

WHEN TO HAVE THE CONVERSATION WITH AN AGING PARENT



Statistically speaking, every adult person reading this commentary has, or will at some point, serve as caregiver for a relative or loved one. More than 44.4 million people in the United States, or nearly 21% of the population, currently serve as unpaid caregivers to an adult family member or friend. Commerce Trust Company Client Care Specialist Constance Moore, MA, CSA, CDP, CMC, has three decades of experience in helping families navigate the maze of family caregiving



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options. Her counsel is highly sought by clients experiencing family challenges in this area, and usually the calls come unannounced and with urgency. In this Question and Answer commentary, Constance shares some of the information that has helped both the caregiver and the cared for. You never know when you might be called upon to be the family guardian angel.

Q. WHERE DO YOU START WHEN YOU COUNSEL CLIENTS TRYING TO BALANCE FAMILY RELATIONSHIPS, HEALTH CARE NEEDS AND ACCOMMODATIONS FOR AGING LOVED ONES?

A. I like to set context first so people can wrap their arms around these issues. We must understand the generation that has come before us is what I have coined as HIPP – hard-working, independent, proud and private. They worked for their money, they do not believe in handouts, they are fiercely independent and very private. I like to tell my clients that the previous generation was pretty HIPP. Once you take this into account, you can act accordingly to get the best outcome with dignity for your loved ones. I simply remind people that they already have inside them

what it takes to get the job done and they've taken a good first step when they reach out to us.

Q. FOR RELATIVES THAT ARE NOT AROUND ALL THE TIME, HOW DO THEY KNOW THAT PARENTS OR LOVED ONES SUDDENLY NEED MORE HELP?

A. The signs can be very subtle, but here are some practical tip-offs that seem to universally come up. Has there been a change in their appearance? Maybe mom was a meticulous dresser, with nails and hair done, and nice perfume, but suddenly you notice she is wearing wrinkled, unmatched clothing. Maybe you notice unpleasant body odor on a person who has consistently had good hygiene in the past. Hair is disheveled or wigs are forgotten. Unexplained bruising on arms or legs. Forgetfulness in taking medicine. Stacks of unopened mail. Unexplainable dents and scratches on a car. Inappropriate attire for the weather is worn outside the house. The list gets more bleak – you might even smell urine in the house. If you experience any of these situations more than once, it's time to act.



Q. SO WHAT'S THE NEXT STEP – HOW DO YOU INITIATE THIS CONVERSATION WITHOUT HURTING YOUR AGING LOVED ONES?

A. Before attempting any discussion of these sensitive matters with your loved one, your first task is to draft other caring family members into the effort and encourage dialogue among them. Have a family meeting and discuss the situation with them. Be prepared for this meeting to be emotionally charged as some will be hearing about your loved one's deterioration for the first time person-to-person. Form a team if you can of like-minded brothers, sisters, uncles and aunts. Let everyone have their say because

you are all doing this out of love and concern. Practically speaking, can the loved one stay in the house independently? Does the loved one need assisted living resources? Cover the practical matters. Does the family member still drive? If so, should the vehicle be taken away to protect your loved one and others from being hurt?

Q. ASSUMING YOUR FAMILY COMMITTEE CAN REACH AGREEMENT ON SOME OF THE BIG ISSUES, HOW SHOULD YOU THEN APPROACH YOUR PARENT OR LOVED ONE?

A. This may be the hardest conversation you will have the rest of your life, but one made out of love and concern. As a group, perhaps with one spokesperson, you arrange a dinner at the loved one's house on a weekend when everyone is fresh and has time. Pick out the most comfortable space in the family house, and gently open the conversation with how much you care about the parent or loved one. An ideal time will never present itself, but do not wait for a crisis. Talk before any real health care emergencies arise. Ask loved ones what they want so they know they are in control and do not feel ambushed.

Q. WHAT DO WE CONCENTRATE ON IN THE FIRST CONVERSATION?

A. You are simply going to cover general subjects of interest to the entire family, like aging, health, housing and finances. What does your loved one think (if he or she is able to articulate) would be an acceptable path toward keeping independence with small doses of extra help? Don't rush the conversation – this may take a few meetings. What I find interesting is that most of these “intervention” conversations generally take place at Thanksgiving or Christmas. Why? It's the most obvious time when families gather in the space of a year. If you do not like that time of year, arrange to have this conversation on a bright sunny day around the July 4th holiday. People are less confined inside and can move about. You may find a mid-afternoon dinner more appealing than an evening affair. The world is cheerier during daytime hours.

