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GUEST EDITORS' MESSAGE

# Caring For An Aging Parent Is A Military Family Affair

By *Michael W. Parker, DSW, BCD, LCSW*  
and *James A. Martin, Ph.D., BCD*

The theme of this special issue, "Elder Care and America's Armed Forces: Practical Tasks and Their Life Course Relevance," represents an important opportunity to highlight a special population—members of our Armed Forces and their spouses who share in the service and sacrifice of military duty and military family life.

Military service has always been an integral part of our nation's history, and thousands of American men and women continue to enter and leave military service each year. In addition, the Armed Forces are increasingly relying on the public and private sectors to provide a variety of human services to military

***"Military service has always been an integral part of our nation's history, and thousands of American men and women continue to enter and leave military service each year."***

families. In this context, it is important that human service providers recognize and understand the unique nature of military life and the associated special characteristics of these families.

The concept for this special issue derived from our mutual service as military social workers. It reflects our commitment to the welfare of military families and our shared belief in the unique role that the military community can serve as a "labora-

tory" for a wide variety of health and social issues (Martin, Mancini & Bowen, 2002). Recognizing the needs of long distance care providers in the military, the Gerontological Society of America and the John A. Hartford Foundation have provided inspirational support for the development and evaluation of a psycho-social educational intervention program aimed at helping at-risk military families prepare for the care of their aging parents (Parker, Call, Dunkle, & Vaitkus, 2002). This sponsored research has helped inform the articles in this special issue of the *GCM Journal*.

Distinguished colleagues joined us in offering readers an opportunity to examine various domains of care giving within the context of the issues faced by military members and their spouses as they attempt to assist their parents in the

tasks associated with successful aging. The first article offers basic information on the military population, advice on the unique challenges that should be considered in addressing their elder care concerns, and resources to help connect human service providers with the larger military community. The remaining articles provide practical information designed to help military families successfully meet the challenges of filial responsibility

across the core areas that are represented in a comprehensive parent care plan (PCP). These articles are organized into four categories that represent major task areas for successful elder care planning: Medical, Legal-Financial-Insurance, Family-Social Support, and Spiritual-Emotional.

Time management and problem-solving strategies recommend that complex challenges be broken down into essential elements—task by task—so that realistic progress can be made and the task bearer is not overwhelmed with the breadth of the job. Although the provision of parent care, particularly from a distance, can be perplexing, application of the information contained in these articles should help geriatric care managers and other human services providers assist military families in identifying and prioritizing filial tasks. Like civilian families, every military family is different. Informed assessment should lead to a tailored intervention that reflects a unique sense of priority for the family receiving assistance. Each article provides information to support the assessment process and suggests resources relevant to the concerns of military members and their spouses.

We recognize that experienced geriatric care managers will be familiar with many of the concepts presented here from their own practices but hope that this information will motivate and inform those who have the special opportunity to work with military members and their parents. It is a distinct honor to serve as guest editors of this issue of the *GCM Journal*.

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# Understanding the Importance of Elder Care Preparations in the Context of 21st Century Military Service

by James A. Martin, Ph.D., BCD and Michael Parker, DSW, BCD, LCSW

## Introduction

Accompanying the tremendous growth in America's aging population are concerns and frustrations experienced by adult children who provide care to their aging parents. The needs of elderly parents may erupt in periodic crises that often stretch out for several years. While such crises can thrust caregivers into a bureaucratic maze of trying to make successive care arrangements in a badly fragmented long term care system, research with military families suggests that those with a comprehensive parent care plan are at reduced risk for stress-related problems (Parker, Call, Dunkle, & Vaitkus, 2002).

Military families, perhaps more than other American families, need to be prepared for the necessary tasks associated with the well being of their elderly parents. Nowhere in our society are the challenges of parent care more apparent and complicated than those experienced by career military members. As highlighted in Table 1, career military members and their spouses face a wide variety of military-unique life challenges including residing great distances from their aging parents. Military members are frequently stationed or deployed overseas for extended periods. Over the course of a military career and various military assignments, members and their spouses often become quite removed from their parent's day-to-day life. Finally, despite the military's increasing focus on personal readiness, members are typically not well

prepared to respond to the needs of their aging parents—especially needs that occur in the context of a sudden life crisis.

Table 2 provides a demographic sketch of this military population and these characteristics provide added insight into the many challenges that are represented by such a large and diverse group.

Unfortunately, the normal life course and career stages often result

*"Within one month of Desert Storm and the deployment of American troops, a General assigned to a key position in Europe received a long-distance telephone call from his family priest in Middle America. During the priest's visit to the home of General's elderly mother, the priest noticed that she seemed oblivious to the smell of gas in her home and to the fact that the gas valve on her stove was open and not ignited. The General had made no plans for such a contingency and was greatly conflicted in his duties to family and to country (Parker, Call, & Barko 1999)."*

in military members being confronted by parental needs (member's and spouse's) at the same time that they are advancing into senior-level assignments—the peak moments of their military career and the period of their greatest overall value to the Armed Forces. Similar to the

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experience of their civilian peers in business and government, there is no easy way to balance the conflicting requirements of work and family life—especially elder care requirements. The primary difference is that military service represents a more encompassing set of roles and responsibilities and is often a less accommodating career setting in which to experience elder care challenges. This is especially true for women serving in the officer and senior enlisted ranks. Military women face a cultural expectation of “fulfilling a daughter’s role,” like their civilian counterparts, while trying to meet the demands of a career that expects members to be “committed to service and sacrifice before self” (Parker, Call, Toseland, Vaitkus, & Roff, in press).

Military members receive a range of entitlements and benefits intended to moderate the challenges of military

***“The primary difference is that military service represents a more encompassing set of roles and responsibilities and is often a less accommodating career setting in which to experience elder care challenges.”***

duty and service life (GAO, 2002). Unfortunately, while the *Family Leave Bill* enables many men and women to take time from work without pay to meet crises associated with eldercare, military personnel are not included in this federal legislation (Parker, Aldwin, Vaitkus, Barko, & Call, 2001). For military members, time off is only accommodated by the availability of military leave (typically 30 days per year). Rather than waiting to react to a crisis, career military members (and their spouses) need to develop a well-coordinated plan that involves the completion of specific life tasks, each of which addresses contingencies tailored to their parents’ unique life course needs (Parker et al, 2002; Parker, Fuller, Koenig, Bellis, Vaitkus, & Eitzen, 2001). Research indicates that over 95 percent of senior military officers have at least one parent or in-law alive during the late stages of their military career (Parker, Call, & Barko, 1999; Parker, Roff, Toseland, & Klemmack, 2003).

While the preponderance of care giving research has focused on proximate care giving (Parker, Call, Dunkle, & Vaitkus, 2002), this special edition addresses the impact of distance on the different forms and patterns of inter-generational contact and care. We intentionally

incorporate web-based, educational and long distance care and information services because of their obvious value to long distance care providers. Our research suggests that utilization of this information, when guided by a proper assessment tailored to a specific family and parent, will enhance the confidence of care givers, reduce care giver burden and associated work-related spillover, and favorably influence the quality of life and care aging parents receive (Parker, Roff, Toseland, & Klemmack, 2003; Parker, Call, Dunkle, & Vaitkus, 2002). Table 3 provides readers with a list of the various military-sponsored Internet sites that serve as public gateways into a vast network of human services information for military members and families.

An overview of the primary program elements representing our model of intervention is provided in *Figure 1*. The development of a long term care plan involves the completion of specific tasks viewed as most important and relevant to elderly parents, their family, and geriatric consultants of different disciplines. Although the intervention has expected outcomes (completed tasks), it is best understood as a dynamic process that involves the completion of specific tasks, and a

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T A B L E 1

### Life Challenges Associated with Military Duty and Career

- Long and unpredictable duty schedules.
- Frequent separations for hazardous training and mission (deployment) requirements.
- Limited economic resources.
- Frequent relocations and associated issues of finding safe, adequate and affordable housing.
- Economic and personal stressors associated with educational and employment limitations for spouses.
- Family life issues that occur in the context of being stationed far removed from extended family and friends, or in foreign countries where many life challenges are magnified.
- The need to provide long distance care to aging parents.
- A “triple bind” of work, child and parent care for active duty women at midlife.

TABLE 2

## Demographic Profile of the Military Community \*

The total number of Department of Defense personnel is over 3.3 million, including 1.4 million active duty military personnel. Active duty members comprise the largest portion of the total force (41.2 percent), supplemented by Ready Reserve members (37.6 percent), DOD civilian personnel sponsored with appropriated funds (20.1 percent), and active duty Coast Guard members (1.0 percent).

## Active Duty Member and Family Highlights

- **Service Branch.** The Army has the largest number of active duty members (479,026), followed by the Navy (367,371), the Air Force (351,326) and the Marine Corps (172,955).
- **Women and Racial Minorities.** In 2000, 14.4 percent of officers and 14.7 percent of enlisted members were women. In 2000, 18.8 percent of officers and 38.2 percent of enlisted members identified themselves as a minority (i.e., African Americans, Hispanics, Native Americans, Alaskan Natives and Pacific Islanders).
- **Geographic Location.** The three primary areas in which members are assigned are the United States and its territories (85.3 percent), Europe (7.6 percent) and East Asia (5.7 percent). While assigned in these locations, members are often deployed around the globe for days, weeks, or months at a time.
- **Age.** Nearly 80 percent (78.9 percent) of active duty personnel are below age 35.
- **Education Level.** Most officers (89.9 percent) have at least a baccalaureate degree. Almost all enlisted members have at least a high school diploma (97.4 percent).
- **Family Structure.** Just over half (53.0 percent) of active duty military members are married. Less than half of active duty military members have children (45.3 percent). Small percentages (6.2 percent) of military members are single parents. Just over 79,000 are in joint-service marriages (where both spouses are either in the active duty or in the Reserve and Guard). The 1,370,678 active duty members have 1,934,272 family members, including spouses, children and adult dependents. The majority of children are between birth and five years old (478,180) or six and 11 years old (414,899).
- **Housing:** Nearly two-thirds of military families (in the U.S.) reside in off-base (civilian community) housing.
- **Spouse Employment:** Just under half (48.0 percent) of officer spouses stationed in the continental U.S. are employed and an additional seven percent of spouses are seeking work. Over half (55.0 percent) of enlisted spouses in the continental U.S. are working and eight percent are looking for employment.
- **Parent Care:** Little is known about the incidence and impact of parent care on the military. The impact is likely to emulate society in that parent care is an age-graded task associated with higher probability with midlife, and that the onset of parent care can have adverse affects on the health and vocational capacities of adult children who provide care to aging parents. Over 35 percent of career officers at the U.S. Army War College indicated significant worry and concern about the health of their aging parents and in-laws, and over one-third were not satisfied with the aging plans of their parents. Research suggests that almost all senior military personnel have at least one parent or in-law alive during the late stages of their career, and that most officers have not completed the majority of parent care tasks (Parker et al, 1999; & Parker, Roff, Toseland, & Klemmack, 2003).

\* Data from the Military Family Resource Center [www.mfrc.calib.com](http://www.mfrc.calib.com), Arlington, VA 22202-3424. Updated on August 12, 2002 by [mfrcrequest@calib.com](mailto:mfrcrequest@calib.com). Taken (and edited for length) from the Internet on October 23, 2002

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continuous reassessment and appraisal as circumstances change. The tasks of parent care, applied here to military members and families, are organized into four categories: medical, legal-insurance-financial, family-social, and spiritual-emotional tasks. Each reflects a real life challenge that potentially comprises an important aspect of a parent's long term care plan.<sup>1</sup> The model underscores the importance of timely professional consultation, and the supreme value of preparation that values and honors the preferences of mother and father.

This population—soldiers, airmen and airwomen, sailors, Marines<sup>2</sup>, and their families—faithfully and unselfishly serve our nation. Whether on active duty, on reserve status, or retired, these military members and their spouses deserve our gratitude and need our professional services. As a nation we have a social compact (New Social Compact, 2002) with these individuals. This social compact is represented in their service and sacrifice and in our corresponding individual and collective commitment to their well being including adequately addressing parent care requirements.

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TABLE 3

### Military Sponsored Public Access Internet Web Sites

**Army (A to Z News)** – With quick links to a wide variety of Army information and documents. [www.army.mil](http://www.army.mil)

**Crossroads** - The U.S. Air Force official web site with *fast access* search capacity. [www.afcrossroads.com](http://www.afcrossroads.com)

**Defense Link** - Defense news, links to other military websites, access military related articles and reports. [www.defenselink.mil](http://www.defenselink.mil)

**Fleet and Family Support Programs** – Navy family service program information. [www.persnet.navy.mil/pers66/indexnew.htm](http://www.persnet.navy.mil/pers66/indexnew.htm)

**Lifelines 2000** - A Navy sponsored comprehensive site for personnel, family and navy community information. [www.lifelines2000.org](http://www.lifelines2000.org)

**Military Family Resource Center** - A DOD sponsored clearinghouse for military family information. [www.mfrc.calib.com](http://www.mfrc.calib.com)

**Navy Family OMBUDSMAN/Deployment Programs:** Support for families during deployments. [www.persnet.navy.mil/pers66/ombudsman1/index.htm](http://www.persnet.navy.mil/pers66/ombudsman1/index.htm)

**SITES:** The Marine Corps web page [www.usmc.mil](http://www.usmc.mil)

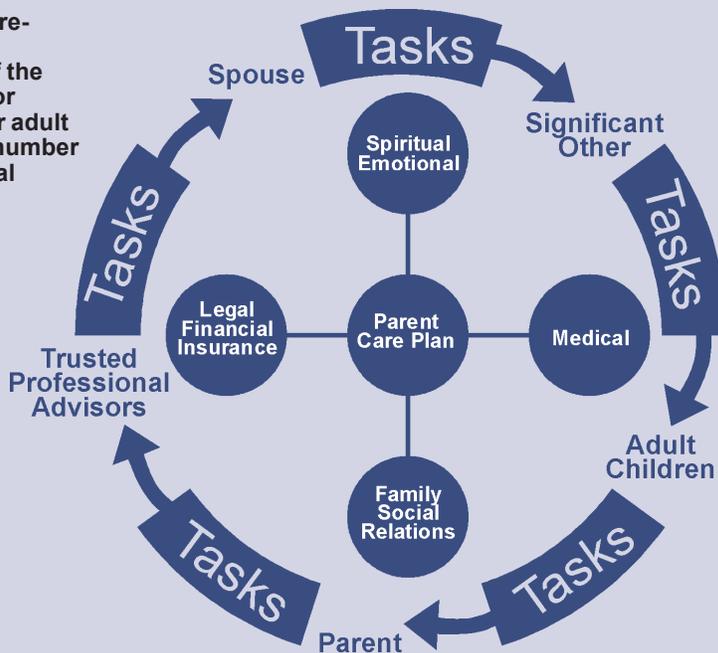
**Welcome Aboard NavyOnLine (NOL)** - A comprehensive source of Navy information. [www.navy.mil](http://www.navy.mil)

FIGURE 1

### A Model for developing and sustaining a comprehensive Parent Care Plan (PCP)

Achieving PCP goals requires the sustained, cooperative efforts of the parent, their spouse or significant other, their adult child/children, and a number of trusted professional advisors.

