

# Aging Parents

**HELPING WHEN HEALTH FAILS**



PNW 246

Revised June 2003

A Pacific Northwest Extension Publication  
Oregon State University • Washington State University • University of Idaho

## Contents

---

<b>Before a crisis</b> _____	<b>2</b>
<b>Coping with feelings</b> _____	<b>3</b>
<b>Reducing strain during a crisis</b> _____	<b>5</b>
Communicate openly	
Involve your parent in decision making	
Allow your parent to risk	
Avoid promises and “shoulds”	
Hold a family meeting	
Avoid unrealistic expectations of family members	
<b>When providing care</b> _____	<b>11</b>
Balance your responsibilities	
Meet your own needs	
Plan ahead	
<b>A model for making decisions</b> _____	<b>13</b>
Identify the problem	
Gather information	
Generate options	
Evaluate options	
Create a plan	
Act on the plan	
Reassess the plan	
<b>Briefly...</b> _____	<b>17</b>
<b>For more information</b> _____	<b>back cover</b>

## Authors

Vicki L. Schmall, Extension gerontology specialist emeritus; Sally Bowman, Extension family development specialist; Oregon State University.

Photos by Rod Schmall

Mother is becoming more forgetful and confused. She doesn't remember to take her medications, doesn't prepare nutritious meals, and forgets to turn off the stove. What can I do?

Should Dad be forbidden to drive? His vision is poor; he's had one minor accident. Still, he seems to drive the four blocks to the store okay.

Mom needs 24-hour supervision. The only choices we have are for her to live with us or in a nursing home. Mom says she would rather die than live in a nursing home. But she and I just don't get along when we live together.



Situations like these are difficult for families. Yet, the decline of a parent's health or memory often requires adult sons and daughters to become involved in decisions about the parent's life.

Dealing with age-related changes in our parents is a relatively new phenomenon. For example, in 1900 only one out of 25 people in the United States was age 65 or older; today one out of eight people is in this age group (Figure 1, page 2). During the 20th century, life expectancy at birth increased from 47 years to nearly 77 years. A man reaching age 65 has an average remaining life

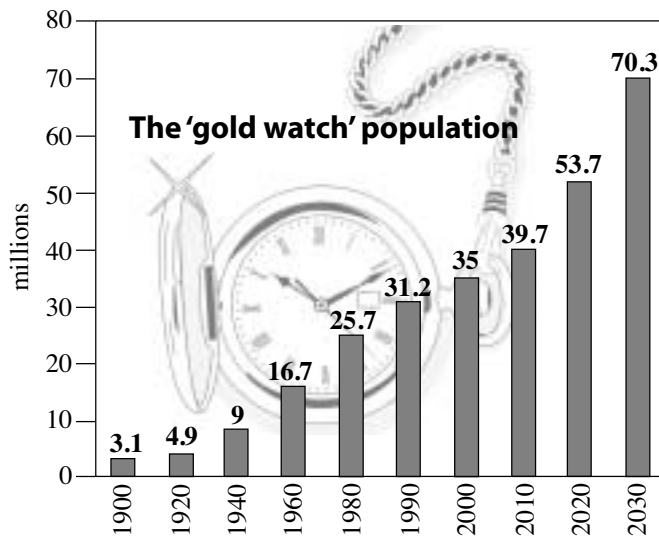


Figure 1.—Number of people in the United States age 65 and older, 1900–2030 (projected). Based on data from the U.S. Bureau of the Census.

expectancy of 16 years, and a woman at age 65 has nearly 20 years.

The “old-old” population—those age 85 and older—is the fastest growing age group in the United States, and it’s expected to be five times larger in 2050 than it is today.

The older people are, the more likely they are to be frail, have multiple health problems, and need support from family, friends, and community services.

Many people never face major concerns about aging parents. Their parents remain physically and mentally active until death and need little or no assistance. However, poor health, limited financial resources, or loneliness present serious problems for some older people and may require family members to make

some tough decisions. Usually, there are no simple solutions. Each older person and family is unique. The right answer for one family may be inappropriate for another, although the situations and decisions may be similar.

This publication provides general guidelines to consider if you face dilemmas and decisions about what to do when your parent’s ability to function independently declines.

