

Caring since 1991

Caregiver Counsel on

Caregiving & the New Normal

RESOURCE

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CHARLOTTE BISHOP.

Creative Care Management (CCM) is a professional story and a personal story.

Charlotte Bishop started CCM more than 20 years ago. Soon after that Charlotte's husband was diagnosed with brain cancer. Charlotte became her own spouse's death three years later. This personal journey evolved into a professional journey and certification as a Geriatric Care Manager (GCM) and the part of CCM dedicated to "Serving Elders and Others."

Creative Care Management is a team of certificated professionals providing answers to older adults in Illinois and their families.



for the Caregiver To Do List

t is more than just "being there" for your older loved one if you are a caregiver in the 21st century, so it is best to be as prepared as possible for the unexpected. We all know of someone who has received that sudden call regarding a mother or father who has fallen, fractured a hip, or has had some other sudden medical emer-

gency that demands a caregiver response. We don't always hear about an adult child of an older parent who is actually prepared for the emergency. I would like to offer some advice here about how everyone with an older parent - whether there has been a crisis or not - can benefit from having some sort of plan in place to make being a caregiver a less frantic and more thoughtful transition.



Have the Conversation



Think of this the same way you would in a business setting. If you have an older parent, call a meeting with the siblings and your parent(s). This could be when everyone

already is going to be together for the holidays, and make it like any other meeting. This meeting may be easier to have without the older parents present as a first step so that all the kids in the family can openly and honestly express their concerns and questions. Have an agenda, and circulate it ahead of time. You should ask if there is a will, are there advance directives, a power of attorney? Find out who is best able to provide what kinds of caregiver support in advance of an emergency.

Know Your Family



You all grew up together, and most or all of you now have families of your own. Yet, you still are brothers and sisters and some of the family dynamics that may have

been vexing when you were very young will still be challenging. Having some of this conversation early will give everyone a chance to see who can be counted on and for what. It also will give you all a chance to sort out some of the challenges without the added stress of a medical emergency at some later date.

Interview Your Parent(s)



Set a time when you can talk with or without a recorder about their memories of home and the family as you all were growing up. They may like speaking "for the record"

about their memories of their own parents as they grew up and older. You can also use this as an opportunity to talk about how their see their futures. You may have had your own experience like this as your kids have gone off to college and they want to know what you will do when they leave home. And if your parents want to move to a new, more manageable place, this is a chance to explore that as well as their options.

Know Your Resources



Become familiar the hospital where your parent(s) may be admitted in the event of an emergency. Get to know the social workers at the hospital, be-

cause they will know what you should know about how they manage emergencies and discharges subsequent to hospitalizations. Have your parent(s) sign a disclosure document so that you will be able to speak with a health care provider. Make sure you also have phone numbers and names of neighbors who may be called upon should there be a medical emergency.

ACAREGIVER'S WARNING SIGNS

generation or more ago, it seemed that everyone looked out for everyone and everyone's family, including older parents. It seemed that everyone had everyone's best interests at heart. According to current national statistics, however, about six million older adults are abused each year. That amounts to almost one of every ten adults over the age of 60 who have been physically, sexually, emotionally or financially exploited. If you are a caregiver to an older adult, be alert to someone in their home, in their community or on staff in their nursing home who may be an abuser. The statistics suggest that nearly two thirds of the reported cases of elder abuse are instances of an adult child or spouse of the older person who is the abuser. How do you know if your older loved one is being abused?

The challenge in spotting abuse is that it can take any number of forms. At the most general level, look for changes in your older adult's personality or behavior, especially their tendency to argue, their tension or irritability. Regarding the signs of specific types of abuse:

Emotional Abuse

Behavior that can be mistaken for dementia like mumbling, thumb-sucking or rocking actually are self-soothing behaviors of an abused elder. Look closely to the dynamic between the elder and any caregiver who seems belittling or minimizing to the elder.

Physical Abuse

Look for bruises, abrasions or welts, especially if they are on both sides of the body which suggest some kind of external restraint. Be wary of explanations of bruises or broken bones being the result of the elder's falls or clumsiness. Be on the lookout for the caregiver who seems never to be out of ear shot, suggesting a fear of being discovered. You may also see torn clothing, broken glasses or other signs of physical excesses.

Sexual Abuse

Be wary if your loved one's front door being unlocked or other signs that they are not secure in their house or apartment. More important are the signs of bruising around their genitals or breasts or vaginal or anal bleeding. As with more general physical abuse, be suspicious of torn or bloody clothing, especially undergarments.

Financial Abuse

Number of adults over

the age of 60 abused

each year in the U.S

First, appreciate that if an older adult has been defrauded by one of the many internet or telephone exploiters, they may be ashamed to admit it. Look for large withdrawals or checks or charges and the purchase of unnecessary services or goods. Be suspicious of changes in wills or titles for property and cars. Be aware of any cash, jewelry, artwork or other valuables that suddenly go missing.

Neglect

Neglect can be self-inflicted or imposed by a third party. Be sensitive to signs they are not eating or drinking or if they are insufficiently clothed. Let your nose lead the way; are they not bathed regularly? Are soiled adult diapers or garbage accumulating?

We have only scratched the surface, but it comes down to being aware of any changes for the worse. If you are a distance caregiver and cannot be present, engage someone local who can be your eyes and ears (and nose).