A Parent Care Plan must be updated across the life course



Individual Parent Care tasks are often interrelated

#### Necessary Steps:

Acknowledgment of the developmental task of parent care.

Completion of initial assessment with health, legal, financial, and spiritual advisors.

Identification of high priority tasks.

Initiation and completion of all required tasks.

Ongoing reassessment and task completion as conditions change.

# Legal-Insurance-Financial Tasks Associated with Parent Care

By Lynn Campisi, P.C.; Sheryl Cook, MA, CGRC;  
Farrar Moore, CGRC; Daniel Marson, Ph.D., P.C.;  
and M.W. Parker, DSW, BCD, LCSW

## Authors' Note

We gratefully acknowledge the assistance of the Gerontological Society of America and the John A. Hartford Foundation's Social Work Geriatric Scholars Program. The views expressed in this article reflect the exclusive opinions of its authors.

## Introduction

Most American families wait until a parent experiences a health crisis or

other emergency (death of spouse) before considering a plan for their parent's long term care. For military members (and their spouses) geographic separation is one of the primary factors that result in the lack of timely and comprehensive planning (Parker, Call, Dunkle, & Vaitkus, 2002). This article provides legal-insurance-financial information pertaining to the formulation of a long term care plan for the parents of military members and their spouses. These tasks are

often the most complex, time consuming and professionally intensive. Therefore, they deserve significant attention. Early and thoughtful planning can minimize future barriers (e.g., onset of dementia, stroke) to task completion. Furthermore, leaving important tasks unattended or incomplete may result in the financial exploitation or unintentional dissipation of assets.

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U.S. General Accounting Office, Military Personnel: Active duty benefits reflect changing demographics, but opportunities exist to improve, *GAO-02-935* (Washington, D.C.: Sep. 2002).

## Footnotes

- 1 The tasks were systematically identified as important by caregivers and geriatric professionals (Parker, Roff, Toseland, & Klemmack, 2003).
- 2 By tradition, the term "Marine" is always capitalized

## Legal-Insurance-Financial Tasks Associated with Parent Care

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The purpose of this article is to identify and describe common legal-insurance-financial tasks associated with parent care and to provide specific resources to assist geriatric care managers and other professionals in helping military families complete those tasks considered most important by the parent, professional and adult caregivers. In this regard, Table 1 includes a list of 15 common tasks associated with the legal-insurance-financial care plans facing most older persons, and Table 2 provides valuable resources that can be used to complete specific tasks. Though it is not possible to complete a substantive review of all of these tasks in this article, the resources identified in Table 2 provide essential links to resources where more weighty information can be secured. While the focus of this special journal issue is on military personnel and their families, the information provided is also applicable to non-military families.

The first step for a family and their aging parents is a review of this task list and identification of those tasks that are considered to be most important to the welfare of the parent and the family but have not been completed. An overview of legal, insurance and financial issues related to parent care follows. Utilizing the tables, and specifically the information contained in Table 2, should enhance the helping process.

### Legal Overview

A will, powers of attorney, and/or trust agreements should be executed while parents are competent, otherwise, a court action is required to transfer the responsibility for management of the parent's financial affairs to another person. If parents have a complicated estate, they should enlist the assistance of an elder law attorney. (Refer to Table 2 and/or call the National Academy of Elder Law Attorneys at (520) 881-4005 or visit

www.naela.org).

A will is vital because it incorporates a financial inventory and states how property is to be disposed of upon death. If the parent does not have a will, the family should advise the parent to consult an attorney. Probate and tax costs can be extreme and unexpected if a will and estate planning have been neglected. A will

does not override beneficiary designations stated in certain documents (e.g., insurance policies, bank accounts and annuities), so it is usually better to specifically name beneficiaries for these types of accounts and policies instead of simply stating that the proceeds be made payable to the parent's estate.

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T A B L E 1

### Legal-Financial-Insurance Tasks Associated with Parent Care (Tasks 1-15)

#### Estate Dispersion and Management:

**Task 1.** Discuss with your parents the advantages of completing, and the consequences of neglecting to complete a will.

**Task 2.** Discuss with your parents the advantages of completing, and the consequences of neglecting to complete a durable power of attorney

**Task 3.** Discuss with your parents the advantages of completing, and the consequences of neglecting to complete a trust/revocable living trust.

**Task 4.** Discuss with your parents the advantages of completing, and the consequences of neglecting to complete a joint ownership & tenancy.

#### Advance Directives

**Task 5.** Discuss with your parents the advantages of completing, and the consequences of neglecting to complete a living will.

**Task 6.** Discuss with your parents the advantages of completing, and the consequences of neglecting to complete "do not resuscitate" orders.

**Task 7.** Discuss with your parents the advantages of completing, and the consequences of neglecting to complete a durable power of attorney for health care (proxy).

**Task 8.** Encourage and assist with the placement of legal and financial documents in an accessible, fire-safe, secure location.

**Task 9.** Determine if it would be advantageous medically and financially to make your parents legal dependents; and, if so, identify the implications and steps of making your parents legal dependents.

**Task 10.** Assist your parents in identifying assets, liabilities, income (including Social Security and retirement compensation) and expenses.

**Task 11.** Check your parents' Social Security records for accuracy.

**Task 12.** Review your parents' credit history. If applicable, make sure your mother has access to joint or separate credit.

**Task 13.** Determine the full extent of your parents' health/life insurance coverage, as well as Medicare and Medicaid entitlements. Check for duplicative policies

**Task 14.** Investigate the costs and financing of long term care scenarios (e.g., assisted living, nursing home, aging in place facilities, retirement centers, etc.) taking into account the possibility of your parents having to move more than once. Enlist the advice of an elder law attorney or a CPA if possible.

**Task 15.** Encourage and assist your parents in making a preferred possession list (which child gets which piece of valued furniture or family valuables) and place in a fire safe, secure location.

T A B L E 2

Resources

Estate Dispersion and Management:

**Task 1.**

- Visit the National Academy of Elder Law Attorneys (NAELA) Website at [www.naela.org](http://www.naela.org) for elder law attorneys in your area.
- SeniorLaw. [www.seniorlaw.com](http://www.seniorlaw.com)
- Do's and Don'ts of Communicating With Aging Parents. [www.ec-online.net/Knowledge/Articles/dosndonts.html](http://www.ec-online.net/Knowledge/Articles/dosndonts.html)
- Personal Affairs Checklist. [www.ec-online.net/Knowledge/Articles/perscheck.html](http://www.ec-online.net/Knowledge/Articles/perscheck.html)

**Task 2.**

- What is a Will? [www.aarp.org/legalsolutions/selfhelp/whatisawill.html](http://www.aarp.org/legalsolutions/selfhelp/whatisawill.html)
- ABA Division for Public Education: Practical Law: Books on Practical Law: Guide to Wills and Estates [www.abanet.org/publiced/practical/books/wills/home.html](http://www.abanet.org/publiced/practical/books/wills/home.html)
- Wills - Legal Information - Nolo [www.nolo.com/lawcenter/index.cfm/catID/FD1795A9-8049-422C-9087838F86A2BC2B/subcatid/F251EA55-13A9-4EE0-85D21CEB27636030](http://www.nolo.com/lawcenter/index.cfm/catID/FD1795A9-8049-422C-9087838F86A2BC2B/subcatid/F251EA55-13A9-4EE0-85D21CEB27636030)

**Task 3.**

- Wills and Trusts. [www.aarp.org/confacts/money/wills-trusts.html](http://www.aarp.org/confacts/money/wills-trusts.html)
- Living Trusts - Legal Information - Nolo [www.nolo.com/lawcenter/index.cfm/catID/FD1795A9-8049-422C-9087838F86A2BC2B/subcatid/9F594B71-B41B-4513-923BF19B4D9ACDAA](http://www.nolo.com/lawcenter/index.cfm/catID/FD1795A9-8049-422C-9087838F86A2BC2B/subcatid/9F594B71-B41B-4513-923BF19B4D9ACDAA)
- American College of Trust and Estate Counsel. [www.actec.org](http://www.actec.org)
- Crash Course in Wills and Trusts. [www.mtpalermo.com](http://www.mtpalermo.com)
- FCA Factsheets: Durable Powers of Attorney and Revocable Living Trusts. [www.caregiver.org/factsheets/attorney\\_powers.html](http://www.caregiver.org/factsheets/attorney_powers.html)
- Avoiding Living Trust Scams. [www.consumerlaw.org/seniors\\_initiative/avoid\\_scam.htm](http://www.consumerlaw.org/seniors_initiative/avoid_scam.htm)

**Task 4.**

- ABA - Commission on Legal Problems of the Elderly 10 Legal Myths about Advance Directives. [www.abanet.org/elderly/myths.html](http://www.abanet.org/elderly/myths.html)

Advance Directives

**Task 5.**

- FCA: Clearinghouse: Factsheets: Legal Planning for Incapacity [www.caregiver.org/factsheets/legal\\_planning.html](http://www.caregiver.org/factsheets/legal_planning.html)
- Healthcare Directives and Powers of Attorney - Legal Information - Nolo. [www.nolo.com/lawcenter/index.cfm/catID/FD1795A9-8049-422C-9087838F86A2BC2B/subcatid/EDC82D5A-7723-4A77-9E10DDB947D1F801](http://www.nolo.com/lawcenter/index.cfm/catID/FD1795A9-8049-422C-9087838F86A2BC2B/subcatid/EDC82D5A-7723-4A77-9E10DDB947D1F801)

**Task 6.**

- FCA: Clearinghouse: Factsheets: Legal Planning for Incapacity. [www.caregiver.org/factsheets/legal\\_planning.html](http://www.caregiver.org/factsheets/legal_planning.html)
- Healthcare Directives and Powers of Attorney - Legal Information - Nolo. [www.nolo.com/lawcenter/index.cfm/catID/FD1795A9-8049-422C-9087838F86A2BC2B/subcatid/EDC82D5A-7723-4A77-9E10DDB947D1F801](http://www.nolo.com/lawcenter/index.cfm/catID/FD1795A9-8049-422C-9087838F86A2BC2B/subcatid/EDC82D5A-7723-4A77-9E10DDB947D1F801)

**Task 7.**

- FCA: Clearinghouse: Factsheets: Legal Planning for Incapacity. [www.caregiver.org/factsheets/legal\\_planning.html](http://www.caregiver.org/factsheets/legal_planning.html)

**Task 8.**

- FCA: Resource Center: Where to find my important papers. [www.caregiver.org/work&eldercare/papers.html](http://www.caregiver.org/work&eldercare/papers.html)
- Final Details. [www.aarp.org/griefandloss/articles/70\\_a.html](http://www.aarp.org/griefandloss/articles/70_a.html)

**Task 9.**

- (For Air Force personnel, check as AFI 36-3026, ID Card Issue, which contains the specifics on benefits for dependent parents.). <http://USMilitary.miningco.com/ccs/afregindex3.htm>
- National Guardianship Association. [www.guardianship.org](http://www.guardianship.org)
- FCA: Clearinghouse: Factsheets: Conservatorships. [www.caregiver.org/factsheets/conservatorships.html](http://www.caregiver.org/factsheets/conservatorships.html)
- Bookmarks - Elder Law Practice of Timothy L. Takacs - Practice. [www.tn-elderlaw.com/bookmark.htm](http://www.tn-elderlaw.com/bookmark.htm)
- Elder Law FAX. [www.tn-elderlaw.com/prior/010521.html](http://www.tn-elderlaw.com/prior/010521.html)

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Legal-Insurance-Financial Tasks Associated with Parent Care

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A well-executed will reduces the likelihood of family conflicts over funeral and burial decisions, as well as conflict over distribution of material goods. The family and parent should consider compiling a list of valuables (furniture and jewelry for example) and a designation of recipient of each. This list, along with other documents listed in Table 3, should be placed in a fire safe, secure location. A periodic review of an existing will is necessary when there are tax law changes, there has been an out-of-state move, a purchase of out-of-state property, marriage, divorce, births, education needs, health needs, and/or charity involvement.

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T A B L E 3

Important documents to place in an accessible, fire-safe, secure location

- Property deeds/auto titles.
- Burial plot deeds.
- Birth certificate.
- Birth certificate of spouse.
- Marriage certificates.
- Divorce decrees.
- Death certificates, spouses.
- Military discharge.
- Immigration and Naturalization Service Card (green card).
- Estate dispersion documents (attorney should know where all copies are located).
- Advance directives (primary care physician, hospital, and individual should have copies).
- Property tax receipts.
- List of routine household bills.
- Copies of previous three years tax returns.
- Personal loan records.
- Retirement and pension policies, including the names of beneficiaries.
- Receivables.
- Insurance policies.
- Bank accounts, pass books.
- Certificates of deposit.
- Investment certificates.
- Business venture interests.
- Account or provision for funeral and health care.

