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The *CSA Journal* includes a *Case in Point* section with a feature article and one or more case studies that shed light on an important senior-related issue. After reading the section, CSAs may choose to complete an online quiz to earn 5 CSA continuing education (CSA CE) credits.

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Society of Certified Senior Advisors® (SCSA) is the premier membership organization educating and certifying professionals who serve older adults. The Certified Senior Advisor (CSA)® credential is among only a handful that are dually accredited by the American National Standards Institute and the National Commission for Certifying Agencies. The SCSA education program, *Working with Older Adults*, uniquely covers aging and health, social, and financial issues important to many older adults. SCSA was founded in 1997.

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Fax: 303-757-7677 Email: society@csa.us Website: www.csa.us aregiving can be a gift in disguise, an experience that moves you toward a more meaningful connection with yourself and with others ... a chance to nurture your spirit and transform your life. SCSA and public radio legend professor Connie Goldman have partnered to publish two books highlighting conversations, stories, and insights on caregiving. Wisdom from Those in Care and The Gifts of Caregiving are both available at CSA.US. They remind us that both the one receiving care and those giving the care need care. Whether you are a caregiver or serve caregivers, I suggest you consider these resources to add to your professional library.

As aging industry professionals, we must remember that many of our clients are caregivers or care receivers needing our support and guidance. *Journal* 77 contains many articles that help us understand the issues of caregiving. I've highlighted a few. CSA board member and CEO of ComForCare Home Care Scott Greenberg's article on appropriate person-centered caregiving for different stages of aging reminds us that people have different needs for caregiving support over time. His article answers the questions, "How do you determine what types of caregiving is needed?" and "How do you ensure the caregiving received is person-centered?"

As a former caregiver for my parents, I remember times when I felt a bit overwhelmed. Multiple hospital and doctor visits, bill paying, midnight calls, making sure my parents still were connected with the world and safe in their home from a distance were critical aspects of being a caregiver that most of us face. In her article about compassion fatigue, CEO of Wonderfully Well Felicia Vaughn explains how the condition can lead to reduced quality of care and unsafe conditions. She shares wellness interventions that help long-term care professionals and family caregivers reduce and avoid compassion fatigue. As older adults live longer, it is important that we help our clients and each other balance caregiver roles with the other demands life brings.

The latest U.S. Census reports that 2.7 million grandparents are raising grandchildren, and about

one-fifth of those have incomes that fall below the poverty line. Author Bert Hayslip, PhD, expands the understanding of caregiving roles to include these grandparents. He explains how challenging it can be for grandparents raising grandchildren and successful approaches to address these growing numbers.

As you may recall, one request from our CSA Journal Survey was to include more Business in Aging articles. In this *Journal* we are taking this commitment to the next level by including a Case in Point (CIP) focusing on building a senior-based business. Media expert, consumer coach, and founder of AgingInPlace.Com Mark Hager is sharing his expertise helping leaders reach and attract customers over fifty. Mark explains how to align your business efforts in order to attract your best customers. Action steps include how to develop language, processes, and a local platform that support business increases. The follow-up scenario and questions help readers learn to apply Mark's methods to their day-to-day strategies.

Additional Business in Aging articles include a book review by CSA Board member Stephen Endrizzi on *The Longevity Economy* by Joseph Coughlin and how to "Deliver Five-Star Service and Build Your Business for Older Adults!" by CSA board member Helen Keit. We will continue to do our best to help you serve your clients better through business-focused content.

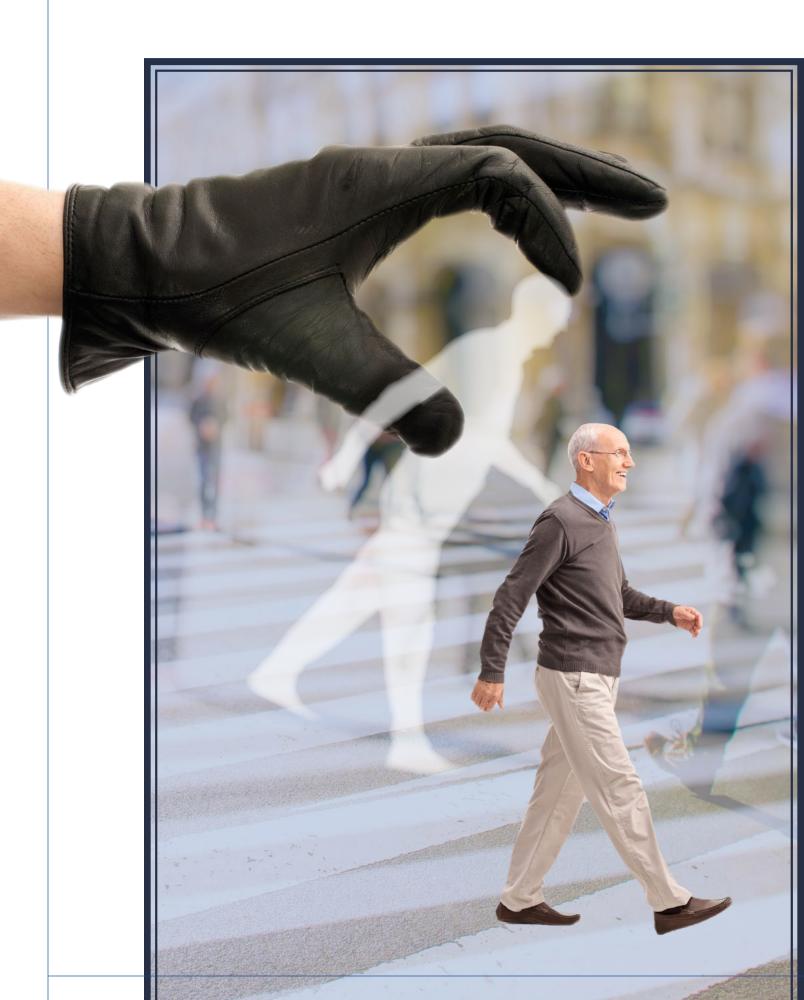
We continue to strive to educate all professionals by including articles which cross the aging industry. Our financial articles include an update on reverse mortgages, and the financial and legal pros and cons of getting married in later life.

Please continue to provide feedback as we work to improve the quality and value of the CSA Journal. The CSA Journal Board is committed to advancing your business practices while we share recent trends and best practices.

Ju 1. When

Erika Walker

Editor and CSA Journal Board Chair



When IDENTITY THEFTStrikes

Knowing what to look for is half the battle when it comes to identity theft. The other half is repairing the damage done. BY HAZEL HECKERS

s we look to the end of the year and New Year celebrations, it seems an ideal time to discuss the various types of identity theft and the steps to take to determine if someone has been a victim.

The Colorado Bureau of Investigation Victim Assistance Team of which I am a part works with victims of all types of identity (ID) theft. While we deal with crime here in Colorado, we try to answer questions and direct victims from anywhere in the country to help in their local community. (See the resources section following this article for contact information). All forms of ID theft can be devastating. However, financial ID theft seems to get the most attention. It is the most common form of ID theft, and therefore impacts the largest number of people. There are a couple of other types of identity theft that are often overlooked, but can be a serious challenge, and could even be life-threatening. At the Bureau, we refer to these as criminal identity theft and medical identity theft. The biggest challenge with these forms of ID theft is that, similar to when data breaches steal huge amounts of stored ID, there isn't a lot a person can do to prevent these thefts from occurring.

Criminal Identity Theft

While all forms of identity theft are criminal offenses, criminal ID theft refers to an ID thief using another

person's identity for cover when the thief is given a traffic ticket, accused of a crime, or arrested. This results in the victim appearing to have a criminal record and/or unpaid traffic offenses. To make it worse, the ID thief is not going to show up for court hearings or pay fines on tickets. This scam will most likely result in the victim being served a failure to appear warrant, and could result in a driver's license being cancelled, or the arrest of the victim. These are serious matters.

If you or anyone that you are working with thinks that they may be a victim of this form of identity theft, it is critical that you contact law enforcement right away. The Victim Advocates at the Colorado Bureau of Investigation work with victims of this crime on a regular basis. We first identify the extent of the criminal ID theft, and then begin to work through a process of correcting the damage. This usually involves getting fingerprints from the crime victim and doing a comparison between the fingerprints of the person arrested for the crimes and the victim. Once we establish that they are not the same person, we are able to correct the criminal history and put some other protections in place.

In the case of traffic offenses, however, there is rarely an arrest or a fingerprint to do this kind of comparison. In those cases, we work with the law enforcement agency that wrote the ticket to see if we can get any other information that might help us identify the offender. Things like body camera (bodycam) or dashboard camera (dashcam) photos are a great help. We might have to work with victims to verify where they were on the date and time of the incident, and help them document that. After we have established that the victim is not responsible for the crime, we work with prosecutors and courts to obtain the proper court orders and documents to have the traffic incident removed from the person's record, or to have the record sealed. We then remove any holds on the driver's license and request a waiver of reinstatement fees from the courts.

Working With a Victim

As you may imagine, this entire process is time-consuming and quite frightening for the victim, who did nothing wrong. Every part of this process can be a challenge. Being falsely accused of committing a crime, living in fear of being arrested, having a driver's license suspended or revoked, and going through a court process are all very stressful events. Even calling a police agency or going in to get fingerprinted can be difficult. Many victims, especially older adults, tell us that this is a terrifying, and often humiliating, experience.

Another challenge for victims of this crime is that every state handles these cases differently. Some states offer simple and free options to correct criminal histories related to ID theft. Other states have very complicated and often expensive procedures. If someone is a victim of this form of ID theft and the criminal committed crimes in his or her name in several states, the process of correcting criminal records could be a long, confusing, exhausting, and expensive endeavor.

It is very important for people who work with older adults to understand that this type of identity theft is distressing for the crime victim. Even the act of turning to a law enforcement agency might become even more threatening if the victim fears that there is a warrant for his or her arrest. When helping these victims, it is critical to enlist the assistance of victim advocates in the system. It is also important to work with the victims to help them to understand and address the symptoms, and look for signs of distress or trauma.

These might manifest in a number of ways, including, but not limited to, the following:

- sleep disturbances,
- hypersomnia,

- · nightmares,
- irritability,
- confusion,
- mood swings,
- · forgetfulness,
- social isolation or withdrawal,
- · lack of interest,
- changes in eating (no appetite or eating more),
- · hypervigilance,
- anger,
- panic attacks,
- · increase in pain,
- overuse of medications,
- substance abuse,
- · depression, or
- · suicidal ideation.

In older adults, these symptoms are often confused with age-related medical conditions or cognitive deficits, and the connection to trauma may be ignored.

Helping the older adults you work with to understand trauma reactions is an important first step in addressing their concerns. Listening to them tell you about their feelings and fears regarding the situation, asking how things have changed since the crime occurred, and engaging in an open discussion about this incident are all helpful responses. Letting the older adult know that anyone of any age would be traumatized by this kind of crime, and that what he or she is going through is normal are vital assurances to give an older adult following a traumatic event such as a criminal victimization. With support and guidance when additional help is needed, an older adult crime victim may heal from the trauma and continue living a happy and healthy life.

As a professional supporting older adults, it may be helpful to consider getting a copy of the older adult's driving history and criminal history. These may be easily obtained through the local Department of Motor Vehicles (DMV) office and local law enforcement. While there is usually a small fee for these records, it may be worth the expense to have peace of mind that there is nothing unfamiliar on them. Similar to obtaining credit reports annually, checking on driving and criminal histories could alert professionals to a potential identity theft.

Medical Identity Theft

A very frightening form of ID theft that is especially difficult to detect, medical identity theft occurs when the ID thief uses a person's identity, especially a Social Security number, to access medical services. This is how the World Privacy Forum (n.d.), a public interest research group dedicated to helping people protect their digital privacy, defines medical identity theft:

Medical identity theft occurs when someone uses an individual's name or other parts of the individual's identity — such as insurance information or Social Security number — without the victim's knowledge or consent to obtain medical services or goods. Medical identity theft can also occur when someone uses the person's identity to obtain money by falsifying claims for medical services and falsifying health records to support those claims. The essence of the crime is the use of a medical identity by a criminal and the lack of knowledge by the victim.

The most common questions we hear when speaking about medical ID theft are:

- How serious is it?
- Could this kind of ID theft kill me?
- What if I get treated improperly because of the ID theft?
- How is my doctor or someone in the emergency room to know the records aren't mine?

While medical ID theft is a very serious matter, it can be corrected and does not necessarily mean that a person will receive poor, or improper, medical care. It is most likely to impact a person financially first, and medically second.

Most people discover that they are victims of medical identity theft in one of three ways: 1. The victim receives a bill or collection action from a medical facility for a procedure or hospital stay about which the victim has no knowledge. 2. The victim's insurance company sends a notice that a cap on the allowable limit for services has been reached or exceeded, or that a procedure (one that the victim didn't request) has been denied. 3. When seeking medical care, there are confusing or conflicting entries in the victim's medical file. This might include surgeries or lab work the victim did not have, medications the victim does not take, or a diagnosis that the victim does not have, which could include a mental health diagnosis or record of substance abuse treatment.

Usually, when there is conflicting information in a person's medical record the doctor will work with the victim to ensure a correct medical history. There are also procedures to go about correcting insurance records and to dispute fraudulent financial charges. These processes are quite time-consuming and can be overwhelming, especially for an older adult who may have some complicating health issues.

Helping a Client

Clients who express reason to believe that they are victims of medical identity theft can be helped in a number of ways. First, remember that a victim may be experiencing trauma reactions. These could be exacerbated by fear of receiving improper medical care, being denied medical care, or being given the wrong medication. Offer your support and encourage the victim to work with you or an advocate to get the problem resolved.

Bills or collection actions should be dealt with by going to the source of the bill and asking for documentation of the services provided. Once the victim has these records, you may begin the process of disputing the financial debt. Filing a police report with local law enforcement will help verify to the bill collector that this was a crime.

Always encourage the victim to contact the insurance provider about these charges. Ask the provider for a list of all procedures and charges that have been made using the insurance plan in the past twelve months. Dispute any charges that do not belong to the victim. The insurance company is going to be key in correcting every aspect of the person's record, so it is very helpful to ask for a designated representative who will work with the victim throughout the process.

Correcting a medical record is often the most vital part of this process. Health Insurance Portability and Accountability Act (HIPPA) rules require medical providers to give a patient access to his or her medical records. If a person has any concerns about medical identity theft, it is very helpful to request access to those records. Be aware that some providers will charge for copies of the medical record, and

some portions of the record, such as X-rays, may be very expensive. It is sometimes helpful to schedule an appointment with a nurse, physician's assistant, or practical nurse in the doctor's office to review a medical record before requesting copies of the report. In reviewing medical records, note the type of procedure and the date of suspicious treatment so that only those portions in question will be copied and provided. At this point, reporting medical identity theft to law enforcement is very helpful.

