

*Caregiving for an Aging Parent: Taking Charge If you are nominated -- willingly or not -- to be the caregiver for an aging parent, dealing with the situation can be a challenge.*

**Tax Deductions and Credits Introduction** Many people wonder if they can be compensated for the countless hours they spend caregiving for their aging parents. The short answer to this question is yes, it is possible. Unfortunately, the short answer is insufficient, as the subject is complex. Many variables impact whether a loved one who requires care is eligible, and what many people fail to ask, is if they, themselves as caregivers, are eligible. The article that follows comprehensively explores the many different options and programs that can be used to pay family members as caregivers. An alternative approach is to use our Paid Caregiver Program Locator.

**Medicaid Options** Of all the programs that pay family members as caregivers, Medicaid is the most common source of payment. Medicaid has eligibility requirements that apply to the program participant and it has rules that dictate who is allowed to provide them with care. We have identified four types of Medicaid program that allow family members to be paid as caregivers. The bad news is that not all four are available in every state, but the good news is at least one of the four is available in every state. Waivers allow states to pay for care and support services for individuals residing outside of nursing homes. Commonly, they pay for personal care assistance with activities of daily living, such as eating, dressing, and mobility and chore services provided for elderly or disabled persons who live in their homes or live in the homes of family members. They can choose to receive care from a family member, such as their adult children. The adult child will be compensated by Medicaid for providing care for their elderly parent. However, the concept of consumer direction is available in all states. A variety of other terms or phrases are employed to describe this same concept. Waivers are offered as an alternative to nursing home care. Waiver names, eligibility requirements, and benefits are different in each state. While nursing home Medicaid is an entitlement, Waivers are not entitlements. They are enrollment capped, meaning there is a select number of people who can be enrolled in the program, and waiting lists are fairly common. A complete list of Waivers that allow family members to be paid as caregivers is available here. Unlike Waivers, regular Medicaid is an entitlement program; if you are eligible then you can receive benefits. Waiting lists do not exist. Similar to how Waivers offer consumer direction of services, State Plan Personal Care often allows the beneficiary to choose their care provider. Family members, including the adult children can be chosen to provide care for their mothers and fathers. Again, like Waivers, the adult children caregivers are paid the Medicaid approved hourly rate for their efforts. During the initial enrollment process, the elderly individual is assessed, and it is determined how many hours per week they require care services. A list of state Medicaid programs that offer the choice of provider in their personal care benefit is available here. This option does not directly pay the adult child for their caregiving efforts on an hourly basis, but instead compensates them indirectly. To better understand this option, some background information on Medicaid eligibility is required. Eligibility for elderly persons is based largely on their income and their assets. However, if one moves from their home into a nursing home, for example, then their home is no longer considered an exempt asset unless their spouse lives there. This is known as Medicaid Estate Recovery. There are additional requirements. The adult child must live in the home with their parent and provide care for at least two years. The level of care they provide must prevent their parent from being placed in a nursing home and they must have the medical documentation to validate this fact. The Caregiver Exemption is complicated. Therefore, it is strongly advised that families plan in advance for this option to avoid both Medicaid and family conflicts. One can read more about the Caregiver Exemption here or connect with a Medicaid planning expert to discuss if, and how this option, would work for your family.

**Adult Foster Care** In a limited number of states, Medicaid allows the adult children to become adult foster care providers for their aging parents. In return, the adult children are compensated by Medicaid for their care services, but not for room and board. Medicaid, by law, cannot pay for room and board. However, many states offer supplemental financial assistance from state funds to Medicaid beneficiaries who live in an adult foster home situation. This additional financial assistance is intended for room and board

expenses. State Medicaid programs offering adult foster care. Under Veterans Directed Care, veterans are able to select from whom they receive care services. Veterans with a certain level of care needs, require personal care or personal care attendants. This program gives veterans the option to hire whoever they choose, including family members, such as their adult children to provide them with personal care services. Adult children caregivers are paid an hourly rate. This rate is determined annually by Veterans Health Administration and modified for regional differences in home care costs. It is difficult to accurately project what caregivers will receive, as each veteran is assessed for a different amount of home care assistance. The program is run at the local level through participating VA Medical Centers. See a list of participating VAMCs here. How it can be used to pay individuals to provide care for their aging parents is a little complicated. It is important to understand that the dollar amount of pension that a veteran or their spouse receives depends on their current, non-pension related income. The second important factor is when calculating income, the Department of Veterans Affairs allows the beneficiary to deduct all care related expenses from their income. This can include the cost of personal care assistance provided by an individual or home care agency. Therefore, an aging parent can hire their adult child as a private caregiver. The adult child invoices their parent for their caregiving services, the parent deducts those invoices from their income, and the VA increases their pension check by the amount of the invoices. While confusing and seemingly roundabout, this approach is well documented, legal, and encouraged by many VA benefits experts. Most states offer what are loosely categorized as nursing home diversion programs. These are state funded programs that provide assistance to elderly individuals who live at home with the objective of preventing unnecessary placement of these persons in Medicaid-funded nursing homes. Some of these state programs allow for consumer direction of care services. Phrased another way, program participants are given the flexibility to choose their own caregivers. Participants can choose their adult children to provide them with care services and assistance, instead of working with a state-chosen caregiver or home care agency. Caregivers are paid a rate comparable with the average hourly rate for home care in their geographic area. Unfortunately, these programs are not available in every state. Further limiting this option is the fact that some programs allow for consumer direction, but disallow family members. Finally, many of these programs are means-tested this means eligibility is based on the financial resources of the participant. See a list of state programs that allow consumer direction here. As with many of the programs described in this article, the process is complicated. The policyholder, while living, engages in what is called a life settlement. The buyer pays the policyholder a lump sum amount, they take over paying the monthly premiums, and when the policyholder passes, they collect the full amount of the death benefit. In taking this approach, the original policyholder receives a lump sum of cash from their policy while they are alive. This money can be used directly to pay a family member, such as a son or daughter, to provide care. However, a better option exists called a Medicaid Life Settlement. This type of life settlement allows the policyholder to preserve the option to receive Medicaid in the future, should the proceeds from their life settlement run out. Long Term Care Insurance Some elderly individuals that have long-term care insurance may use the benefits from that insurance to pay their children to provide them with care. Each policy is different and some policies may expressly prohibit family members from being compensated. However, such rules are relatively rare. More common is the long-term care insurance policy that requires care providers to be licensed. Fortunately, this should not prevent the family members of the policyholder from being paid to provide care. It does, however, create a minor logistical obstacle in that the son or daughter will have to obtain a business license as a care provider and register with their local authorities. While this process may sound daunting, it is in fact a fairly simple and quick process. The adult children who are now paid caregivers must declare their payment as income and pay taxes as they would with any other income. Paid Family Leave Laws Paid Family Leave PFL is a type of program that allows working individuals to take time off from their jobs or take non-consecutive days off to care for their family member. Paid Family Leave laws are not limited to caring for aging parents, one can also care for their children or spouses, however, caring for aging parents is most relevant to this article. The caregivers continue to receive a large percentage of their salary and they are legally protected from losing their jobs or their health insurance. Most laws will pay the adult children for periods of between 4 – 12 weeks, so this is not a permanent solution for most families. However, the paid