TABLE 2 (CONTINUED)

- American Bar Association Commission on the Legal Problems of the Elderly, 750 15<sup>th</sup> Street NW, Washington, DC 20005-1009, (202) 662-8690, FAX (202) 662-1032. [www.abanet.org/elderly/abaelderly@attmail.com](http://www.abanet.org/elderly/abaelderly@attmail.com)
- Black Elderly Legal Assistance Support Project, National Bar Association, 1225 11<sup>th</sup> Street NW, Washington, DC 20001, (202) 842-3900. [www.aoa.gov/factsheets/rights.html](http://www.aoa.gov/factsheets/rights.html)
- Eldercare Initiative in Consumer Law, National Consumer Law Center, Inc. Suite 400, 18 Tremont Street, Boston, MA 02108, (617) 523-8010. [www.aoa.gov/directory/94.html](http://www.aoa.gov/directory/94.html)
- Legal Counsel for the Elderly, 601 E Street NW, Washington, DC 209049, (202) 434-2120. [www.aoa.gov/directory/124.html](http://www.aoa.gov/directory/124.html)
- National Senior Citizens' Law Center, 1101 14<sup>th</sup> Street NW, Suite 400, Washington, DC 20005, (202) 289-6979. [www.nslc.org](http://www.nslc.org)
- Legal Services for the Elderly, 17<sup>th</sup> Floor, 130 West 42<sup>nd</sup> Street, New York, NY 10036, (212) 391-0120. [Hn4923@handsnet.org](mailto:Hn4923@handsnet.org)
- National Clearinghouse for Legal Services, Inc. Second Floor, 205 West Monroe Street, Chicago, IL 60606-5013, (312) 263-3830. Task 20.
- *Help! Where Are All My Papers?*, by Sheryl Cook and Farrar Moore. [caring@itilink.com](mailto:caring@itilink.com)

**Task 11.**

- Getting Your Records In Order. [www.aarp.org/confacts/lifeanswers/records.html](http://www.aarp.org/confacts/lifeanswers/records.html)
- BenefitsCheckUp - NCOA's Online Screening Service. [www.benefitscheckup.org](http://www.benefitscheckup.org)
- PBGC Pension Search. [www.pbgc.gov/search/default.htm](http://www.pbgc.gov/search/default.htm)
- The Ballpark Estimate. [www.asec.org/ballpark](http://www.asec.org/ballpark)

**Task 12.**

- Call the toll-free number (800) 772-1213 or use the Social Security Office Locator at: <http://s3abaca.ssa.gov/pro/fo/fo-home.html>
- Social Security Retirement Planner. [www.ssa.gov/retire2/index.htm](http://www.ssa.gov/retire2/index.htm)
- Social Security – AARP. [www.aarp.org/socialsecurity](http://www.aarp.org/socialsecurity)
- Social Security - Legal Information - Nolo. [www.nolo.com/lawcenter/index.cfm/catID/84404409-3882-4800-81764383AA66993B/subcatid/F5184F13-22D4-4DB7-B59F113E0AACE0D6](http://www.nolo.com/lawcenter/index.cfm/catID/84404409-3882-4800-81764383AA66993B/subcatid/F5184F13-22D4-4DB7-B59F113E0AACE0D6)
- CareGuide | Legal & Financial - Social Security: A to Z. [www.careguide.net/Careguide/legalfinancialcontentview.jsp?ContentKey=906](http://www.careguide.net/Careguide/legalfinancialcontentview.jsp?ContentKey=906)
- Social Security Benefit Calculator. [www.ssa.gov/planners/calculators.htm](http://www.ssa.gov/planners/calculators.htm)

**Task 13.**

- Check Your Credit Report. [www.aarp.org/confacts/money/creditreport.html](http://www.aarp.org/confacts/money/creditreport.html)
- Credit Scores — Before You Borrow. [www.aarp.org/confacts/money/creditscores.html](http://www.aarp.org/confacts/money/creditscores.html)
- Consumer Data Industry Association. [www.cdiaonline.org/consumers.cfm](http://www.cdiaonline.org/consumers.cfm)
- Credit Bureaus
- Equifax. [www.equifax.com](http://www.equifax.com)
- Experian. [www.experian.com](http://www.experian.com)
- Transunion. [www.transunion.com](http://www.transunion.com)

**Task 14.**

- See <http://bama.ua.edu/~mparker/hartford.html> This site contains over 20 pages of relevant resources and sites for veterans.
- Medicare and HMOs [www.hmos4seniors.com](http://www.hmos4seniors.com)
- Medicare Rights Center - The source for Medicare consumers and Medicare professionals. [www.medicarerights.org](http://www.medicarerights.org)
- Centers for Medicare & Medicaid Services (Formerly HCFA). [www.hcfa.gov](http://www.hcfa.gov)
- AARP Webplace | Educated Health Care Choices. [www.aarp.org/hcchoices](http://www.aarp.org/hcchoices)
- Medicare, Medicaid, Medigap and Managed Care - Legal Information - Nolo [www.nolo.com/lawcenter/index.cfm/catID/84404409-3882-4800-81764383AA66993B/subcatid/78C2EDE3-26CD-4021-82F5F8189E88FDD0](http://www.nolo.com/lawcenter/index.cfm/catID/84404409-3882-4800-81764383AA66993B/subcatid/78C2EDE3-26CD-4021-82F5F8189E88FDD0)
- CareGuide | Legal & Financial - Medicare Basics. [www.careguide.net/Careguide/legalfinancialcontentview.jsp?ContentKey=912](http://www.careguide.net/Careguide/legalfinancialcontentview.jsp?ContentKey=912)
- CareGuide | Legal & Financial - Medigap Basics. [www.careguide.net/Careguide/legalfinancialcontentview.jsp?ContentKey=914](http://www.careguide.net/Careguide/legalfinancialcontentview.jsp?ContentKey=914)
- Medicare.gov - The Official U.S. Government Site for People with Medicare. [www.medicare.gov](http://www.medicare.gov)
- Health Insurance Association of America Long-Term Care Insurance. [www.hiaa.org/consumer/guideltc.cfm](http://www.hiaa.org/consumer/guideltc.cfm)
- United Seniors Health Council. [www.unitedseniorshealth.org](http://www.unitedseniorshealth.org)
- Quotesmith.com - Instant online insurance quotes from over 300 leading companies. [www.quotesmith.com](http://www.quotesmith.com)

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## Legal-Insurance-Financial Tasks Associated with Parent Care

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It is important that the parent and family are aware of the problems associated with joint bank accounts (e.g., an unscrupulous joint owner can withdraw the entire amount) and alternatives to a joint account should be considered (e.g., a designated signer or a payable-on-death designation). The parent and family need to understand the differences among and the advantages and disadvantages of the following forms of ownership: individual ownership, joint with right of ownership, and tenants in common. Everyone should understand what an “Intervivos Trust” or “Living Trust” is, and the implications of avoiding probate.

It is vital to help the parent and the family obtain a health care power of attorney and develop advanced directives for health care. The parent may need a power of attorney for business transactions. A “durable” power of attorney directive endures through the parent’s potential incapacity. If the parent has signed a power of attorney and later becomes incompetent by way of dementia, Alzheimer’s, illness or accident, the power of attorney is automatically terminated. In these same circumstances, a *durable* power of attorney would still be in effect.

Disability planners have developed a document called the “springing” power of attorney that makes the authority of attorney-in-fact effective on a certain date in the future, or upon the occurrence of a particular event such as disability or incapacity. The parent can define the scope of the agent’s powers and the directions for the agent. It is advisable for the parent to get legal advice before signing a durable power of attorney. It is critical that the document adequately protects the parent’s rights by being written effectively and including language that will guard against abuses. Pre-printed documents may not reflect current state law

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T A B L E 2 ( C O N T I N U E D )

**Task 15.**

- How Can We Afford Long-Term Care - Because We Care - A Guide for Those Who Care. [www.aoa.dhhs.gov/wecare/afford-ltc.html](http://www.aoa.dhhs.gov/wecare/afford-ltc.html)
- Long-Term Healthcare - Legal Information - Nolo [www.nolo.com/lawcenter/index.cfm/catID/84404409-3882-4800-81764383AA66993B/subcatid/BFE84B26-9700-4B05-8789C10C1784B06E](http://www.nolo.com/lawcenter/index.cfm/catID/84404409-3882-4800-81764383AA66993B/subcatid/BFE84B26-9700-4B05-8789C10C1784B06E)
- Help in Other States. <http://hiicap.state.ny.us/home/link08.htm>
- Health Insurance Association of America Long-Term Care Insurance. [www.hiaa.org/consumer/guideltc.cfm](http://www.hiaa.org/consumer/guideltc.cfm)
- United Seniors Health Council. [www.unitedseniorshealth.org](http://www.unitedseniorshealth.org)

Assisted Living

- Assisted Living Federation of America [www.alfa.org](http://www.alfa.org)
- American Association of Homes and Services for the Aging [www.aahsa.org](http://www.aahsa.org)
- Senior Resource - Housing Choices for Seniors [www.seniorresource.com/house.htm](http://www.seniorresource.com/house.htm)
- CARF The Rehabilitation Accreditation Commission [www.carf.org](http://www.carf.org)
- CareGuide | Living Alternatives - Guide to Assisted Living Facilities
- [www.careguide.net/Careguide/livingalternativescontentview.jsp?ContentKey=882](http://www.careguide.net/Careguide/livingalternativescontentview.jsp?ContentKey=882)

Geriatric Care Managers

- National Association of Professional Geriatric Care Managers will provide information to assist in locating a geriatric care manager in your parent (s) area [www.caremanager.org](http://www.caremanager.org)  
Local Area Agencies on Aging, senior centers, hospital social work departments or university gerontology departments may be able to direct you to geriatric care managers.

Residential Care

- FCA: Resource Center: Care & Services: Selecting a Residential Care Facility [www.caregiver.org/factsheets/care/selecting\\_residential.html](http://www.caregiver.org/factsheets/care/selecting_residential.html)
- CareGuide | Living Alternatives - The Hardest Decision: Is it Time for Residential Care?

Nursing Homes

- Choosing a Nursing Home. [www.pueblo.gsa.gov/cic\\_text/health/nursehme/nurs-home.htm](http://www.pueblo.gsa.gov/cic_text/health/nursehme/nurs-home.htm)
- AARP Webplace | How to Choose a Good Nursing Home
- National Citizen's Coalition for Nursing Home Refor. [www.nccnhr.org](http://www.nccnhr.org)
- CareGuide | Living Alternatives - Nursing Home Resident's Bill of Rights [www.careguide.net/Careguide/livingalternativescontentview.jsp?ContentKey=896](http://www.careguide.net/Careguide/livingalternativescontentview.jsp?ContentKey=896)
- CareGuide | Living Alternatives - Understanding Nursing Home Admissions Agreements [www.careguide.net/Careguide/livingalternativescontentview.jsp?ContentKey=895](http://www.careguide.net/Careguide/livingalternativescontentview.jsp?ContentKey=895)
- AARP Webplace | Private Long-term Care Insurance [www.aarp.org/contacts/health/privltc.html](http://www.aarp.org/contacts/health/privltc.html)
- Big Decision for Women: Should I Buy Long-Term Care Insurance? [www.aoa.dhhs.gov/elderpage/walltupdate.html](http://www.aoa.dhhs.gov/elderpage/walltupdate.html)

Veterans

- Department of Veterans Affairs [www.va.gov](http://www.va.gov)

Other

- National long-term Care Ombudsman Resource Center, National Citizens' Coalition for Nursing Home Reform, Suite 202, 1424 16<sup>th</sup> Street NW, Washington, DC 20036, (202) 332-2275. [www.ltombudsman.org/default.cfm](http://www.ltombudsman.org/default.cfm)
- National Long-Term Care Resource Center, Institute for Health Services Research, University of Minnesota School of Public Health, 420 Delaware SE., Box 197 Mayo, Minneapolis, MN 55455, (612) 624-5171.
- Eldercare Locator, (800) 677-1116
- The Assisted Living Federation of America at (703) 691-8100.
- The American Association of Homes and Services for the Aging at (202) 783-2242.
- National Resource and Policy Center on Housing and Long Term Care, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191, (213) 740-1364. [natresctr@usc.edu](mailto:natresctr@usc.edu)
- National Resource and Policy Center on Rural Long Term Care, Center on Aging, University of Kansas Medical Center, 3901 Rainbow Boulevard, Kansas City, KS 66160-7117, (913) 588-1636. [iredford@kumc.edu](mailto:iredford@kumc.edu)
- [www.kumc.edu/instruction/medicine/NRPC](http://www.kumc.edu/instruction/medicine/NRPC)
- National Resource Center: Diversity and Long-Term Care, Heller School- Institute for Health Policy, Brandeis University, P.O. Box 9110, Waltham, MA 02254-9110, (617) 736-3930.
- National Resource Center on Long Term Care, National Association of State Units on Aging, Suite 725, 1225 I Street NW, Washington, DC 20005, (202) 898-2578.

**Task 16.**

- *Help! Where Are All My Papers?*, by Sheryl Cook and Farrar Moore. [caring@itilink.com](mailto:caring@itilink.com)

**Task 17.**

- *Help! Where Are All My Papers?*, by Sheryl Cook and Farrar Moore. [caring@itilink.com](mailto:caring@itilink.com)

## Legal-Insurance-Financial Tasks Associated with Parent Care

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and may not appropriately address a parent's circumstances. If a parent's own property is in more than one state, a durable power of attorney may be needed for each state. The powers do not have to be identical and the parents may name different agents. A parent can revoke the document at any time, as long as they are competent to make that decision. The document can state certain conditions that would end the effectiveness of the document. Table 4 addresses safeguards for the parent.

Trust agreements are particularly useful to insure uninterrupted property management, particularly if property is owned in multiple states. A person who creates the trust is the grantor, the person who manages the trust is the "trustee" and the person who benefits from the trust is the

TABLE 4

### Power of attorney safeguards for the parent's protection

- Naming an alternate attorney-in-fact.
- Requiring the attorney-in-fact to allow inspection of your parent's records.
- Requiring the attorney-in-fact to provide regular reports of financial activities.
- Requiring the attorney-in-fact to be bonded.
- Making sure your parents' bank will accept the document.
- Appointing someone whose interests do not conflict with the interest in your parents' financial affairs.
- Including specific requirements about the payment of fees for the services of the attorney-in-fact.
- Including specific requirements about the attorney-in-fact's authority to make gifts.

"beneficiary." In a revocable trust agreement, the parent may serve as the grantor, trustee and the beneficiary. An alternate trustee can take over when the parent can no longer manage the property. Upon a parent's death, generally without probate, the property can be distributed to one or more beneficiaries named originally by the parent. Once the trust is established, real and personal property must be conveyed to the trust. This is accomplished by signing and recording deeds for real estate. For bank accounts and other titled property, including insurance policies and vehicles, the assets must be transferred and re-titled in the name of the trustee. Otherwise, the property is still owned individually by the parent.

Respecting a patient's right to choose the kind of medical care received at the end of life can result in substantial cost savings by limiting resources spent on futile and often unwanted attempts to prolong life. Individuals with a living will, DNR or durable power of attorney for health care typically spend considerably less on their final hospital stays as those without such provisions. The distance and time involved returning home once a crisis has occurred, makes it even more critical that military members and their spouses assist parents with this type of personal and estate planning well in advance.

### Insurance Issues

The high cost of medical care is one of the greatest worries of older adults. The amount of cash they spend on their own care is higher now than it was before the enactment of Medicare and Medicaid. Those assisting families and their elderly parents need to help them understand that Medicare, HMOs, Medigap policies, managed care programs and Medicare supplements can determine the feasibility of long term care insurance. The elderly parent may also be eligible for a limited Medicaid Program (QMB), or a Hospital Medicaid for SSI Beneficiaries.

Parents or in-laws who live in a residence provided or maintained by their active-duty son, son-in-law,

daughter or daughter-in-law (as long as they receive more than half of their financial support from the service member) can receive treatment at military clinics and hospitals if they are eligible and enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). In most cases, care may be very limited given the priority of care to active duty military personnel. The military does not provide resident care associated with nursing homes or assisted living facilities. Nor does the military provide hearing aids, orthopedic footwear or eyeglasses.

If the parent is a military retiree, he or she may be eligible for hospitalization and medical treatment from the Veteran's Administration (VA). Priority of treatment is complicated, as are the co-payment plans for nursing home care. Benefits can change (Department of Veterans Affairs [www.va.gov/](http://www.va.gov/)). For military retirees who become Medicare-eligible, TRICARE for life now helps pay the balance of medical bills after Medicare pays its portion. Regular eligibility is based on being 65, enrollment in Medicare Part B, and being listed in DEERS. TRICARE for life thus becomes the "second payer" in the same manner as it covers beneficiaries who have private insurance. (TRICARE web page at <http://www.TRICARE.osd.mil>).

Most medical insurance covers medical professional services for acute, skilled care expenses incurred during a short, limited time. Typical acute care insurance programs include: Medicare, Medicaid, Veteran's Benefits, Gap Insurance, and private health insurance such as employer or group insurance, HMOs, or managed-care plans.