### **Before a crisis**

Have you spent time planning for the part you might play in your parents’ later years? Most of us avoid thinking about the possibility that someday our parents won’t be independent and self-sufficient. A recent survey by AARP found that two-thirds of adult children had never talked with their parents about potential age-related needs and changes.

Yet, planning well in advance makes decisions easier in difficult times, increases understanding about a parent’s wishes, and reduces uncertainty and disagreements. When making plans, explore options and have more than one plan. Circumstances later on may require flexibility.

For most people, it’s less threatening to discuss aging-related issues—such as declining health, long-term care, living arrangements, financial and legal issues,

end-of-life decisions, and death and funeral arrangements—before they need help. For example, you might ask, “What if you could no longer manage alone in your home, what would you want to do?” Or, “Who would you want to make decisions for you if you could no longer make decisions about your own health care?”

Talking about “what if” may not be easy, especially if you and your parents have avoided frank discussion of emotion-laden issues. One approach is to look for “natural” opportunities to talk. These might be when an older family member or friend has a health crisis, can no longer drive, enters a care facility, dies without her affairs in order, is diagnosed with Alzheimer’s disease, or moves in with an adult son or daughter. Another opportunity for discussion might be when you are preparing your own will or powers of attorney for finances and health care.

If a parent raises a concern, need or problem, use it as a discussion opener. For example, if a parent says “When I die...,” be willing to listen and discuss. Don’t discourage discussion by saying things such as “Don’t be morbid,” “You’ll probably outlive all of us,” or “We have lots of time to talk about those things.”

## **Coping with feelings**

The increasing frailty of aging parents can become a daily reminder of their mortality—and our own. We may need to adjust our perceptions of our parents. This can be emotionally painful. It’s not easy to accept that “my father is no longer the strong and powerful man he once was” or “my mother, who was an excellent cook, no longer remembers how to cook.” Most painful may be the realization that the parent you depended on is now increasingly dependent on you.

If you can, express your feelings to someone who will listen and understand—a friend, family member, spiritual adviser, or health care professional.

Your parent, too, is likely to have similar feelings. Any loss of independence or control—qualities highly valued in our society—can be a blow to an older person’s self-esteem. Most people will fight to keep their independence as long as possible. Some will deny or mask their need for help. They may insist they can manage well, refuse any offers of help, or attempt to control the lives of other family members.

Encourage your parents to talk about their life changes and accompanying feelings. Statements such as the following encourage honest discussion.

---

*A recent survey found that two-thirds of adult children had never talked with their parents about potential age-related needs and changes.*

---

---

*If possible, acknowledge and resolve negative feelings before a crisis.*

---

"I'm feeling a little overwhelmed by all these changes, Mother. I can imagine that it's especially painful for you right now."

"Dad, I know you've always prided yourself on being very independent. I feel it's very difficult for you to ask me for any assistance now that you can't drive any more. Is that right?"

"It must be difficult, Mom, to leave your home of 40 years and to decide what you'll take to the small apartment and what you'll give away."

Regardless of the quality of your lifetime relationship with your parent, a crisis is likely to create stress. Some families find that crisis and increased parental dependency bring them closer together. In other families, unresolved conflicts between the child and aging parent (or with siblings) revive. Such conflicts

usually are difficult to resolve under stress.

Unresolved negative feelings about a parent often result in unwise, inappropriate decisions and behaviors such as:

- Never visiting or contacting parents
- Being oversolicitous; that is, spending an abnormal amount of time doing things for a parent or creating undue dependency
- Finding fault with others who provide care to a parent
- Denying a parent's problems or need for help
- Blaming the parent for one's own difficulties
- Becoming a martyr; that is, making unreasonable demands on oneself and not letting others help with caregiving

If possible, acknowledge and resolve negative feelings before a crisis. Come to terms with experiences and feelings, forgive parents for past mistakes, and accept them as they are today. It often helps to realize that parents are individuals with their own needs, limitations, and strengths. Most tried to do their best.

A poor relationship can be improved, but it takes willingness from both generations to try to understand the other, to not judge, to forgive, and to accept each other as adults.



## **Reducing strain during a crisis**

Adults often find an aging parent needs support at a time when their own lives and responsibilities are the most complicated. You may feel pulled in several directions—raising your children, being supportive to a spouse, helping parents, and/or working outside the home—all at the same time. It's not unusual to wonder "Why me?" or to ask yourself "What about my life?"

