

APPROACHING THAT DIFFICULT SUBJECT... WHAT TO DO IF YOUR AGING OR ELDER LOVED ONE DOESN'T WANT HELP?

By Brian Porter, BA, MEd,
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TABLE OF CONTENTS

Introduction	1
Strategies	2
The Plan	3
Tactics	5
What's the First Step?	7



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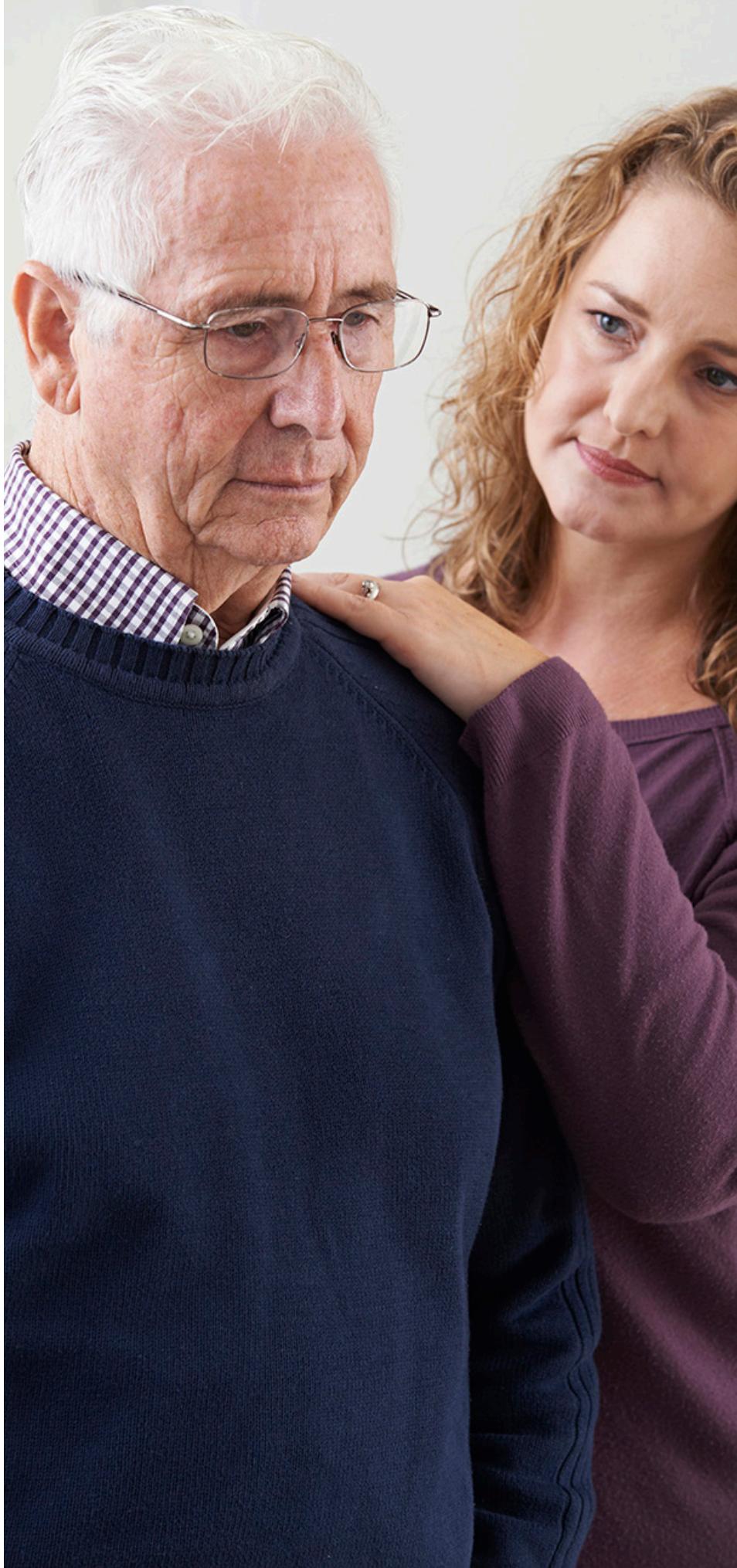
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WHAT TO DO IF YOUR OLDER LOVED ONE DOESN'T WANT HELP?