Once the victim has reviewed the medical record and knows which procedures or visits are being disputed, the victim may then contact the doctor's office and report that those specific records are inaccurate. Ask that those portions be removed from the patient's medical files and segregated in a "Jane or John Doe" file. Ask the doctor's office to notify the insurance provider of the changes. Do not depend on the doctor's office to do this, and notify the insurance provider on your own as well. Ask for written verification that the medical record and insurance records have been corrected. If there are still any outstanding bills, notify those providers that the procedure has been removed from the victim's medical and insurance files. Ask for written verification from the facility sending the bill or from the collection agency that their office acknowledges the error and has removed the victim's name from the bill and reported the error to the credit reporting agencies.

All of this may be very challenging and confusing for a person to process. It is helpful to have a professional to assist with all of these steps. The World Privacy Forum has some excellent step-by-step explanations for a professional helper to guide you through the ways that you may help your clients. This site is also an excellent resource for any questions that a client may have about medical privacy and HIPAA.

Preventing Identity Theft

There are a couple of steps that a person may take to determine if medical ID theft has taken place before it impacts health or finances. Asking for a yearly review of all procedures charged to one's health insurance will help track what is happening with a person's medical ID. Include a request to obtain pharmacy/prescription information as well. When visiting the doctor, ask to review recent information on your medical record. Ask questions about what health issues are listed as being treated, what lab work has been done since your last visit, are any hospital or emergency room visits listed, what allergies does the record indicate, what medications does the doctor list as being current or recently prescribed. Ask if the office will provide a list

of current diagnosis and medications before you leave the office. Keep this for your records. This is good to have in case of a medical emergency or as something to use to compare with what your insurance provider says. If anything is suspicious, report it to the doctor right away. By catching any discrepancies early, it is possible to head off any major medical ID theft incident.

With the year coming to an end, this is the ideal time to review things like medical records, insurance information or driving and criminal histories. Taking a few steps to monitor these critical records now could save a lot of trouble in the future and reduce stress and trauma.

One Holiday Bonus Tip: Year-End Charity Scam

We can't let the year come to an end without reminding people about charity scams. Legitimate charities have year-end pushes to increase the number of donations they receive by December 31. The "hook" is telling you that this is your last chance to donate this year and get that tax benefit or help your favorite charity make its fund-raising goals.

The scammers also have year-end campaigns to steal your money! The scam artists know that people are in a giving mood during the holidays and are accustomed to receiving year-end pleas for money. They use that to their advantage and make phone calls, send emails, send text messages, go door-to-door, or set up fake websites: all to trick you out of your money.

Avoiding "Charity" Scams

Here are tips to avoid being a victim of these scams:

- Always check out a charity before making a donation. A great resource for this is the charity navigator sponsored by the Better Business Bureau: http://give.org/ or the independent https:// www.charitynavigator.org/
- Donate to a known and trusted charity.
- Verify to whom you are giving money.
- Contact the charity at the number or address listed on a website or last year's mailings, not a number found in an email or text message, or given to you on the phone.
- Consider giving locally. Making a donation to a faith community or local charity allows you to see your donation in action.

- Ask questions about how your donation will be used.
- Ask how much of your donation will go to services, and how much will be spent on overhead.
 Only give if you like the answer.
- At this year's end, make your giving plan for next year. This is a plan for how much of your income you can afford to give to charity, and to which charities you will give. Take time to research new charities, and be sure to include your favorite causes, your faith community, and any other giving opportunities that might arise. Some people even include a "discretionary fund" in their plan. This is the money you will set aside for impromptu donations, like for the Salvation Army bell ringer, your grandson's football team, girl scout cookie sales, or for a crisis-related incident that occurs during the year. Make sure to include nonmonetary gifts in this plan, such as baking cookies for the local fire department, cleaning out a closet and donating clothing, volunteering to pet animals at the local shelter or rock babies at the local hospital, and knitting scarves for the homeless shelter. By including these donations, you are making it clear that there are many ways to contribute, and it is not always about the money!

Creating a giving plan is a great opportunity for professionals assisting older adults to engage in a fun and rewarding activity with the client. As a professional, you may learn a lot about people by talking about why they like a certain charity or why a particular issue is important to them. It is a wonderful opportunity for bonding and storytelling. It also helps you demonstrate to older adults that they have something of value to give back to the community. No matter how small or large the donation they can afford to make, it will have an impact.

 Stick to your giving plan! It is a great excuse to give those people who call and ask for money on the spot. Tell them "You are not a part of my current giving plan. If you want to be included next year, send me literature and I will consider it."

Protecting from identity theft and fraud is an important part of life today. By taking a few preventative steps, detecting any ID theft early, and acting quickly, it is possible to address these crimes before they become a major problem. All of us at the Colorado

Bureau of Investigation would like to wish you and those you love a very happy, healthy, and safe holiday season and a great New Year.

Hazel Heckers coordinates the Victim Assistance Program at the Colorado Bureau of Investigation where she provides direct services and support to crime victims. She also coordinates community education and professional training across the state and on a national basis. Hazel established the first 24-hour ID theft and fraud hotline in the nation and was in the forefront in bringing the issues of medical ID theft, child ID theft, family violence and ID theft, and disaster response-related ID theft and fraud to light. Hazel is the 2014 recipient of the U.S. Department of Justice National Crime Victim Service Award. Previous honors include an Excellence in Service Award from National TRIAD, Woman of the Year from Domestic Violence Initiatives, Excellence in Service Award from the State Department of Human Services, and Excellence in Service and Team Excellence Awards from the Colorado Bureau of Investigation.

RESOURCES

To help make the process easier for professionals assisting people whose identities have been stolen and used in more than one state, the Colorado Bureau of Investigation has created an online map that addresses how to submit a record challenge in every state in the U.S. Here is a link to that online service: https://www.colorado.gov/pacific/cbi/welcome-colorado-bureau-investigation-repository-criminal-records-challenges

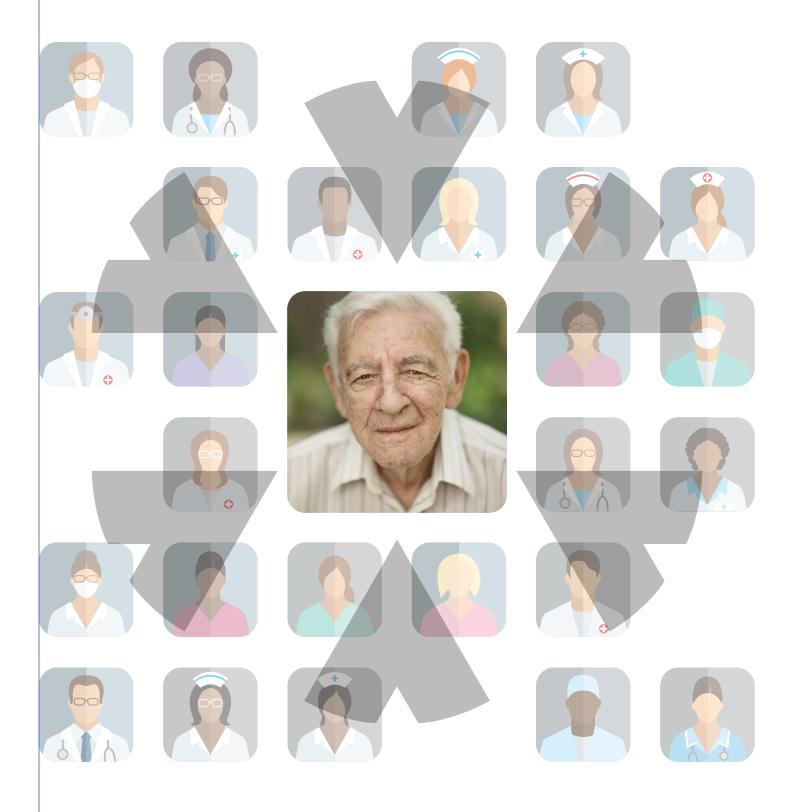
There are many sources to learn more about symptoms of stress and trauma in older adults. Two of our favorites are: https://www.seniorliving.org/research/ptsd-aging-adults/https://www.cascadebh.com/behavioral/trauma/signs-symptoms-effects/ and https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/trauma-reaction-and-recovery

The World Privacy Forum offers a step-by-step guide for professionals helping clients through medical identity theft at https://www.worldprivacyforum.org/2007/10/medicalidtheftresponses/

For more information about identity theft or fraud, please contact the Colorado Bureau of Investigation (CBI) at 303-239-4649. If you believe that you or someone you know is a victim of ID theft or fraud, please contact the CBI 24-Hour ID Theft & Fraud Hotline toll free at 1-855-443-3489. This number is answered 24 hours a day, every day of the year. If you are not calling from Colorado, we will do our best to answer your questions and get you connected with a support agency in your community. Both crime victims and professionals are encouraged to call.

REFERENCES

World Privacy Forum. (n.d.). WPF resource page: The medical identity theft information page. Retrieved from https://www.worldprivacyforum.org/resource-page-medical-identity-theft-information/



Appropriate, Person-Centered Caregiving

Providing optimal care for a loved one changes over time, and includes appropriate support for the family caregiver. BY SCOTT GREENBERG, CAED

ere's a familiar scenario. A loved one has knee surgery and has enlisted a spouse or partner to become the primary caregiver for a week or two. It's inconvenient for sure but the family member is up to the task and ready to help. Maybe that person has to take some vacation time from work and skip yoga or golf, but this is part of the territory and what he or she signed up for. A week or two goes by, therapy starts, and slowly life begins to return to normal. Crisis averted.

Now imagine that instead of a temporary inconvenience, a loved one is diagnosed with a chronic, progressive disease that will require caregiving at various levels for as long as fifteen years or more. Or perhaps an accident, a fall, or the death of a spouse puts a loved one in a precarious situation. Either insufficient finances or the unwillingness to consider an independent or assisted living community make that option impossible. Welcome to the world of family caregiving! The order of the day is to understand the need for appropriate, person-centered care.

Traditionally, children and family members stepped in to care for aging loved ones. However, the ability of family members to do that is rapidly changing. Dual-income earners and raising children involved in myriad school and extracurricular activities are just two examples of the challenges faced by family caregivers today. In addition, adults aged sixty and up with one or more adult children live, on average, more than 280 miles from their nearest child, according to a report entitled "The Value of Home Care" (Home Care Association of America, 2016). Even the most well-intentioned child who wants to care for Mom or Dad often can't, due to geography getting in the way. This means a new vision of caregiving must be explored.

Caregiving Needs In Flux

What does this new vision look like? First, one must understand that caregiving needs evolve over time, and the distribution of that need and who will provide that care will change. It's critical to remember that a loved one's safety, security, and other needs are the priority. Patient-centered caregiving does just that; it places the patient in the center of the wheel. The spokes may include some or all of the following:

- Physicians
- Physical therapists

- Pharmacists
- Estate planning attorneys
- Perhaps mental health professionals
- Caregivers

Caregiving is typically broken down into four primary categories. As previously mentioned, safety and security are first, followed by activities of daily living (ADLs). Care needs may change and reliance on help with instrumental activities of daily living (iADLs) will increase over time. Lastly, the caregiver must innovate to provide meaningful activities and social interaction. There is no question that it is hard to realize that the right caregiver may not always be a family member.

Bringing a stranger into the home to help care for a loved one can add an entirely new level of stress if not handled well. There are some things one can do to help make for a successful transition as the caregiving network begins to expand to include hiring a professional caregiver. First and foremost, ask the provider being considered what training and experience, if any, the caregiver has that is specific to the disease the care receiver is living with. In addition, both the client and family member need to be comfortable with the fact that some things will be done differently with the addition of new members to the team.

Encourage the new caregiver to ask questions. The caregiving professional is there to help and wants to do a good job, but she cannot read your mind. To help alleviate some of the stress, create a list of preferences that includes the daily routine to help ensure a smooth transition. Lastly, don't be afraid to make a change if the caregiver isn't the right match. Like in dating, you usually don't marry the first person you meet. Sometimes it takes a few tries to find the perfect fit.

As professionals, it's important to remember and remind the family gently that if the client's needs are being met and the person is safe and secure, it doesn't matter if the dishwasher is loaded differently or the towels are folded in thirds instead of in half. Professional caregivers have to walk a delicate line when they enter a household. The job often requires giving assurances to the family caregiver, who has nearly always stepped in without training and having few resources, about the care that person is providing while making adjustments to improve on that care.

Tools for New Caregivers

Two tools can be extremely helpful when preparing for and instituting person-centered caregiving by a new professional for a loved one. If the family caregiver hasn't already prepared these tools, the professional can generate them. The first is called "A Day in the Life." This is a simple questionnaire for the family caregiver that covers what a typical day might look like for the care receiver. Questions about wake-up routine, food preferences, shower or bath and at what time of day, dietary restrictions, and bedtime routine, among others, are included to help the caregiver maintain consistency in routine and minimize anxiety in the client.

The second tool that is incredibly helpful is something called "Social History." This questionnaire is for the family caregiver and the loved one both, and takes a deeper dive into who the care receiver is based on past experiences. It looks at professional affiliation and work history, religious preferences, military service, hobbies, fears, family, areas of particular pride, favorite music, movies, books, and more. This is not just a "Where did you live and how long were you married?" type of inquiry. Instead, it delves into deeper questions regarding how the person feels about past life events, values, hopes, and dreams.

When to Hire Another Caregiver

What often brings about the need to reconsider the family caregiver's responsibility and who is going to provide this service is when that person has been in the role for some time and is starting to experience burnout. How does someone know when caregiver burnout is becoming a problem?

Remember that at the onset of diagnosis, the person with the illness is likely still independent with personal care, able to prepare meals, and in some cases may still be driving. The responsibility of the caregiver is still generally manageable. As a loved one's disease progresses, his or her level of independence decreases while the caregiving needs increase. A family caregiver may have to stop working to attend to the needs of a loved one. In fact, 29 percent of family caregivers are tending to two or even three people at the same time (VITAS Healthcare, n.d.). Nearly a third of caregivers (32 percent) describe the experience as stressful (VI-TAS Healthcare, n.d.) and may be headed for burnout. Being able to recognize the signs of caregiver burnout is critical for the health and well-being of both people involved.

