Care, Inc.
817-847-8888 (ext. 109)

WHO NEEDS TO PLAN?

In the U.S. senior citizens needing help with household tasks or personal care is 9.2% for those 65-69 years of age and 49.5% for those 85 years of age and older. (Hobbs & Damon, 1996) Preparing for problems and making decisions in advance of a stressful event is likely to improve perceived control and later coping efforts by seniors and family members alike. (Hagstad & Burton, 1986) The Agency for Health Care Policy and Research reported in 1998 that 4 out of 10 older adults in the United States will spend some time in a nursing home. Research demonstrates that the majority of older adults consider the possibility of needing help or personal care in the future however they do not make concrete plans about the type of care and support they would want to receive. (Sorensen & Pinguart, 1996) Most seniors enter a long-term facility due to a medical crisis. Others enter into a long-term facility because the care they need in the home is too great for the services and resources they have available and still others choose a long-term care facility in advance to maintain control and independence. In essence failure to plan for the future limits a persons' ability to be completely informed about the options available and in some cases the incapacity of the person leaves these decisions resting on an adult child. This creates an unexpected responsibility that has to be balanced with the rest of their life. The Parent Child transfer of responsibilities without advanced cooperative planning causes adult caregivers to be unprepared, feel forced or trapped, and fear the parents' anger. This transformation of roles comes with a barrage of feelings such as anger, guilt, depression, exhaustion, and grief.

When an older adult plans for their future care needs it provides three positive effects (a) it can increase decisional control, thereby enhancing the probability of receiving care that best fits the older adult's preferences; (b) it can improve the older adult's subjective well being; and (c) it may relieve the older adult's relatives of the burden of making decisions. (Pinguart, Sorensen, Peak, 2004)

"If your parent can be involved in the planning, it not only allows him to retain his role as decision maker for the remainder of his life as you carry out his financial, medical, and end-of-life wishes, but it also simplifies your role as caregiver." (Henry 2006)

HOW WILL OUR OLDER ADULT FAMILY MEMBER RESPOND TO PLANNING?

Research tells us that seniors fall into one of four categories when it comes to discussing the need for additional care and planning for care in the future. The four types are:

1. Avoiders- try not to think about the risk of needing care in the future and AVOID any discussions or planning. These people are typically in denial about the need for additional care now or in the future.
2. Ruminators- (thinkers/worries) think about the risk of needing care in the future but never make any concrete plans or express realistic wishes.
3. Conformers – they try not to think about future risks but will adopt a plan supplied by others, dependent on relatives but never expressing their wishes or learning about their options
4. Planners – these seniors have a high level of awareness regarding the risk associated with aging and needing more care. They have a concrete plan for their future needs but may not be aware of all the options. They are open to new information. (Pinguart, Sorensen, Peak 2004)

Assisting older adults in planning for their future can increase seniors' feelings of security because the presence of a plan is an expression of the expectation that future needs will be adequately met. Many seniors worry that they will be abandoned when they come to a time of need. When a person thinks about risks that lie ahead without making a plan for the future it increases their anxiety and stress producing a negative effect on their health. (Skarborn & Nicki, 1996) Seniors are legally responsible for making the decisions for their care giving unless they become mentally incompetent.

TEN RED FLAGS FOR NOW AND LATER (Henry 2006)

1. Personal Care –deteriorated personal hygiene, uncombed hair, soiled clothing, mismatched clothing, difficulty getting in and out of the tub or shower without assistance, infrequent bathing, incontinence.
2. Housekeeping – accumulation of garbage or spoiled food, stained carpets, piles of dirty laundry, unclean dishes, sticky kitchen counters, reluctance to accept help
3. Meals and Appetite – difficulty preparing meals, decreased appetite, noticeable weight loss or gain, stale or molded food, no food in the home.

4. Memory – forgetting appointments and names, repeating stories in conversation, regularly losing or misplacing objects, loss of recent memory, repeated phone calls for the same reason, forgetting how to use the telephone
 5. Communication – difficulty finding specific words, increasingly illegible handwriting, difficulty learning or retaining information new information
 6. Mobility – slower pace when walking, difficulty climbing stairs, unsteady gait, frequent falls, balance problems
 7. Depression – unexplainable anxiety or irritability, decreased interest in family or friends, avoidance of previously enjoyed activities
 8. Medication Administration – frequently missed daily medications, difficulty recalling if medication was taken, overuse of medications, untimely reordering of medications
 9. Finances – Unopened mail, unpaid bills or bills paid twice, unbalanced or overdrawn checkbook, unexplained credit card charges, frequent transfers from savings into checking accounts, threatening letters from collection agencies
 10. Driving – unsafe driving speeds, difficulty negotiating turns, unexplained dents or scrapes, increased traffic violations, difficulty parking
6. Know the Available Options – in the resources portion of this packet are many resources that are available to assist with the care of your senior.
 7. Be Flexible – the need for care today may change one way or the other tomorrow. Discuss with your senior what they will want if the daily needs that they have change. This prepares both of you for the future.