leave does not have to be taken in one consecutive period. Instead, the caregiving child could take one day off each week for many months. Additionally, multiple siblings could take consecutive paid family leave if they live in the same state, which when combined, can make a large impact in helping an elderly parent. Unfortunately, not all states currently have paid family leave laws. More about each program can be found at the following links: [More about the FMLA](#). Tax Deductions and Credits Tax deductions or tax credits do not pay the adult children directly as caregivers, however, they can considerably decrease the tax burden of those caring for their elderly parents. The net effect is the same, they have more money available to them as a result of their familial caregiving efforts. For persons whose parents are financially dependent on them, the medical and care expenses incurred by the aging parents can be deducted from their own income. Read about medical and care expense deductions [here](#).

## Chapter 2 : Getting Paid to Care for Mom or Dad. Are You Eligible?

*Family members see taking care of elderly parents as both an honor and an obligation. The Challenges of Growing Older As people age, many medical conditions are more likely to develop that make it difficult for a person to care for himself or herself.*

Jeff found his professional calling in when he began working with seniors and their families at A Place for Mom. His passion for helping seniors and his fondness for the written word are evident in his articles about issues affecting older adults and their families. Jeff also writes and records music under the moniker Mysterious Inventors.

KEN to bring my husband back to me. Life without my husband was a real mess for me and my children I am so happy to get my Ex husband back through the help of Great DR. KEN the spell caster. My greatest surprise was that 48 hours after the Doctor casted the spell for me, my husband who has abandoned me for years suddenly called me unexpectedly and started begging for my forgiveness. Am so happy that we have become one happy family again through the help of Great DR. Dr Ken is a very wonderful and powerful spell caster, you can contact him if you need his assistant because i know he can also help you. I have been lonely all these years cos I loved him even when we were divorced. I spoke with friends about it but luckily a friend told me about a spell caster that helped her cure her Herpes. If you need help with getting your ex back or you have any illness that has been giving you problems for years now, you can contact lord baraka on his email: Doctor landy used his powerful spell to put a smile on my face by bringing back my man with his spell, at first i thought i was dreaming when my husband came back to me on his knees begging me to forgive him and accept him back and even since then he loves me more than i ever expected so i made a vow to my self the i will let the World know about Doctor landy because he is a God on earth. Do you have problems in your relationship? Do you have problem with your finance? Doctor landy email is: Mr Mike is giving out the card just to help the poor and needy though it is illegal but it is something nice and he is not like other people pretending to have the blank ATM cards. And no one gets caught when using the card. I had problems at home which affected my work greatly. I was now always in a cross fire with my boss. My wife wanted out of our marriage for no just reason. It was always like that i mean she always get what she wants. All i wanted was to see her happy i could never do anything that will make her so unhappy. This was all i did wrong that is make her have it her way all the time. I mean that was the reason she gave during our therapy session. She wanted out of the marriage cos i was to nice. From what she said, i was the kind of man ever woman will die for but she wanted a real man to enforce his will no her meaning was i was to weak a man for her. And that was the least of therapy session we had cos like she said we where wasting our life together and no amount of therapy was going to get us back together. I was still in love with her, she was the love of my life and i still wanted her to come back that was when i saw Eva-Yolanda article on Dr landy When i contacted him he made me known that i will have to go through all the spell casting process. Like he said most people are too scared cos of trust issues. I was asked to get some material to prepare the spell and after which he sent me a package contain the spell and the rest just happen the way it was suppose to happen i got my wife back and she was my wife back again i mean she was not that woman who wanted a hard man she was woman i fell in love with who loved me cos i am me If you want help or fell he can help contact him with his email address: This sibling refuses to discuss their care and allow other siblings to help. This sibling does not provide the care they need either. However this sibling is constantly in their head and the seniors are refusing help from other siblings as well. Mother has had a few strokes and unsteady on her feet. Father is in early stage of Dementia. I worry in time something serious could happen which could bring about charges of neglect. Two siblings thousands of miles away but still offer help in organizing and scheduling Doctors appointments. The two others living nearby have tried to talk to parents but they say they are fine with oldest sibling even though my dad still drives themselves to doctors appointments, grocery store, church, etc. Kasona Elias I am very happy today with my family. My name is rose sarah living in USA, My husband left me for a good 3 years now, and i love him so much, i have been looking for a way to get him back since then. Jude a spell caster, who helped me to bring back my husband after 2 weeks. He always hello, now i call him my

father. After 8 years of marriage, me and my husband has been into one quarrel or the other until he finally left me and moved to California to be with another woman. Every day and night i think of him and always wish he would come back to me, I was really upset and i needed help, so i searched for help online and I came across Priest Elijah he can help get ex back fast. So, I felt I should give him a try. I contacted him and he told me what to do and i did it then he did a Love spell for me. So that was how he came back the next day,with lots of love and joy,and he apologized for his mistake,and for the pain he caused me and the kids. Then from that day,our Marriage was now stronger than how it were before,All thanks to Priest Elijah. I know there are lots of woman like me out there who have done so much to have back their Husband, I am here to tell you all to search no further because the answer is right here. I filled so much joy and happiness that I found Dr Landy , I hope you all here will find this testimony of mine and get your husband back in just 48 hours thanksâ€¦ contact his email: You can also have a better relationship only if you contact: I and my kids had being dwelling in pains for almost two years now, Recently, A Friend of mine Directed me to this great spell caster named Dr Noble, he is a Powerful Spell caster, he helped me and before 48 hours, My Wife that left me came back and started begging for forgiveness. I will drop Hes Email address along with this testimony of mine in case anyone want to contact him, There is His Email:

