

“I’m Fine, Dear.”

Helping Your Parent Accept Help

After 55 years of marriage, Mrs. Davis missed her late husband dreadfully, but she kept up with her friends and hobbies, continued driving and stayed busy. All of that changed when a fall sent her to hospital with a broken hip. A week before her discharge date there was a family conference.

Her children came up with excellent ideas, so her adult daughter was feeling quite pleased with herself as she arrived to outline their plans – support worker for baths, a homemaker for meals, cleaning and laundry, friendly visiting, telephone monitoring, an alarm necklace – “you’ll never be alone at all, Mom.”



Oops! A broken hip doesn’t mean a broken tongue – and where did our gentle Mrs. Davis learn that kind of language!?

Sound Familiar?

One of the most difficult and sensitive topics to broach with a parent is the notion of getting help for them in their home. You’ve heard all the objections:

- *I don’t want strangers in my house!*
- *what will I get her to do and what will it cost?*
- *I can do all this myself, it just takes me a little longer*
- *never mind, I’ll soldier on ...*

You may have tried home help in the past, and experienced problems with inconsistency or reliability that made it difficult to integrate care into your parent’s daily routine.

What's Really Going On?

Think about how you feel when things get out of control at work, or you're forced to accept something new that's outside your comfort level. Imagine, then, feeling that way all the time, and you'll have an idea of how many elders experience the world. The elder years bring great satisfaction and rewards, but they are also years of loss – the death of friends and spouses, and cumulative losses such as no longer being able to drive, a decline in basic mobility, changes in surroundings, and loss of general confidence and optimism.

The five stages of grief coined so many years ago by Dr. Elisabeth Kubler-Ross - *anger, denial, bargaining, depression, acceptance* - apply not only to death, but to any dramatic change in life. *Anger and denial*, for example, are immediately evident to any adult child who has tried to suggest that their parent give up driving! But what's really going on is a well-justified fear of change, and resentment over lost control of daily activities. *Bargaining* is a familiar response – agreeing to a cleaning lady when what's really needed is a nurse. *Depression* is a serious problem among the elderly, and often attributed to 'just grief', so that medical help is not sought. It's important to anticipate, recognize and deal with these stages to help your parent move forward.

Education is also in order. Home care has changed over the past ten years, as have all aspects of eldercare. There is an enormous range of options between the extremes of 'alone at home' and 'going to an institution'. You owe it yourself, and your parent, to find out the most current information available.

A Different Approach

Let's go back to Mrs. Davis. Her adult children had the right answers – but like all things in life, presentation is everything! What is the best way to get your suggestions accepted?

You are probably aware that a legally competent person cannot be forced to accept help. It is your task, then, to objectively assess your parent's needs, identify where help could make their life easier, then research what services are available to meet the need.

Anyone coping with eldercare is no stranger to family dynamics. Ask yourself – are you really the best person to be doing this? Get professional help if you need it, rather than risking a false start with a poor result.

At **WorkingWomen+** we use a six-point action plan:

Know your Options

- Assess the real need by stepping your parent through their day. Where do *they* think the challenges lie – what do *you* think – and compare notes. Are their needs medical, social, transportation, nutritional, general life-skills? What are the most pressing issues to be addressed first?

Choose your Team

- Inform yourself on the many resources available, including private, volunteer, public sector and community services; their features, advantages and availability.

Do the Math

- Depression-era parents often have deeply rooted money anxiety. Get a range of prices for each type of service, compare it to your requirements, and do the arithmetic up-front. For example, your church may offer free ‘friendly visiting’ for a lonely senior; however, someone requiring assistance with twice-daily insulin injections will require a registered practical nurse at \$18-\$25/hour.

Write it Down

- It is essential to document your requirements; what type of service do you need, at what level, for what frequency? It’s a good idea to develop a position description to clarify for all three parties – caregiver, parent, and adult child – what’s expected, and what’s not included. Instead of making assumptions – ‘*and why wasn’t this done?*’ – get it sorted out beforehand.

Get it Done

- The key to successful implementation is to manage expectations – yours and your parent’s. Do this by reviewing your requirements and establishing clear goals that you want to accomplish; for example, getting help once a week for grocery shopping. Then, building on each success, expand to another item on the requirements list. Honouring the goals you agreed upon together helps your parent build trust and regain a sense of progress toward the challenges that were initially so daunting.

Keep in Touch

- No system is foolproof and backsliding is to be expected – ‘*I’m coping fine now, dear*’. It’s frustrating when your mother fires the caregiver you painstakingly selected, supposedly with her approval, and you’ll have to go back to the initial steps a few times, taking her through the reasoning once again. Even in the most ideal circumstances, needs will change over time. Carefully monitor what’s happening, listen to your mom and to the caregiver, and expect fine-tuning.

A Happy Ending

And what about Mrs. Davis? She returned home from hospital with poor mobility and minimal care. Her daughter would call several times a day and visit daily, but within a few weeks her world had shrunk to a bedroom, night table and TV, nightgown-clad, shades down, all meals on a tray. Finally there was an evening of sharp words, then tears and hugs, and some apologies.

The next day the daughter called in an eldercare consultant to work with both mother and daughter on an action plan. The three of them determined that personal care and meals were a top priority, and that Mrs. Davis jealously guarded her privacy. A few options

were described in detail, focusing on how daily life would be affected and allowing Mrs. Davis to ask questions, voice objections, and understand the costs. A short checklist of what both mother and daughter hoped to accomplish was drawn up, and it was decided to introduce daily help for a trial period, based on the checklist, to be reviewed after two weeks.

This was only part of the equation, though – *who* exactly will carry out these duties? Two experienced caregivers were suggested by the consultant. The first candidate was preferred by the daughter; after 3 days, her mother felt ‘fussed over’ and told her not to return, prompting another lively mother-daughter discussion! The second, equally qualified, somehow made the care seem less invasive and was pronounced a success.

Now, six months later, the caregiver comes in from 8am to 1pm daily, gets Mrs. Davis up and dressed, takes her to activities in a wheelchair, prepares and serves two meals and organizes an evening meal. Mrs. Davis, managing in her apartment with a walker, uses the microwave and enjoys a good dinner every night. She has a sense of control over her routine – and it’s given her, and her adult daughter, their lives back.

As her daughter says, there is no sweeter irony than hearing your mother say, ‘Dear, why didn’t we do this years ago?’