If your parent is 80 or older, you may be adjusting to your own age-related changes—retirement, reduced income, widowhood, or decreased health—and may not be able to provide the assistance your parent needs.

The following guidelines may help to reduce the strain.

### **Communicate openly**

Open, honest communication helps build and maintain effective relationships. Oftentimes, family members are not honest or direct with each other. Adult sons and daughters sometimes don't "speak the full truth"; they say only what they think a parent wants to hear or what they think won't be upsetting. This wastes energy as family members "walk on eggshells" with each other, and it tends to create mistrust.

The objective is to set the right tone for discussion. A loving,

## **Guidelines for reducing strain**

- Communicate openly
- Involve your parent in decision making
- Allow your parent to risk
- Avoid promises and "shoulds"
- Hold a family meeting
- Avoid unrealistic expectations of family members

caring approach will move a discussion farther than an "I know what's best for you" attitude, which increases resistance.

"I" messages promote communication. In "I" messages, you speak from your own personal feelings and perception, identify the specific behavior or situation of concern, and share its effect on you. You express how you feel, not how the other person *makes* you feel. An example of an "I" message is:

"Mom, because of your recent falls, I'm concerned about your being safe living alone in this house. I'm afraid you'll fall again and not be found for several hours—or even days."

Mother is much more likely to be willing to discuss a situation described in an "I" message than in a "you" message ("You must move, Mom; this home just isn't safe for you.").

---

*“I” messages tend to create an atmosphere of calmness and to encourage working together. “You” messages, on the other hand, tend to make difficult situations worse.*

---

“I” messages also tend to communicate a feeling of caring to the other person. It’s difficult for another person to argue about them because what you express is your feeling, your perception, and your concern.

There’s a tendency to send people many “you” messages about their behavior. These messages sound dictatorial, create defensiveness on the part of the person to whom we are talking, and increase resistance. “You” messages are usually orders or commands (“You must eat” or “You are too old to...”), blaming or name-calling statements (“You drive me crazy” or “You never cared about me”), or statements that give solutions or deny a person’s feelings (“You should move to a retirement home” or “You shouldn’t feel...”). The worst “you” message is the “if ... then” threat (“If you don’t... then I will...”).

“I” messages open the door to communication and problem solving. They leave room for the other person to express her perception, which may be different. Thus, “I” messages tend to create an atmosphere of calmness and to encourage working together.

“I” messages are not panaceas. If you’ve typically used “you” messages, that is likely what your parent will be poised to hear. As a result, if you change to using

the more positive “I” messages, they may not be heard initially. “I” messages also won’t be effective if used to try to get the parent to do what you want; in fact, problems can get worse.

Adequately expressing yourself to another person is only one part of effective communication. It’s also important to actively listen and empathize—to understand the feelings and emotional needs of another. The worst thing to say is “You shouldn’t feel...” or “There’s no reason for you to feel...” If you listen actively, the person to whom you are listening feels your care and concern.

When older parents experience changes and losses, they may have many feelings—fear, anger, grief, helplessness, and frustration. Having an adult son or daughter who is willing to listen and understand makes it easier for parents to talk openly. An example of an active listening response is, “I sense you’re feeling angry and disappointed because neither Bob nor I came to visit you last week.”

Active listening is not the answer to long-term relationship problems. No one technique can readily resolve such problems. Nevertheless, the acceptance given through active listening may help break down old barriers and allow a new relationship to develop.



Inaccurately interpreting messages can cause conflict between parents and adult sons and daughters. If you receive unclear or conflicting messages, request clarification using statements such as “I’m not sure what you mean by...” or “Is my understanding of what you said—[then you repeat the message]—correct?”

What do you do if you receive “you” messages? It’s easy to become defensive and to reply with a “you” message. However, it’s even more important to use “I” messages. “I” messages help to keep a conversation on track, even when the other person is giving “you” messages. A conversation is guaranteed to get off track and stay off track if you also start using “you” messages.

### **Involve your parent in decision making**

Plan with, not for, your parent. Involve your parent in discussions to the extent that he or she is capable. How have you felt when you have been excluded from decision making? No adult likes to have decisions made for him or her, regardless of how wise a decision might be.