Long term care expenses may be incurred over an extended time and require the services of medical professionals, as well as social and personal care services. There are many types of long term care services and facilities, and over time these may be very expensive. There are fewer options available to cover these expenses: Medicare, Medicaid, some

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## Legal-Insurance-Financial Tasks Associated with Parent Care

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veterans' benefits for World War II veterans, long term care insurance, and private funding are a few such options.

Medicare is a federal government program of the Health Care Financing Administration. The government contracts with private insurance companies to pay the medical care providers. Because the laws governing the benefits change often, contact the Medicare Hotline at (800) 638-6833 for up-to-date information about coverage and benefits. Part A (Medicare ID card should be presented on admission) covers hospital, nursing home, in-home care, and hospice care when strict conditions are met. Hospital coverage covers all of the first two months if the required conditions are met. The treating hospital will typically file claims to Medicare. Some limited long term skilled care is provided. Part B (optional, but should be recommended for most parents, unless they are fully covered under another plan) covers services not performed in hospital or long term care facility. Insurance coverage is under one of the following optional plans: traditional Medicare (fee for service), managed care plan (primary provider with referral options), Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and private fee for service plans (doctors may charge more than allowed by Medicare).

Medicare does not cover routine exams (lab work is covered), prescriptions (unless administered by nurse or doctor), glasses, hearing aids or dentures. It pays up to 80 percent of approved charges (regardless of actual charges, Medicare has determined the amount of the approved charge and will only pay 80 percent of that approved amount).

Medigap (Medicare supplemental) insurance is offered by many private companies to cover the Medicare gap or remaining 20 percent

of the approved charges not covered by Medicare. Before a family and parent make a decision about specific gap insurance, they should call the Medicare Hotline at (800) 638-6833 to make sure that there will be no problems with the insurer. Multiple gap policies may be possible (although a *lot* more paperwork is involved). For information on policies and plans available, check with the parent's insurance agent and call AARP at (800) 523-5800. If the doctor does not accept assignment, the amount charged above the approved amount is not covered and must be paid by the patient. The hospital or doctor will usually file gap insurance claim. The parent should keep all Explanation of Benefits (EOB) letters for insurance claim requirements. If a charge on the EOB is not covered, an appeal can be initiated, but it must be on a timely basis.

Medicaid is government health insurance (joint federal and state) for individuals with very limited income and almost no assets. Not all doctors or facilities accept Medicaid patients. Institutional Medicaid is also available to pay for nursing home costs when the parent's income is insufficient to cover them. Eligibility requirements differ from state to state so the parent or family must verify eligibility and benefits with the office handling Medicaid in the parent's state.

Current interest in long term care (LTC) insurance has been fueled in part by the gaps in Medicare just described and several other factors including the increasing costs of long term care, the increasing longevity rate, the absence of the extended family, the rising costs of aging, the number of women who are shifting roles from primary caregivers to workers and the rising number of single parent households (Focus on the Family, 2002). A known premium is paid that offsets the risk of much larger out of pocket expenses. The parent and family may need professional help evaluating these programs. If the parent is eligible for long term care insurance, he or she should be aware of the many options available (e.g., does it pay for skilled nursing

care). Most policies are indemnity policies, meaning they pay a fixed dollar amount—for example, \$100 a day for each day a person receives a specified type of care. No policy will cover all expenses fully. A person age 65 who is applying for LTC insurance will pay \$2,000-\$3,000 a year, depending on the coverage (Focus on the Family, 2002). A basic policy should cover the differences between one's daily income and the daily cost of nursing home care.

## Financial Concerns

Elderly parents may be eligible for a variety of public benefits. These may include disability compensation and benefits, pensions, home loan guaranties, education and training, life insurance, burial benefits, benefits for survivors and health care benefits associated with the parent's veteran benefits. To pursue qualification, the family, parent, or a designated individual will need the parent's social security number, and, if the parent served in the Armed Forces, they will need the date of discharge from the service, a DD Form 214 and branch of service.

One method of obtaining funds is the reverse mortgage, which allows older homeowners to borrow against the equity they have built up in their homes without having to pay the money back until they either move or die. In the case of death, the heirs can sell the house, pay off the debt and split any remaining equity in accordance with the parent's will. The primary advantage of such a mortgage is that it allows an older person to continue to live independently. The loan amount can be taken as a lump sum, a line of credit, or as a fixed monthly payment, and there are no restrictions on how the money is spent.

Living on fixed incomes makes it difficult to juggle unexpected expenses. The elderly are now filing for bankruptcy more frequently, piling up credit card charges, home equity debt and life insurance loans. Nearly half of the elderly people who end up in bankruptcy say that they filed

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because of a medical reason. Although pensions are a protected asset in bankruptcy, only a small amount of equity is protected in most states. Thus, if the value of the equity exceeds the state exemption a person who files for Chapter 7 bankruptcy can lose his or her home.

When a family and a parent develop a plan that identifies the costs and financing of long term care scenarios (e.g., assisted living, nursing home, aging in place facilities, retirement centers), the family and parent must take into account the possibility that more than one move may be required as needs change. Long term care is available at three different levels: skilled care, intermediate care and custodial care. See Table 5 for information on levels long term care and Tables 2 and Table 6 for long term care locator resources.

Visiting several long term care (assisted living) facilities provides the opportunity to compare and ask questions of staff and residents. Assisted living facilities are not defined or regulated by the federal government—regulation or licensing is at the state level. Parents and family members should find out from their county or city Area Agency on Aging or state health agency how the state oversees them. When the family and parent have a complete list of facilities, they should be encouraged to telephone them all in order to identify the most suitable ones to visit. When calling, the family should be aware that the person they will most likely speak with will be a

marketing or sales representative whose job is to promote that facility, rather than someone who is involved in daily caregiving. Parents and family members need to think about what is important in a facility, such as the location, size, and types of services. It is always a good idea to request a copy of a contract, and *it is not a good sign if a facility will not provide a contract until a potential resident is ready to sign*. A quality facility encourages a potential resident to review the contract in advance. Parents and family members should never sign a contract the day of the visit. Before making a decision about a facility, it is important to take the

contract home and review it thoroughly, preferably with a lawyer and knowledgeable family members. Furthermore, if a child is acting for the parent under a durable power of attorney, the child must sign any documents as agent for parent under durable power of attorney. Otherwise, the child may be personally responsible for the financial obligation if the parent does not have sufficient means of continued payment.

## Conclusion

Completion of the financial-legal-insurance tasks of parent care discussed in this brief overview, coupled with a review of the resources provided, should help to minimize the stress associated with a parent's health care emergency, and maximize the quality of the care provided to an aging parent. For military members and their spouses, proactively addressing these tasks early rather than after a crisis, will not only benefit the parent, it will allow the service member to better meet the duty and career requirements of military service.

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T A B L E 5

### Levels of Long Term Care

- **Skilled care**  
Twenty-four hour services by medical personnel under direct orders of a physician.
- **Intermediate care**  
As needed, services provided by or under the supervision of medical personnel.
- **Custodial care**  
Assistance with personal needs as required, services provided under supervision by medical personnel according to physician's orders.

T A B L E 6

### Resources to Contact Regarding Available Facilities Where the Parent Lives or Plans to Live

- The state or local area agency on aging (AAA).
- The local yellow pages.
- The state long term care ombudsman's office. The Eldercare Locator, (800) 677-1116, can provide the number.
- The state health or welfare agency.
- Friends and neighbors.
- Local newspapers that advertise assisted living facilities.
- Retirement guides.
- The Assisted Living Federation of America at (703) 691-8100.
- The American Association of Homes and Services for the Aging at (202) 783-2242.

# Spiritual and Emotional Well Being Tasks Associated with Elder Care

By Martha Crowther, Ph.D., MPH, Patricia Baker, Walter Larimore, Harold Koenig, and Michael Parker, DSW, BCD, LCSW

## Author's Note

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## Introduction

Military and civilian models of health promotion now emphasize the importance of integrating a spiritual and emotional component in considering the well being of older persons (George, 2002; Parker, Fuller, Koenig,

Vaitkus, Bellis, et al., 2001a). Despite these efforts, this remains a neglected area (Parker, Roff, Toseland, & Klemmack, 2003). This article addresses these two critical and related aspects of care and support to older adults—described here in terms of spiritual and emotional tasks.

Recent research involving senior military officers has found that a person's spirituality and emotional well being are often interrelated when caring for an aging parent (Parker, Aldwin, Vaitkus, Barko, & Call, 2001c; Parker, Call, Dunkle, & Vaitkus, 2002a; & Parker, Fuller, Koenig, Vaitkus, Bellis, et al., 2001b). Spirituality and religion are important aspects of life for many older adults and indeed,

spirituality and religion shape individual, family and communal relations across the life course (Parker et al., 2001a; Quadagno, 2002). While the focus of this special *GCM Journal* issue is on military personnel and their families, the information provided in this article can be applied to both military and non-military families.

## Important Terms

Both spirituality and religion are broad terms with overlapping definitions. Although spirituality and religion are often regarded as indistinguishable constructs, some scholars argue that spirituality and religion can be distinguished (Crowther, Parker,

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Koenig, Larimore, & Achenbaum, 2002). According to this view, religion refers to a group activity that involves specific behavioral, social, doctrinal and denominational characteristics (Fetzer Institute, 1999) and spirituality refers to a personal quest for meaning and a relationship with a transcendent force (Armstrong & Crowther, 2002).

It has been proposed that spirituality and religion each foster the development of the other. For example, religious practices encourage spiritual growth, while spiritual

practices are often a salient aspect of religious participation. Many scholars argue that it is possible to adopt the outward form of religious behavior without developing a relationship with a transcendent being, sometimes referred to as an extrinsic orientation to religion (Allport & Ross, 1967). However, among many older adults the constructs of spirituality and religiosity seem to work in concert with each other. The religious context, which provides the background for the lives of many older adults, often enriches the spiritual experiences of this population. Therefore religion and spirituality should both be considered in discussing care management issues of older adults, particularly for families, like military families, who must provide

care to aging parents from a long distance.

## Spirituality, Religion, Health, & Aging

With the exception of the past two centuries, religion and medicine have been closely linked. It was nearly the end of the 20th century before social, behavioral and medical scientists began to study the relationship between measures of religion, spirituality, health, and aging (McFadden, 1996). In this regard, the American Psychiatric Association recently awarded posthumously the Oskar Pfister Award to David Larson, MD, MSPH in acknowledgment of his lifetime work which called attention to

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T A B L E 1

### Spiritual and Emotional Tasks

Task	Specific Content of Each Task	Web Resources
1. Assessment	<p><b>Religious / Spiritual Assessment:</b></p> <ol style="list-style-type: none"> <li>1. Do your religious or spiritual beliefs provide comfort and support or do they cause stress?</li> <li>2. How would these beliefs influence your medical decisions if you became really sick?</li> <li>3. Do you have any beliefs that might interfere or conflict with your medical care?</li> <li>4. Are you a member of a religious or spiritual community and is it supportive?</li> <li>5. Do you have any spiritual needs that someone should address?</li> </ol> <p><b>Well being Assessment:</b></p> <ol style="list-style-type: none"> <li>1. In general, how satisfied are you with your life as a whole these days?</li> <li>2. Taking all things together how would you say things are these days?</li> <li>3. Up to now, have you gotten mostly what you hoped for out of life or have you gotten less than you hoped for?</li> </ol>	
2. Reminiscence & Life Review	<ul style="list-style-type: none"> <li>● Written or taped autobiographies</li> <li>● Pilgrimages</li> <li>● Reunions either in person or through correspondence</li> <li>● Construction of a genealogy</li> <li>● Creation of memorabilia through scrapbooks, photo albums, collection of old letters</li> <li>● Preservation of ethnic identity</li> <li>● Encourage transmission of family values</li> </ul>	<p>ElderCare Online Channels:  <a href="http://www.ec-online.net">www.ec-online.net</a></p> <ul style="list-style-type: none"> <li>● Oral History Questionnaire</li> <li>● Caregiver Information</li> <li>● Transitions &amp; Spirituality Remembering &amp; Celebrating:  <a href="http://www.aarp.org/griefandloss/remember.html">www.aarp.org/griefandloss/remember.html</a></li> </ul>
3. Identify Services Establish Contact	<ul style="list-style-type: none"> <li>● Identify religious services focused on older adults</li> <li>● Establish a reliable point of contact of at least one member of the older adult's church, synagogue or religious organization</li> </ul>	<p>Interfaith Volunteers: <a href="http://www.nivc.org">www.nivc.org</a></p> <p>Shepherd's Centers of America (SCA):  <a href="http://www.shepherdcenters.org">www.shepherdcenters.org</a></p>
4. Discuss End-of-Life Issues	<ul style="list-style-type: none"> <li>● Seek a greater understanding of end of life services (hospice &amp; palliative care) by reviewing Web sources and talking with experts.</li> <li>● Identify wishes for funeral and burial or cremation. If pre-need plans have been made, locate the documentation. Where, officiants, music, special requests or considerations (pall bearers, clothing, hair, etc.)</li> </ul>	<p>Hospice Sources:</p> <ul style="list-style-type: none"> <li>● Hospice Association of America:  <a href="http://www.nahc.org/HAA">www.nahc.org/HAA</a></li> <li>● International Association for Hospice &amp; Palliative Care: <a href="http://www.hospicecare.com/">www.hospicecare.com/</a></li> <li>● Total Life &amp; End of Life Planning:  <a href="http://www.deni.net/">www.deni.net/</a></li> <li>● AARP Worksheet for Funeral Planning:  <a href="http://www.aarp.org/contacts/lifeanswers/wrksheet-funeral.html">www.aarp.org/contacts/lifeanswers/wrksheet-funeral.html</a></li> </ul>

## Spiritual and Emotional Well Being Tasks Associated with Elder Care

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the general neglect of research to religion and spirituality as factors influencing physical and mental health outcomes (Parker, Larimore, & Crowther, 2003).

A number of recently published articles reflect a growing scientific rigor and creativity in studying these relationships within the military culture (Parker, Call, Dunkle, & Vaitkus, 2002; Parker et al., 2001b) and with society in general (Oman, Kurata, Strawbridge & Cohen, 2002; Pearce, Chen, Silverman, Kasl, Rosenheck & Prigerson, 2002). The weight of evidence suggests that people in the United States frequently turn to religion or spirituality in coping with life events (Schuster, Stein, Jaycox, Collins, Marshall, Elliott, Zhou, Kanouse, Morrison, & Berry, 2001). A number of recent works (Pearce, Chen, Silverman, Kasl, Rosenheck & Prigerson, 2002) show the benefits of spirituality in coping with a variety of health conditions. Similarly, studies of mental health and substance abuse show that religious activity can buffer negative effects of physical illness and stressful life events (Kendler, Gardner, & Prescott, 1997).

### Well Being

Emotional well being encompasses the affective and cognitive aspects of a person's overall summation of life experiences. Researchers have found that spirituality and religiosity are related to well being, physical health and longevity, coping behavior and mental health (Myers, 2000). Religious involvement may enhance well being by providing social support, as well as a belief system that can offer hope and a sense of meaning and purpose in life. C. Ryff (1995) describes the following six components of well being: positive evaluation of the self and self-acceptance, positive relationships with others, autonomy or self-determination, environmental mastery,

a sense of purpose in life, and a feeling of growth and development as a person. An older adult's sense of well being may be challenged by the need for care and their loss of independence. A lack of well being has also been associated with a host of psychological problems (Thorson, 2000).