### Chapter 3 : Family Health & Caring for Elderly Parents

*As the number of family members providing care for aging parents increases, the solutions to find help with loss of income because of time off from employment for caregiving has become a major concern for many.*

Other states have similar programs, offering cash for in-home care to seniors who have little money but whose income or assets are slightly too high for them to qualify for Medicaid in that state. Advertisement How Cash Assistance Programs Work Cash assistance programs have several components and application processes and eligibility vary among states: This means gathering bank, tax, and other records that show how much they have in income and assets. Based on the assessment of needs, the Self Directed Services or other program determines how many monthly hours of in-home care assistance it would approve if the care were coming from an in-home care agency. Using the rate that in-home care workers are paid in the state, it then figures out how much in total it will directly pay to the seniors every month to help with in-home care. It has to be at least minimum wage, but it can be any reasonable amount you and they agree on. They can also decide how else they might want to spend some of the money. The program helps seniors work out this plan, including paperwork and taxes. Find State Programs Where You Live To find out whether your state has a consumer-directed cash assistance program for seniors, contact your local Medicaid, human services, or social services office. To find the nearest Medicaid or other state office that handles in-home care programs, contact your nearest Area Agency on Aging and ask them who to call in your state to learn about direct payment programs for in-home care. This program serves veterans of any age who are at risk for institutional placement by providing home and community-based services that allow vets to continue to live independently in their own homes. Beneficiaries can choose the mix of goods and services that best meet their needs and manage their own flexible spending budgets for personal care services, which can mean hiring their own workers, including family and friends. Long-Term Care Insurance Benefits Only a relatively small number of seniors have long-term care insurance. If they qualify for monthly in-home care benefits and the policy pays them directly to them, they can use that money to pay you. If, on the other hand, the policy requires that payment be made only to a state-certified in-home care aide, check with the National Family Caregivers Association or the Family Caregiver Alliance to find out the requirements in your state for getting this type of certification yourself. Often, low-cost certification classes are offered at local adult schools or community colleges. Your relative does not have to live in your residence, but in order to qualify, you must cover more than 50 percent of their basic living expenses, including housing, food, medical services, and clothing. Several requirements must be met. Non-taxable income such as Social Security does not count toward this limit. For more information and to see if you qualify, check with your tax professional or view IRS information on the subject. Remember that this payment is viewed as income by the government, so all family caregivers must report their earnings each year as taxable income. Though the money received for providing homecare services is negligible, it will help to offset many of the costs associated with providing mom or dad with a loving, stable, and comfortable home.

### Chapter 4 : What does the Bible say about caring for our old parents?

*For a disabled person who has been rated, a family member will be considered an in-home caregiver, but that family member has to be paid for services duly rendered. There is potential for fraud here where a family member may move into the home and ostensibly receive payment as a caregiver but not actually provide the level of care paid for.*

Perhaps you are their caregiver. There is financial help available for senior veterans and their spouses. This money can be used to help pay the cost of home care, adult day services, and assisted living or nursing home services. Not only does the rating significantly increase the benefit amount but without a rating, room and board costs for assisted living are not deductible for purposes of reducing income. Only the much smaller assisted living medical costs are deductible. For home care, non-medical costs are only deductible if the in-home caregiver is licensed for healthcare in that state or if there is a rating. Since the non-medical costs for home care represent the bulk of all costs for long-term care at home, without a rating, those households with a non-licensed caregiver would not qualify for the benefit. Examples of medical or nursing services at home would be help with activities of daily living such as dressing, bathing, toileting, ambulating, feeding, diapering and so on. A rating for aid and attendance is automatic if someone is a patient in a nursing home or that person is blind or so nearly blind as to need assistance. It is our understanding that a non-licensed in-home caregiver could be just about anyone receiving pay for providing services. This might be members of the family, friends, or someone hired to live in the home. Unfortunately, a spouse cannot be included in this list for reimbursable caregivers. For a disabled person who has been rated, a family member will be considered an in-home caregiver, but that family member has to be paid for services duly rendered. There is potential for fraud here where a family member may move into the home and ostensibly receive payment as a caregiver but not actually provide the level of care paid for. Documentation for this care must be provided to VA, and it is reasonable for VA to question whether the services being purchased from a family member living in the household are legitimate. The care arrangements and payment for home care must be made prior to application and there must be evidence that this care is needed on an ongoing and regular basis. We recommend a formal care contract and monthly invoice billing for services. Money must exchange hands and there must be evidence of this. All of this documentation must be provided as proof to VA when making application for the pension benefit. Costs for these services must be unreimbursed; meaning these costs are not paid by insurance, by contributions from the family or from other sources. Even though the family member being paid for services cannot reimburse the veteran household directly, the family may pay the bills for the veteran household. This indirect form of support is allowed. Other documentation includes original discharge papers, marriage records if applicable and a death certificate where applicable. An inventory of all sources of household income and all household cash equivalent assets is also required. Providing complete documentation with the initial application will expedite a rating and approval for pension payment. All necessary forms are included in the book such as the application form and forms for medical expenses and other costs. I followed the instructions exactly as stated in the book. I used the forms provided Forms I made copies of everything. In addition, the VA sent additional forms for me to submit stating that my dad may be eligible to receive additional benefits for medical expenses incurred from March 31, to March 31, In essence, I had to submit no additional documentation, just the documentation you suggested in your book. Thank you for your wonderful book! I needed no consultants, no attorneys, no one and nothing but the advice contained within your book. Consultants place particular emphasis on Pension and Death Pension because these benefits are typically more useful for the elderly needing long term care. Consultants provide information about the aid and attendance benefit including what it is, who can qualify and what information and documentation are necessary in order to file a claim. A consultant does not participate in any way in the application process unless that consultant is an accredited attorney representing his or her client in proceedings before VA. Consultants who are accredited veterans service organization representatives can also assist claimants with the filing of a claim. For all other consultations, veteran households seeking help with filing a claim are directed to an appropriate veterans service organization or to a state or county veterans service officer or, where