Change can cause anxiety, and not being involved in decisions about a change creates even more anxiety. A parent who is excluded from decision making is more likely to become angry, demanding, withdrawn, or



helpless. Plans are also more likely to backfire. Even frail older adults have a legal and moral right to participate in plans affecting their lives and to make their own decisions whenever possible. You might not always agree with their choices.

Shared decisions usually produce the best results and a greater assurance that a person will accept and adapt to a change, even if it’s not his preference. A person who feels railroaded into a new situation usually makes a poor adjustment. Regardless of age, feeling in control of one’s life is important.

Only if older adults lack mental capacity, and/or there is evidence they are endangering the lives of others, should you question their ability to make decisions. For example, if your father doesn’t see well and has had several minor accidents but still insists on driving, then the family has a responsibility to take

---

*Plan with,  
not for,  
your  
parent.  
Shared  
decisions  
usually  
produce  
the best  
results.*

---

preventive action. (In certain situations, a family member could be held legally responsible for damage or injury.) In such cases, you may need to dictate or overrule a parent's decision. Do this with kindness and explain the situation honestly to your parent.

If you must set limits, involve your parent in identifying the choices available and deciding



how to implement the limits. For example, say to your father, "Dad, driving isn't a possibility any longer, so let's discuss other ways you might be able to get around."

To relieve stress between you and your parent, you might want your parent's physician (or other appropriate professional) to participate in the decision making.

Some people accept a physician's suggestions more easily than the same suggestions given by a family member.

If your parent has Alzheimer's disease or a related disorder, make plans with him or her as early as possible. Delay might preclude your parent's active participation in decision making and could limit available options.

### **Allow your parent to risk**

Too much loving protection can undermine an aging parent's self-esteem.

The goal is a balance in caring. Overestimating a parent's needs is destructive to both of you. If you take responsibility for functions that your parent can still perform—even if it's only with difficulty—your parent is likely to become angry, depressed, or more dependent.

Avoid making assumptions, such as the following, about your parent's abilities, feelings, or needs.

"Mother would be happier if she moved. There are just too many memories of Dad in the house."

"Father should not live alone because he can't see very well."

"The best place for Mom would be a retirement complex where she'll have to interact with people."

In fact, Mother's adjustment to her husband's death is likely to be more difficult if she is forced to move from her home. Father may have learned to compensate for his loss of sight. He may function very well in his familiar home environment, as long as family doesn't attempt to "organize his clutter." Mom, who has never been people-oriented, may find living in a retirement complex too crowded and "social" for her tastes.

It's important to not assume that a person is mentally incompetent just because he or she seems eccentric or refuses to do what you think is best. Mental incompetence needs to be assessed by professionals.

Before asking or forcing a parent to make changes in his life, ask yourself these questions.

- Am I contemplating a protective environment for my parent's sake or my own?
- Are the dangers real, or would I just feel more comfortable and worry less knowing my parent is safe?
- Would I feel too guilty if I let my parent take an occasional risk to live independently?

Although safety is important, it isn't the only factor to consider in making a decision. It is just as important to focus on a parent's strengths and remaining abilities

as on limitations. Limitations should not get in the way of seeing the whole person.

Don't force your values on your parent. What one thinks is bad or best for a parent is not always so. Sometimes adult sons and daughters are concerned with a parent's *quantity* of life whereas the parent is concerned with *quality* of life. If your mother is mentally competent and chooses, for example, to remain at home even though you believe she'd be safer elsewhere, that's her right and choice. If you are worried, express your concerns using "I" messages and talk about potential consequences.

#### **Avoid promises and "shoulds"**

Avoid making promises such as "We'll never put you in a nursing home, Mom" or "You can always live with us, Dad." You may not be able to live up to them. What seems like the best solution now may not be best 5 or 10 years from now when your parent's health or circumstances—or your own—change. Unfulfilled promises often result in feelings of guilt, mistrust, and disappointment. If you feel you must make a promise, make it open-ended. For example, say, "I will do the best that I can if we face that situation."

---

*Safety isn't the only factor to consider in making a decision. It is just as important to focus on a parent's strengths and remaining abilities as on limitations.*

---

### **Tips for a successful family meeting**

Hold it in a neutral place; for instance, *not* in the home of the “favorite” child. It’s important to create an environment where people feel safe to express their feelings and concerns.