There are several tasks that geriatric care managers employ to assist older adults with aspects of their spiritual and emotional well being. Religious organizations might provide critical, local assistance and support to the aging parents of a military person who lives a long distance from his/her parent. These primary tasks are: conduct spiritual/religious and well being assessments, assist older adults in reminiscence and life review, identify religious programs that focus on older adults and establish reliable contact with religious person/organization that is a part of the older adults network, and finally discuss end of life issues. These tasks are described and summarized, along with related web resources, in Table 1.

### Task 1: Spiritual and Well Being Assessments

Faith-based interdisciplinary interventions are increasingly reported in the professional literature with military families (Parker et al., 2001b) and civilians (Koenig & Brooks, 2002). These studies suggest that older persons of faith seek out gerontologists of all disciplines who acknowledge and encourage their faith (Parker, et al., 2002b). Geriatric care managers must remain current in their application and understanding of what they know about religion and spirituality and its impact upon health, regardless of their own beliefs.

Many researchers and clinicians (Astrow, Puchalski, Sulmasy, 2001; Koenig, 2002; & Larimore, 2000) now view the taking of a spiritual history, or a spiritual assessment, as a matter of kindness and clinical competence in addressing older people's medical concerns. Table 1 suggests questions for a religious and spiritual assessment (Koenig, 2002).

Religious forms of expression and spirituality represent a major source of coping for the vast majority of elderly and interventions should always be sensitive to the diversity of religious and spiritual beliefs, attitudes and practices—including being sensitive to those who do not embrace such beliefs or views. Spiritual and/or religious interventions should only be offered with permission, respect and sensitivity and any intervention utilizing spirituality and religion should be centered on the needs of the older person, not the care manager.

Well being has been an essential component of assessing an older adult's psychological status for several decades. Well being can be assessed using three, single-item measures relating to evaluations of life satisfaction, happiness, and goal attainment. Well being questions are examples of subjective social indicators that focus on a variety of life aspects and represent underlying psychological states. The items represent the affective and cognitive dimensions of well being and serve as a simple assessment of overall quality of life.

The life satisfaction item in this set is focused on the immediate past with a relative emphasis on cognitive versus affective elements. The happiness item is focused on events occurring in the present with an emphasis on affective over cognitive elements. The goal attainment item focuses on events that are prior to the immediate past and emphasizes a comparison between the respondent's goals and attainments and incorporates a high degree of cognitive components. Table 1 suggests questions to assess emotional well being.

### Task 2: Reminiscence and Life Review

Reminiscence and life review approaches have been developed specifically for older adults. Most are based on the theory of psychosocial developmental proposed by Erikson (1950; 1959). The primary goal of

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reminiscence is to facilitate recall of past experiences to promote intrapersonal and interpersonal functioning and thereby improve well being. Preserving the past gives a personal legacy to the future. Preparing a video or an oral history helps conserve life stories whether they are everyday experiences or special events. Everyone has a story to tell—a story that a child, grandchild or favorite niece or nephew will surely cherish. Getting to know a loved one through reminiscing can help families discover many positive qualities that were never realized or appreciated. Reminiscence enhances self-understanding and provides a sense of personal continuity. It aids in achieving a sense of meaning to one's life and serves interpersonal functions such as leaving a legacy (Molinari & Reichlin, 1984-85).

Butler (1963) made a theoretical distinction between the process of reminiscence and that of life review. Reminiscence is the act or process of recalling the past. Life review involves the evaluation and re-synthesis of past experiences precipitated by the need to resolve conflicts and achieve a sense of meaning to one's life. Butler suggests that the tendency of the elderly to live in the past is not unhealthy unless the past begins to obliterate the present. Orderly reminiscing is a necessary part of coming to terms with one's life and should not be discouraged. The goals of reminiscence are typically achieved with the use of themes, props and triggers (i.e., music or photographs familiar to the older adult) to stimulate memories.

Life review is a period of reminiscence and self-reflection. The goal is to facilitate the inevitable process and minimize distress by providing support, understanding and acceptance. Methods to engage older adults in a life review process include: written or taped autobiographies;

pilgrimages, either in person or through correspondence; reunions; construction of a genealogy; creation of memorabilia through scrapbooks, photo albums, or a collection of old letters; verbal or written summary of life work, preservation of ethnic identity; and transmission of family values (Butler, 1974; Lewis & Butler, 1974). The transmission of family values can be accomplished by encouraging older adults to document those things that they would like to say to family members about what is really important in their life (intergenerational transfers of wisdom).

Occasionally, unresolved painful memories will surface. The older adult might need help in forgiving someone or being forgiven. In most cases, a trusted clergyman, a spiritually mature friend or a care manager can provide assistance.

### Task 3: Identify Services and Establish Contact with Religious Organization or Person

Religious organizations comprise the largest single network and the largest untapped source of volunteers to serve the needs of older people. Many of these organizations serve their own membership as well as seniors in the community. Services vary between religious organizations. Religious institutions are broadening their traditional spiritual support and material services, and now offer fellowship, recreation, clothing, food and financial assistance. Many faith

communities also work cooperatively with local social and legal agencies.

Several religious groups are working together to meet the needs of older Americans. The National Interfaith Coalition on Aging was founded in 1972 and is staffed by Catholics, Protestants and Jews. Public and private organizations specializing in the elderly are represented on the staff. The objectives of this organization stress the improvement of the quality of life for the elderly, the support of programs and services that relate to the dignity and welfare of the seniors, and the encouragement of social and community and social participation by the elderly.

The Shepherd's Center has centers in inner cities and rural areas throughout the country. The center is housed in a Baptist church and is supported by the host church and four other churches of various denominations within close proximity to one another. The Shepherd's Center encourages older people to take care of each other, to plan and implement programs and to contribute to the center financially. The heart of the concept is to prevent

premature and inappropriate institutionalization. Informal support systems are strengthened, volunteers are recruited from their own ranks and education is provided for members. Services include transportation,

***"Life review is a period of reminiscence and self-reflection. The goal is to facilitate the inevitable process and minimize distress by providing support, understanding and acceptance."***

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meals-on-wheels, crisis call service, preventive illness programs, life-enrichment classes, support groups and field trips.

Care managers should investigate the nature of religious programs for seniors available in their home community. If the older adult has a religious “home,” begin there. Inquire about group classes or activities for seniors and/or volunteer programs that enlist or support seniors. Other places to call include Shepherd’s Centers, large churches or synagogues and senior citizen centers. In working with military families, the geriatric care managers should establish a reliable point of contact with at least one member of the senior’s church, synagogue or other religious organization, including the telephone number, e-mail and address.

### Task 4: Discuss End-of-Life Issues

It is not possible to talk about emotional and spiritual issues associated with aging without addressing death and dying. Attitudes toward death have changed significantly. A few hundred years ago, death had its own protocol. Deathbed scenes in past centuries were public ceremonies that included friends, relatives and children. Final days were a time for a person to commune with loved ones and were regarded as a right for the dying. People prepared to die. The language of wills carefully documented a person’s last plan, and typically included statements of faith (Graham, 1987).

Today, institutional (e.g., nursing home) deaths predominate for seniors. Rapidly improving technology has changed the focus of care during terminal illness and multiplied treatment options. It has spawned a movement to allow people to plan for disability and to control the medical treatment they receive. The truth is

that all of us have our time to die, and the conspiracy of silence that so often surrounds death today cannot change the fact that within most of us is a strong desire to hold on to physical life as long as possible (Graham, 1987).

Experts agree that currently there is no accurate method for predicting when a patient will die. Therefore, about one in five physicians are reluctant to make mortality predictions; therefore, their patients may not be aware that they have entered the dying process (Lamont & Christakis, 2001). Though we have emphasized task completion, it is critical to remember that end of life decision-making involves an on-going communication process. Much of the research about end-of-life discussions assumes the salience of the choice paradigm, partly because it provides seemingly clear-cut “decision points” to study using quantitative methods, avoiding the messy realities of dying and the need to create new research tools and methods focusing on process.

Discussions about choices and late life decision-making should not distract us from the reality of death. The geriatric care manager, the older adult and the military family need to understand that the dying process is often very complicated and that every contingency cannot be anticipated. A parent’s perspective might change once the dying process begins. Opportunities for communication during the dying process might appear and then disappear, only to reappear again.

The “right to die” issue generally refers to an individual’s right to determine whether unusual or “heroic” measures should be taken—normally involving expensive and mechanical means of life support—to prolong life in situations when death is almost certainly inevitable, if not imminent. Though most medical professionals and state statutes do not condone the deliberate, unnatural taking of life, allowing the natural process of death to run its course is not necessarily wrong when life can only be sustained by extreme medical measures. Familiarity with legal documents and

options is critical in formulating a plan in this area, both personally and in discussions with elderly loved ones. Advance directives can help insure elderly loved ones that their wishes will be followed if they should become incompetent or otherwise unable to contribute to health care decisions. Acknowledging the need to develop a plan of action in this area, with the elderly patient and the family, involves recognition of an older person’s right to refuse extraordinary means if they so desire.

If you choose to talk about many of the legal issues and legal documents associated with aging with older adults, acknowledge that you are going to be talking about life and death matters. In addressing these complicated issues, priority needs to be given to the sensitivities and dignity of the elderly person. Discussion should never be forced or coerced. Geriatric care managers and other professionals might suggest that the discussion is really aimed at empowering the elderly person with as much “say so” as possible in determining future actions. In general, it is probably best to openly acknowledge the issue of death. Rather than talking about the legal documents in a sterile, official manner, be sensitive to the topic being discussed. You might say, “Some of the legal documents we are going to discuss could affect how you will be treated if you became seriously ill and unable to talk about your wishes.”

### Hospice

When a cure is no longer possible, hospice provides the best in medical, nursing, emotional and spiritual care available. Hospice supports families who care for the dying at home. At the center of the hospice philosophy is respect for the decisions of each older person and family member. Hospice is not about *dying*; hospice is *living* every moment fully. Whenever possible, hospice care is offered at home; however, care can be provided in older-person hospice centers, and in special units in hospitals and nursing homes.

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A coordinated team of professionals that includes a physician, nurse, home health aid, bereavement counselor, spiritual counselor and social worker provides hospice care. A volunteer is available to help with errands, chores or relief for the family. To help family members heal, hospice bereavement counselors are prepared to remain with the family for at least a year after the death.

One of the blessings of a terminal illness spent at home is that it gives the dying person time to reflect on his or her life, to make peace, to ask forgiveness if necessary and to say goodbye to loved ones. This is impossible if there is intractable pain or if the mind is clouded by pain medication.

Hospice workers assist in pain management for the dying person and by supporting the family. Hospice has allowed many people to experience a "good death." A military family might need to rely even more heavily on the services offered by hospice in timing their emergency leave to coincide with their parent's wishes and needs.

### Final Arrangements

The most effective way to ensure that funeral and burial wishes are fulfilled is to make them known. The geriatric care manager can help the

older adult communicate their funeral and burial wishes to their family. These requests may include: funeral or memorial location, officiants and participants, eulogies, sermon, music, scripture, poems, special requests (hair stylist, clothes, open or closed casket), wishes for remains (cremation, burial, donation of organs or body), people to contact and the desire for charitable contributions in lieu of flowers.

**"One of the blessings of a terminal illness spent at home is that it gives the dying person time to reflect on his or her life, to make peace, to ask forgiveness if necessary and to say goodbye to loved ones."**

spiritual/religious and well being needs. Though in many ways, a military family is like any other family who lives a long distance from their parents. However, military personnel are often more limited in securing time off from work. Helping military families complete some of the spiritual and emotional tasks described may provide them and their aging parents with both assurance and provision for negotiating future challenges.

### Summary

This brief overview demonstrates how paying attention to older adults' spiritual and religious belief systems and their emotional well being can assist the geriatric care manager in helping older adults cope with issues of aging. Researchers have found that older adults feel more secure when they know that their health care providers are approaching their care holistically by addressing not only attending to their health needs but their

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## Spiritual and Emotional Well Being Tasks Associated with Elder Care

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# Helping Military Families Establish a Medical Care Plan for an Elderly Parent

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## Introduction

Health and medical care issues are major components of a comprehensive family care plan for the aging parent (Parker, Call, Dunkle & Vaitkus, 2002; Parker, Call, Toseland, Vaitkus & Roff, in press). An overall understanding of the interaction of normal aging and disease with the preventive, therapeutic and palliative interventions of the medical care system in the United States facilitates the creation of the best possible medical care plan. Establishing a comprehensive family care plan for the parent of a military member (or the member's spouse) is the central theme of this special issue, and this article focuses on the core requirements for the health and medical components of this plan.

Good medical care for the elderly parent typically requires a focus on the maintenance of functional independence in the presence of chronic and age-related disease (Baker, Clair, Yoels & Allman, 2000). Factors that must be considered include: the expectation of multiple disabilities, some of which may not be immediately observable (see Table 1);

the limited physiologic reserve of the older adult, atypical presentation of disease, and management rather than cure as the goal (Hazzard & Bierman, 1994). A primary medical objective is to meet the on-going health care needs of an elderly patient without incurring adverse consequences (e.g., premature nursing home placement or preventable medical errors), while allowing the aging parent to enjoy as normal a life style as possible (Kane, Ouslander, & Abrass, 1999).

based on their disease severity and concomitant physical, mental and medical conditions and variations in socio-economic resources.

Long term care (LTC) refers to a range of services that address the needs of aging individuals who lack some capacity for self-care. These services are based upon demonstrable needs (usually measured by some index of functional capacity), may be continuous or intermittent, and are delivered for various periods of time.

LTC typically does not involve high-tech medical care (Quadagno, 2002); it can include assisted living, home health, nursing home and hospice or palliative care. Long term care is provided predominantly by the informal support network of family, friends and neighbors.

In 2000, 10 million people over the age of 65 (approximately 30 percent) needed assistance to remain in their community, and 14 percent of people over the age of 65 required the help of another person to assist with activities of daily living

(ADLs) (Hooyman & Kiyak, 2002; Administration on Aging, 2002). For each person in a nursing home, there are nearly twice as many equally disabled persons living in the community (Riekse & Holstege, 1996) – primarily due to the efforts of family and friends.

Most professionals and practically all elderly persons agree that living independently is preferable to life in a nursing home and for most individuals nursing home placement

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## T A B L E 1

### The "I's" of Geriatrics (Kane, Ouslander, and Abrass, 1994)

- Immobility.
- Instability (falls & gait disorders).
- Incontinence (fecal & urinary).
- Intellectual impairment (delirium & dementia).
- Impairment of vision and hearing.
- Irritable colon.
- Inanition (malnutrition).
- Impecunity (poverty).
- Iatrogenesis (medical errors).
- Insomnia (sleep disorders).
- Immune deficiency.
- Impotence.
- Isolation (depression).