appropriate, they are encouraged to file a claim on their own. Some consultants also help potential claimants realign their assets and complete important estate planning documents prior to making application.

**Chapter 5 : Government Program Pays Family Members for Taking Care of Mom and Dad - Right at Home**

*For states that allow family members to be employed through home care agencies, the family members must usually meet the same training requirements as other agency employees. Federal law does not require training for PCAs or family members acting as PCAs in the consumer-directed portions of these programs.*

This work is protected by copyright and may be linked to without seeking permission. Permission must be received for subsequent distribution in print or electronically. Please contact mpub-help umich. Abstract This review of the literature summarizes the risks and benefits for adult children taking care of elderly parents, with a view to the potential consequences for the health of other family members and the overall well being of the family unit. Based on the review, a "Family-Friendly" action plan is outlined for health professionals who work with the elderly or their family caregivers. Caregiving, elderly, adult children, family health Rosemary A. Electronic mail may be sent via the Internet to rzie umich. There is no doubt that the illness of any family member is stressful, and this review focuses on how taking care of elderly parents affects the health of the family. This approach tends to obscure the involvement of "and consequences to" other family members or the family unit. The empirics of family care of the elderly have been built on the general stress model, which contributes to the casting of family caregiving as primarily a negative event, or "burden" Warnes, In this review, current thought on the benefits of caregiving will be included to offset negativity. In addition, a life course perspective for individual and family development will counterbalance the negative potential of caregiving that is emphasized in the literature, as well as provide the structure of an action plan for health professionals. Definition of Family Health For the purpose of this review, family health is defined as the collective emotional and physical health of a family. Families denote groups of individuals connected across the lifespan, in which energies are often shifted to address new demands, for example, childcare or major illness. In times of any caregiving demand, family health is the balanced comfort level of a family unit, in which the needs of the care recipient can be met without deleterious consequences to other family members. A significant caregiving event is by necessity a shared family event, and the roles and experiences of all players need to be considered in balancing the resources of the family unit to solve the crisis or needs of one particular family member. Extending the definition of health to include family members automatically complicates the picture. When focusing on one person, it is easier to evaluate benefits and risks of actions to that individual. But when the health of the family is considered, it is much more difficult to tally the total impact. For the purpose of this review, it is assumed that principal costs or risks to the family unit can be calculated as the personal consequences to the primary caregiver, especially emotional and physical, as well as financial. These costs to the primary caregiver can be extended to the family unit. While it seems likely that family members would react negatively to the loss of attention from the primary caregiver, such effects have not been studied. For example, in contrast to the U. Cultural heritage could constitute either an additional stressor or a mitigating resource for families of various backgrounds seeking care in the United States. America is a large, complicated and diverse nation, and is typically classified as a unique culture with historical connections to western European traditions. Variations of family structure and degrees of family cohesiveness or collectivism Gender roles and relationships with authority figures Family structures for decision making Desired degree of family presence in health care situations Extended families and available social support The interface with the health care delivery system and the predominant cultural group. Health of the Primary Caregiver Psychological Health Because of the burgeoning demands for care represented by an increased number of frail elderly in American society, much has been written since the s about the experiences of family caregivers of the elderly. Schulz, Visintainer, and Williamson reviewed over thirty studies on family caregivers and reported that a majority contained evidence of demoralization, and a higher rate of depressive symptoms. Indeed, despite a wide variety of measurement and selection issues, the finding of depression and depressive symptoms among caregivers is robust. In order to effectively help caregivers of the elderly adjust over the long haul it is important to distinguish clinical depression from shock, loss, and grief. It is important to keep in mind that the parents may be depressed or traumatized by the changes in health and independence, and such