The statistics are scary. According to research, 64 percent of family caregivers caring for someone with Alzheimer's disease will predecease their loved one with the disease if they don't receive some help (Alzheimer's Association, 2019). The truth is, one cannot serve from an empty vessel. Family caregivers need to

take care of themselves first and seek help before the stress of their added responsibilities affects their health and well-being. To do otherwise endangers their ability to provide optimal care. Let's look at some of the signs that indicate someone is experiencing stress or headed toward burnout:

- Excessive drinking
- Exhaustion
- Agitation
- Self-medicating
- · Loss of sleep
- Missing appointments
- Non-existent social life
- Anger/resentment toward a partner

What To Do

Remember that as the needs of the family member change and evolve, so must all those involved. The client or loved one isn't dying of their condition. They're living with it. In chronic disease progression or in aging in general, the person receiving help can be as exasperated as those providing it. Burnout of the caretaker is understandable, but remaining focused on delivering care that centers on the person in need must always remain top of mind. If a family caregiver is feeling stressed or burned out, action needs to be taken immediately for everyone's sake.

There are options, many options, that help keep the caregiver well and still deliver person-centered care to the one in need. Adult day centers are wonderful. They provide cognitive stimulation and engagement for those living with Alzheimer's, dementia or Parkinson's. Basic senior centers are another great option if the need is not condition-specific. Taking advantage of programs at a day care or senior center can allow caregivers to have up to eight hours of respite a day. Perhaps they can continue working, with the peace of mind that their loved one is safe and happy.

Another option to consider is moving some or all of the burden from family caregiving to professional caregiving. Home Health Agencies are able to provide care in the home for as little as four hours a day, a few days a week, all the way up to aroundthe-clock every day of the week. People with Home Health Aide (HHA), Certified Nursing Assistant (CNA), Patient Care Assistant (PCA), and other like certifications can assist with personal care, meal preparation, light housekeeping, medication reminders, errands, socialization, and cognitive stimulation to help ease the burden on the family caregiver. Companies such as Home Health Agencies can provide competent staff for those tasks.

The old adage "It takes a village" is never truer than when talking about patient-centered caregiving. What's important to remember is that by placing the patient or client at the center of the wheel, the team can collectively determine how to best care for that person. It's also critical for family caregivers to remember that they are not alone. Support groups can really help and everyone should participate in one if possible. Never lose sight that it is the quality of care, not the severity of one's condition, that determines one's quality of life. When caregivers focus on the person at the center of the wheel they help give that person a reason for living. In essence, that truly defines person-centered care. •CSA



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Post-Traumatic Stress Disorder

and the Older Adult

t's not easy getting old. Health problems often get worse or multiply, spouses and friends get ill or die, and financial struggles may increase. Depression, anxiety, and dementia are so common that doctors may overlook a diagnosis that many associate closely with veterans returning from active war zones. Yet it may be Grandma or Grandpa who has post-traumatic stress disorder (PTSD). Family members and professionals who work with seniors can be on the lookout for signs of the condition.

Mary, a 68-year-old widowed female with three adult children, walked into the psychiatric clinic. "I'm so depressed it is hard to get out of bed in the morning, I have many sleepless nights," she said. Asked about the onset of her symptoms, Mary said that they began five years ago, when her husband of forty years died in a car accident. Ever since, she has been "suffering." In the accident, Mary was at the wheel when another driver broadsided her car, killing her husband instantly. Mary spent three weeks in the hospital and emerged with a few broken bones. She eventually recovered and returned home. She has been hospitalized twice for the psychiatric symptoms of loss of appetite, problems getting out of bed in the morning, and withdrawing from friends and family. While never suicidal, her feelings of hopelessness were overwhelming. Mary now refuses to drive and feels that her family and friends are

blaming her for the accident and her husband's death. Her children have been trying to assist her by taking her to do chores such as laundry and food shopping. Normally, after a hospitalization, Mary's symptoms seem to improve with the help of anti-depressant medications. Until recently, however, she has refused follow-up treatment on an outpatient basis, and ultimately stops taking the medications because she is concerned about side effects. She claims she just cannot get her "life back on track." Mary's symptoms can easily point to a diagnosis of depression, but on second look ... is it really?

Post-Traumatic Stress Disorder

Not only do we need to understand what post-traumatic stress disorder is, we need to understand both its relevance in the older adult and its transformative nature. Symptoms of PTSD can be difficult to differentiate between those of depression, dementia/memory loss, confusion, and anxiety. This confusion is one of the major controversies in its diagnosis.

Broadly speaking, PTSD is a psychiatric illness that can best be described as the inability to recover from a traumatic experience. In a recent article by Dr. Joshua Clapp (2016), he says "There was recently an update of the core diagnostic symptoms in (the) DSM-V [The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition]. The core symptoms are now listed as: (1) intrusive memories (eg., nightmares, memories, flashbacks); (2) avoidance symptoms; (3) changes in cognition or mood (eg., how you think about yourself or other people, blame, loss of interest, interpersonal detachment, affective flattening); and (4) alterations in arousal. These are 'core' symptoms. But, again, these can often look like depression or anxiety." It is therefore important for clinicians to be aware of whether a trauma has occurred and may be the cause of symptoms that look like depression.

Senior Living (n.d.) cites statistics gathered from the U.S. Department of Veterans Affairs that provide a better grasp of how PTSD affects the elderly:

- Roughly 70 to 90 percent of adults who are sixtyfive and older have been exposed to at least one traumatic event in their lifetime.
- Several community studies have reported that the current prevalence of PTSD in adults who are over sixty years of age ranges from 1.5 to 4 percent.
- Not all aging adults meet the full criteria for a PTSD diagnosis and it is common for the older

- adult to experience some symptoms. The percentage of older adults with some of the symptoms of PTSD ranges from 7 to 15 percent.
- Approximately 70 percent of older men reported lifetime exposure to trauma, while older women reported a lower rate of about 41 percent.
- A community sample of older women with an average age of seventy years found 72 percent had gone through at least one type of interpersonal trauma during their life that was profound enough to trigger PTSD symptoms. Some examples of interpersonal trauma include sexual abuse, rape, and childhood physical illness.

Research has also shown that younger seniors between fifty-five and sixty-five years of age are more likely than their older counterparts between seventy-five and eighty-five to experience PTSD brought on by diagnosis and treatment of cancer. The older seniors are less likely to develop PTSD from medical issues like cancer due to their longer lifespan, and having experienced more emotional challenges and developed more ways to deal with them compared to younger seniors. Knowing this helps health-care personnel produce more effective and customized PTSD treatment plans, knowing that approaching seniors in their sixties is not the same as treating PTSD in those who are in their seventies and eighties.

What can family and professionals look for if they suspect someone has PTSD? According to a Facty Health article (Angela, 2019) there are ten symptoms to look for:

1. DETACHMENT FROM OTHERS

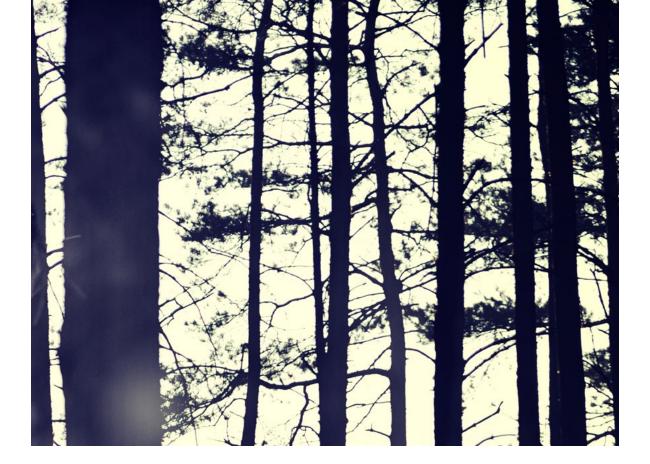
One of the first social symptoms of post-traumatic stress disorder is a feeling of detachment from other people. There are a host of reasons why this can occur. In many cases, it is related to a fear of how they will act in front of others, including inappropriate anger or reactions to normal situations.

2. FLASHBACKS

Flashbacks can cause people with PTSD to relive the traumatic event. It may play out like a movie in their head. In any case, it inspires feelings of panic and extreme stress. Physical manifestations include fainting, heart palpitations, and high blood pressure.

3. NIGHTMARES

Many of those with PTSD report frequent nightmares that may center around the triggering event. Unlike



flashbacks, nightmares occur on a subconscious level instead of when the mind is an alert state.

4. AVOIDING REMINDERS

People with PTSD often avoid situations that bring the traumatic event to mind. For instance, if the event occurred on the job, the person may avoid returning to work. In addition, social relationships can be challenging if the person associates friends or family with the traumatic event and seeks to isolate herself from them.

5. INSOMNIA

People with PTSD often have trouble sleeping. It may result from worry about the triggering event interfering with either getting to sleep (when anxiety prevents sleep) or staying asleep (nightmares regarding the event may awaken the person, who then runs through a series of "what if" scenarios). Medications to combat insomnia are effective and reliable.

6. LOSS OF INTEREST

On the other hand, sleeping more than is normal may indicate a need for counseling or therapy. Losing interest in favorite pastimes and a lack of desire to work can indicate that it's time to reach out for professional help.

7. ANGER

It's not uncommon for people with PTSD to get angry more easily after their traumatic event. The anger

can occur in different degrees and times. Both job performance and personal relationships can suffer as a result.

8. MEMORY LOSS

Memories of the traumatic event can be temporarily or permanently erased by PTSD. When these memories are blocked, it's especially difficult to work through associated emotions and symptoms. In addition, memory of recent events may be hampered by PTSD.

9. FEELING "JUMPY"

When the triggering event was frightening and the patient felt threatened, the reaction is often constant anxiety or nervousness. This commonly happens with soldiers, for example, who experienced a traumatizing event in a war zone. Sudden loud noise or certain situations may remind them of the trauma, setting off emotional and physical responses.

10. TURNING TO DRUGS AND ALCOHOL

People with PTSD may use recreational drugs, including alcohol, to blunt the effects of their trauma. When this is the case, it's crucial to seek professional help.

It is important to keep in mind that all symptoms do not have to be tied to one single event at one point in time. Health workers often see this in combat trauma. If people are on deployment, especially if it's not their first, there are multiple situations that could be traumatic. The same thing is true for survivors of chronic abuse. When treating trauma victims, clinicians often focus on an individual event to make their treatment plan more manageable, but one of the things we know about PTSD is that there is a relationship to repeated trauma. For example, an individual may sustain a car accident and arise slightly shaken but ultimately okay. Next, however, that person may experience a physical assault and then, much later, another car accident. After a while, the person's ability to bounce back, to show resilience, starts to weaken. It is reasonable to state that those who experience multiple traumas tend to be more at risk.

PTSD is one of those diagnoses where psychosocial treatments and cognitive therapies are combined with medication as the first-line intervention. Often, doctors will prescribe antidepressant medications which have been found to be somewhat effective at managing symptoms such as low mood and anxiety. Additionally, various clinical techniques and procedures directly target the distressing memory and begin the process of eliminating some of the trauma symptoms. One way that clinicians may initiate treatment is by helping clients examine some of their nightmares and flashbacks and work together with them to target some of the emotions and thoughts surrounding them.

While antidepressants can prove to be very effective in the older adult, close monitoring is required and an open and continuous dialog between the doctor and the patient is essential to manage expectations and to be sure no adverse side effects are occurring. Furthermore, seniors with PTSD have a high rate of not taking medications consistently due to worry about side effects, possible addiction, the cost of the medication, or simply not understanding their value. Similarly, the higher chance of impairments like dementia, cardiac diseases, and slower/damaged metabolic processes in older adults increases the possibility of adverse side effects such as confusion, falls, and gait impairment. Older adults are also more likely to engage in unsafe behaviors like improperly driving a vehicle.

Patients who undergo treatment typically experience high levels of success in leading normal, productive lives. Undeniably, PTSD is a condition will not go away on its own. An individual expressing PTSD symptomatology must engage in medical and supportive therapy to truly heal.

PTSD is a serious issue that should not be overlooked. Anyone who has encountered a traumatic or disturbing event in life can develop symptoms. If not treated in a timely manner, the symptoms could worsen and become debilitating. Getting psychiatric assistance in the form of therapy and possibly medication as early as possible is important to ensure that symptoms do not snowball into something more complicated.

Mary saw the psychiatrist at the clinic and was prescribed an anti-depressant medication in tandem with weekly therapy sessions. On presentation, it may have been easy to confuse her symptoms with those of an individual suffering from depression. However, with proper treatment, her therapist was able to pinpoint her traumatic event (the car accident) and communicate to her the ways in which it affected her life and led to the symptoms she was experiencing. Understanding that the accident was not her fault allowed Mary to focus on how much she missed her husband and her life before the accident. After twelve months of therapy, Mary started to do more and more on her own and rely less on her children. Giving her the ability to understand the ramifications of her trauma allowed Mary to progress in her daily activities. Mary needed to understand the connection between her symptoms and the trauma before the symptoms could be lessened so that she could continue a productive adult life. •CSA



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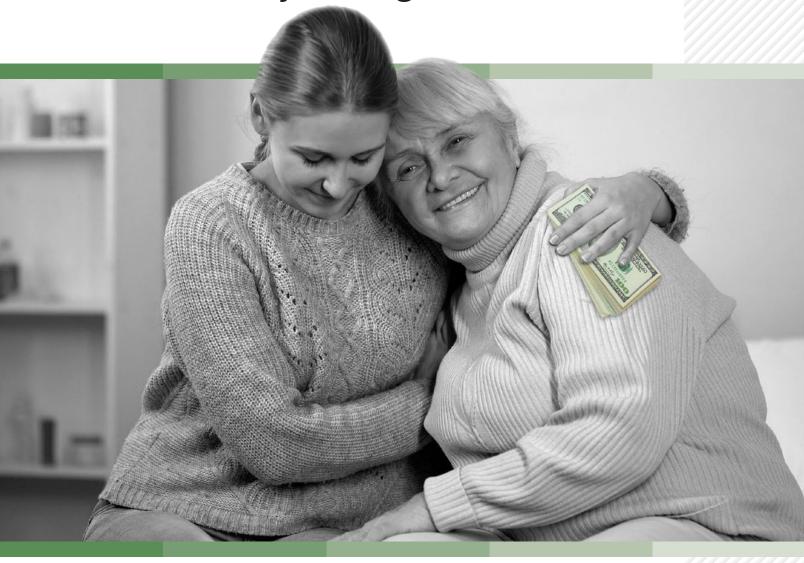
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The Opportunities and Challenges When Family Caregivers Get Paid



Caregiving comes with a host of challenges, some of which can be alleviated by providing financial compensation. BY DENISE M. BROWN, FOUNDER, CAREGIVING.COM

n a given year, more than 65.7 million Americans representing 29 percent of the adult population serve as family caregivers, according to estimates from the National Alliance for Caregiving (2009). The average age of these caregivers is sixty-three, and a third of them are in only fair to poor health themselves, as found in a 2004 report from the Administration on Aging. Part of the stress of becoming a caregiver can be financial. Paying a caregiving relative offers some relief, but comes with its own set of stumbling blocks.