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Family! "We can't live with them; we can't live without them!" exclaims Eleanor Silverberg, BA Psych, MSW, RSW, in her book, *A Self Development Guide for Family Caregivers*.

She further explains the vital role that our family plays in our lives as we grow older; and, this role becomes even more significant when an older spouse, parent or friend becomes ill, or physically less capable and, thus, can no longer manage themselves and their lives independently. It can happen that we are sometimes required by obligation, rather than by choice, to step up and to manage the care of our aging loved ones.





STRATEGIES:

What do you do if your aging loved one resists care and/or is endangering himself or herself?

Resistance to care is a relatively common occurrence. No one really wants necessarily to be reliant on another person for daily needs nor desires to feel a loss of independence. Ensuing discussions are often emotionally laden and must be handled with care. The necessity of this discussion will not go away with time. It behooves everyone involved to be proactive and plan early. Ensure consideration of your older loved one's feelings but be straight forward with the problem solving process.

- 1.** Be proactive and plan early. Ensure consideration of your loved one's feelings but be straight forward with the problem solving process.

BUT, if it's too late to be proactive and to plan early...

- 2.** Try to explain in your own words that 'we need to take steps to ensure your health and safety.'
- 3.** Shift the argument away from a focus on the care needs of your older loved one to the needs of your family and you in the context of the time, energy and worry that everyone- your family and you- must devote to caregiving.

Example Conversation:

Darling, I really need you to help me—to help us, your family. I love looking after you each day but I'm so exhausted now trying to make you safe and happy and trying also to do my work at the office and to look after our children, while having to do the shopping and cleaning and everything else at home. You know, if you would agree to a caregiver, a PSW, coming here for a few hours during the week, it would so much help your whole family and me. It would also help us a lot to have less stress every day and to worry about you less.

- 4.** You may also wish to consider consulting a specialist, such as Living Assistance Services, about elder care issues and needs.



THE PLAN:

The plan for caring for a elderly loved one can be challenging – particularly if the loved one is resistant to care. There are also dynamics within many families which can be formidable. How do you help a loved one who doesn't want help and what is the best approach? How do you tell your loved one that your siblings and you are very concerned about him living alone at home? How do you help them keep their independence without interfering in their life or making decisions for them? These are issues that will not disappear with time. With advance planning and straight-forward discussions, the problem-solving process actually can work well, but it will take some planning.

Arranging a family meeting can be a great opportunity to have discussions about the care your elder loved one should be receiving (or want to receive). It may seem obvious but remember that he/she is the one who will be making choices about his/her own life- not you or one of your siblings. The exception to this may well be when there is very serious health concern or your loved one is being quite unreasonable by disregarding a major health concern. Your loved one should always be a central part of every discussion; if not, it could be very difficult for you to find solutions that are acceptable.

Family meetings should be supportive and this support alone may be enough to convince him/her that some form of home care should be considered before health deteriorates.

So, here are some suggestions to consider as you approach your family meeting(s) and then formulate the plan itself:

1. Reassure your parent(s) or older person.

Let them know that you are supporting them and can be depended upon to help solve their problems; emphasize that 'we are all family.'

Note: Caring for an elderly, loved one is often referred to by agencies and also generically in numerous ways: senior care services, home care, intracare for seniors, home care for seniors, qualicare, eldercare, eldercare home services, premier care, home instead, in-home senior care, aging parents care, caregiving for seniors, retire at home care, senior at home care, we care home health care services, dementia and Alzheimer care etc. Community Care Access Centres (CCACs) are now called Local Health Integration Networks (LHINs); they plan, integrate and fund local health care, improving access and patient experience in Ontario.

2. Educate yourself.

You (and your parents, if able) need to become information specialists in areas relevant to the changing situation:

- legal matters, including wills, property ownership and power of attorney
- financial arrangements
- healthcare services and housing and recreational resources
- current information on 'the aging process'

3. Take Stock.

As health and living problems arise, obtain an assessment of your parents' health or other problems and resultant care needs. Living Assistance Services, for example, will provide you with a no obligation assessment at no cost to you. A lawyer and/or financial advisor may also be helpful in some instances; a real estate agent can provide you with an estimate of the value of a house in case financial resources need to be released for much needed required care.

4. Help Your Elder Ones retain Control.

Respect that your parents, or others, need to make their own decisions and maintain control of their own lives. Limits are often placed on their autonomy due to sickness, lack of financial resources and the quality of family relationships. However, a degree of participation in the decision is usually possible and important to a senior's well-being.