Keep the focus on the current concern or problem rather than on past issues, rivalries or conflicts. A good motto to follow is “Be easy on people; be tough on issues.”

Be sure everyone has an opportunity to express feelings, voice preferences, and offer suggestions without being put down. This increases individual commitment to the process.

Keep the focus on the positive.

Encourage everyone to be honest about what they can and cannot do and to respect each others’ decisions.

You might find yourself bombarded with “shoulds,” such as:

- A caring son should invite a parent to live in his home
- A good daughter should not place a parent in the care facility
- A loving daughter should provide care to an ailing parent

These “shoulds” may come from within yourself, from other family members, or from outside the family. Sometimes individuals raised with messages such as “Honor thy father and thy mother” and “To love and cherish ‘til death do us part” interpret these in ways that are self-destructive. “To honor” does not mean to provide full-time care, do everything for a parent, give up a career, destroy one’s mental or physical health, or sacrifice other relationships.

Old promises, “shoulds,” or guilt reduce objectivity and your ability to make satisfactory choices. You really need to consider what is best for you and your family as well as for your aging parent.

### **Hold a family meeting**

A family meeting gives everyone an opportunity to discuss concerns, participate in decision making, and negotiate the sharing of tasks. It can also help to reduce misunderstandings.

Involve your parent, his or her spouse, your siblings, and other relatives who are concerned or will be affected by decisions under consideration. Include children, for example, who would be affected by a grandparent’s move into the home. A family member should not be excluded because of personality, limited resources, or distance (use telephone calls or letters to inform and involve those who cannot attend). It is just as important to include a sibling who is argumentative or who “never visits or seems to care” as the sibling who provides financial and/or emotional support. This helps to avoid later undermining of the decision by those not included.

A family meeting is not always easy. Decision making is most difficult if family members have never discussed feelings or family issues or if family conflicts already exist. When family members come together after years of separation, old conflicts can reemerge. In that case, you might want to seek professional guidance. A professional can provide an objective view to help your family deal with emotions and conflicts, thus enabling you to identify and resolve problems more effectively. You can locate a psychologist, social worker, health or social service professional, or counselor skilled

in working with older adults and their families through senior centers, hospitals, mental health programs, home health agencies, or geriatric care management programs.

### **Avoid unrealistic expectations of family members**

Not everyone in a family can or wants to provide the same level of support to the older person. Remember that your brothers, sisters, children, and spouse each have a unique relationship with your parent. The history of a relationship can affect what a family member is willing to do. Even though you might not agree with another's decision, it's important to respect that the decision is theirs to make.

Sometimes, family members have stress in their own lives—a troubled marriage, problems with teenage children, uncertainty about a job or finances—which may limit the support they can give. Your perceptions of a family member's situation or assets may not be accurate. And, sometimes, a family member chooses not to share her personal struggles.

Criticizing the limited contributions of another family member generally will not help. It's likely to only push the person further away. A nonjudgmental attitude might help build family solidarity.

If you work with other family members to make decisions,



anticipate that you might not agree about what the problem is, or you might have different views of it. It's important to be open to diverse opinions and possible options for addressing a concern. It is important to recognize that another person's view is just that: their perception.

### **When providing care**

Providing care to a frail older parent can be stressful and rigorously demanding, regardless of family commitment. For many, it can be the equivalent of a full-time job or more. Your sleep patterns may change, outside activities you enjoy may be drastically reduced, and you may feel overwhelmed by tasks and responsibilities. The person you are caring for may add to the stress because of his care demands, a difficult personality or changes in personality due to illness, annoying personal habits,

---

*Before assuming caregiving responsibilities, carefully assess the impact on everyone, young children included.*

---

and in some cases alcohol or drug abuse.

Previous ways of interacting may change. An adult son or daughter, or the healthy spouse of the frail person, may need to become more assertive. This can be particularly difficult if the caregiver has been the passive person in the relationship. These role changes can cause fear, conflict, and confusion for everyone. Frail older people often resent the burden they create, feel anger and frustration in relinquishing roles, or become demanding in an attempt to regain the control they feel slipping away.