Complexity of Tasks

Family caregiving experiences happen mostly behind closed doors, in the home. Caregiving comes out from behind the front door when family caregivers attend doctor appointments and during hospitalizations. When it comes out, we can see the complexity of a caregiving experience.

During a hospitalization, for instance, health-care professionals manage the care. After the discharge, family members take over. According to a recent AARP study, Home Alone Revisited (Reinhard et al., 2019), many family members who take over at home provide the same level of care as those hospital nurses and doctors.

The same report also indicated that about half of family caregivers perform medical and/or nursing tasks for individuals with challenges in physical, cognitive, and behavioral health. These family caregivers spend more than twice the number of hours providing care than those family caregivers who don't provide complex care. The report also found that:

- Family caregivers figure out on their own how to complete medical and/or nursing tasks such as managing incontinence and preparing special diets.
- Most family caregivers say they feel they have no choice about managing these medical and/or nursing tasks.
- Family caregivers feel isolated from their peers, which compounds the difficulties with complex care they provide.

The report also spoke to the stress of managing these tasks; family caregivers expressed worry about making a mistake and causing unintentional harm to their "caree" as we say on CareGiving.com (Brown, 2019). We use the term "caree" because sometimes we care for a family member who isn't a loved one.

The stress of caregiving takes its toll. At CareGiving.com, an online community of support for family caregivers and former family caregivers, we ask visitors and members to complete a simple survey about their level of stress. To date, 988 family caregivers rate their stress at 4.14 on a scale of 1 to 5, with 5 being the most stressed (CareGiving.com, 2019). When asked about the source of the stress, 73 percent of survey respondents say they miss having the life they envisioned. Caregiving responsibilities take time and become the priority, leaving family caregivers few hours and little energy for who and what they love in their lives.

Yet, these same family caregivers may provide care for free, take time off from work for their caree's hospitalizations and medical appointments, pay for caregiving supplies and medications, and take on the caree's household costs. It's a huge responsibility.

Consider these comments left by family caregivers who completed the stress survey:

"I have been my mother's caregiver since she had her stroke in December 2016. (She) moved in with me, my husband, and our two young daughters a few months later. This past September 2018 my husband became very ill with severe pancreatitis (and) was in the hospital for three-and-ahalf months. One of those months he was on full life support. He is now home but unable to even dress himself without my help. There are no aides available in our area. I am trying to take care of him, my mom, our kids, and work with no help."

"My own feelings of guilt... I SHOULD be doing more. I SHOULD always be happy to help. I SHOULD not be frustrated with requests for help when I'm doing something else. I SHOULD be so happy that I have a sweet, wonderful mother that made me feel loved and I should NEVER have bad thoughts about the responsibility of caring for her. I am frustrated that the majority of my mom's care falls on my shoulders and people do not offer to help, unless I ask them for one specific thing after another. My sister does not help as much as she can because she is easily frustrated by our mother's requests, her voice, her questions about her personal life, her neediness... My niece and nephew are busy with their own lives and don't call my mom enough so she's lonely. She lives alone still but does need company and help with simple tasks. I don't trust the caregiving services that exist — what if they are mean to my mom, what if they steal from her, what if they take advantage of her...??? I'm starting to look for resources (and FOUND YOU!), so that makes me happy but I'm overwhelmed with how much time it takes to make progress and try to get help."

"I've been caregiving for my husband for years now. (He) is a severely disabled quadriplegic (and requires) 24/7 constant care that can only be given by someone with medical experience. I have help six hours a day Monday through Friday."

Caregiving Isn't Cheap

Caregiving also costs money. A 2016 AARP study, Family Caregiving and Out-of-Pocket Costs (Jenkins), estimated that family caregivers spend an average of \$6,954 on out-of-pocket costs related to caregiving each year, nearly 20 percent of their annual income.

The demand for the services provided by family caregivers will only increase in the years ahead. Cali Williams Yost, author of *Tweak It: Make What Matters to You Happen Every Day*, shared these statistics in 2012:

- Today there are approximately 5.1 people between the ages of sixteen and sixty-four to provide care for someone sixty-five and over AND to work to pay the taxes that support public programs for the aging.
- In 2050 there will only be 2.9 people ages sixteen
 to sixty-four years old to provide unpaid care for
 every person sixty-five and over AND to work
 to pay taxes to support public programs for the
 aging.

Even if we want to hire professional caregivers, we may not be able find them (Channick, 2017). According to a recent segment on Wisconsin Public Radio (Malina, 2019), caregiving agencies in Wisconsin turn away clients because they cannot staff the requests.

The family caregiving work is hard, never ending, demanding, and lonely. It's also often an unpaid position without the perks of benefits, paid time off, or a retirement plan. What if we paid these family members who become family caregivers? Is money the salve to soothe a family caregiver's stress?

Options for Payment

Currently, some programs allow the family caregiver to be reimbursed (AARP, n.d.), including:

- Medicaid programs that allow the care receiver to pay the family caregiver
- Long-term care insurance
- · Veterans' benefits

Family units also may use a caree's money to pay a member of the family to provide and manage caregiving tasks and responsibilities.

Opportunities

If a family caregiver receives reimbursement for providing care, would the reimbursement change how family caregivers feel about the experience? With something like a salary, would family caregivers look at their work and their responsibilities in a new light? Would family caregivers feel more empowered because they can view their position as being on par with

other health-care professionals?

Reimbursement may offset the impact of out-of-pocket costs family caregivers face. Reimbursement also might allow family caregivers the opportunity to take a break and reconnect to the rest of their life. Although we don't have research which looks at the impact of reimbursement on a family caregiver's stress level and perspective, it stands to reason that a family caregiver's household can always use more money. It's even better if the money arrives to pay for what's already being provided — caregiving tasks and responsibilities.

New Problems May Arise

Reimbursing family caregivers seems to solve some problems while also creating new ones. Concerns include:

- 1. The unknown runs rampant during a caregiving experience, especially as it relates to a disease process and prognosis. We never know how long a family member with a diagnosis or multiple chronic conditions will live. Because of that uncertainty, a family caregiver typically plans on caregiving lasting forever. And then it ends. In one moment, a family caregiver's job ends when a caree dies. When the job ends, so does the reimbursement. How can we support the family caregivers so they can transition effectively to new employment?
- 2. Family caregivers may rely so much on the reimbursement that they may be conflicted about decisions relating to what's best for the caree. For instance, perhaps the caree is no longer safe at home but the family caregiver hesitates to pursue long-term care placement because he or she fears the loss of income. Family caregivers may not take the time off they need because they can't afford to go without an income. How do we protect the best interests of the family caregivers and their carees?
- 3. A caree may choose to pay a family member who desperately needs an income even though that person may not be appropriate to provide care because of a mental illness or addiction. How do we select the best family caregiver?
- 4. The question of evaluating the family caregiver raises thorny issues. Who provides oversight of the family caregiver receiving reimbursement to provide care? For instance, if a caree receiving

Medicaid benefits through a waiver program chooses a family member to provide care, who ensures that the family caregiver provides quality care? How is quality care defined? If the care is unacceptable, how empowered will the caree be to designate a different family member? A family's dysfunction may mean that the caree continues to receive substandard care simply because he or she feels guilty about changing the designated family caregiver. Even worse, what if the caree resists making a change because of fear that the family caregiver will retaliate in some way?

5. A family caregiver needs ongoing training in order to stay current with the caree's care needs. Who educates and supports the family caregiver receiving reimbursement? Will a state Medicaid program or a long-term care insurance program evaluate the family caregiver's skill level to ensure he or she can perform the tasks? Will those programs provide training to ensure the family caregiver remains up-to-date on the skills needed? How will the family caregiver receive support and answers when he or she needs it?

The Role of Aging Professionals

Professionals who serve older adults can make a difference to those family caregivers who may be getting paid for providing care. Here's how:

- 1. They can help the family caregiver gather due diligence. If the family unit will reimburse a family member for providing care, professionals can assist the family unit in determining the family caregiver's compensation based on fair market value of the services provided. Research about fair market value can include calls to local home care agencies to learn their rates for companions, homemakers, and home health aides. Specialists in aging professions can help the family caregiver create and organize a system for documentation related to compensation. Professionals can meet with the family caregiver annually to review the compensation rate and the level of care provided.
- 2. Professionals can help the family caregiver plan to manage an interruption in pay. What happens if the caree is hospitalized or needs short-term care in a nursing home? How will any changes in caree's living situation affect the family caregiver's reimbursement?
- 3. If the family will pay the family caregiver, a

- professional can create a budget so that future care needs can be met. As a disease or simply the process of aging progresses, the time may come when a caree can no longer live at home, as care needs may be just too great. In this case, it's critical that money has been budgeted and saved for nursing home care. Having few assets and then trying to find a good, quality nursing home can be a very difficult task. Money to pay for care in a nursing home for at least one year ensures the family caregiver can choose the best nursing home for the caree.
- 4. Money can add such an awkward dimension to the caregiving experience. Referring a family caregiver to an elder law attorney and financial planner will be especially important. The financial planner can oversee the client's finances (and work to preserve them as long as possible) and provide an important objective presence. With a financial planner and elder law attorney overseeing the finances of the caree, the family caregiver may avoid any potential problems with family members. An uninvolved family member often becomes very involved after the will is read and the expenses related to care are discovered. If a family caregiver receives compensation from the family for care provided, be sure a third party (such as the financial planner) oversees the distribution. An elder law attorney also can create a contract (Quinn, 2019) which details the family caregiver's reimbursement rate, plan of care, caregiving goals, and any other requirements agreed to by the family caregiver and family unit.
- 5. Regardless of payor, professionals should encourage the family caregiver to document all expenses and retain all receipts.
- 6. Professionals can help develop a care plan that includes the family caregiver, but is not exclusive to the family caregiver. Some questions to ask the family caregiver include:
 - » How does the family caregiver best use the caree's money in order to ensure she receives (and can continue to receive) the care she needs?
 - » Who are the best persons and community programs to provide that needed care? Research community services and programs, such as adult day centers, that may help the family caregiver provide care. Remind the family

caregiver that regular breaks are essential to last the caregiving marathon. Perhaps an effective care plan would look like this: The caree attends an adult day center three times a week; receives help from a home health aide one day a week; and receives help from a family caregiver three days a week and at night. Such a care plan may be the best way to use a caree's money so she receives the care she needs. With such a care plan, a family caregiver frees up time to increase the number of hours worked outside the home while still receiving compensation for the days (and nights, when appropriate) providing care and managing the overall care plan. Partnering with an Aging Life Care Specialist or Certified Caregiving Consultant may be helpful in creating a plan of care that takes into account the best interest of both parties.

7. Encourage the family caregiver to plan for his or her own future. Ask the family caregiver: How will you protect your own financial future? How will any sacrifices you make today affect you tomorrow? If you quit a full-time job to be a full-time family caregiver, how will your future be affected? Can you live with the impact? If the impact seems too great, what adjustments, such as finding a part-time job, can you make? Encourage the family caregiver to take small steps to ensure future employability, like taking online classes, exploring online volunteer opportunities, and enrolling in classes at the local community college to keep skills up-to-date.

Solutions

With the need for families to take on caregiving responsibilities, perhaps now we need to consider a formalized family caregiver position and program. In 2013, I wrote about an idea for a program that trains family caregivers to become a Family Care Manager (Brown, 2013) to oversee and manage the care of family members. Six years ago, the idea was ahead of its time. Now, the time seems right to provide family caregivers with professional training and support so that organizations paying family caregivers ensure both family caregivers and their carees receive what they need. •CSA



In 1996, **Denise Brown** launched CareGiving.com, the first website to add online caregiving support groups, daily caregiving chats, and blogs written by family caregivers. Through its blog posts, podcasts,

and video chats, CareGiving.com holds one of the largest online libraries of caregiving stories. Denise created and leads the Certified Caregiving Consultant, Facilitator, Educator, and Specialist training programs. Next Avenue named Denise a 2017 Influencer in Aging, one of "50 advocates, researchers, thought leaders, innovators, writers and experts who continue to push beyond traditional boundaries and change our understanding of what it means to grow older." You can reach Denise by visiting CareGiving.com.

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Grandparents raising their grandchildren have a unique set of issues that affect their perceptions and vulnerabilities, as well as their strengths. BY BERT HAYSLIP JR., PH.D, REGENTS PROFESSOR EMERITUS AT THE UNIVERSITY OF NORTH TEXAS

argely as a function of a variety of negative life events, grandparents who are caring for their grandchildren on a full-time basis are becoming more prevalent. In 2000, 5.7 million grandparents lived with their grandchildren, and approximately 2.4 million of such persons were raising their grandchildren; figures now approximate 6 million grandchildren raised by nearly 2.5 million middle-aged and older persons (Generations United, 2018). Since 1990, there has been a 30 percent increase in the number of children (half of whom are under the age of six) living in households maintained by grandparents. Indeed, the numbers of grandparent caregivers increased during the 2008-2009 recession (Pew Foundation, 2010). While the absolute incidence of grandparent caregiving is greater for Whites, the odds of becoming so are greater for Hispanics and African Americans (Generations United, 2018). Professionals will increasingly encounter these adults striving to parent while they age. It's a group with diverse needs and concerns, many of which may be surprising.

Grandparents Raising Their Grandchildren: Who are They?

Important not only in terms of understanding the psychosocial adjustment of grandparents raising their grandchild, but also in terms of giving rise to policy-related efforts to support them, is the realization that grandfamilies are indeed affected by the opioid epidemic. While reliable estimates of the impact of the opioid epidemic on grandparents have not yet appeared (Generations United, 2016), the incapacitation or death of an adult child will likely make it necessary for many grandparents to assume parental responsibility of a grandchild. At the same time, grandparents will likely have to deal with feelings of anger, sadness, frustration, and grief stemming from the consequences of the use of such highly addictive painkillers by an adult parent. Most recently (2018), the public's awareness of the issue of opioid addiction as it impacts grandparents has been heightened by a 60 Minutes TV news show segment and a special issue of Time magazine. Recognizing that grandparents who raise their grandchildren do not do so in a cultural void, the policy-related aspects of the opioid epidemic and the related challenges faced by such persons as they apply to grandfamilies are discussed below and in Part 2, which will appear in the following issue.