5. Share the Workload.

Don't try to do everything yourself. Share the emotional and physical responsibilities among family, friends, professionals and professional care givers. However, you will have to manage it all and be well aware of the 'bigger picture.'

6. Think Creatively.

Brainstorm with the family and friends about ways to help older family members and friends to maintain identity, continue their interests and have as much decision-making opportunity as possible.

7. Make Small, More Incremental Changes, Whenever Possible.

Opt for the smallest change possible at each step. Don't be overwhelmed at the prospect on the horizon of needing complete, even full-time, care, especially when partial help may be all that is needed right now.

8. Take Some Risks.

Be willing to take some risks if your loved one is capable of recognizing the level of risk and chooses this path—or, at least a compromise solution.

9. Get Counseling.

Obtain professional counseling if the situation and the relationship with an elderly person becomes overwhelming. Living Assistance Services can help you with this situation.

10. Respect Your Needs.

Be honest with your loved ones about your limits of time and energy. Make then quite aware of your needs related to work, family, recreation and 'down' time. Do try to maintain a sense of humour!



TACTICS:

Tactics are immediate and practical actions to help you when an aging family member or friend resists agreeing to have some help at home, wherever that might be:

- Plant the seed as early as possible...your suggestions may not be immediately taken but leave the door open.
- Check with other family members to ensure that you are all 'on the same page.'
- Choose an appropriate and relaxed time to discuss the options. This will enable your loved one and you to listen and speak your minds.
- Ask open-ended questions (avoid yes or no answers) about your loved one's preferences. Although you may not meet all their wishes, it's important to consider them.
- Avoid phrases which tend to shut down conversations, such as "you're not listening", "don't worry", "you don't know", "you may like it", etc.
- Listen more; talk less.
- Research 'the experts'; third party expert experience and advice can be credibly persuasive. It can also provide you with the beginnings of the plan going forward.
- Enlist other family members, or their close friends, to help you persuade your loved one to accept help.
- Be sure to provide options and written information relative to the options.
- Give your loved one time to peruse potential courses of action at their leisure.
- Discuss options and available resources for the care required on a 'let's try it basis.'
- Offer to have a professional, expert or unbiased outsider make recommendations—or even an assessment at home.
- Don't ask for immediate decisions.
- Pick your battles but don't give up. Don't try to accomplish too much in one conversation.
- If your loved one doesn't wish to discuss the topic, try again later.
- Don't expect discussions will be easy or uncomplicated.
- Explain that care is required for your peace-of-mind... so that you are not worried when you are not able to be with your loved one.

WHAT'S THE FIRST STEP?

Begin with an assessment from Living Assistance Service. It's free of charge and will assess a senior's health, environment and care needs in the context of your family and you. When necessary, LAS can consult with the physician of the care recipient, social workers or nursing home staff.

Then...

- A Living Assistance Services Service Coordinator will, carefully match and choose a caregiver(s) with the experience and personality best suited to the care recipient's needs.
- Next, we arrange for these caregivers to visit your home so that your family and older loved one can participate in the selection process.
- After the caregiver, which you have chosen, has been placed in your home, we continue ongoing personal contacts through telephone check-ins and home visits to ensure that everyone is safe and happy.
- Living Assistance Services provides a wide range of support that includes, but is not limited to:
 - Personal care assistance: bathing, dressing, hygiene and laundry...repeated
 - Medication supervision
 - Light housekeeping
 - Joyful companionship
 - Escorting to appointments; shopping
 - RN/RPN supervised care
 - Convalescence and respite
 - End of life care
 - Veteran's care
 - Meal planning and preparation
 - Nutritional counseling
 - Live in/out: 3-24 hours care
 - Hospital care
 - Referrals for: occupational and physiotherapy; foot care
 - Care for Parkinson's, Alzheimer, Dementia, Cancer Care, etc.
 - Retirement Home Care and other residential settings
 - Home/individual Safety Assessment
 - Direct CCAC referrals, consultation and case management
 - Palliative care



Please contact us at 905-758-2486 for an initial, free, no obligation assessment and follow-up.

Please ask for services not listed and we will endeavor to provide it.

Services are available on short or long term basis, live-in (24 hours), or live-out (from 3 to 24 hours), including weekends and holidays.



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