moods will affect those who care for them. Grief and loss are dominant themes in narratives about caregiving and are to be expected Hausman, ; McCarty, ; Shaw, ; Ziembra, Adult children are likely to report guilt, anger, depression, and role reversal Bowers, ; Fischer, In one study, daughters used the term "role reversal" to define the experience of losing the prior support of the parent, in combination with the new demand to provide the safety net for the parents Ziembra, Other family members might be a source of support and mitigate the negative impact on the primary caregiver, but could also be another source of conflict or a stressor for the primary caregiver due to their own distressed or negative reactions to the situation. Parent care can revive sibling rivalries and other long-standing family issues. Often it is assumed that people from different ethnic or minority backgrounds enjoy the added assistance that comes from large, extended families, and values of family collectivism. However, such assumptions may lead to false security among health care professionals that the needs of family caregivers are being met. For example, the majority of studies reviewed by Dilworth-Anderson and colleagues that examined social support and culture indicated that non-Hispanic whites have a less diverse set of extended helpers than do minority caregivers. However, the studies did not support the common assumption that minority caregivers receive more informal social support. For example, when other factors were controlled, it was more likely that African Americans were sole providers of care and in greater need of formal support services. Thus, family and extended family could be actual or potential resources to the primary caregiver, but could also represent additional sources of strain. Caregiving itself could lead to decreased socialization and isolation for the caregiver. The typical caregiver of elderly parents is female, married, and employed full-time. Adult children may fill many other social roles, such as raising their own children, and pursuing a career. Another strategy to address the care needs of the aging parent is for the parent or child to move in with the other Tennstedt, ; Ziembra, This has implications for other people in the household and typically requires adjustment to the new living arrangements. Thus, multiple roles—“including work roles or childcare”—may provide respite, distraction, or resources that offset the demands of caregiving. However, the constellation of benefits and conflicting demands of multiple roles will depend on the situation, and caregivers and their families may face difficult choices or periods of adjustment. Physical Health In contrast to the large volume of studies on the psychosocial effects of caregiving, there is less certainty as to the risks for physical health Reese et al. Health problems could result from the deleterious effects of stress on the immune system, resulting in less resistance to acute or chronic disease. Other Risks Over the Lifespan In addition to health risks, caregiving can threaten financial well-being. In the short run, there may be additional costs of hired help, which can be very expensive Grunfeld et al. Tennstedt reported analyses by Harrow et al. Caregivers face other expenses when replacement costs of providing direct care services are considered. In the long run, many caregivers reduce work hours to provide care, take early retirement, or pass up promotions or career changes Guberman et al. The Beneficial Effects of Caregiving Most of the research to date has emphasized harmful consequences on caregivers of the elderly. Belief in the benefits of family caregiving helps to build a strong platform of support for caregivers as a result of a more positive outlook, and thus promotes family health Louderback, Many caregivers do not report role strain or other negative consequences Tennstedt, In life-span developmental approaches, care of elderly parents is often viewed as a developmental task of middle- to late-life through which the adult child gains maturity and wisdom for their own later years e. While caregiving has potential risks, real costs, and serious implications, it is simply unavoidable for many families when the call comes. As part of the human experience integral to family relationships, family caregiving is often not an option, but a certainty. Adult children feel their duty, and parent care is often assumed out of obligation. Other common themes were fulfilling family obligations, and repaying parents. A life course or developmental model suggests latent benefits for caregivers since they avoid guilt and find comfort in rewarding memories. A good resolution of the "filial crisis" means that adult children attain greater maturity and are better prepared for their own aging Blenkner, Greater emphasis on the ultimate or "spiritual" meaning of being a caregiver may be a more fruitful approach than focusing on costs. McLeod asserts that accepting the difficult aspects of caregiving is a realistic approach, and that for caregivers to grow from the event they must internalize the experience in terms of life goals and the importance of human, caring relationships. Improved Family Relationships The most salient and persistent influence on all aspects of

caregiver burden is the quality of the relationship between caregiver and care recipient Tennstedt, Caregiving can stress relationships, but it can also improve them. About a third of caregivers in one study reported an improvement in their relationships as a result of assuming a caregiver role Ziemba, Action Plan for Health Professionals The role of the health care professional is aimed primarily at helping the caregiver cope with the increased demands, and to help caregivers balance responsibilities to the care recipient, to themselves, and to other family members. Health professionals may find it helpful to choose from the many lifespan developmental and family systems frameworks to guide therapeutic interactions with adults involved in parent care e. While general stress models highlight the hazards of caregiving, developmental and family systems theories are useful in that parent care is acknowledged as an important and temporary challenge to the family, and thus redirect emphasis to long-term benefits of caregiving as well as draw attention to the roles and needs of other family members. It is helpful to distinguish between stress and a state of crisis. Caregiving can be viewed as normal family stress but with the potential to cause deleterious health effects on the caregiver and other family members if a state of crisis persists. The need for care can arise suddenly and dramatically, or can build gradually over many years. Or, sudden death of the parent may preclude the need for caregiving, but not for griefwork. Health care professionals also need to recognize that adult children may be responsible for the care of both parents, either at once, or sequentially. As a result, some adult children face cumulative loss and strain Ziemba, Adopt "Family-Friendly" Policies Concerned health care professionals should invite family participation and assess family concerns. Respect for cultural diversity and family preferences mandates assessment of patient preferences for the presence and involvement of family members, especially concerning the procedures and roles of family members in major decisions. Policies supportive of cultural diversity also include awareness of gender roles and patterns of interaction with authority figures such as with parents, or with health care professionals. Strategies can be implemented to help patients and their families discuss caregiving concerns and to make health-related decisions. Health professionals can start by encouraging either the care recipient or the caregiver to formulate anticipatory strategies, such as Living Wills. Adult children may be overprotective or conversely, might need to take charge in the presence of unsafe situations. Parents may even hide their infirmities from their children Ziemba, Adult children may have negative memories of their own upbringing, and parent and child may not necessarily get along. Despite interpersonal conflict, adult children are often compelled by obligation to persist as caregivers. Therefore, health care professionals need to be sensitive to the perceptions and needs of care recipients and caregivers, in order to help both parties negotiate new roles and behaviors, and attain healthier outcomes for all involved. Caregivers may be so concerned about their parents that they might be overlooking signs of trouble for other important family members. Health care professionals can inquire about the potential effects on others in the family, such as children who might be feeling ignored or left out. Caregiving represents painful realities experienced amid a host of heavy emotions such as guilt, anxiety, worry, and frustration. These are normal reactions and it will take time to resolve them. Learning needs may be simple or complex. Acquiring a sense of mastery can ease caregiving Tennstedt, Caregivers may need help to access information and services. The health care system itself is often a source of frustration and stress for caregivers, due to gaps in the continuum of care and barriers to information. This problem could be especially intimidating to families with language barriers or cultural values prohibiting the questioning of authority figures.

