

After 55 years of marriage, Doreen Davis missed her late husband dreadfully, but she kept up with her friends and hobbies, continued driving and stayed busy. That changed dramatically when a fall sent her to hospital with a broken hip.

“I’m fine, dear...”

When parents
won’t accept
Help

By Pat Irwin



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.** These included a support worker for baths; a homemaker for meals, cleaning and laundry; friendly visiting; telephone monitoring; and an alarm necklace for emergencies – “You’ll never be alone at all, Mom.”

Doreen’s response shocked her daughter. A broken hip obviously doesn’t mean a broken tongue – and where did our gentle Doreen learn that kind of language!?

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.

Life changes

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 on the agenda. Home care has changed over the past ten years, as have all aspects of eldercare. There are 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

So, what went wrong in the case of Doreen? Her 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.** Plan your approach beforehand and think all options through before acting. The six-point plan outlined on page 16 can help you get started and minimize problems.

Give it time

And what about Doreen? She returned home from hospital to minimal care. Her daughter called several times a day and visited daily, but within a few weeks, Doreen’s 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 a realistic plan of action. The three of them

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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 Doreen to ask questions, voice objections, and understand the costs. A short checklist of what both mother and daughter hoped to accomplish was drawn up. It was decided to introduce daily help for a trial period, based on the checklist, with the plan to be reviewed after two weeks of support.

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

invasive and was pronounced a success.

A happy ending

Six months later, Doreen’s caregiver comes in from 8am to 1pm daily, gets her up and dressed, takes her to activities in her wheelchair, prepares and serves two meals and organizes an evening meal. Doreen is managing in her apartment with a walker, uses the microwave and enjoys a good dinner every night in privacy. 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?’ ●

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TABLE 1

Helping out: A six point plan for smoother sailing

- 1) **Know your options.** Assess the real need by observing your parent through their day. Where do they think the challenges lie – what do you think – and compare notes.
- 2) **Choose your team.** Inform yourself on the many resources available, including private, volunteer, public sector and community services; their features, advantages and availability.
- 3) **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.
- 4) **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.
- 5) **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.
- 6) **Keep in touch.** No system is foolproof and backsliding is to be expected – ‘I’m coping fine now, dear’. 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.

Source: WorkingWomen+