Grandparent caregivers, termed *custodial grandparents*, tend to:

- be younger,
- be more likely to be the mother's parents,
- have poorer health, fewer social and economic resources,
- · be less highly educated, and
- be more likely to be raising boys,

all relative to traditional, noncaregiving grandparents (Generations United, 2015, 2016, 2018; Hayslip, Fruhauf, & Dolbin-MacNab, 2017).

Many children who are being raised by their grandparents live in poverty, with the percentage of grandparent caregivers living below the poverty line (19 percent) being greater versus other types of families with children (14 percent) (Generations United, 2015). Many such children have difficulty registering for school and while 20 percent of children in homes headed by their parents have no health insurance, 33 percent of children in grandparent-headed homes lack such insurance (Generations United, 2018). Such

difficulties are greatest for grandparents who are caring for their grandchildren "informally," lacking a formal legal basis (e.g., adoption, legal custody, guardianship) for doing so (Cox, 2019).

In some cases, grandparents care for grandchildren in a "skipped generation" household, where the adult parent is absent, and in other cases, they have a "co-parenting" household, wherein the grandparent and adult child co-reside, even though the grandparent may have assumed primary responsibility for caring for the grandchild. These family constellations vary with ethnicity, and while co-parenting is more common among Hispanics and African Americans, skipped generation household grandparents tend to fare worse physically and emotionally (Generations United, 2015). In between these formal variations in grandfamilies are likely situations where grandparents assume caregiving responsibility for their grandchildren for varying amounts of time and under unique circumstances with varying degrees of involvement in their grandchildren's lives.

Parent's Circumstance Stigmatizes Grandparents

Unfortunately, grandparent caregiving is usually linked to the divorce, drug use, incarceration, job loss, teenage pregnancy, or death of the adult child, as well as to the abandonment or abuse of the grandchild (Hayslip & Kaminski, 2005; Park & Greenberg, 2007; Siordia, 2015). These circumstances often stigmatize grandparents, isolating them from needed support from others and making it difficult for them to be treated equitably by social service providers, fellow grandparents who are not raising a grandchild, and sometimes even other family members. Complicating matters, grandparents often neglect their health to the exclusion of their grandchildren's (Baker & Silverstein, 2008). Not surprisingly, disappointment in the adult child as a poor parent is commonplace and grandparents grieve over the losses they have experienced in taking on this responsibility, where plans for the future, grandchild relationship quality, and even marital satisfaction are all often undermined.

In the present manuscript, I refer to grandparents who are raising their grandchildren as *custodial grand-parents* and their families as *grandfamilies*. Despite their importance in their grandchildren's lives and the satisfaction associated with guiding and protecting a vulnerable child, custodial grandparents also report feeling isolated from age peers, experience a variety of physical and emotional challenges associated with caregiving, feel judged by others as failures as parents, or experience shame linked to the perceived stigma of



having to raise their grandchildren (Hayslip, Maiden, Page, & Dolbin-MacNab, 2015). Likewise, many grandchildren feel estranged from their biological parents and from peers whose families are still intact, and some experience difficulties in connecting emotionally with their custodial grandparent(s) (Dolbin-MacNab & Keiley, 2009). Smith and Palmieri (2007) and Smith, Hayslip, and Webster (In Press) found custodial grandchildren to fare worse emotionally, socially, and behaviorally relative to age-matched normative samples. In contrast, Harnett, Dawe, and Russell (2014) found such grandchildren to function more adaptively than children living in non-relative foster homes.

Collectively, these factors underscore the importance of understanding the interpersonal and cultural contexts in which grandfamilies function, and suggest that the nature of the custodial grandparent role is relative to many factors. Taking an ecological perspective (Brofenbrenner, 2005), it is important to understand that custodial grandparents and grandchildren do not exist in a vacuum - they influence and are influenced by various aspects of their immediate and more distant immediate environments. Grandparent experiences and outcomes are shaped by spouses and grandchildren, the grandchild's parents, and even extended family members (e.g., other adult children, noncustodial grandchildren). On a more distal level, custodial grandparents interact with numerous service providers as well as members of their larger communities and the general public.

These contextual factors can disenfranchise grandfamilies, leaving them feeling powerless, unimportant, and frustrated with their circumstances. Indeed, grandparents either do not seek help or are difficult

for service providers to reach because they either rely on family or friends for support, have become disenchanted with available services/service providers, or lack the resources enabling them to access such help (Carr, Gray, & Hayslip, 2012). Many consequently fail to care for themselves, borne of the sacrifices they must make in ignoring their own health and the challenges to caregiving that poorer health creates (Kaminski, Hayslip, Wilson, & Casto, 2008; Roberto, Dolbin-MacNab, & Finney, 2008). Given these influences, at least some grandparents raising their grandchildren are vulnerable physically and psychosocially, underscoring the importance of empowering them (Cox, 2008). At the same time, many grandparents find a way to not only cope with, but also rise above the many challenges associated with raising a grandchild; indeed they are resilient, resourceful, and adapt well to change (Hayslip & Smith, 2013; Musil et al., 2019).

While not all grandparents have a difficult time raising their grandchildren, there are common difficulties reported by custodial grandparents in doing so, and an awareness of such factors is important to understanding how resilient many custodial grandparents indeed are (see Hayslip & Fruhauf, 2019). These challenges include:

- · less satisfaction with grandparenting,
- · less meaningful grandparenting,
- strained relationships with the grandchildren they are raising,
- isolation from other grandchildren and friends because of their parental responsibilities,

- feeling overloaded and confused about their roles as parents and grandparents, and
- caring for children, often boys, whose behavioral/ emotional problems are more likely to come to the attention of others (such behavioral problems are termed *externalized*, see Smith & Palmieri, 2007). Many such difficulties are those with which these grandparents are less likely to seek help (Hayslip, Fruhauf, & Dolbin-MacNab, 2017; Park & Greenberg, 2007).

Underscoring the cultural diversity among them, some grandparent caregivers, whose cultural traditions help to define the caregiving experience by virtue of their exposure to insensitive or unskilled service providers, or as influenced by their negative feelings about seeking help from "outsiders", may be less likely to ask for assistance for themselves or their grandchildren (Montoro-Rodriguez & Ramsey, 2019). Thus, service providers who are sensitive to cultural traditions may not only be more effective in facilitating such grandparent caregivers' access to services, but also more sensitive in dealing with grandparent caregivers. Such interactions can go a long way toward helping grandparent caregivers feel that they are not alone in facing the challenges of raising a grandchild.

Negative Consequences

There is an emotional and physical toll that caregiving takes. Indeed, the incidence of depression, diabetes, hypertension, and insomnia is greater among grandparent caregivers, who often report more difficulty than their age peers in performing activities of daily living, and over time are more likely to experience poorer physical and mental health than noncaregivers (Hayslip & Fruhauf, 2019; Park & Greenberg, 2007). Such illnesses may cause custodial grandparents to fear for their grandchildren's well-being in the event of their own disability or death (Baker & Silverstein, 2008).

As noted above, taking on the parenting role (often with little warning) can strain grandparents' marriages and disrupt their life plans. Retirements may be delayed, persons may have to continue working, and partners may not agree on the wisdom of raising a grandchild in one's fifties and sixties. Indeed, many custodial grandparents come to resent their children for creating the situation leading to the care of the grandchild, and yet, they may feel guilty over having failed as parents in raising such a child. To the extent that the relationship with the adult child is ambivalent or the relationship between the grandparent and grandchild/adult child is poorly defined, the demands

on the grandparent caregiver are more debilitating (Hayslip, Knight, Page, & Phillips, In Press).

Despite these demands, it is important to know that grandparents often put their own needs behind those of their grandchild, and feel a strong sense of love and commitment to their grandchildren to ensure that their lives turn out for the best (Baker & Silverstein, 2008). Thus, while self-sacrifice is laudable, it may come at a cost for many grandparents, especially those who live in rural areas and are in poorer health (Hayslip, Knight, Page, & Phillips, In Press).

A host of complicated circumstances often lead to grandparents taking on the care of their grandchildren. Adults spanning a wide range of income may have children who are in prison or fall victim to the opioid epidemic, necessitating they take over parenting duties. This growing demographic requires understanding from professionals, who will need to work to solve their financial, legal, and emotional challenges. •CSA



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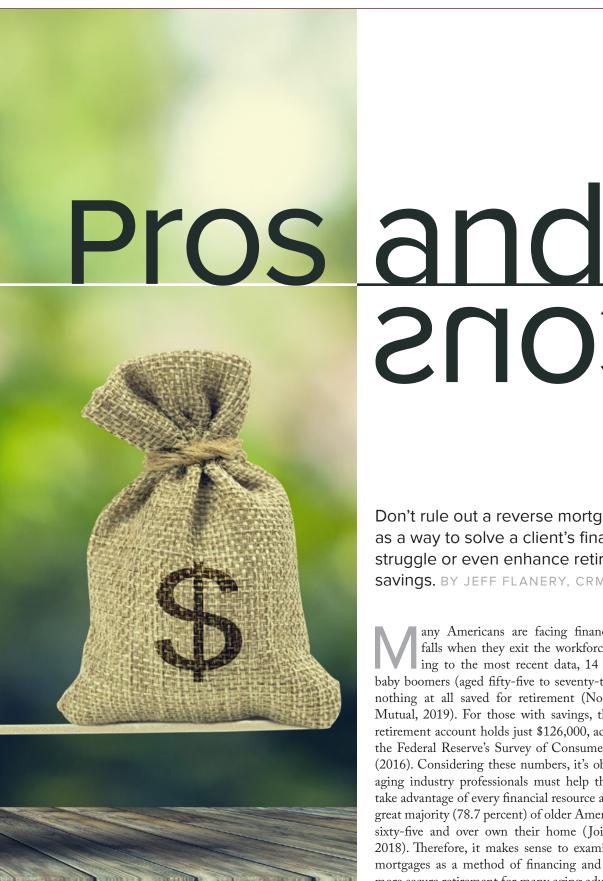
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CONS

Don't rule out a reverse mortgage as a way to solve a client's financial struggle or even enhance retirement savings. BY JEFF FLANERY, CRMP

any Americans are facing financial shortfalls when they exit the workforce. According to the most recent data, 14 percent of baby boomers (aged fifty-five to seventy-three) have nothing at all saved for retirement (Northwestern Mutual, 2019). For those with savings, the median retirement account holds just \$126,000, according to the Federal Reserve's Survey of Consumer Finances (2016). Considering these numbers, it's obvious that aging industry professionals must help their clients take advantage of every financial resource available. A great majority (78.7 percent) of older Americans aged sixty-five and over own their home (Joint Center, 2018). Therefore, it makes sense to examine reverse mortgages as a method of financing and funding a more secure retirement for many aging adults.

How Does a Reverse Mortgage Work?

In a nutshell, a reverse mortgage allows homeowners to access a portion of their equity, which is known as the *principal limit* (funds available), by getting a loan. The most common type of reverse mortgage is a Home Equity Conversion Mortgage (HECM), which is insured by the U.S. federal government, and it is only available through a U.S. Federal Housing Administration (FHA)-approved lender. For a HECM loan, the amount of the principal limit is dependent on a couple of factors:

- The age of the youngest borrower (with exceptions for a non-borrowing spouse). This is an actuarial-based formula where, typically, the older homeowners are, the more funds are available to them.
- The value of the home, subject to the U.S. Federal Housing Administration (FHA) lending limit, which is currently \$726,525.
- Long-term interest rates known as the expected rate. Usually the lower the rate, the higher the principal limit or funds available to the homeowner.

Once homeowners have determined the funds available to them, or the principal limit, they need to determine the closing costs to obtain a reverse mortgage. There are three basic types of closing costs: the origination fee, the upfront mortgage insurance premium, and other closing costs associated with the loan, such as the appraisal fee, and title and government recording fees. The result is known as the *net principal limit*.

The key to understanding a reverse mortgage is becoming educated about the product. To this point, the United States Department of Housing and Urban Development (HUD) mandates that a borrower obtain a HUD Counseling Certificate from an independent, HUD-approved counselor who can explain the basics.

A reverse mortgage is a loan, and the home is the collateral. Instead of making payments to the lender, the lender makes payments to the homeowner. That interest is rolled into the balance of the loan so it doesn't have to be paid up front. Generally, the debt of the homeowner increases as the home equity decreases over the life of the loan. When the homeowner moves or dies (or when there is any "maturity event" which may cause the loan to become due and payable), the lender must be repaid the principal of

the reverse mortgage, as well as interest, mandatory mortgage insurance, and other costs. Money received in excess of these fees goes to the homeowner or the estate, and heirs can choose to pay off the mortgage in order to keep the home. One great feature of today's reverse mortgages is that they are nonrecourse loans, meaning that the amount of the debt will never be more than the value of the property.

Pros and Cons

Making a list of the positives and negatives can help clients determine if a reverse mortgage may be of benefit in their situation. While it can be a complicated decision with a variety of factors to analyze, setting down the positive and negative aspects adds clarity to the process and can help arrive at a conclusion.

POINTS IN FAVOR

A reverse mortgage can be a financial tool to help aging homeowners live a better retirement. Reverse mortgages allow homeowners to access a portion of their equity and can provide a means to help them extend resources. Obviously financial planners would have a much easier time advising clients on their financial planning needs and goals if it weren't for one big unknown – how long does a person have to the finish line? Home equity is another financial resource which older adults can draw upon along with their other funds, such as certificates of deposit, 401(k) and 403(b) retirement plans, individual retirement accounts (IRAs) and annuities, as well as other resources, to fund their retirement years.

1. Eliminate a Mortgage Payment

For many, retiring means making the move to collect Social Security and/or a pension, living on a fixed income, and establishing a budget that no longer includes a paycheck. The income side is pretty well fixed, unless the retiree will be engaged in part-time work. Most of the tinkering retirees can do is on the expense side. Eliminating a mortgage payment is probably the top reason for doing a reverse mortgage — getting rid of what is most peoples' biggest expense and thereby improving their monthly residual income.

2. Receive Monthly Payments

For some, the reverse mortgage might represent a way to increase the money available to meet monthly obligations. As people get older, needs and services to age in place in the home may change, and monthly income may no longer



be adequate. Homeowners can increase their monthly cash flow by using a reverse mortgage to obtain additional cash to pay costs associated with staying in their home, such as taxes, insurance, and possibly homeowners association dues (all of which are required to be paid while maintaining a HECM loan). Additionally, there may be a need for in-home health care or other services, such as home upkeep, that older adults are not able to handle any longer.