### Chapter 6 : Caring for Aging Parents

*In the three countries surveyed, most of the assistance to aging parents who need help comes from family members. For example, in Italy, 41% of adults with a parent age 65 or older who say their parents need help report that they provide most of the care themselves; an additional 32% say other members of their family do, and 14% say they and.*

Pin It Caring for an aging loved one can be one of the most stressful family milestones. The sheer difficulty of the task, its high cost, as well as underlying family issues can collide to create a perfect storm of discontent. One child may have the impression that mom is doing fine at home while another feels that care must be put in place immediately. When siblings disagree about how much care a parent needs, or about whether the parent needs care at all, the conflict can often be resolved by seeking expert guidance. Arrange for a visiting nurse with a background in elder care assessments to see your older loved one at home and gauge the level of safety. Clarification from healthcare professionals can help answer this question definitively instead of allowing it to become a point of contention that prevents progress from being made. Parent Resists Care Sometimes the whole family is on board and agrees that mom or dad needs care, but the parent resists any change tooth and nail. Also educate your parent about the senior care options that are available in the area. Your parent may imagine moving to some dreadful institutional situation while you have something much different in mind. Our in depth article, *Moving Elderly Parents: Convincing Mom and Dad* provides includes additional guidance on dealing with this tough situation. Family Members Regress to Earlier Roles or Past Issues Resurface When the immediate family comes together to care for mom or dad, they often revert to dysfunctional and unhealthy roles of the past. Sibling rivalry that has lain dormant during adulthood may suddenly rear its head again during the stressful process of caring for an aging parent. Encourage them to be caring and dignified during this process by setting a good example yourself. One Child Does All the Heavy Lifting Often the child who lives closest to mom or dad will be the one that assumes the role of the main caregiver. Sometimes it is necessary to spell out your specific needs to your siblings rather than presuming that the needs are already understood. While they may not be close enough to physically offer a hand, they may be able to contribute in other areas, such as by paying for caregiving related bills. They may also be able to host your parent in their home for short periods so that you can have a break. One Child in Control Excludes Others From Decision Making A scenario almost opposite of the previous example occurs when one child takes over the caregiving role and leaves their siblings or other family members in the dark, perhaps even limiting access to their parent. If your sibling is acting as a gatekeeper and prevents you from reaching your parents this way, write emails or letters to show that you care, learn about the situation, and stay in touch. Should a sibling with a big income contribute more than a sibling who earns less? Should a family member who has been providing unpaid personal care be exempted from having to contribute? These questions, and others like them, have frequently kindled fiery family conflicts. Open communication is essential to preventing conflict. Realistically establish the cost of care, and determine how much money needs to be raised between all the involved parties. Start by determining how much each person believes they can contribute, and if funds are still short, dig deeper as a group, talking about what each person might be able to sacrifice to make arrangements work. When these decisions are made in the open, with everyone at the table, future conflict is less likely. Understand that your caregiving loved ones have limits and are not superheroes. Do what you can to ease the burden. Offer to help care for Mom or Dad, or your loved ones children, so she can have some time for herself. Consider arranging a family meeting to reorganize care for your older loved one in such a way that the burden is shared more equitably. When both parents need advanced care, the physical and financial strain is immense. The heart wrenching prospect of having to separate your parents can cause tempers to flare, and the physical, financial, and logistic complexities of arranging care for two loved ones at once can raise stress levels to an all-time high. Speak with a Senior Living Advisor or another local expert to learn about care options for your parents that you might not have been aware of. End of Life Care Loved ones often battle fiercely about end of life care. One child may want to arrange hospice care for a terminally ill parent, while another may advocate that every day lived is a victory. In both cases family members want what is best for

their older loved one, but disagree about what that means. This type of conflict can be avoided when seniors, well before a medical crisis, write a living-will also known as a healthcare directive that specifies end of life wishes, and appoint a health care proxy to help implement the specified plans. Make sure that your parent has drafted a living-will or healthcare directive and has designated a healthcare proxy. We host an Essential Documents Checklist on our website for your reference. Whether the dispute is over a treasured family heirloom a large sum of cash, it gets ugly fast. Disputes about inheritances can be ideal cases for family mediators.

## Chapter 7 : Family Caregiving: Finding Caregiver Support and Making Family Caregiving More Rewarding

*And if you (or another family member) are already providing most of the care, the occasional presence of an outsider may not be that helpful. How Self Directed Services Programs Can Help Experts in in-home care understand that family members often make the best caregivers.*

Printer-friendly version Who Are the Caregivers? Although not all have addressed gender issues and caregiving specifically, the results are still generalizable to women because they are the majority of informal care providers in this country. Women live longer than men, tend to outlive their spouses, and have less access to retirement savings such as pensions. A common scenario is an older woman who cares for her husband and who discovers that there are few resources—financial or otherwise—to meet her own needs for assistance. This time out of the workforce for caregiving may compound the impact of earlier leave taken to care for a child. Further, caregiving is expensive in and of itself. Women who are family caregivers are 2. Estimates indicate that some 20 percent of all female workers in the United States are family caregivers. Instead, they cope—to the best of their abilities—with the combined pressures of caring for a loved one, their need for income, reliance on often inadequate public programs and fewer employment-related benefits. The study found that: For most women, fewer contributions to pensions, Social Security and other retirement savings vehicles are the result of reduced hours on the job or fewer years in the workforce. Likely to spend an average of 12 years out of the workforce raising children and caring for an older relative or friend. Caregiving also has a substantial impact on business. Absenteeism, replacing employees who quit in order to provide care and other caregiving-related activities can have serious financial consequences to employers. The cost to businesses because of partial absenteeism e. Higher levels of depression, anxiety, and other mental health challenges are common among women who care for an older relative or friend. Studies find that men respond to caregiving responsibilities in a fundamentally different way. One four-year study found that middle-aged and older women who provided care for an ill or disabled spouse were almost six times as likely to suffer depressive or anxious symptoms as were those who had no caregiving responsibilities. The same study found that women who cared for ill parents were twice as likely to suffer from depressive or anxious symptoms as noncaregivers. Studies have demonstrated that women are more vulnerable than men to the effect of reduced social support. One study found a marked increase in risk among women who provided 36 or more hours per week of care to a spouse. Researchers concluded that there may be a threshold of time involvement beyond which the likelihood of mental health consequences rapidly escalates. A higher level of hostility and a greater decline in happiness for caregivers of a family member. Researchers found that more than one-third of caregivers provide intense and continuing care to others while suffering from poor health themselves. Women who spend nine or more hours a week caring for an ill or disabled spouse increase their CHD risk twofold. These same caregivers were also slightly more likely to smoke and consume more saturated fat. It is important to note, however, that although caregiving can exact physical, emotional and financial tolls, it can also be rewarding. The poverty rate for single African American women over the age of 65 is In fact, lower-income caregivers are half as likely as higher-income caregivers to have paid home health care or assistance available to provide support for and relief from their caregiving functions. Caregiver support services include information, assistance, counseling, respite, home modifications or assistive devices, support groups and family counseling. While many services are available through local government agencies, service organizations, or faith-based organizations, employers are beginning to implement workplace support programs as one way to mitigate the impact that caregiving can have on workers. Frequently, support services can make a real difference in the day-to-day lives of caregivers. In fact, women are more than twice as likely as men to say that they would benefit from talking to someone about their caregiving experience. Retrieved March 26, from <http://www.nationalallianceforcaregiving.org>: The economic value of informal caregiving, U. When the caregiver needs care: The plight of vulnerable caregivers. American Journal of Public Health, 92 3 , “ Caregiving in the U. National Alliance for Caregiving. Valuing the Invaluable update. Selected Caregiver Statistics Fact Sheet. Retrieved January, from <http://www.nationalallianceforcaregiving.org>: Retrieved January from <http://www.nationalallianceforcaregiving.org>: Women and long-term care Fact Sheet. Understanding the