GETTING LEGAL YOUR LEGAL PAPERWORK IN ORDER

Why do I need a Health **Care or Financial Power** of Attorney?

his is a common question that Matt Margolis, an Elder Law attorney with Heartland Law Firm, told me he receives very often. The short answer, he offered, is because only YOU can make a health care decision on your behalf or sign your own name. And he offered to expand on this in our blog with this post:

It is important to differentiate between a Power of Attorney for Health Care (HCPOA) and a Power of Attorney for Property (PPOA). If a doctor or other medical professional cannot communicate with you about your health care needs, whether it is because you are mentally incompetent or physically incapacitated (i.e. in a coma), a HCPOA allows someone else that you appoint to talk to the doctor and make a decision on your behalf. This authorized person is called your "agent." A key component of the HCPOA is

> that the agent is making YOUR decision for you. It is not the agent's decision or based on how the agent feels about a certain situation; rather, it is based on what

you noted in your HCPOA and what you discussed with your agent (hopefully) prior to your incompetency or incapacitation.

A perfect example of what can go wrong when not having a HCPOA in place is the Terry Schiavo case from Florida. In 1990, Schiavo suffered major cardiac arrest, and a few months later was declared to be in a permanent, vegetative state. In 1998, Schiavo's husband petitioned the court to remove her feeding tube, which was opposed by Schiavo's parents. After many court filings and appeals to the Florida and US Supreme Court, the court's decision to remove the feeding tube was upheld in 2005, and she died shortly thereafter. The problem was that Schiavo did not have a HCPOA in place. Therefore, no one had the legal authority to instruct the doctors on what to do without court supervision.

A PPOA allows your legally appointed agent to sign your name on your behalf and to handle your financial affairs. If you were to become mentally incompetent or physically incapacitated, who would continue to pay your monthly bills on time so your mortgage is current and your gas and electricity aren't shut off? If you do not have a PPOA in place, there is NO ONE else that has the legal right to access the proper accounts and take care of your financial matters for you.

If you do not have a HCPOA or PPOA, a legal guardian will need to be appointed by a court to allow someone to make health care decisions for you or to be able to legally sign your name. A guardianship is a costly and time-consuming process. An attorney must appear in court a minimum of three times before the permanent guardian is appointed. Once appointed, the guardian must file an annual accounting with the court every year showing what money has come in to the estate and what money has been paid out from the estate. This can be a very arduous process when the person whom the guardianship is being sought for is not agreeable (typically due to their mental incompetency). This is called a "contested guardianship."

To avoid the potential of any costly and unnecessary court proceedings, you should consult with an attorney to ensure that you have valid Powers of Attorney for Health Care and Property in place. This will not only protect you, but will save your loved ones a lot of aggra-

vation and expense in the future.



WHYMOMMAY NOT BE MOVING OUT

have shared a lot of postings in the past about the kind of residential options that may be right for your older parent who is ripe for the move. But the fact is that a lot of older adults may not be making a transition to new housing, and not moving may be a growing trend. Have you had this conversation with your older parent? Have left contact information for a residential facility, but they have never made the phone call? Or has your older parent confided that they would really be fine with moving, but they want the new home to be just like the present one? Or do they simply state point blank that they cannot leave the home where they raised their children, entertained their grandchildren or even said goodbye to their lifelong partner? All of these point to an emotional bond that makes it difficult, or perhaps even impossible, for mom or dad to ever leave their residence.

You are not without options, but remember that it has to be their choice, and patience is important. But try this approach. Offer to make a scrapbook with pictures of all the rooms and perhaps even vintage pictures of the same rooms from when the kids

were younger or when a holiday was celebrated that can be a captioned memory book of home that is transportable no matter The foreclosure rate among where mom or dad live? the 75+ year olds has been You may even take this 23 times higher in 2011 than up a notch and make a it was as recently as 2007. literal home video with mom's or dad's narration to make all the memories and rooms come alive.

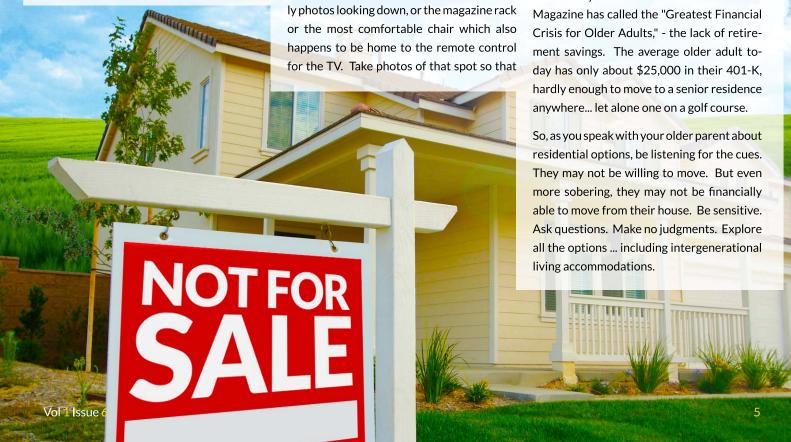
And moving experts whom I know suggest exporting your parent's "nest" to a new residence. The nest is the place with all the famiyou can take the furniture and the pictures and yes, the remote, to a new residence that will give the feel of home.

There are other strictly financial reasons why your older parent may not move. Mort-

> gage and property tax debt is rising among adults 75 years of

age and older. It is their fixed incomes which explain why 75+ year olds have had a higher foreclosure rate in the recession and postrecession era than the 50+ year olds. In fact the foreclosure rate among the 75+ year olds has been 23 times

higher in 2011 than it was as recently as 2007. And it no longer is a given that older adults will have "burned their mortgages" before they retire. Add to this what Forbes





Caring since 1991



CCM, Inc. can be there when you can't

We are the professionals who help families who are caring for older adults (geriatric care management) or others with special needs. Our professional geriatric care managers and special needs case managers can be your eyes and ears when you simply cannot. You can count on us to help you manage both your care-giving responsibilities, and those of your family and your work that cannot be ignored...or postponed. Some of our clients refer to us as their Sister in ChicagoSM.

We serve Chicago's North side and the North, Northwest and West suburbs as well as Central Illinois.