References

American Medical Association (AMA) (n.d.). Caregiver Self-Assessment Tool. Available at www.ama-assn.org/ama/pub/category/5037.html. December 4, 2004.

Butler, S. S., Turner, W., Kaye, L.W., Ruffin, L., & Downey, R. (2005). Depression and Caregiver Burden Among Rural Elder Caregivers. *Journal of Gerontological Social Work*, Vol. 46(1) 47-63.

Crampton, A. (2004). The Importance of Adult Guardianship for Social Work Practice. *Journal of Gerontological Social Work*, Vol. 43(2/3) 117-129.

Crouch, M.A. (1987). Role Reversal of the Elderly and their Middle Aged Children: Emotional Fusion Across the Life Cycle. *Family & Community Health* Vol. 9 (4) 65-76.

Hagestad, G. O., & Burton, L. M., (1986). Grandparenthood, life context, and family development. *American Behavioral Scientist*, 29, 471-484.

Henry, S.M., & Convery, A., (2006). *The Eldercare Handbook: Difficult Choices, Compassionate Solutions*. Harper Collins.

Hobbs, F. B., & Damon, B. L. (1996). *65+ in the United States*. Washington, DC: U.S. Government Printing Office.

Ilardo, J.A. & Rothman, C.R. (2006). *Are Your Parents Driving You Crazy? Getting to Yes with Competent Aging Parents*. (2nd Ed.) Vanderwyk & Burnham.

Maloney, S. K., Finn, J., Bloom, D., & Andresen, J. (1996). Personal decision-making styles and long-term care choices. *Health Care Financing Review*, 18, 141-156.

Pinquart, M., Sorensen, S., & Peak, T., (2004). Helping Older Adults and Their Families Develop and Implement Care Plans. *Journal of Gerontological Social Work*, Vol. 43 (4) 3-23.

Nakashima, M., Chapin, R. K., Macmillan, K., & Zimmerman, M. (2004). Decision Making in Long-Term Care: Approaches Used by Older Adults and Implications for Social Work Practice. *Journal of Gerontological Social Work*, Vol.43 (4) 79-102.

Reuss, G.F, Dupuis, S.L., & Whitfield, K., (2005). Understanding the Experience of Moving a Loved One to a Long Term Care Facility: Family Members' Perspective. *Journal of Gerontological Social Work*, Vol. 46(1) 17-46.

Ron, P. (2004). Depression, Hopelessness, and Suicidal Ideation Among Elderly: A Comparison Between Men and Women Living in Nursing Homes and in the Community. *Journal of Gerontological Social Work*, Vol. 43 (2/3) 97-116.

Seff, M.K. (2005). Role Reversal: Nurturing elderly parents takes firm but gentle hand. *Medsearch News*, <http://www.mercedsearch.com/news/521.html>

Skarborn, M., & Nicki, R. (1996). Worry among Canadian seniors. *International Journal of Aging and Human Development*, 43, 169-178.

Steele, M., Pinquart, M., & Sorensen, S. (2003). Preparation dimensions and styles in long-term care. *Clinical Gerontologist*, 26, 105-122.

COMPONENTS OF A PLAN

When making a plan it is important to not only assess the situation as it is now but also to postulate the various situations that may be presented in the future. An open discussion with your senior loved one about these various aspects will be helpful to carry out their wishes. In order to develop a plan for addressing today's care giving needs assess the following.

1. Physical Abilities - Evaluate the person's ability to handles activities of daily living. Cooking, cleaning, bathing, mobility, driving, dressing, laundry, yard work, and grocery shopping.
2. Cognitive Abilities – Evaluate your seniors ability to handle financial matters, remember to take their medications, interaction with strangers, memory, wondering or getting lost and communication,
3. Daily Assistance – Determine the type of daily assistance that is needed to ensure the seniors safety in the home. Clearly define what the tasks are that the senior needs to meet their needs.
4. Solicit Parents Wishes – determine the desires of the parents' wishes given their need for care.
5. Evaluate Finances – most seniors want to remain in their home as long as they can,- leaving the daily care-giving tasks to family or hired caregivers. It is important to understand how long this can be sustained in comparison with other alternatives.