After weighing all the concerns, you may decide that it's best at this time to assume the role of caregiver. It could be a temporary or long-term arrangement. Here are basic guidelines to help you guard against common caregiving pitfalls. For more information, see PNW 315, "Coping with Caregiving" (see back cover).

### **Balance your responsibilities**

Caregivers can easily become overburdened in trying to meet obligations to the ill person, to other family members, and to themselves. Before assuming caregiving responsibilities, carefully assess the impact on everyone, young children included.

Consider the sacrifices everyone will need to make—as well as the benefits. Ask yourself, "How is caregiving likely to affect my marriage and other important relationships?" Don't assume caregiving at the expense of your relationship with your spouse, your own physical and emotional health, or the welfare of your children. You need time and energy to maintain quality relationships with your spouse and children.

### **Meet your own needs**

People in a caregiving role frequently place their own needs on the back burner. Ignoring your own needs is detrimental to yourself and to the person who needs your care. It will lead to burnout—a depletion of your physical, emotional, and spiritual resources.

### **Set limits on what you can do.**

Most important, communicate your needs, and what you can and cannot do, to your parent and other family members. It's unrealistic and unfair to expect other people to "know" when you need help.

### **Avoid the "I can do it alone" attitude.**

It will place you at greater risk for physical and mental illness. Eliminate less critical tasks. Delegate tasks. Ask family members to pitch in, but be positive with your requests and use "I" messages. Ask

friends, neighbors, and members of your church or other organizations for help. Seek help from volunteer, public, or private agencies that serve older adults and their families.

**Schedule some time for yourself every day**, if only half an hour. Plan a longer time at least once a week. It isn't always easy to do, but it's important. Leisure time improves morale and energy.

Many people feel guilty about leaving an ill person and enjoying themselves. There is nothing selfish about it. Without breaks in caregiving, you may jeopardize your own health, efficiency, and effectiveness. Your ability to provide loving care will diminish. If you become physically and/or emotionally exhausted, you will find your susceptibility to illness increasing, your problem-solving ability decreasing, your frustrations mounting, and your emotions getting out of control—all warning signals of burnout.

### **Plan ahead**

Realize that a decision to be a caregiver need not be a permanent one. There may come a time when you are no longer able to provide care. Consider options—including nursing home or adult foster care—in advance of need.

Be aware of legal matters that need attention and seek professional advice prior to crisis.

Make plans for the ill person's care in case you become ill or die. Involve other family members in these decisions to ease some of the burden.

### **A model for making decisions**

Decision making can become bogged down over emotions and philosophical differences. It's important to avoid viewing decision making in terms of right or wrong. The goal is to consider all the facts and to make the best decision possible *for now*. Many people find it helpful to have a plan to follow in making decisions. Figure 2 illustrates a seven-step model for systematically approaching a decision.

#### **1. Identify the problem**

It's been said that a problem well defined is a problem half solved. Pinpoint the problem as objectively and specifically as

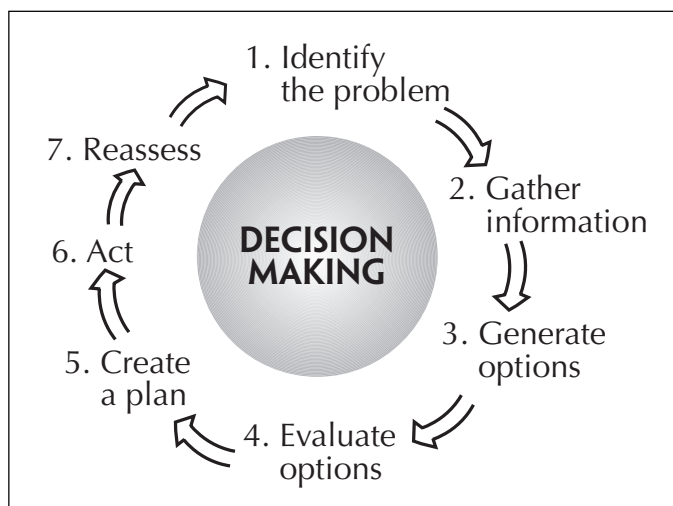


Figure 2.—A model for making decisions.