3. Peace of Mind

Many reverse mortgage clients indicate that just having access to the funds, should they be needed, helps eliminate "unfinished business." Basically, the funds from a reverse mortgage can be used however the homeowner wishes. One of my clients chose a reverse mortgage to renovate her kitchen, even though she had stage four cancer, because she wanted to enjoy the time she had left preparing meals in a new, pretty kitchen. Sometimes, as in this case, there is a reason for taking out a reverse mortgage other than just making the numbers work out. This option fit my client's needs while she was alive. Her daughter ended up living in the home after the reverse mortgage was paid off, so she got to enjoy the nice kitchen her mother had created. I've also had a number of clients who want to get their funeral details taken care of but did not have the resources to do so. Sometimes, having the peace of mind knowing that things are taken care of is a big load lifted going forward. Taking care of business!

4. Tax Strategies

The proceeds from a reverse mortgage are

normally tax-free; however, borrowers should consult their tax professional to be sure. Sometimes there are inherent tax advantages to using the reverse mortgage over other assets. For example, using proceeds from a reverse mortgage can be a better alternative than expending other resources with potentially serious tax implications. One strategy would be to draw on the reverse mortgage as opposed to taking (taxable) funds from investments when the markets are down, and then replenishing the line of credit when the markets are back up.

5. Fund Health Expenses You Need

Your clients might need a lump sum of money to fund things that would enable them to live a better life. These might include items such as hearing aids or eyeglasses, or expenses related to surgery. As an example, one of my clients.became gravely ill and needed a lung transplant. The client was able to pay for it by accessing funds made available by a reverse mortgage.

6. Rightsizing or Downsizing a Home

It's finally time to retire, or at least slow down. Maybe a client's goal is to move to the Sun Belt, or closer to family. A HECM for Purchase allows homeowners aged sixty-two and older to buy a new principal residence using proceeds from a reverse mortgage loan. By using the HECM for Purchase, older adults may be able to make that move closer to family members, or maybe they just want to downsize. They can use the proceeds from a reverse mortgage to provide the down payment, along with the funds from their existing home, or other resources, to downsize (or even go

to a larger home) and still accomplish the objective of not having a monthly mortgage payment in the new home.

WHAT MAKES UP THE CONS?

First, homeowners have to see through the negative information that has plagued reverse mortgages since their inception. "The bank takes your house," "they cost way too much," or even "they are bad because my neighbor said so." There have been problems with the industry in the past, but the Reverse Mortgage Stabilization Act of 2013 brought welcome change to HECM loans by authorizing the Secretary of Housing and Urban Development to establish "any additional or alternative requirements determined necessary to improve the fiscal safety and soundness of the reverse mortgage program" (Summary: H.R.2167, n.d.). Borrowers are now subject to a financial assessment to determine their willingness and capacity to keep the HECM loan in place, and they must be counseled as to exactly what taking out a reverse mortgage will entail.

For years, the public has been taught that they must make a monthly mortgage payment on their home until they eventually own it free and clear. For some, after years of making those monthly house payments, the idea of using funds from the equity in their house or receiving payments out of that home equity is a little difficult to accept. Pushing through that mental barrier is the first step when considering a reverse mortgage, but there are other hurdles.

1. Not Getting Educated from a Specialist

The top reason for avoiding a reverse mortgage is a lack of knowledge or not understanding how a reverse mortgage works (appreciating the benefits it can provide and understanding the negatives). Ever since the HECM program first started, a HUD-approved counseling session has been a prerequisite for obtaining a reverse mortgage. Borrowers need to make sure they know what they are getting into and become familiar with the basic workings of the reverse mortgage. They should have all of their questions answered sufficiently before they commit. I believe that the biggest mistake people make is not taking the time to understand all of the details comprising this very technical product. Locating a specialist is as easy as going to the National Reverse Mortgage Lenders Association (NRMLA) site to find a member who has earned the Certified Reverse Mortgage Profession designation. That person has studied for, and passed, exams on every aspect of reverse mortgages so borrowers can be confident they're working with a professional.

2. Costs

The reverse mortgage is like a watch: on the outside, it's simple, but inside it's got a lot of moving parts. If someone knows the age of the youngest borrower, the value of the home, and the current interest rates, anyone can calculate the principal limit or the funds available for a reverse mortgage client. But when the watch is opened up, there are a lot of precise mechanisms hidden inside, and the reverse mortgage is no different. What is the total annual loan cost versus the benefit of obtaining the reverse mortgage, and does this meet the goals a client is trying to accomplish? The cost of a reverse mortgage might be more than a forward mortgage (because every single HECM loan is subject to a mortgage insurance premium), but the monthly payments may be more in line with a client's monthly objectives or goals. Know all of the details regarding how the loan works and if the benefits outweigh the costs.

3. Don't Get Carried Away

One note of caution: I have learned in my seventeen years of working with reverse mortgage clients that sometimes having additional funds available can make it tempting for them to spend more than they have allotted in their budget. After all it, is their money. However, the trick to making money last is knowing how long we are going to be here, and, let's face it, most of us don't. The majority of folks are very judicious in how they spend the proceeds of the reverse mortgage, figuring on long lives to ensure there will be money left until the end. But suddenly having cash at one's disposal can be tempting. Clients should be cautioned to use their funds wisely.

4. Home Expenses Must Be Paid

In 2014, the HECM started using a financial assessment of a potential borrower to determine if he or she qualifies for a reverse mortgage. The main reason for this financial assessment is to make sure the borrower has the ability to pay taxes, insurance, and HOA dues, and to maintain the home, in order to keep the reverse mortgage in good standing. These are requirements for obtaining a HECM reverse mortgage. Not only is it necessary to qualify for the reverse mortgage, but homeowners must be able to demonstrate their ability to sustain the

upkeep of the home. Again, this includes the timely payment of taxes, insurance, and HOA dues, and the general maintenance and upkeep of the home to HUD standards.

Summary and Bottom Line

While there are a number of pros and cons, there really is no hard and fast list of reasons for getting, or not getting, a reverse mortgage. Weighing the reasons, both for and against, may be very different for each and every individual. Essentially, the two big questions are: Will a reverse mortgage be of benefit to the borrower, and do those benefits outweigh any negatives? There are an endless number of products and services available to enhance one's retirement years, and the reverse mortgage may provide a valuable additional funding resource. In fact, proprietary reverse mortgages will be available in nearly every state in the very near future, giving borrowers even more options.

My best advice is to take out the old paper tablet, then draw a "T" account on the paper. On the left side of the T, list the main reasons for obtaining a reverse mortgage, or the goals a client is trying to achieve with one. On the right side of the tablet, list the reasons why a reverse mortgage may not be the best solution for those needs. If professional and client determine that there is a benefit to the borrower, then the reverse mortgage is a safe and viable tool to use. If there is not a benefit to the borrower, then it is probably wise to consider other options. •CSA



Jeff Flanery is a reverse mortgage specialist with Cambria Mortgage in Minneapolis, MN. He earned his BS at the University of South Dakota before jobs in accounting and sales. Jeff then became a branch

manager for reverse mortgages at Wells Fargo, where he realized he enjoyed helping older adults improve their retirement outcomes. His passion for the efficacy and utility of reverse mortgages continues to grow, leading him to become one of less than 200 Certified Reverse Mortgage Professionals in the country. You can contact Jeff on his cell at 612-240-9517, or send him a fax at 952-942-0330.

RESOURCES

understand.

I recommend reading a book by Dan Hultquist entitled

Understanding Reverse-2019: Answers to Common Questions

- Simplifying the New Reverse Mortgage to get a better handle
on the basics of reverse mortgages. Dan manages to explain the
complexities of the reverse mortgage in a way that is easy to

For an expert opinion on the use of reverse mortgages as part of a financial strategy, check out an excellent resource from Wade Pfau, PhD: Reverse Mortgages: How to use Reverse Mortgages

- to Secure your Retirement (2018). Tax strategies using reverse mortgages are included.
- The most popular type of reverse mortgage is known as the Home Equity Conversion Mortgage (HECM), which is insured by the U.S. Federal Government and available thru FHA-approved lenders. For more detail, refer to hud.gov/program_offices/housing/sfh/hecm/hecmhome.
- For another great resource on using your home as a part of your financial planning, check out Chapter 5 of Harlan J. Accola's book *Home Equity and Reverse Mortgages: The Cinderella of the Baby Boomer Retirement.*
- For information on reverse mortgage lenders, check out the National Reverse Mortgage Lenders Association site at nrmlaonline.org.
- To find someone who has earned the Certified Reverse Mortgage Profession (CRMP) designation in your state, visit https://www.nrmlaonline.org/about/crmp-designation.

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■ IMPORTANT TERMS

reversemortgage.org/get-help/glossary-of-terms

Initial Principal Limit: Amount of funds you are eligible to receive from a reverse mortgage before closing costs are deducted.

Expected Interest Rate: The interest rate used to calculate the principal limit. It equals either the 10-year CMT or the 10 year LIBOR rate plus a margin.

Origination Fee: A fee charged by the lender to cover its expenses for originating the loan. A lender can charge the greater of \$2,500 or 2 percent of the first \$200,000 of your home's value plus 1 percent of the amount over \$200,000. HECM origination fees are capped at \$6,000. Some lenders waive or reduce the origination fees on certain products.

Net Principal Limit: Amount of funds you are eligible to receive at closing after loan costs have been deducted.

Counseling: A service provided by an independent third party, typically approved by the U.S. Department of Housing and Urban Development, to make sure the borrower fully understands the reverse mortgage and review alternative options, prior to application. Mandatory for the HECM program and in certain states for all types of reverse mortgages.



The Financial Pros and Cons of Love and Marriage Later in Life

Those who find true love late in life should take a long look at all the financial changes, for better or for worse, that marriage entails.

BY ELLEN M. TSAGARIS, JD, PHD

ore and more couples choose to marry later in life, after age sixty. Many of these spouses are entering second, third, or fourth marriages. Some have young children to care for, adult children to care for, or both. Older couples may also take care of elderly parents and relatives. Their choice to marry late affects their income, tax status, health care options, family relationships, and estate planning. Yet the choice to marry when they are older often brings financial stability, longevity, and mature compassion along with love and companionship.

More couples are discovering that love is better the second, third, or fourth time around. Maturity can make love blossom even more sweetly, and singles groups for those over fifty are thriving. There is an appeal to love in the golden years exemplified by television and movies, especially shows like British romantic sitcom *As Time Goes By*, which follows the relationship between former lovers who meet after being out of touch for 38 years, and *Last Tango in Halifax*, another British series that loosely adapts the true story of the mother of the screenwriter's second marriage. Older people often have a better understanding of each other's needs.

People often choose to marry late so they can finish graduate school and establish themselves professionally and financially. Being better off financially leads to more disposable income. Older couples may also find themselves in situations where they are caring for school-age children in addition to parents and possibly even grandparents.

Furthermore, while people who marry later generally have more financial resources than young couples, they may also have more expenses. In the case of one couple known to the author, the husband and the wife were near fifty when they married. He came to teach with his future wife at her university, and six years later, they married. It was her first marriage, his third. He had custody of his two-year-old son from his second marriage, so they became an instant family. Though she knew him and loved him, the wife had no idea what she was really getting into and went into marriage with her "eyes wide shut." The two had lots of emotional and financial baggage to deal with, and a young child to raise.

Financial baggage can include alimony and child support, or paying off mortgages and other expenses. Also, scholars do not know enough about how marriage affects financial practices. Up until the mid- to late-20th century, women's assets became their husband's when they married. Dowries were an integral part of marriage in the ancient world, and still are in many cultures today. Hence the plots behind Jane Austen's novels and the reason why Mr. Rochester married the very wealthy, but violently insane, Bertha Mason in Charlotte Bronte's iconic *Jane Eyre*. Marriage was, and is, a financial contract.

There are many pros and cons to ponder before saying, "I do."

Pros:

1. Combined incomes can mean improved financial health. Financial independence for each partner is another reason for marrying later in life. Each partner

has property and assets to contribute, which could lead to more disposable income for recreation or investing (Marriage.com, 2016; Chatzky, 2014). There may be an extra home to rent out or sell, and vacation stays still require renting just one room.

In some cases, both spouses were established in their fields when they married. In one such case, the wife's job carried benefits, including insurance. The husband had a good job with benefits, and then rolled over his assets to buy his own business. They were able to maintain two homes and four cars while saving for a modest business to run after retirement.

2. Older couples are more mature and know how to treat each other; their experience makes them better able to solve problems. With age comes maturity and empathy. Older couples have done it all, or had it happen to them somewhere in past years. They have learned patience and compassion, often because they have dealt with parents' elder and health issues, and experienced a variety of life's ups and downs with their own family (Marriage.com, 2016). Older couples have learned to be considerate of each other as well. If they have children they're bringing up later in life, they have sometimes raised an earlier family before and are more emotionally equipped to deal with parenthood.

3. Two kindred spirits can think alike for marital financial consultation. As stated in marriage.com (2016), the "his, hers, mine approach to bank accounts . . . honors independence while also creating a beautiful sense of connectivity."

In a world gone mad with identify theft, it's nice to have someone to trust in financial matters. In "Is the Money Yours, Mine, or Ours?" Anne Field discusses several couples who married late and gained financial peace and stability through mutual planning, communication, and trust. At first, these couples had prenuptial agreements that dictated they hold separate bank accounts and assets. Once they were comfortable in their marriage, they created joint accounts (Field, 2017; Chatzky, 2014).

4. Tax benefits. In an episode of ABC television's *Boston Legal*, Supreme Court Justice Antonin Scalia marries James Spader's and William Shatner's characters so that Shatner's character, a victim of mad cow disease, could gain tax and financial benefits. Married spouses can inherit a limitless amount of assets without paying state or federal estate taxes (Block, 2015). Marriage can improve the financial situations of people in everyday circumstances, too.

According to Sandra Block in her 2015 article for Kiplinger's, tax laws help married couples with individual retirement accounts (IRAs). A surviving spouse



may roll an inherited IRA into his or her account, then postpone taking anything out until required minimum distributions are necessary, currently at age 70.5. In the meantime, the account will continue to grow tax-deferred. Recently, tax benefits have been extended to same-sex couples as well. In *United States v. Windsor* (2013), the U.S. Supreme Court held that same-sex partners could also claim federal estate tax exemptions for surviving spouses.

5. Longevity. In a recent study published in the American Journal of Epidemiology, researchers found that staying single can take about a decade off a lifespan (Roelfs, Shor, Kalish, & Yogev, 2011). The scientists looked at data from ninety previous studies involving about five hundred thousand people, then compared those who never married to those who had, excluding data for divorced people and those whose spouses were deceased. Single men had a 32 percent increased risk of death across a lifetime when compared to their married counterparts. For women, the mortality risk was 23 percent higher for singles than for married ladies.