Impact of Family Caregiving on Work. Causal relationships in late midlife. *Social Sciences*, 52B 4 , â€” The Metlife juggling act study: Balancing caregiving with work and the costs involved. Informal caregiving and retirement timing among men and women: Gender and caregiving relationships in late midlife. *Journal of Family Issues*, 23 7 , â€” 23 Johnson, R. Women and long-term care. Retrieved April 7, from <http://www.bls.gov/iif/oshwc/osh/longtermcare/womenandcaregiving.pdf>: Women and Social Security Fact Sheet. *Journal of Family Issues*, 23 7 , â€” The Metlife study of employer costs for working caregivers. Metropolitan Life Insurance Company. Reverberations of family illness: American Journal of Public Health. Transitions to caregiving, gender, and psychological well-being: *Journal of Marriage and Family*, 64, â€” The stress process among dementia spouse caregivers: Are caregivers at risk for negative health behavior change? *Research on Aging*, 20 3 , â€” Informal caregiving Fact Sheet. National estimates of the quantity and cost of informal caregiving for the elderly with dementia. *Journal of General Internal Medicine*, 16 11 , â€” Older Women Fact Sheet. Retrieved April 3, from <http://www.nia.gov/health/publications/olderwomen/factsheet.pdf>: Caregiving and risk of coronary heart disease in U. *American Journal of Preventive Medicine*, 24 2 , â€” Family Caregiving in the US: Findings from a national survey. Caregiver support interventions Research Brief No. National Association of State Units on Aging.

### Chapter 8 : calendrierdelascience.com - How to Care for an Elderly Parent

*Nationwide, there are hundred of different programs that pay family members to be caregivers for their aging loved ones. Unfortunately, these programs all have complicated and differing eligibility criteria.*

Sign up now Caring for the elderly: One of the toughest challenges you can face when caring for the elderly is resistance to care. Understand why resistance to care might develop and strategies for fostering cooperation. What causes resistance to care? If your loved one is in need of care, he or she is likely dealing with loss – physical loss, mental loss, the loss of a spouse or the loss of independence. Accepting help might mean relinquishing privacy and adjusting to new routines. As a result, your loved one might feel frightened and vulnerable, angry that he or she needs help, or guilty about the idea of becoming a burden to family and friends. He or she might also be worried about the cost of certain types of care. Memory loss might also make it difficult for your loved one to understand why he or she needs help. In some cases, the doctor will start a discussion with your loved one about his or her care needs. Determine what help is needed. Make an honest assessment of what kind of help your loved one needs and which services might work best. Choose a time when you and your loved one are relaxed. This will make it easier for you and your loved one to listen to each other and speak your minds. Does your loved one have a preference about which family member or what type of service provides care? If your loved one has trouble understanding you, simplify your explanations and the decisions you expect him or her to make. Enlist the help of family members. Family and friends might be able to help you persuade your loved one to accept help. What are the most effective strategies for managing resistance to care? To encourage cooperation, you might: Suggest a trial run. A trial run will give a hesitant loved one a chance to test the waters and experience the benefits of assistance. Describe care in a positive way. Refer to respite care as an activity your loved one likes. Talk about a home care provider as a friend. You might also call elder care a club, or refer to your loved one as a volunteer or helper at the center. Consider asking your loved one to accept care to make your life a little easier. Your loved one might resist care out of concern about the cost. Avoid fighting with your loved one about minor issues related to his or her care. Keep in mind that these strategies might not be appropriate when dealing with a loved one who has dementia. What else can be done? If your loved one continues to resist care and is endangering himself or herself, enlist the help of a professional. Your loved one might be more willing to listen to the advice of a doctor, lawyer or care manager about the importance of receiving care. Resistance to care is a challenge that many caregivers face. By keeping your loved one involved in decisions about his or her care and explaining the benefits of assistance, you might be able to help your loved one feel more comfortable about accepting help.