---

*It's important to avoid viewing decision making in terms of right or wrong. The goal is to consider all the facts and to make the best decision possible—for now.*

---

possible. It's important to move from generalizations such as "Dad is a poor driver" to describing specifics. For example, "At least twice last week, Dad did not stop at stop signs," "A month ago he was cited for running a red light," "He straddles the center line when he drives," and "Three neighbors have expressed concern about Dad's driving and the safety of their young children when Dad is driving in the neighborhood."

Unless you identify specifics, a problem can seem too large or vague to tackle. This can lead to feeling overwhelmed and failing to make a decision or act.

If a situation is complex, it's critical to determine what you'll deal with first. You may decide to start by focusing on what your parent identifies as most problematic or his greatest concern.

Once a problem is identified, describe it in writing as specifically and objectively as possible.

## **2. Gather information**

Your goal is to make an informed decision. Too often, families make decisions based on inadequate information. Pertinent questions go unasked and unanswered. Having the best

information possible results in the best decisions. This means getting the facts, not making decisions based on assumptions, emotions, and personal opinions.

It's important to have objective information about your family member's health and level of functioning and to gather information from all relevant sources. This might involve a formal assessment by a physician and/or other health care professionals. That helps you know whether the problem identified in Step 1 is on target or needs to be revised. Revise, if needed.



This is also a time to investigate ways to meet your parent's needs. Find out about available community services. Professionals who do assessments generally can recommend appropriate community resources. Other information sources include area agencies on aging, information and referral; and senior centers.



For details, see PNW 547, “Hiring and Working Successfully with In-home Care Providers” (see back cover).

Find out about family resources. Talk with family members to identify what each can contribute. In one family, for example, the adult children split their mother’s chores three ways: one daughter shops, another daughter launders clothes, and a son keeps the accounts and business records up-to-date. Don’t forget friends and neighbors either. Many are willing to help, especially on a short-term basis.

Explore your parent’s financial situation. Talking about finances may make you feel uncomfortable and make your parent feel you’re meddling; nevertheless, the discussion is crucial to effective decision making. Finances often are a significant factor in determining available options. If your parent has a limited income and assets, look into possible financial support, including state laws and regulations on financial assistance. For more information, see PNW 344, “Helping Older Family Members Handle Finances” (see back cover).

### **3. Generate options**

Once the problem is clearly identified, it’s time to brainstorm options. It’s important not to have a preconceived idea about the best solution. A common mistake

is thinking there is one and only one approach to a situation, before examining potential options.

Keep this step separate from evaluating the options. Don’t evaluate or censor ideas as they are presented. Brainstorming is the free exchange of ideas without fear of criticism or rejection. Critical thinking comes later. Health care and social service professionals can help identify options.

### **4. Evaluate options**

In most cases, there is no one “right” or “perfect” course of action. You are trying to find the best choice among the available alternatives. Any decision is likely to have both positive and negative consequences.

The next step is to figure out which option will have the best outcome for your family. The following questions may be helpful.

- What are the potential benefits of this option for my family member? For myself?
- How likely is it that these benefits will occur?
- What are the limitations or disadvantages of each option for my family member? For myself?

Consider both short- and long-term consequences. Choose the least restrictive option for your

---

*A common mistake is thinking there is one and only one approach to a situation, before examining potential options.*

---

parent, the option that allows the most freedom of movement and choice. However, an option should not unfairly burden anyone. Therefore, it's critical that everyone involved speak honestly about what they can and cannot do.

Agreeing on criteria—such as financial limits, personal preferences, family values, and time commitments—for evaluating the options also will help.

It's possible that combining two or more options will be the best decision. You might consider prioritizing options and developing a back-up plan.

Writing identified options on a chart like the one below helps organize ideas. Recording points made can help to reduce confusion and misunderstandings. It also gives a visual model of how you reached the decision.

### Evaluating Options

*Option 1 — Dad stays at home, on his own*

<b>Benefits</b>	<b>Limitations</b>
<i>Familiar surroundings</i>	<i>May not be safe</i>
<i>Friends nearby</i>	<i>Can we find help?</i>
<i>Least cost (?)</i>	

Another reason for evaluating options is to streamline them. We often think that the more choices, the better; however, too many choices can be overwhelming, especially to a memory-impaired older adult.