Good medical care requires a synthesis of emotional, social, and spiritual attention in the form of an assessment of the parent's functional status and needs (Parker, Baker & Allman, 2002; Crowther, Parker, Koenig et al., 2002; Koenig, 1999). In general, functional status refers to what a person can do. Two people with the same medical diagnosis may differ in functional ability. One individual may maintain an active life and independent residence while another may live a dependent life in a nursing home; the sole difference

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should be the last resort (Kart & Kinney, 2001). Optimum parent care requires the participation of professionals representing several disciplines (Parker et al, in press). A major challenge is helping these professionals maintain good communication and coordination so that duplication of errors are avoided and better health outcomes are achieved. Typically, a primary care physician provides leadership in the coordination and implementation of this care plan and is the aging parent's "health care quarterback." It is important to note that many medical activities and treatments fall under the purview of non-physician health care providers who have special skills and training (Parker, Bellis, Harper, Bishop, Moore, Thompson & Allman, 2002). Moreover, the medical plan for an aging parent must be monitored and adapted over time, continually assessing the functional status and needs of an aging parent, and addressing any identified deficits (Parker, Baker & Allman 2002).

### Medical Tasks

Some elderly parents may resent the implication that they are unable to oversee their own health care, and family members need to emphasize that completing the medical tasks benefits both generations. This is very important for military members because the realities of military service often complicate efforts to support elderly parents. Successfully completing these medical tasks will help ensure that the military member will be able to meet critical military duty requirements, while minimizing avoidable

parental health crises that might complicate military training or deployment requirements.

It is important to encourage family members to involve their elderly parent(s), as much as possible, in completing the medical tasks listed in Table 2. The military family should be encouraged to seek assistance in the completion of these tasks from the parent's primary care physician, geriatric care manager and other health care professionals. Completion of these tasks will enable the family and the aging parent to identify areas in need of attention (Parker et al, in press). Health care professionals can assist the family and the aging parent in completing these tasks and the Internet resources referenced for each task should be shared with family members and their parent as appropriate (Table 3).

**Task 1.** A Comprehensive Geriatric Assessment (CGA) includes a complete medical history and

physical examination and other important assessments (Table 4). A geriatric team led by a physician (usually a family physician or internist) trained and/or experienced in geriatric care, conducts this assessment. In many cases, it is helpful for the primary care physician to be the same doctor who conducts the CGA. Alternatively, if a geriatrician (a physician with special training and certification in the care of older adults) conducts the CGA, he or she may serve as a consultant to the parent's primary care doctor.

The outcome of this assessment serves as an invaluable barometer of the parent's status and helps in the development of a long term plan and provides a context for assessing any change in the parent's future health status. The findings may indicate that plans need to be made to insure the parent's safety and well being, such as making new housing arrangements

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T A B L E 2

### Medical Task List

*Note: tasks refer to actions that the caregiver takes on behalf of the aging parent.*

- Task 1** Understand what a geriatric assessment is, and discuss and determine with your care recipient how involved or knowledgeable they would like for you to be about their functional status, health conditions and overall medical profile.
- Task 2** If your care recipient permits involvement, make an appointment to follow up by phone or in person with all medical specialists involved in their care to identify and monitor his/her health status.
- Task 3** Keep a log of information acquired from phone discussions or visits.
- Task 4** Establish whether your care recipient has a primary care physician and discuss with their doctor the possible need for a geriatric specialist; obtain recommendations.
- Task 5** Compile a list of your care recipient's health care providers with addresses and telephone numbers.
- Task 6** Compile, or assist your care recipients in compiling, a list of current medications and medical records.
- Task 7** Verify that your care recipients primary care physician or pharmacist is maintaining oversight of all medications prescribed.
- Task 8** List local emergency service providers – names, addresses and telephone numbers.
- Task 9** Compile information concerning types of medical care available locally to older adults to promote successful aging practices (e.g., age-graded exercise programs).
- Task 10** Review illnesses, conditions (including dementia & depression) specific materials (books, websites, periodicals) for awareness for intervention needs.

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or getting in-home assistance. According to AARP, "An assessment could lead to solving problems and helping a parent remain independent longer," through an appropriate exercise program. A good medical care plan can result in fewer accidents or falls, less illness, a longer life, more quality of life, and greater independence" (AARP, 2003). Helping family members talk with the parent about these matters is critical in arriving at optimum decisions.

Prior to the CGA (or a visit to a new healthcare provider) a family member should attempt to track the parent's past and current major illnesses, conditions and surgeries (see Parent Medical Information in Table 5), including the information on allergies and adverse medication reactions. Each time the parent is scheduled for an evaluation, a family member should compile a list of symptoms or complaints (see Symptoms & Complaints in Table 5) and a family member should be encouraged to work with the parent to keep this information current.

**Task 2.** Help the family to review the log generated in Task 1. If warranted, family members should make an appointment for a phone conversation with their parent's health care provider(s) (Table 6). Family members should ask if there is a fee involved, and inquire whether they need a "Release of Medical Information" signed by the parent/or and notarized before the communication can take place.

**Task 3.** Assist the family to establish and maintain a longitudinal record to track their parent's encounters with healthcare providers (Table 6).

**Task 4.** Help the family locate an excellent primary care physician in the community where their parent resides. In some cases, a specialist (e.g., a cardiologist for older adults with heart problems or an endocrinologist for

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T A B L E 3

### Web Resources

TASK NO.	WEB RESOURCE
1.	<p>Tips: Talking to the Hard-of-Hearing  <a href="http://www.aoa.dhhs.gov/elderpage/hohtips.html">www.aoa.dhhs.gov/elderpage/hohtips.html</a></p> <p>Sleep Diary  <a href="http://www.sleepfoundation.org/publications/sleepdiary.html">www.sleepfoundation.org/publications/sleepdiary.html</a></p> <p>The Merck Manual of Geriatrics  <a href="http://www.merck.com/pubs/mm_geriatrics">www.merck.com/pubs/mm_geriatrics</a></p>
2.	<p>How to Talk to Your Doctor(s) about Sensitive Subjects  <a href="http://www.agelessdesign.com/nl/vol18/DoctorTips2-Summer02.htm">www.agelessdesign.com/nl/vol18/DoctorTips2-Summer02.htm</a></p> <p>Tips for Talking with Your Doctors  <a href="http://www.agelessdesign.com/ml/vol118/DoctorTips1-Summer02.htm">www.agelessdesign.com/ml/vol118/DoctorTips1-Summer02.htm</a></p> <p>Care Guide / Health &amp; Well-Being - Communicating With Your Aging Parent's Physician  <a href="http://www.careguide.net/Careguide/healthwellbeingcontentview.jsp?ContentKey=1028">www.careguide.net/Careguide/healthwellbeingcontentview.jsp?ContentKey=1028</a></p>
4.	<p>How to Talk to Your Doctor(s) about Sensitive Subjects  <a href="http://www.agelessdesign.com/nl/vol18/DoctorTips2-Summer02.htm">www.agelessdesign.com/nl/vol18/DoctorTips2-Summer02.htm</a></p> <p>Tips for Talking with Your Doctors  <a href="http://www.agelessdesign.com/nl/vol18/DoctorTips1-Summer02.htm">www.agelessdesign.com/nl/vol18/DoctorTips1-Summer02.htm</a></p> <p>CareGuide   Health &amp; Well-Being - Communicating With Your Aging Parent's Physician  <a href="http://www.careguide.net/Careguide/healthwellbeingcontentview.jsp?ContentKey=1028">www.careguide.net/Careguide/healthwellbeingcontentview.jsp?ContentKey=1028</a></p> <p>CareGuide   Care at Home - Geriatric Care Managers: Expertise for Care Planning  <a href="http://www.careguide.net/Careguide/careathomecontentview.jsp?ContentKey=866">www.careguide.net/Careguide/careathomecontentview.jsp?ContentKey=866</a></p> <p>National Association of Professional Geriatric Care Managers  <a href="http://www.caremanager.org">www.caremanager.org</a></p>
7.	<p>AARP Webplace / Wise Use of Medications  <a href="http://www.aarp.org/wiseuse">www.aarp.org/wiseuse</a></p> <p>CareGuide   Health &amp; Well-Being - Drug Therapy and the Elderly  <a href="http://www.careguide.net/Careguide/healthwellbeingcontentview.jsp?ContentKey=1493">www.careguide.net/Careguide/healthwellbeingcontentview.jsp?ContentKey=1493</a></p> <p>National Council on Patient Information and Education (NCPIE), 666 11th Street NW, Suite 810, Washington, DC 20001, (202) 347-6711.  <a href="http://www.aoa.dhhs.gov/aoaldir/151.html">www.aoa.dhhs.gov/aoaldir/151.html</a></p> <p>A cooperative effort of the National Institute on Aging and the Administration on Aging, the National Council on Patient Information and Education is committed to improving communication between health care professionals and patients about prescription medicines.</p>
10.	<p>MEDLINEplus Health Information from the National Library of Medicine  <a href="http://www.medlineplus.gov/">www.medlineplus.gov/</a></p> <p>The Merck Manual of Geriatrics  <a href="http://www.merck.com/pubs/mm_geriatrics">www.merck.com/pubs/mm_geriatrics</a></p> <p>National Association of Professional Geriatric Managers  <a href="http://www.caremanager.org">www.caremanager.org</a></p> <p>American Geriatrics Society Inc.            70 Lexington Avenue, Suite 300, New York, NY 10021, (212) 308-1414.  <a href="http://www.americangeriatrics.org">www.americangeriatrics.org</a></p> <p>This organization emphasizes research and publication in the medical aspects of aging.</p> <p>Caring Concepts            793 Duncan Reidville Road, Duncan, SC 29334, (800) 500-0260.  <a href="http://www.caringconcepts.com">www.caringconcepts.com</a></p> <p>Family Caregiver Alliance            425 Bush Street, Suite 500, San Francisco, CA 94108, (415) 434-3388.  <a href="http://www.caregiver.org">www.caregiver.org</a></p> <p>FCA is a nonprofit organization that assists family caregivers of adults suffering from memory loss as a result of chronic or progressive brain disorder. Its home page has much useful material for any caregiver, including individual fact sheets.</p> <p>National Institute on Aging (NIA)            Building 31, Room 5C27, 31 Center Drive, Bethesda, MD 20892, (301) 496-1752.  <a href="http://www.nih.gov/nia">www.nih.gov/nia</a></p> <p>Part of the National Institutes of Health. Funds scientific research on basic mechanisms of aging and diseases related to aging, as well as behavioral and clinical studies of aging.</p>

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someone with diabetes) may fulfill the role of primary care physician. Determine if the doctor is board certified by the American Board of Family Practice (ABFP) or the American Board of Internal Medicine

(ABIM). Always select a physician willing to talk to a family representative, answer questions, respond to phone calls and make appropriate referrals – i.e., coordinate specialty care.

A referral to a geriatrician for a CGA may be particularly helpful if the aging parent has memory problems, is prone to falling, is incontinent, takes multiple medications, exhibits other geriatric syndromes or has transitions

in health that may indicate a change in living arrangements. Some family physicians and internists have earned a Certification of Added Qualifications (CAQ) in geriatrics, the care of older adults, from ABFP or the ABIM and these physicians will be able to conduct a CGA. Information on board-certified family practitioners, internists, and geriatric-trained doctors can be found on the Internet ([www.abfp.org](http://www.abfp.org) and [www.abim.org](http://www.abim.org)) and the American Geriatrics Society has a website with information and multiple links that may be helpful ([www.americangeriatrics.org](http://www.americangeriatrics.org)). It is important to encourage family members to look for doctors who exhibit two primary principles indicative of good geriatric care: they avoid dismissing treatable conditions as natural consequences of aging, and they avoid treating natural aging processes as diseases that need medications or cures. Problems can occur when doctors fail to diagnose a treatable condition because they attribute the problem to old age, and when doctors over react to a normal sign of aging with a battery of unnecessary tests that create new medical problems (Kane, Ouslander, & Abrass, 1994).

Family members may be able to note a change in an older adult's function, what he or she can do, and their life-space mobility. Life-space mobility is defined by where and how frequently the person moves around in his or her environment and whether or not assistance is required from another person or equipment to carry out such movement. Life-space can be defined as movement within one's home, neighborhood, town or even out of town. If an older adult begins to experience changes in life-space or life-space mobility (i.e., reductions in the distance or frequency traveled or increases in need for assistance), this may identify an older adult at risk. This should prompt a reassessment by the primary care physician or consulting geriatrician (Baker, Bodner & Allman, in press). Such declines in life-space or life-space mobility can be a marker for treatable medical conditions, indicate the need for rehabilitation or an exercise program or represent the requirement for additional social, emotional or other forms of support.

**Task 5.** Both the family and the  
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T A B L E 4

### Components of Comprehensive Geriatric Assessment (CGA)

- Psycho-social assessment (i.e., depression, substance abuse and social support)
- Medication review.
- Comprehensive physical exam (i.e., vital signs, sensory including ears and eyes, dental, skin, cardiovascular/pulmonary, abdomen/genitourinary, endocrine/metabolic, extremities, neurological, laboratory and radiological assessments as indicated).
- Mental status exam (baseline assessment).
- Environmental assessment.
- Housing adaptations and barriers.
- Life-space mobility.
- Spiritual assessment.
- Functional assessment (examines a person's capacity to perform a variety of tasks required for autonomy) includes Activities of Daily Living (ADLs), and Instrumental Activities of Daily Living (IADLs) (Kovar & Lawton, 1994).

### Assessment of Activities of Daily Living (ADLs)

- Assess whether the person can accomplish each activity independently, whether he or she needs partial supervision or assistance and whether he or she is fully dependent on others.
- Personal self-care.
- Feeding oneself.
- Bathing.
- Using the restroom.
- Dressing.
- Mobility: able to move from bed to a standing position or to a chair (transfer), able to walk (with or without assistive devices)(ambulation) or use a wheelchair.

### Assessment of Instrumental Activities of Daily Living (IADLs)

Assess whether the person can accomplish each activity necessary to manage his or her living environment independently or whether he or she is dependent on others.

Within the home:

- Cooking.
- Cleaning.
- Laundry.
- Management of medications.
- Management of telephone.
- Management of personal accounts and money.

Outside the home:

- Shopping for food, clothing, drugs, etc.
- Use of transportation to travel to necessary and desired activities (e.g., physician's appointments, religious and social events)

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parent should have a complete listing of the parents' health care providers (See Table 6).

**Task 6.** Both the family and the parent should have a complete listing of the parents' medications as well as emergency phone

numbers (See Table 6).

**Task 7.** The parent may have more than one doctor writing prescriptions. The primary physician may not know the medicines other doctors have given, and problems can be caused by drug-to-drug interactions (e.g., even eye drops or herbs). Have all prescriptions filled at the same pharmacy. The pharmacist can help keep track of medications and "catch" potential problems. The parent (or supporting family member) should

take a copy of the list in Task 6 with them to every medical appointment and pharmacy visit. Each medical professional should have a current copy of the list in the parent's record (Cook & Moore, 1999).

**Task 8.** Assist the family in helping their aging parent develop a plan for health care emergencies. See that the parent posts important numbers next to their bed and next to each telephone (Table 6) (Cook & Moore, 1999).