Q. CAN YOU GIVE ME AN EXAMPLE OF HOW ONE OF THESE CONVERSATIONS HAS GONE WELL?

A. Sure. One person opened the conversation by telling

her mother that she noticed there were a few scratches on the car. She simply asked if she knew how they got there. When the mother was not sure, the daughter said let's go outside and look. When the dents were "re-discovered" in her mother's presence, the mother suddenly admitted how much difficulty she was having parking the car in the family garage. The daughter validated her concerns, did not criticize or humiliate, and softly said "I bet we can find a solution together for this." It simply became a matter of re-arranging visits among the relatives to share rides. While it diminished the mother's freedom somewhat, the collective effort meant that the mother would not accidentally injure herself, or others, while behind the wheel. And she felt like she received a bonus of sorts because she got to go where she wanted in the company of her family more often.

Q. WHAT IF A RELATIVE OR LOVED ONE WILL NEED OUTSIDE CARE?

A. Get your family committee together for this conversation as well. There are many people with whom your loved one

may feel comfortable asking questions. Start with the family doctor and accompany your loved one on an appointment. If needed, ask the doctor for a recommendation on a geriatrician or a Certified Care Manager. Involve your local church pastor if that is an option. Other questions to ask: How is the loved one's nutrition? Weight maintenance? Balance and mobility? Does he or she live alone? If a decision is made to explore care options, make sure you interview private duty agencies or visit and interview the managers of care facilities. Not everything is set in stone and things change. Caregiver companies change ownership, caregivers change – what was once the best may no longer be. That's why it is important to stay on top of elder care situations and monitor them.

Q. WHAT ARE SOME OF THE CARE OPTIONS?

A. It's a long list, but some of them include “aging in place,” adult day care, private duty care, independent living, assisted living, skilled nursing and memory care. Google each of these terms and make sure you know the distinctions when

talking through the care options with professionals when the time comes.

Q. HOW DO MOST PEOPLE PAY FOR THESE OPTIONS?

A. Again, the choices are many. Among the possible resources are Medicare, Medicaid, long-term care insurance, private pay and Veteran's Affairs (VA) benefits. Resources are available to discuss the financing of care – don't be afraid to ask for them. It is important to educate yourself on the industry language and learn what Medicare, Medicaid, long-term care insurance, private pay and VA benefits are, what they mean and how they relate to your situation. It is important to remember you should view your options in light of your long-term financial goals. Be sure not to sacrifice progress toward your own financial goals in order to pay for a loved one's care until you exhaust all other options.

Q. WHAT DO YOU THINK IS THE BIGGEST MISCONCEPTION THAT PEOPLE HAVE WHEN THEY ARE FACED WITH THIS SITUATION?

A. The number one misconception that I continually hear is

that people believe Medicare will pay for long-term care. This is absolutely not true. Not having the correct information at the time you need it can be financially devastating. Take the time now to prepare for your future self!

Q. WHERE CAN I GO FOR CONSULTATION WITH A PROFESSIONAL?

A. Commerce Trust offers a caregiving guide that can be downloaded here: [Family Caregiving Guide](#). It's a privilege to be involved with the care of our senior generation. Again, your local community care options are varied, but I always recommend reaching out to your loved one's personal physician as a great first step. You will find strength when you and your family approach this as united care-giving team.

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Constance is the client care specialist for Commerce Trust Company. She provides personalized service and attention to clients as they navigate the decisions, situations and family dynamics that accompany key life stages. Constance specializes in elderly care advisory services, including long-term care facilities, home healthcare services, crisis management, and liaison services. Prior to joining Commerce Bank in 1998, Constance received bachelor and master of arts degrees in guidance counseling from Northeast Missouri State University. She also earned graduate certificates in marriage/family therapy from the Menninger Family Therapy Training Program and in gerontology from Lindenwood University. Constance is a Certified Senior Advisor (CSA), Certified Dementia Practitioner (CDP) and an Advanced Professional Certified Care Manager (CMC). She is a member of the Aging Life Care Association (ALCA), and as a trust officer, is held to the fiduciary standards of the Commerce Trust Company.



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