As with all things, however, there are two sides to the coin where marrying later in life is concerned.

Cons:

1. Paranoia and suspicion regarding financial assets. People sometimes don't even want children and families to know their assets, let alone a new spouse (Marriage.com, 2016). Coupled with this paranoia is the suspicion of children and families who may worry that a new spouse is a "gold digger" or will take over financial control of their parent. As a result, some couples make prenuptial agreements or write wills so as to ensure their children and grandchildren will be taken care of (Field, 2017).

2. High medical costs. Married couples normally are responsible for each other's debts, including medical debts (Browning, 2018; Marriage.com, 2016). It is not unusual for the insurance premium paid as part of work benefits to go up hundreds of dollars to cover a spouse and children or stepchildren.

Medical costs can skyrocket when one spouse becomes seriously ill. The healthy person must still assume the medical care for the ill partner; after all, the vows read "in sickness and in health." If the ill spouse requires long-term care, the healthy spouse's assets could be depleted paying for it.

3. One Spouse May Become Responsible for the Other's Children. Children require time and financial resources, not just love and emotional commitment. As one set of married friends used to quip, "Who drives Cadillacs? Us minus our daughter!"

Marriage.com (2016) notes that even adult children go to their parents for money and advice. When we marry someone, we marry their children. My husband had custody of his two-year-old son when I met him. A significant part of my time and income went to raising him. It was my choice, and it was rewarding, but my husband and I don't spend weekends in Vegas or drive expensive cars. Older couples with children (or sometimes grandchildren) pay for school fees, clothing, toys, medical care, summer programs, music lessons, uniforms, band instruments, and more. Other people in their fifties to seventies without children and grandchildren to care for are more likely to be planning additions to their homes or cross-country trips in motor homes.

Adult children also become an important part of the picture in late-life marriages. Many of these children will assume the care and expenses of older parents (Silverstein & Giarusso, 2010). Others may

expect a parent or stepparent to assume care expenses. As Silverstein and Giarusso (2010) found in their study "Aging and Family Life: A Decade Review," how much of the expenses are paid will depend on the type of relationship the children and parents have. Those with closer relationships will be more likely to assume the expenses (Grundy, 2006).

Medicare simply does not cover long-term residential care costs. At-home care agencies are not covered by insurance for the most part, either. If an older adult doesn't already have long-term care insurance before age sixty or so, it is almost impossible to get.

One plus for older couples is that they often have extended families that may help with the care of children and older relatives. However, a child without siblings often finds herself bearing the burdens for both sides of the family.

4. Estate Laws and Estate Planning. In probate, spouses inherit from each other. This, of course, may upset children and stepchildren. One answer might be to create a revocable trust, which allows beneficiaries to access assets but avoids lengthy and expensive probate. In creating a revocable trust, spouses should make each other the beneficiary (Field, 2017; Helewitz, 2016).

In some states, you can't disinherit your spouse. Block (2015) quotes Howard Krooks regarding some surprising state laws: "Many states have 'elective share' laws that require that a specific percentage of your estate go to your spouse, even if your will states otherwise." For example, New York law requires that a third of the estate go to the surviving spouse unless the spouse waives that right. In Florida, it's 30 percent. "Even if you were to try to disinherit your spouse, the state law would trump your wishes," Krooks says (Block, 2015).

In the end, older adults have to consider whether love, indeed, conquers all. Each person has unique needs and challenges; does the need for love and companionship under the banner of marriage supersede any cons involved? The truth is, many of the cons involved with marrying later in life are the same ones we all face with aging, and it doesn't matter if we are single or married. •CSA



Dr. Tsagaris has chaired legal studies and English at the university level. She has presented papers at major conferences and has been published in law and English. Currently, she blogs and also writes for news-

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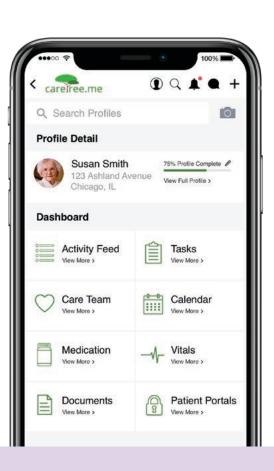




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Book Review of "The Longevity Economy" written by Joseph F. Coughlin

Opportunities abound for service and manufacturing businesses catering to older adults, but only if their products have mass appeal.

BY STEPHEN S. ENDRIZZI



Is the reader truly meeting the needs of this dynamic, growing, wealthy group or will he or she fail to hear their needs?

oughlin begins his book by pointing out that America has only a short time to adjust to the emerging tsunami of adults aged sixty-five and older. They are arriving in large numbers, they are impactful, and they are on a very predictable schedule. To meet their needs and wants, not a perceived notion of what providers want them to desire or need, time is short to make long-range plans. The world's population is trending older. We know this aging population is educated, affluent, and has helped develop technological advancements. But businesses are struggling to fulfill their desires.

What we do not have are the answers to help harness this data into guaranteed expectations.

- Who is this new population?
- What are their needs?
- What will make them want to buy something?
- Is the latest idea the reader is brainstorming, manufacturing, or flooding the market with meaningful to the individual intended to use it?

Despite, or perhaps because of, a rise in life expectancy since 1900 from fifty to over seventy-nine years in the U.S. and eighty-four in Japan, the two countries have lowered birth rates below the number needed for replenishment. Coughlin points out these two countries are both affluent yet face this reality in different ways. The U.S. has traditionally depended on immigration to offset the lower rate of births. While many foreigners come here to meet their economic and life dreams, Japan faces immigration with a zero-tolerance policy. (However, demographics are forcing change. In November 2018 Japan's Lower House passed a controversial bill allowing more foreign workers into the country) (Schwarcz, 2018). The number needed by each country to keep the population level is 2.1 children per woman.

The trend of aging populations is greater in developing nations, where the tidal wave of older adults is coming in higher percentages, represented by a staggering number of 20 percent to over 30 percent

of the population. In the U.S., younger immigrants have held down this percentage to 17, but that's changing.

Boomers are Big Business

One problem with American business is that only 10 percent of the marketing dollars are spent for those over age sixty, even though they represent 83 percent of the household wealth. In fact, the over-fifty age group represents more than half of the nation's gross national product and growing. So, what is happening? Businesses are not addressing this new reality. If there is little respect for this group the mark will be missed, and failure will be the result.

Don't Call Them Old

If entrepreneurs, manufacturers, millennials, marketers, doctors, and family members want to meet the needs of a billion people, they must start talking to the baby boomers. This iconic group born from 1946 to 1964 has abandoned the "old age" tag. The term and much of what it implies is not being accepted by boomers, even as businesses and universities continue to use it in advertisements and marketing campaigns.

My wife and I operated a home franchise for nearly six years. Although nine out of ten older adults want to live in their homes, they are not ready to accept the gadgets that are marketed for them to stay there successfully. Most did not like the looks of the fall alert that would hang around their neck or be worn on their wrist. They would go so far as to think their cell phone was the answer until they become incapacitated, and yet the phone is out of reach. Did their hanging units work, if worn? Yes. The average unit is used for 2.2 years. If one in three fall annually over sixty years of age, and Americans are living to an average age of seventy-nine, why would anyone not want the protection for the entire time?

The answer: Their real needs and wants did not appeal to their meaningfulness requirement. To meet their needs, people cannot be dumbed down and considered "old people." To help fulfill both their needs and wants, this term must be changed, and the approach changed as well. The author used the term "repulse" for this off-putting language The change should be from repulse to impulse. What can be done to attract this generation to the point they just have to have it?

After all, if businesses build a world for this socalled "older generation" then aren't they preparing the younger as well who one day will arrive at its doorway?

Arrangement of the Book

Coughlin divides his book into two parts, each with four chapters. Part 1 discusses:

- · Vital Force
- Myths
- The Future is Female
- A Tale of Two Villages

Part 2 discusses:

- · Radical Empathy and Transcendent Design
- Health, Safety, and the Triumph of Magical Thinking
- The Pursuit of Happiness
- Meaning and Legacy in the Longevity Economy

The author, Joseph Coughlin, is director of Massachusetts Institute of Technology's Age Lab. The goal of this enterprise is to develop acceptable products and services to meet the lifestyle needs of older adults. So far, aging adults have been given life support systems but businesses have not prioritized liberty and happiness items. Fifteen years ago, smart phones, fifty-five and over communities, pill reminders, telehealth devices, smart scales, and stair lifts were thought to be the answer.

During that period, I had moved into an over-fifty-five patio home community. The open concept and fifteen-foot-tall ceilings were great. Oops. Not so fast. They came equipped with a smoke alarm located you-know-where. That's right, in the peak. The builder and designer saved money, but they did no favors to the owners. Who is going to change the battery that started chirping one snowy night? No one wanted to perform the death-defying feat, or even had a ladder that would reach that far. "Call the fire department," was the builder's immediate reply. Of course we could do that, but why not equip a remote box so that even a person in a wheelchair could access the battery and make the switch?

Toss Out Stereotypes

Company product designers and entrepreneurs need to ask themselves, "Is what we are providing functional, is it ever fun or enjoyable to use, is it in demand, and will it also appeal to other age groups?" If

the answer is a yes, Coughlin wants to buy their stock. Who can solve for these variables? The author views the group most likely to offer innovative solutions as insightful women. Coughlin says women tend to avoid social isolation, and they understand and value demographics of groups beyond their own more often then men.

Community Solutions

Two examples of successful community solutions Coughlin highlights appear in the South and the Northeast. The Villages in Florida is making older people happy. The community offers golf at no charge and the freedom to drive golf carts when residents can no longer drive a car. That's one likely reason it is the fastest growing community in the country.

A second, Beacon Village, started in the Boston area. It is designed for community members to look out for and assist others in the community. These volunteers tend to needs such as making sure others have food and get to doctor visits while fulfilling social needs as well. Today there are over 190 of these communities with another 150 under development.

Retaining Older Workers

One company found a way to revolutionize its manufacturing. BMW is known for quality. The German company realized earlier than most that it must appeal to an older market as well as the young and affluent. Enhanced safety technology was found useful to all ages of the buyer demographic and car sales soared. But BMW had another problem: the company wanted to keep older workers in their Bavarian plants. The laborers excelled in quality control, but the work was physically demanding. Now, special suits act as lift and bend assists, reducing discomfort and injuries. The plant is manned exclusively by workers over age fifty, allowing BMW to maintain its high standards and the employees to feel valued.

The Pursuit of Happiness

Younger people see older adults as either those enjoying leisure, who are still socially and civically involved and volunteering, or alternatively as sickly and non-producing. Millennials often work at home, spend money at local coffee houses, enjoy leisure, pay on high student loans, lack social skills and have few skill sets other than those that are computer-related. As the boomers arrive at retirement, they are tech savvy and ready to celebrate the years ahead. They don't see it as the twilight of their lives, but as an exciting period. Their bodies may be a little tweaked, but are not giving their gold to the doctors and "big pharma" until

it is a must. The link is that both groups seek fulfillment and joy.

Meaning and Legacy

Boomers have decades of active living ahead of them. Many have branched out interests to fill their time. They may write autobiographies to pass on their life stories. Others learn to cook, handle finances, volunteer with social or religious groups, and watch grandchildren. They may dive into technology with a Facebook account, or only go as far as texting. The range of hobbies and vocations is wide and unlimited.

Businesses need a person or department dedicated to finding out what needs to be done to cater to this critical market. This requires meaningfulness in their product or services to fulfill the future needs and wants of these active boomers with time and often, money, on their hands. The bonus payoff is that by researching what this older generation finds appealing is preparing the younger to want some of the same things. The win comes when the younger cohort can buy it now and realize they have more in common with the boomers than they thought. The bridge can be connected. A business that does this will empower older people while helping create a cultural, social, and economic difference. The legacy of the boomers will be a better old age. They look forward to it and invite those coming later to do the same. •CSA



Stephen Endrizzi recently retired as president of ComForCare Home Care in St. Paul, Minnesota. His career has included forty years in sales at Lincoln Electric Company followed by five and a half years

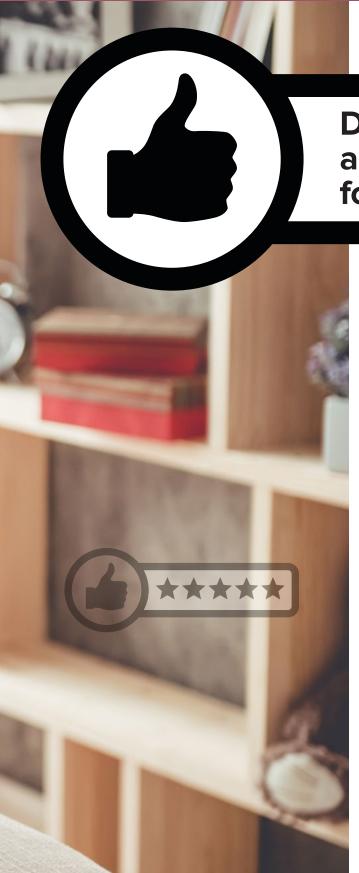
at ComForCare. Stephen's educational background includes a bachelor of science degree from Kent State University's Department of Health and Education and three certifications: Certified Senior Advisor (CSA), Certificate of Achievement Philips Lifeline GOSAFE Provider, and Readmission Prevention from the National Readmission Prevention Collaborative. In addition, he served as chair of the Minnesota CSA Leaders Network and advances understanding of aging industry resources across communities. Stephen is a community educator and volunteer speaker for the Alzheimer's Association.

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Deliver Five-Star Service and Build Your Business for Older Adults!

Use networking and go the extra mile to cement yourself as a trusted specialist with your older clients.

BY HELEN KEIT, MBA, CSA, SRES

oday's consumers are in charge and looking for outstanding customer service when they purchase products or services. In the past, products and services were produced and marketed to buyers, who would readily accept whatever was offered to satisfy their particular need. With the development of the worldwide web and its vast array of choices, the consumer can easily compare product features, price, and service — and just as easily switch brands. Online comments and reviews can influence choice and impact a company's future business (Bordeaux, 2019).

So how will your business stand out from your competition when consumers feel there are many providers who could satisfy their needs? Improving on your service model, branding it, and marketing the value you offer could make all the difference to help your business rise to the next level. The opportunity is even greater as you develop a service package aimed at the older client who may have additional needs and problems to solve in order to accomplish his or her goals.

To create or improve on the existing services offered, business owners and marketers must first really understand their customer/client in order to build brand loyalty and earn new business. Through surveys and analyzing feedback, one can gain better understanding of the pain points and where improvements can be added (St. Louis, 2017).