**Task 9.** Help the family encourage the parents to take control of their own aging. The parent needs to be a participant in determining the quality of his or her own late life, as healthy aging requires a physical, mental, emotional, social, and spiritual exercise program (Table 7). Genetic factors account for less than one-third of the variance in how long a person lives, while approximately two-thirds of the variance can be attributed to life style factors (Finch & Tanzi, 1997). Knowing this fact can be empowering to an aging parent and their family. In working with the family, it is important to provide an operational definition of successful aging.

In summarizing years of research on the subject, Rowe and Kahn (1998) identified three components to successful aging, which they defined as attempting to avoid disease and disability, maximize cognitive and physical fitness, and remain actively engaged with life. Crowther and Parker, et al., (2002) expanded this model by suggesting the benefits of positive spirituality.

**Task 10.** Help the family become aware of potential medical problems of their aging parents. This will help them understand the need for and the results of the CGA discussed in Task 1 and Task 4. Remind the family of the occurrence of geriatric syndromes as well as disease diagnoses (identified by Kane, Ouslander, and Abrass, 1994), as a series of "I's" (Table 1).

Rosalynn Carter, in the appendices of her book, *Helping Yourself Help Others, A Book For Caregivers*, provides many condition- and illness-specific resources, references and organizations. Encourage the family to access Internet information provided by the National

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T A B L E 5

### Parent Medical Information\*

#### Medical History

Date: \_\_\_\_\_ Illness / Condition: \_\_\_\_\_

Treatment (include surgery): \_\_\_\_\_

\* Suggestions: You should be specific and get as much information as you can about all major illnesses and conditions, especially if your parent has/had several conditions or medications, or has had major surgery. If you are not sure if an illness/condition is important enough to record, write it in anyway. For "Date," put the date your parent first knew of this condition. If your aging parent doesn't know for sure, ask them to get an approximate date - for example, "about age 12" or "Spring 1998." For "Illness/Condition," put the name of the illness/condition - for example, "high blood pressure" or "diabetes." For "Treatment," record what your parent is taking - for example, lisinopril or insulin, or what your parent is doing, such as "diet, exercise or radiation or surgery, etc." It is crucial to record all herbs, vitamins and supplements your parent may use. Use more than one line for the condition where needed. So that current conditions can be easily distinguished, use a highlighter to emphasize them and mark through resolved illnesses or conditions with a single line.

#### Symptoms & Complaints\*\*

Symptoms: \_\_\_\_\_ Date Started: \_\_\_\_\_

Treatment(s): \_\_\_\_\_ Date Resolved: \_\_\_\_\_

\*\* Suggestions: Keeping this record not only is very valuable to those who evaluate your parent, it is also a way you can be responsible for and involved in taking care of your parent. Be specific - even about the "little" things. If something is "chronic" or ongoing - note that - and the approximate date/year in the "Date Started" column. Help your parent relate their symptoms, how long the symptoms have been present, what your parent has been doing to treat the problems, and whether or not the treatment has helped. Though you might think all this writing is "overkill," if and when your parent's health status deteriorates, you will have the information necessary to help your parent's health care professionals provide the most effective care in the most efficient manner.

#### Allergies \*\*\* (Cook & Moore, 2002)

Date: \_\_\_\_\_ Allergy: \_\_\_\_\_

Reaction: \_\_\_\_\_

\*\*\* Suggestions: Help your parent be specific, especially if your parent has several allergies. For "Date," put the date your parent first knew of this allergy. If they don't know for sure, help them to establish an approximate date; for example, "about age 12." For "Allergy," help your parent put the name of the drug, food or environmental substance; for example, "penicillin," "shrimp" or "feathers," etc. For "Reaction," help your parent identify what happens when they come in contact with or are exposed to it; for example, "nausea/vomiting" or "rash" or "shortness of breath," etc.

## Helping Military Families Establish a Medical Care Plan for an Elderly Parent

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Institutes of Health ([www.health.gov/nhic/AlphaKeyword.htm](http://www.health.gov/nhic/AlphaKeyword.htm)) or the MedlinePlus Consumer Website ([www.medlineplus.gov](http://www.medlineplus.gov)). Both sites provide disease-specific, continuously updated, free information designed for parents and their families.

## Summary

To organize the medical aspects of a parent care plan, family members need to understand the types of medical problems their elders may encounter and how health care is provided to older persons in the United States. Family members need to work with their aging parent, their parent's primary care physician and the other members of the geriatric care team to prioritize those tasks considered most important. Finally, the

family and aging parent need access to information that will aid them in completing these tasks and in making decisions that will enhance the quality of life for their aging parent. All of these tasks represent unique challenges for most military members and their spouses. While often challenging, helping a military family establish a comprehensive and workable medical care plan for an elderly parent is an important and rewarding experience for any human services provider.

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T A B L E 6

### Health Care Provider Information\*

#### Phone Calls with Health Care Providers

Doctor's name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_

\* *Suggestions:* For this sheet, help your parent begin by listing their primary physician – “family doctor” or “internist,” etc. Then, list all other doctors or health team members seen. You may want to star or highlight the specialist that they see frequently, such as a cardiologist, oncologist or surgeon. Be sure to include the eye doctor, podiatrist, dermatologist, etc.

#### Visits with Health Care Providers

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of \_\_\_\_\_ Prognosis / Diagnosis / Comment:  
(Name / Specialty) \_\_\_\_\_ Number: \_\_\_\_\_  
Next Visit: \_\_\_\_\_

#### List of Health Care Providers

Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_  
Location: \_\_\_\_\_ Nurse: \_\_\_\_\_  
(Name / Specialty): \_\_\_\_\_ Number: \_\_\_\_\_

#### Current Medications\*\*

Name of \_\_\_\_\_ Reason for \_\_\_\_\_  
Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Prescribed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Refillable? \_\_\_\_\_ Taking Medicine: \_\_\_\_\_

\*\* *Suggestions:* Insure that your parent lists *all* current medications - including medications from the eye doctor, laxatives, vitamins, herbs, supplements, and other over-the-counter medications their parent may take. Help them to keep this list current. Use more than one line for a medication if needed - for example, “Coumadin 5.0 mg on Monday, Wednesday, Friday, Sunday; and 2.5 mg on Tuesday, Thursday, Saturday,” and use a single line to mark through discontinued medicines. Assist your parent to remain medically compliant with their prescribed medications. If your parent has a problem with a medicine or compliance, encourage them to contact their doctor. If you are not sure that your parent understands how to take the medication, encourage them to ask a doctor, nurse, or pharmacist. Instruct your parent not to take other people's medications. Let them know there are many drug interactions that can cause unexpected problems. Remember, keeping the list current is one of the best ways you can help in the overall medical care plan. *Note:* An increased number of medications (four or more) has been found to predict falls (Tinetti, Baker, McAvay, Claus, Garrett, Gottschalk, et al., 1994). A review of medications by your parent's primary care physician and pharmacist is essential.

#### Emergency Phone Numbers (Cook & Moore, 2002)

- Emergencies (medical, fire, or police; example: 911).
- Physician, hospital, specialists (cardiologist, surgeon, etc.).
- Home health or hospice agency (if currently serving).
- Poison control center.
- Medical equipment supplier (if equipment or oxygen in the home).
- Family member/friend to call in case of emergency (name and relationship, home and work phone numbers).
- Pharmacy name, location and phone number.

T A B L E 7

### Successful Aging Practices

- Encourage a healthy attitude.
- Encourage consistent exercise.
- Facilitate social interaction.
- Promote psychological health.
- Encourage a healthy diet.
- Encourage supplements and hydration.
- Eliminate compromises to health.
- Monitor medication.
- Support the physician.
- Encourage spirituality.
- Accentuate the positive and the funny.
- Inquire at the local YMCA and senior citizens center for senior programs.

## Helping Military Families Establish a Medical Care Plan for an Elderly Parent

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# Family-Social Tasks in Long Distance Caregiving

*By Lucinda Lee Roff, Ph.D., LCSW, Ronald Toseland, Ph.D., James A. Martin, Ph.D., BCD, Claudia Fine, MSW, MPH, CMC, and Michael Parker, DSW, BCD, LCSW*

## Authors' Note:

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## Introduction

The lifetime costs of military service and the military lifestyle are not well understood. This is particularly true for military families when consideration is given to the tremendous growth in America's aging population and the rapidly growing concerns among adult children who maintain contact with their aging parents from a distance (Climo, 1992; Parker, Call, Toseland, Vaitkus, & Roff, in press; Parker, Fuller, Koenig, Vaitkus, Bellis, et al., 2001). Adult children who live far from their parents may ultimately face the prospect of elder care with the complication of geographical separation, or their aging parents may confront them with critical decisions that involve a geographical move following a health crisis.

Research with military families and national survey work by the National Council on Aging suggests maintaining contact and providing care from a long distance is a growing challenge for American families (NCOA, 2000; Parker, Call, Dunkle, & Vaitkus, 2002; Parker, Call, & Barko, 1999). Approximately seven million family members provide long distance care to their elders, and these numbers are expected to double in 15 years (NCOA, 2000). Military families represent the most stable members of this group, yet little has been done to assist them. The purpose of this

article is to provide geriatric care managers and other health care professionals with information and resources to assist military families as they prepare for the eventualities associated with the developmental task of parent care. Typically, this care is provided by military families from a great distance. In three separate studies of senior military officers, over 90 percent lived more than 300 miles from their parents (Parker, Call, & Barko, 1999; Parker & Call, 2001; Parker, Roff, & Toseland, 2003). While the focus of this special journal issue is on military personnel and their families, much of the information provided in this article can be applied to both military and non-military families who live long distances from their parents.

Human service professionals typically work with military personnel in one of two circumstances. Military members and their spouses may be the long distance, primary caretakers for their parents, and they may engage the services of a health care professional (e.g., a geriatric care manager) that lives in the elder's home community to help with parent care. In this situa-

tion, the primary form of contact with the care manager is by telephone or e-mail. Typical long distance caregiving issues are made more complex when military families experience reloca-

tions, frequent deployments and other duty demands that may make it difficult for the military member (or family member) to react to an emergency situations or to respond to more chronic problems that require sustained assistance (Martin & McClure, 2000).

In other circumstances, the military member is not the primary caregiver. Rather, the military member is one of many family members involved in developing or carrying out a parent care

plan. Here, the care manager's job is to help the military member find a comfortable and appropriate role in parent care—a role he or she can play at a distance and that is acceptable to the older parent and deemed fair by other family caregivers.

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***"While the focus of this special journal issue is on military personnel and their families, much of the information provided in this article can be applied to both military and non-military families who live long distances from their parents."***

## Family-Social Tasks in Long Distance Caregiving

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The geriatric care manager needs to be aware of some of the special family dynamics that may be involved when an adult child is a military member or a military family member. Care managers need to be alert to how the military member is perceived by other family members, and to what they can realistically do to help families organize for parent care. Is the military member considered the natural leader or the inappropriately bossy outsider? Is there rivalry among the siblings about who should have primary responsibility for decision-making? Is there resentment of the military member who comes into town a few times a year and tries to tell everyone how to handle things? These and similar issues will affect the

tenor of family conferences concerning parent care.

The premise of this article is that military members (and their spouses) have a special responsibility to engage proactively in parent care. This responsibility is consistent with the notion of individual military preparedness, a hallmark of military service. Preparedness is required because of military duties and military career requirements may make it difficult for military members to assume care responsibilities for their parents or in-laws in the same way as their civilian counterparts. Military men and women typically have no choice about where they reside, and they are invariably stationed long distances from their home communities and extended families. In these circumstances, providing parents with regular daily assistance is impossible.

Travel costs and available leave time necessitate careful planning in scheduling “trips home.”

It is usually unrealistic for a military member’s parent to move in temporarily or even on a long term basis because of the frequent relocations and the constraints of base housing. Therefore, military members, even more so than their civilian counterparts, need to give careful attention to the familial/social tasks associated with elder care long before their parents show any signs of needing help from the younger generation. Thoughtful planning with parents, siblings and other family members is critical to this process. For the military member, this represents an important aspect of their personal military readiness plan.

Early awareness and attention to elder care issues is important for

younger military members who have been reared in grandparent-headed households or by other relatives who are now approaching their sixties or seventies. These younger persons, in their twenties and thirties, may be expected to assume primary caregiving responsibilities for elders in their families (or will have developed that expectation based on their strong childhood and adolescent bonds with their grandparent).

Tables 1, 2, and 3 present three sets of related tasks for organizing family parent care. The first set of tasks involves the military member’s sharing information with his/her parents about normal age-related changes and preparations for

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T A B L E 1

### Family-Social Tasks: Preparing for Normal Age-Related Changes and Emergencies

Task	Specific Content of Each Task	Web Resources
Task 1	Encourage and assist your parent in organizing personal information that will be needed in crisis situations as well as for medical services, support services, and facilities and store in fireproof location.	<a href="http://www.aarp.org/confacts/lifeanswers/gathering.html">www.aarp.org/confacts/lifeanswers/gathering.html</a> <a href="http://www.caregiver.org/work&amp;eldercare/papers.html">www.caregiver.org/work&amp;eldercare/papers.html</a>
Task 2	Make sure that you know the name, address, e-mail and phone number of at least three people who live near your parents and whom you could telephone if you could not reach your parents. Make sure that these people have your work, e-mail, and home phone numbers, and identify who would immediately phone you in case of a problem with your parents.	
Task 3	Be aware of specific strategies to help your parents age successfully: avoid disease and disability, maximize their physical and cognitive fitness, remain actively engaged with life, and grow spiritually. This includes provision for nutrition, exercise, social interaction, intellectual stimulation, emotional well being, and spiritual nourishment and growth.	<a href="http://www.nia.nih.gov/exercisebook">www.nia.nih.gov/exercisebook</a> <a href="http://www.mayoclinic.com">www.mayoclinic.com</a> <a href="http://www.eatright.org">www.eatright.org</a>
Task 4	Thoroughly familiarize yourself with the full range of home health and social service resources available in your parents’ home community.	<a href="http://www.eldercare.gov">www.eldercare.gov</a> <a href="http://www.caregiver.org/factsheets/community_care.html">www.caregiver.org/factsheets/community_care.html</a> <a href="http://www.aarp.org/confacts/caregive/parentshome.html">www.aarp.org/confacts/caregive/parentshome.html</a>

## Family-Social Tasks in Long Distance Caregiving

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emergencies. These tasks are appropriate for all families that want close contact between the generations and a high level of preparation for future contingencies. The second set of tasks is a series of conversations about caregiving values and wishes. These family conversations should be intergenerational and include parents, siblings and other relatives likely to be involved in parent care. The third set of tasks flows logically from the second and involves specific planning for a variety of possible parent care needs. Most relate directly to practical issues that arise when a parent is unable to manage independently, either temporarily or on a long term basis. Ideally, a geriatric care manager will be able to help military members complete these tasks well before unanticipated crisis forces hasty actions.