## Chapter 9 : Family Conflicts Over Elder Care

*Abstract. This review of the literature summarizes the risks and benefits for adult children taking care of elderly parents, with a view to the potential consequences for the health of other family members and the overall well being of the family unit.*

Cancer Depression Dementia is one of the most common illnesses in the elderly. As judgment and memory begin to fail, people often become a danger to themselves and others. Generally, earlier intervention is better. Some illnesses that are common in the elderly respond well to medication, and starting medication earlier rather than later can prevent suffering. Symptoms include difficulty with tasks such as driving, moving from one room to another, preparing meals, eating, and keeping up with personal hygiene. It identifies risks and helps determine options to reduce them. After the history is taken, your loved one will receive a physical exam and a brief mental status exam, which includes things such as ability to learn, recall, pay attention, follow instructions, and read and write. After receiving a diagnosis, you and your loved one will have many decisions ahead about what specialists to consult, what medications and other treatments to use, and where the loved one will live. When family members decide their loved one needs help caring for himself or herself, the level of involvement can be determined by need, emotional closeness, and location. We will talk more about need later in the article. How you see your own child-parent relationship and how your siblings do is how you measure emotional closeness. How close you are to your parent is largely a result of life experiences. Location or proximity of the parent to the caregiver is important for different reasons. For example, adult children who have parents that do not live with them or close by have a difficult time providing care. The Basics of Caregiving Caring for an aging family member is multi-dimensional. Many books have been written to help caregivers see the resources list at the end of this article. We cover some of the basics here. Each illness associated with aging has different mental and physical symptoms. If, for example, you can prepare meals for her, she can eat them on her own. Eating and meal preparation. Preparing food and eating it requires thought and physical movement. Preparing a meal might be impossible. If your parent or spouse is unable to visit the grocery store, some stores will deliver groceries for a fee. The Meals-On-Wheels Association of America provides meals for men and women who are elderly, homebound, disabled, frail, or at risk. An aging loved one with memory disabilities has trouble remembering when, where, and how to bathe, wash hands, comb hair, brush teeth, use the toilet, and shave. He might even have trouble finding the bathroom. He will need help from a caregiver with all these activities. Many other illnesses cause weakness or unsteadiness to the point that help with personal hygiene is needed. For some older adults, walking from the bedroom to the bathroom becomes difficult. He might need a walker, wheelchair, cane, or crutches. Many of these items can be rented or purchased through hospitals and medical supply stores. Be thoughtful about planning activities that require a lot of walking. Lowering the bathroom sink and mirror. Adding rails to the walls to prevent falls and to help the person get on and off the toilet. Purchasing a portable shower chair for the bathtub or shower. Not every chair is safe for this use, so find one at a home medical store or one labeled for this specific use. Changing door and faucet handles to ones that can operate using an open or closed fist. Replacing thick carpet with flatter carpet or a surface that lets a person walk more easily with a cane, walker, or wheelchair. Widening doorways so your loved one has enough space to use a walker, cane, or wheelchair. Loved ones with a memory disability can make medication mistakes that cause injury or accidental death. You can help your parent or spouse remember to take his or her medication by writing notes, making phone calls, or dropping by when needed. If you live with your loved one, you can remind him verbally or you can hand each dose to him at the right time. Depending on how severe the memory loss is, you can do the following to prevent overdoses: Most pharmacies sell these containers. Store medications in a lock-box. Most office supply stores carry them. Vision and reaction time deteriorate with age. Older adults need your help to make sure they are not a danger to themselves or others. Like teenagers, they see driving as a lifeline to the world around them. Talk to them sensitively and lovingly but firmly about driving concerns. In some cases, you might need to take action that angers your loved one, such as taking away keys or requiring them to take a driving test at the Department of

Motor Vehicles. Stand firm in this important responsibility. Health care and finances. Personal pension plans, investments, IRAs, and Social Security are the main sources of income for the elderly, but they can be confusing. Understanding the rights and benefits of each program takes time and patience. Make sure you educate yourself about Social Security, Medicare, and Medicaid. You can also consult with a state social worker if needed. Recreational activities renew the spirit and help your loved one avoid isolation and stay connected to others. They also promote mental and physical health and provide opportunities for self-expression, exploration, and relaxation. You can find programs and facilities for such activities by searching the Internet and contacting local senior recreation centers. When a parent can no longer live independently, moving may be necessary. Moving is difficult for an older person who usually is attached to his or her surroundings and might be disoriented by change. Search out the options, such as living with a family member, moving to an assisted living facility or nursing home, or hiring someone to live with the loved one. If possible, include your loved one in your discussions. If your loved one is developing hostile or combative behaviors, you might need to consult a social worker available at most facilities to help you make the transition as smooth as possible. If decisions are made before a loved one is diagnosed with a disabling condition, the loved one can more easily make his or her preferences clearly known. Without this document, which must be signed while a person is competent, family members are left to their best guess about what the loved one would want. The issues covered in the document are useful to consider, even if the document itself is never used. What kind of medical treatment do I want toward the end? For example, do I want all measures possible taken to save my life, including artificial respiration and tube feeding? Or do I want a Do Not Resuscitate document drawn up? What would help me feel comfortable while I am dying? Other legal documents you should consider include a financial Power of Attorney, a medical Power of Attorney, and a Living Will. Because situations and preferences vary, some of the documents may or may not be necessary. Families should investigate the options together. Creating a Family Caregiving Plan Caregiving usually works best if it is shared among several family members. If one person volunteers to be the main caregiver, other family members should still consider themselves part of the caregiving team and make sure the main caregiver gets plenty of rest and breaks. The blessings of caring for a loved one can be great, but caregiving also requires sacrifice. Taking care of a loved one always requires time and energy. It might also mean missed opportunities, lost income, and added expenses. Here is a summary of some of the more common caregiver stresses that families should consider as they develop a family caregiving plan for their loved one. Families should keep in mind that plans can be adjusted and overhauled as needed. Part-time or full-time supervision. The hours needed for caregiving can range from a few hours a day to hours a day. Supervising others who provide direct care. Arranging, coordinating, and monitoring services provided by family members, friends, and medical professionals can be time-consuming and stressful. Family members who provide care often can no longer work their normal hours. Income thus goes down. In some cases families find they need to finance the needs of the loved one, from remodeling costs to medical copayments. These expenses can become quite high, even if the loved one lives relatively close. Listening, talking, and providing emotional support. This dimension of caregiving can be emotionally rewarding but also emotionally draining. Some people are better than others at the nurturing approach that aging people need. As a family decides together who will provide care, the potential caregivers should consider the following questions: What level of care is needed? The disability will determine how much time and attention the loved one needs. Caregivers need to let the loved one be as independent as the disability will allow. How much can I do? Caregivers need to think carefully about what they are willing to do and able to do.