Reducing options to the best two or three may reduce confusion and yet give the person a sense of control over the decision.

### 5. Create a plan

This can be the most difficult part of decision making, especially if there isn't a single best choice. At times, you may feel that you can select only the "least bad" option. If your choice meets your relative's needs, if you tried to preserve the greatest control and freedom for him, and if you took into consideration the impact a decision has for everyone, consider that you made the best decision for now.

Disagreements among family members can be reduced by developing a step-by-step strategy for implementing a plan and by putting the plan in writing. Write down specifics about who will do which tasks and when. Get clear commitments. It's best if people volunteer and if tasks draw on their strengths and what they feel comfortable doing. Respect family members who say "no" or set limits on what they will do.

### 6. Act on the plan

Try to establish a trial period, using the perspective that "This seems like the best decision for now. Let's give it a try for \_\_\_\_\_ weeks/months and see how it works. Then we'll reassess it."

## 7. Reassess the plan

Avoid making irrevocable decisions. Because situations change, flexibility is key to quality decision making. Reassessing a plan can be hard, especially if you want closure to a difficult situation. You might feel like skipping this step because it takes you back over old issues you want behind you. However, asking “How well is the plan working?” and making necessary adjustments is part of decision making at its best. Be prepared to try a different option or to go back through the decision-making process.

This decision-making model is a guide. No plan is foolproof, but by following a decision-making process, you increase your chances of making a decision that works and that you will feel better about implementing.

### **Briefly...**

There is no easy or “right” solution to the problems people face concerning older family members. Each situation must be treated individually. It’s important to consider the feelings, desires, and needs of everyone. Look at what is best for all, and don’t let guilt guide decision making. Involve all family members in decision making, especially your older parent. Build on family strengths; then seek help when needed.

Answers to difficult situations sometimes require a professional. A counselor, physician, financial adviser, lawyer, or social worker may be helpful. Involvement in a family support group also can provide answers to problems of caregiving and can reduce social and emotional isolation. Sharing with others who are living through the same experiences can promote a sense of “I am not alone” and provide both a source for learning practical skills and an opportunity to vent feelings with others who understand.

Though confronting changes in later life can be difficult at times, you can ease the transition by learning about life’s stages. Education can help us to successfully negotiate late-life transitions not only for aging family members but also for ourselves. Aging is truly a family affair.

## **For more information**

### **PNW publications**

*Sensory Changes in Later Life*,  
PNW 196.

*Coping with Caregiving: How to  
Manage Stress When Caring for  
Elderly Relatives*, PNW 315.

*Depression in Later Life: Recognition  
and Treatment*, PNW 347.

*Driving Decisions in Later Life*,  
PNW 510.

*Helping Memory-impaired Elders*,  
PNW 314.

*Hiring and Working Successfully  
with In-home Care Providers*,  
PNW 547.

*Using Medicine Safely in Later Life*,  
PNW 393.

*Living Arrangements in Later Life*,  
PNW 318.

*Helping Older Family Members  
Handle Finances*, PNW 344.

### **Oregon publications**

*Talking to Your Family and Doctor  
about Difficult Health Care  
Decisions*, EC 1386.

*If You Became Incapacitated, Who  
Would Make Decisions for You?*,  
FS 332

Oregon and PNW publications are available from Oregon State University. PNW publications also are available from Washington State University and University of Idaho.

Contact the offices below for information on availabilities, prices, quantity discounts, sales tax, and shipping and handling charges.

Publication Orders  
Extension & Station  
Communications  
Oregon State University  
422 Kerr Administration  
Corvallis, OR 97331-2119  
Fax: 514-737-0817  
Tel.: 541-737-2513  
puborders@oregonstate.edu  
<http://eesc.oregonstate.edu/>

Bulletin Office  
Cooperative Extension  
Washington State University  
P.O. Box 645912  
Pullman, WA 99164-5912  
Fax: 509-335-3006  
Tel.: 1-800-723-1763  
bulletin@coopext.cahe.wsu.edu  
<http://pubs.wsu.edu/>

Agricultural Publications  
University of Idaho  
P.O. Box 442240  
Moscow, ID 83844-2240  
Fax: 208-885-4648  
Tel.: 208-885-7982  
agpubs@uidaho.edu  
<http://info.ag.uidaho.edu/>