### Preparing for Normal Age-Related Changes and Emergencies

Midlife is a time when adults need to take an active role in locating and exchanging a variety of different kinds of information with their parents. The information to be shared and discussed together includes basic personal information useful in a crisis, emergency contact information, information about how to age successfully and maximize health and fitness, and information about community health and social service resources (See Tasks 1-4, Table 1).

Sharing emergency information with close relatives can save valuable time in a crisis. Military members are likely to have experience with this task—updating and sharing personal information is part of the long “to do” list recommended for all military families when they relocate or deploy. Geriatric care managers should encourage military members to regularly update their parents with emergency information about themselves, and request that their parents reciprocate by organizing their own complete personal information and making it available to the adult child. Cook and Moore (1999) recommend that adult children work with their parents to put together all information concerning full names, birth certificates, social security numbers, photocopies of insurance and Medicare cards, mortgage or landlord information, bank account and credit

card numbers, special information about pets, location and keys for safe deposit box and other similar important information. Wills, trusts, health care proxies and other advance directive information should also be included if they are available. A copy of this information should be in a fireproof location, and the adult child should know how to access the information in case of an emergency (Task 1).

As part of the same information exchange process, the adult child should have the names and phone numbers of trusted people who live near the parent and who could be called upon to check on the parent if he or she couldn't be reached by phone (Task 2). Because of their frequent relocations, military personnel are well accustomed to the process

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T A B L E 2

### Family-Social Tasks: Family Conversations About Caregiving Values and Wishes

Task	Specific Content of Each Task	Web Resources
Task 5	Together with your spouse (if applicable), clarify your own values about where parents' care fits with your other life responsibilities.	<a href="http://www.aarp.org/confacts/caregive/longdistance.html">www.aarp.org/confacts/caregive/longdistance.html</a> <a href="http://www.caregiver.org/factsheets/work_eldercare.html">www.caregiver.org/factsheets/work_eldercare.html</a> <a href="http://www.lifelines2000.org/services/fam_support/index.asp?AttribID=726">www.lifelines2000.org/services/fam_support/index.asp?AttribID=726</a>
Task 6	Assess your relationship with your parents, siblings and/or other relatives who would realistically be an acceptable resource for your parents' care.	<a href="http://www.ec-online.net/Knowledge/Articles/ohbrother.html">www.ec-online.net/Knowledge/Articles/ohbrother.html</a> <a href="http://www.aarp.org/confacts/caregive/others.html">www.aarp.org/confacts/caregive/others.html</a>
Task 7	Discuss candidly with your siblings how division of labor might be shared in case your parents can no longer manage on his/her own; if you are an only child, identify other extended family members who might be able to help.	<a href="http://fcs.tamu.edu/Aging/siblings.htm">http://fcs.tamu.edu/Aging/siblings.htm</a>
Task 8	Call a family conference to formulate plans. Address who can and will do what, when, and how for your parents. If possible, enlist the help of a mediator or facilitator for this conference.	<a href="http://www.caregiver.org/work&amp;eldercare/family_meeting.html">www.caregiver.org/work&amp;eldercare/family_meeting.html</a> <a href="http://www.howtocare.com/conversation2.htm">www.howtocare.com/conversation2.htm</a>
Task 9	Develop a plan that would allow your parents to remain safely in their home as long as possible. Evaluate the safety of your parents' current living situation (possibility of falls, isolation, scams). Employ strategies (e.g., panic-button service) and home enhancements to help prevent falls (e.g., take less than five medications, balance-related exercise, grab bars, etc.).	<a href="http://www.bobvila.com/Features/index.html?/Features/AccessibleDesign/AccessibleDesign.html">www.bobvila.com/Features/index.html?/Features/AccessibleDesign/AccessibleDesign.html</a> <a href="http://www.aarp.org/universalhome">www.aarp.org/universalhome</a>

## Family-Social Tasks in Long Distance Caregiving

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of sharing their new contact information with family and friends. It may be obvious whom to call if a parent has lived in the same community for many years, but it may not be so obvious if the parent moves to a new community or neighborhood, where the adult child may not know the parent's new friends or neighbors well. For many, it is important to know the name and telephone number of their parent's spiritual advisor. To avoid any misunderstandings, it is best if the adult child and parent try to come to an agreement about whom the adult child should call if there are concerns about the parent's well being. Military personnel should be sure that their own up-to-date contact informa-

tion is posted prominently near the telephone in the parent's home or is otherwise readily available.

Task 3 emphasizes the importance of preparing for the later years by engaging in healthy behaviors throughout the life course. Adult children can help themselves as well as their aging parents by becoming aware of how exercise, good nutrition, avoidance of health risk behaviors (smoking and excessive use of alcohol), positive social interaction, intellectual stimulation and spiritual nourishment contribute to successful aging (Rowe & Kahn, 1998; Crowther, Parker, Koenig, Larimore & Achenbaum, 2002). Even at a distance, military personnel can share this information with their parents. One strategy may be to ask one's parent to be a partner in changing or improving a health behavior. For

example, both parent and child could begin a regular walking program and compare notes on their progress when they talk on the telephone or correspond via e-mail.

In preparation for future needs, adult children and their parents can explore the health and social service resources in the parent's community (Task 4). Local geriatric care managers can be helpful in identifying programs and services that might meet current or future needs. Some elders may want to take advantage of resources they learn about that they are not currently using. For others, it may be useful simply to know what is available if the need arises. Military caregivers, particularly those who live at a distance, gain knowledge about community resources that they can use in the future. Caregivers and older adults often report that it is

comforting to know that resources exist (including a care manager who can guide the older adult and children to the best resources to meet their needs), even if they are not needed immediately.

### Family Conversations about Caregiving Values and Wishes

Adult children are often forced to make difficult decisions about the priority they place on helping parents because helping can conflict with career and family needs and responsibilities. Unfortunately for military personnel, career and active involvement in parent care are not easily combined. Military personnel rarely reside in the communities

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T A B L E 3

### Family-Social Tasks: Planning Strategies to Meet Parent Care Needs

Task	Specific Content of Each Task	Web Resources
Task 10	Provide strategies for possible crises (e.g., health event, break-in, and natural disaster).	<a href="http://www.redcross.org/services/disaster/beprepared/seniors.html">www.redcross.org/services/disaster/beprepared/seniors.html</a> <a href="http://www.redcross.org/services/disaster/beprepared/familyplan.html">www.redcross.org/services/disaster/beprepared/familyplan.html</a>
Task 11	Discuss with your parents the possibility that at some point it may be unwise for him/her to continue driving and ask how your parents would like you to take action if you perceive he or she should no longer drive. Identify local or regional driver education programs for seniors (AAA, AARP) that can reduce the costs of auto insurance when completed and identify medical driver education and evaluation programs.	<a href="http://www.aarp.org/55alive">www.aarp.org/55alive</a> <a href="http://www.aoa.dhhs.gov/aoa/PAGES/AGE/PAGES/drivers.html">www.aoa.dhhs.gov/aoa/PAGES/AGE/PAGES/drivers.html</a> <a href="http://www.aarp.org/confacts/caregive/transportation.html">www.aarp.org/confacts/caregive/transportation.html</a>
Task 12	Identify signs of your parents' health that indicate when your parents can no longer live independently. Evaluate at regular intervals.	<a href="http://www.aarp.org/confacts/caregive/assess.html">www.aarp.org/confacts/caregive/assess.html</a>
Task 13	Identify evaluation criteria for a home care worker, geriatric care managers and other employed caregivers, and understand the employment process.	<a href="http://www.aarp.org/confacts/caregive/parentshome.html">www.aarp.org/confacts/caregive/parentshome.html</a> <a href="http://www.aoa.dhhs.gov/wecare/hire.html">www.aoa.dhhs.gov/wecare/hire.html</a> <a href="http://www.caregiver.org/factsheets/hiring_help.html">www.caregiver.org/factsheets/hiring_help.html</a>
Task 14	Identify evaluation criteria for the quality of care provided in a care facility.	<a href="http://www.caregiver.org/factsheets/out_of_home_care.html">www.caregiver.org/factsheets/out_of_home_care.html</a> <a href="http://www.medicare.gov/nhcompare/home.asp">www.medicare.gov/nhcompare/home.asp</a> <a href="http://www.aarp.org/confacts/health/choosingnh.html">www.aarp.org/confacts/health/choosingnh.html</a>

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where their parents or in-laws live. Under current policies, they do not have the opportunity to take extended leaves of absence for parent care or to cut back work to a part-time status in order to assist their parent in a health care crisis. For a military member this kind of commitment to parent care typically requires resignation (hardship discharge) from military service or premature retirement from a military career. Alternatively, it may mean a separation from spouse and children, with the non-military spouse (and children) returning to the parent's home area to act as the parental caregiver.

Married military members should have a series of frank discussions with their spouse about the extent of commitment they are willing to make to parent care (Task 5). The couple should consider situations where either the husband's or the wife's parents need assistance. Who is prepared to do what to help whom? A military husband, for example, may assume that his wife will return to their hometown to care for his mother following her cancer surgery while he remains at his duty assignment. The wife, on the other hand, may not believe this is her responsibility. A situation of this kind requires considerable discussion and creative problem solving. Together, the military couple must assess how the caregiving responsibilities will alter the division of labor in the household and how each spouse will handle the added emotional strain. Close communication and agreement about family priorities and values are very important in maintaining a marriage through a period of elder care. Planning positive experiences to strengthen the marital relationship and preparing for the financial costs of caregiving will help limit the stress that parental caregiving places on their own marital relationship.

Military members need to take a close look at potential helpers and assess the likelihood of their being

able to provide assistance to the elderly parent (Task 6). Usually an older person's spouse is first in line as a caregiver, followed by nearby adult children. However, family dynamics are always involved in decisions about who will provide care. Some adult children are emotionally distant, unavailable due to other responsibilities or unacceptable to the parent even if they are close in proximity. Longstanding family rivalries or problems may affect who will participate. Resources, other than adult children, may include grandchildren, nieces or nephews, or siblings of the older adult. In some families there are "fictive kin," friends and neighbors so close they are considered relatives. These individuals may wish to participate in an elder's care. One of the most important criteria in identifying potential helpers is their acceptability to the older person.

Military members should take advantage of times when they can be present in their parent's home community to arrange for one or more family conferences to formulate plans about potential parent care (Tasks 7 & 8). The conference can include a safety assessment of the current home situation with steps for modifications so that the home will remain an environment for independent living for as long as possible (Task 9). Discussion about elder care plans should begin with general plans at a time when there is no pressing need. These plans can be updated and made more concrete

when an illness or medical crisis occurs and requires more specific planning.

In most cases, the older parents should be present at all family conferences, as well as all family members who are potential helpers. A professional mediator who is skilled in helping to develop family care plans is often in the best position to facilitate a family conference. The point of the conference is to respect the parent's wishes and to help the parent express his or her wishes for care, if and when independence is threatened. The facilitator can discuss realistic service

alternatives in the community and the resources that adult children and other family members can bring to the development of a comprehensive parent care plan. Plans for sharing labor and expenses can be developed. Geriatric care managers can be excellent resources in convening and facilitating such conversations. They can produce written reports of the meeting's conclusions that are given to all family members as a record of family agreements.

Completing a formal parent care plan is likely to have several benefits. It provides a framework for

action that includes the parent's expressed wishes that adult children and others can follow when an illness or crisis occurs. It provides peace of mind to the parents, who will know that agreed-upon provisions for care are in place. Moreover, recent

***"Married military members should have a series of frank discussions with their spouse about the extent of commitment they are willing to make to parent care. The couple should consider situations where either the husband's or the wife's parents need assistance."***

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research indicates that military personnel worry significantly less about their aged parents when they are satisfied with a specific plan for their parents' care (Parker, Call, Dunkle, & Vaitkus, 2002).

## Planning Strategies to Meet Parent Care Needs

Family conferences can help parents and adult children develop specific plans for crisis situations (Task 10). For example, are emergency numbers readily available for police, fire department and paramedics? Family members can make sure these are clearly posted in the older adult's home. Because older adults often call children first when things are amiss, adult children, even in distant locations, are wise to keep handy these same emergency contact numbers. That way, they can contact emergency response teams to help their parents. Are plans in place for the older adult's safety in case of fire, flood, hurricane, tornado or power outage? Has the older person mentally rehearsed how he or she would

handle a home invasion to protect personal safety? Is information about emergency response systems readily available? *Lifeline* and other services can help to ensure prompt response if a frail parent falls, or becomes incapacitated while at home alone.

Another specific concern is automobile safety (Task 11). Proactive steps to promote safe driving include encouraging parents to complete an objective assessment of driving skills and/or a refresher driver education course, particularly if there are reasons for concern (accidents, tickets, erratic driving behavior). Medical check-ups are useful to be sure that hearing and vision are appropriate for driving and that medications do not interfere with alertness or ability to drive. Older adults want to be safe drivers and will voluntarily limit night driving, high speed driving, and driving in heavy traffic, bad weather or unfamiliar situations if they perceive that their skills are declining. Discussing issues about limiting or ceasing driving with parents long before the need arises involves them in the process and helps them to prepare for what can be a difficult conversation later.

Concluding that a parent can no longer live independently is a painful judgment for a family. This is particularly difficult when an adult child is far away and must

rely on information from others about the parent's health status and abilities to perform activities of daily living safely. There may be disagreements among siblings about whether a parent can manage on her/his own, and family members may or may not be taking the parent's own opinion and wishes into account in their planning.

In preparation for a time when such a decision must be made, military caregivers should familiarize themselves with simple scales that measure functional impairments in activities of daily living (ADL) and instrumental activities of daily living (IADL). Using these scales, military caregivers or care managers can periodically monitor the parent's functioning in these areas. When serious questions about ADL or IADL functioning begin to arise, the military caregivers residing at a distance from an adult parent can call on a geriatric care manager to make a more thorough assessment (Task 12). A comprehensive assessment of the parent's ability to manage at home, with or without home health care supports and local family caregivers, can help the military member advise his or her parent and local family members about necessary next steps.

Should the assessment indicate the need for formal services, either to be provided in home or in a care facility, it becomes necessary for the adult child to consider criteria for the services to be chosen (Tasks 13 & 14). If parents are able to participate in the decision making, it is always desirable to follow their wishes when engaging care managers, employing caregivers, home care workers, and other in-home personnel. Similarly, if at all possible, older adults should visit potential care facilities and be fully involved in the decisions about which one they will enter. Geriatric care managers have experience with the various providers in a community and know which are most likely to meet the older person's and family's needs.

## Conclusion

While there has been considerable advancement during the last decade in the Department of

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***"Concluding that a parent can no longer live independently is a painful judgment for a family. This is particularly difficult when an adult child is far away and must rely on information from others about the parent's health status and abilities to perform activities of daily living safely."***

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Defense's efforts to meet the needs of families within the context of military duty obligations and the unique stress of military family life, the military has not adequately considered the aging of the American population and its effect on service members, especially career service members, who face inter-generational responsibilities. This article highlights ways that military members' caregiving responsibilities for family and social tasks differ from typical civilians' responsibilities, presents the issues and tasks associated with family and social needs, and demonstrates how military personnel can successfully address these tasks with the help of geriatric professionals.

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