There are key "touchpoints" in the consumer's journey or process where a company can identify innovative ways to improve the customer experience. Implementing small but important changes can lead to winning new customers. Simple things such as being genuine, showing empathy, using technology to streamline the process, and finding new ways to make the consumer feel good and enjoy their experience with you is certainly important. Business owners should be consistent with their service model and never stop improving on the process.

Improving Service

Two corporations known for their top-of-the-line service model are Nordstrom and Hampton Inn. Nordstrom has empowered their employees to be very responsive to the clientele, to the point of assisting guests with issues and information unrelated to products for sale in the store. The idea is to build a relationship with their customers. The company has become well known for this type of service.

There are key "touchpoints" in the consumer's journey or process where a company can identify innovative ways to improve the customer experience.

Hampton Inn is a moderate-price hotel chain throughout the country that has added some enjoyment to the basic hotel experience. They offer fresh-baked cookies as you check in at the lobby, full-buffet breakfasts at no charge, and hand-written notes on the freshly made bed to welcome guests. These are several differentiating points from the usual impersonal hotel experience that helps create raving fans.

To increase business with the fifty-and-up age groups, see what additional services would be helpful for your clientele in this bracket. A package of additional services could be branded to differentiate it from your basic customer offering and marketed to reach this specific audience looking for these particular features, convenience, or extra assistance (Rough, 2017).

For example, Realtors may have a set of services they provide for every seller, such as guidance in staging the home for sale, conducting the marketing and showing process, following up after contract on the mortgage and closing steps, and finally providing service companies to help with clean out and move the customer. This is a basic outline of services.

For those fifty and older, steps to address the cohort's needs and concerns can be added along the way to create an enhanced experience that will set your business apart. For example:

- Offer a pre-move counseling session to really listen, ask questions, and better understand the goals, problem points, and family dynamics involved.
- Offer a pre-move home inspection to highlight any issues which could be easily corrected and otherwise cost negotiating dollars. These homeowners have likely been in their home a long time and may have deferred maintenance.
- Adding a home warranty with the sale can help reduce a buyer's reluctance to purchase an older home.
- The Realtor or an associate could accompany all agents showing the home to reduce stress for the older homeowner. Agents often just coordinate the showings, resulting in many different people for a homeowner to deal with.
- The Realtor could help facilitate the process of moving out and coordinate the move to the new home, working with movers, cleaning services, and tag sale companies. The Realtor can also work with the directors of a senior living development to help ensure a smooth move-in there for the senior.
- Working with a trusted team of experienced professionals and service providers can add to your value proposition. You can better help your client explore the variety of options available, adding insight for more informed decisions. Consumers can feel more secure in their decision with the variety of input and advice from this team of specialists. As you elevate your role to that of a project manager coordinating a complicated process to ensure the desired results, the consumer will recognize this difference in your service platform from that of the competition.

Case Study

Jane and Tom are planning to retire in the next several years. They are empty nesters utilizing only the main floor of a stately four-bedroom Colonial in the suburbs of a major city. With family in several different states, their dilemma is to decide whether to remain in the family home (the mortgage is paid off) or relocate to a state with lower taxes where one of their children lives. They love their current proximity to big city entertainment and quality healthcare, but worry they may not have enough saved to support their lifestyle for possibly another twenty to thirty years.

A real estate broker may be the first call Jane and Tom make regarding their plans in order to find out their home's current value. If the broker is also an aging industry professional, he or she could explain that personal expertise but also recommend a team approach in which they would go over Jane and Tom's plans and concerns with an elder law attorney, financial advisor, and a reverse mortgage specialist to hear the pros and cons of staying and relocating to help with their decision. In addition, a Certified Aging in Place Consultant and contractor could be asked to draw up a plan on how to best adapt the home for safety. A plan to estimate maintenance and repair costs could be developed to ensure the home remains in top condition and that finances will be available to do the work over the coming years.

The average consumer may not be aware of all that should be considered, the choices they have, and how to weigh these options with a thorough analysis. Bringing a team of professionals and specialists in their fields together who have proven to be great listeners, trusted and not overwhelming, and who demonstrate how well they know their field of expertise provides unmatched value and helps create the five-star level of customer service.

Jane and Tom will likely be pleased with this approach. They'll realize, as the group makes their recommendations based on all of the input, that they have more than one solution they can choose from. They can feel more educated and confident in their choice.

As the project manager, you have been able to position several professionals for a new business opportunity. This approach helps open a pipeline of potential clients for each member of the team. It is important to note that in some cases the point person or project manager may not be chosen. In the above example, Jane and Tom may choose not to sell their home but to instead take out a reverse mortgage in order to age in place. The Realtor would not get a commission selling the home but has just made a positive impression

on the other team members (as well as on Jane and Tom). This would most likely be reciprocated and new business opportunities would flow from these team members.

To have a team you feel confident recommending to your clients, it's important to create an optimal network for long-term success. You must understand your target market, your customer, and what you have to offer. Then, evaluate what types of professionals and service providers would complement your current network.

Older adults have many complex decisions facing them as they age in today's increasingly tech-driven, fast-paced marketplace. Add in a myriad of health and longevity issues and it becomes clear consumers need help to solve complicated problems as they evaluate and execute their plans going forward. Developing your unique value proposition for the fifty-and-over client and creating an outstanding consumer experience can set you apart from your competition and earn you continued business into the future. Customize and brand a truly superior customer service experience and watch how that consistent delivery of five-star service generates your own raving fans and a growing business! •CSA



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Helen has developed many niche specialties over the years and created customized programs to ensure top-bar service for those she works with. Designations include: Certified Relocation Professional, Global Mobility Specialist, Certified Senior Advisor, Seniors Real Estate Specialist, Certified Luxury Home Marketing Specialist. Helen also has an MBA in management and finance from Baruch College NYC.

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Emotional and Physical Caregiver Fatigue and Its Connection to Compassion Fatigue







Compassion fatigue is common in many professions. Being alert to the symptoms is the first step toward recovery. BY FELICIA VAUGHN, PHD

aregivers and others across the U.S. suffer from stress and burnout. The continuous physical and emotional demands of the job can lead to a condition known as compassion fatigue. Professionals who work with family caregivers and paid care workers alike need to understand the roots and signs of this potentially debilitating condition in order to address it. In fact, the professionals themselves may suffer from the condition. The onset of compassion fatigue is usually gradual, starting with physical debilitation while under emotional distress. It's most often found in the caring professions, and is common in caregivers.

Fatigue

While the "compassion" component is familiar to all serving professions, the "fatigue" may be more ambiguous. Merriam-Webster defines fatigue as "weariness or exhaustion from labor, exertion, or stress" (2019), but what does it look like in practice?

Fatigue is the picture of a middle-aged, female professional caregiver feeling the pressure of serving a meal to seventeen dementia residents in her care. To-day, one resident has forgotten the virtue of patience as he demands, "Move faster! I'm hungry!" and hurls a vile insult her way. Every strand of hair was in place when she came to work, but by the end of the day her

neat bun is coming undone. Scowling, she maintains a pace which feels rushed. Moving faster to meet every need, sweat drips from her brow. She breathes a heavy sigh, rolls her eyes, and hangs her head; her frustration level has peaked. She resembles an out-of-breath marathon runner. However, she is a professional caregiver experiencing exhaustion, with no relief in sight. Why? Tomorrow holds the same routine.

Fatigue resembles a family caregiver, too, a middleaged son suffering from acute back pain after straining to lift his father. His dad's loose bowels have caused the third accident today, requiring his son to change his dad's bedding and underwear, again. The son grabs his back and moans. As if back strain weren't enough, he grows tired as he forces himself to answer his dad's question of, "Whose house is this?" for the fifth time in an hour. The caregiving son's breath shortens as he, too, appears to have run a marathon, and the day is not over. Getting low on supplies, he rushes to the store to pick up more disposable underwear, back home to take his dad's blood sugar levels, and then to the kitchen to fix dinner. It is one mad dash after the other with no end in sight, because when morning comes, the routine begins again.

When Fatigue Becomes Burnout

This is the picture of physical and emotional fatigue, but what about fatigue of the heart? What happens when the fatigue one experiences physically and mentally begins to manifest in a decline in one's ability to show heartfelt compassion? Physical fatigue can be witnessed by the naked eye but matters of the heart can be harder to perceive. By observing the caregiver's behavior and taking time to listen to his or her concerns, one can begin to determine what is being experienced. Unfortunately, many people are unaware of the internal changes taking place in people responsible for caring for those who can no longer adequately care for themselves. A change in behavior could signal compassion fatigue.

The caregiver stories above are not uncommon. Approximately 41.3 million people provide unpaid elder care and of these people, 45 percent provide care every day, or several days, during the week (Bureau of Labor Statistics, 2017). Another 4.4 million professional caregivers, otherwise known as direct care workers, provide care to senior adults. They can be found caring for older adults in nursing homes, hospitals, assisted living facilities, private homes, and memory care facilities (PHI, 2018). Due to the overwhelming responsibilities of those who provide direct care, whether family or professional caregiver, being susceptible to compassion fatigue is a reality.

Compassion Fatigue

Compassion fatigue was first recognized by Joinson (1992). With no formal definition for this concept, she equated compassion fatigue to nurse burnout. According to Merriam Webster's dictionary, the medical definition of compassion fatigue is "the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time" (2019). Cross (2019) offers an updated version of compassion fatigue and provides a more holistic view than earlier research (Coetzee & Klopper, 2010). She defines it as "a state where compassion and empathy are lost, demonstrated by emotional and psychological, intellectual and professional, physical, social, and spiritual characteristics that, if left unattended, result in disinterest, moral distress, burnout, and breakdown" (Cross, 2019, p. 26). These five domains, emotional/psychological, intellectual/professional, physical, social, and spiritual, are elements of compassion fatigue. Cross (2019) offers this definition in the context of palliative care nursing, but many family caregivers provide the same type of care as palliative care nurses.

The ongoing demands of the seriously ill and dying can be taxing on the caregiver's mental, physical, emotional, and spiritual health. Without a focus on their own well-being, their capacity for compassion declines. Witnessing suffering in the lives of those they are caring for and becoming overwhelmed by the strain resulting from caregiving duties in conjunction with life's demands, the combined stress and isolation can result in physical and mental exhaustion. This combined exhaustion leads to the caregiver feeling vulnerable, despairing, bitter, and resentful (Day, Anderson & Davis, 2014).

Not only are caregivers susceptible to experiencing compassion fatigue, but individuals working within the helping professions, such as social workers and lawyers, can also suffer the effects. The demanding nature of their work and the constant act of helping people who are experiencing struggle and suffering can induce a slow decline in the ability to be compassionate (Pelivan & Guner, 2018) without anyone recognizing the symptoms. It becomes a matter of what Scripture describes as becoming "weary in well-doing" (Galatians 6:9, KJV).

Five Elements of Compassion Fatigue

According to Cross (2019) the following elements are the essence of compassion fatigue:

1. Empathy Imbalance. This emotional element of compassion fatigue occurs when caregivers

FIGURE 1 – ELEMENTAL SIMILARITIES IN COMPASSION FATIGUE AND WELLNESS	
COMPASSION FATIGUE DOMAINS – CROSS (2019)	WELLNESS DIMENSIONS – HETLER (1976)
Emotional & Psychological	Emotional
Intellectual & Professional	Intellectual & Occupational (Separate Dimensions)
Physical	Physical
Social	Social
Spiritual	Spiritual

vacillate between giving too much empathy and not honoring their boundaries, or when they express too little empathy and show a disinterest in providing care. Giving too much empathy can result in feelings of being overwhelmed, and not enough empathy can lead to a disconnect in the caregiving relationship. Symptoms of anxiety and self-doubt can result when the caregiver feels unsure of how much or little empathy to show.

- 2. Diminished Performance. The intellectual and professional element of compassion fatigue is evident when there is a distinct decline in the work performance of caregivers. Doing good work is no longer a priority. They show signs of being less engaged with their work. This is a time when medical errors can occur. Both professionals and family caregivers can experience diminished performance in their work.
- 3. Increased Complaints. Cross (2019) found this element of compassion fatigue is exemplified by physical characteristics resulting from exhaustion experienced by palliative care nursing duties. The demands of caring for the needs of suffering patients coupled with a lack of self-care resulted in a myriad of poor health outcomes for nursing caregivers. Palliative care nurses verbalized physical complaints regarding their health.
- 4. Inability to Share in Suffering. This social element of compassion fatigue refers to the caregiver's inability to enjoy life events due to the constant stress and physical exhaustion derived from caregiving. In essence, the caregiver's social life suffers. The caregiver becomes detached in important relational bonds, because other family

- members or friends may lack understanding in what it is like for the caregiver to deal with ongoing suffering.
- 5. Poor Judgment. Poor judgment results when there is a misalignment in the caregiver's spiritual life; thus, this attribute of compassion fatigue represents the spiritual element. The caregiver no longer lives what he or she believes. The caregiver's actions are not aligned with his or her values. Poor decision-making results in poor choices. Again, diminished quality of care is the result.

Getting Well

Family caregivers and professional caregivers are constantly giving. Unless their proverbial cups are filled, they can become empty. There must be a way to help caregivers lower stress and strain so they can provide loving, quality care to those in need.

Using the analogy of a coin, we can say one side represents illness and the other side represents wellness. As stated above, Cross (2019) found five elements of compassion fatigue — an illness. When looking at the other side of the coin, wellness, we can consider the work of Dr. Bill Hetler, co-founder of the National Wellness Institute. He proposed six dimensions of wellness: emotional, physical, intellectual, social, spiritual, and occupational (1976).

The article will take a closer look at how Hetler defines each of his dimensions in the next section, but examining Cross's findings and Hetler's work, we see both illness and wellness share similar elements, albeit opposites of the same coin. Cross (2019) combines the intellectual and professional domains of illness, while Hetler (1976) views these two domains of wellness separately. He uses the term "occupational wellness," which coincides with Cross's professional domain of

illness, and his emotional wellness dimension includes psychological attributes, so he does not list "psychological" as a distinct dimension of wellness.

Having similar elements (see Figure 1), we can use wellness interventions as a bridge to move from the domains of compassion fatigue as defined by Cross (2019) to the dimensions of wellness as prescribed by Hetler (1976). Self-care then becomes a bridge over troubled waters, from illness to wellness, to overcome and conquer compassion fatigue.

Wellness Interventions

Becoming mindful of self-care strategies, otherwise known as wellness interventions, can help family and professional caregivers build and maintain a consistent wellness practice to combat compassion fatigue.

1. Emotional Wellness. Emotional wellness involves awareness of one's emotions and seeing life's circumstances through an optimistic lens. To combat empathy imbalance, an element of compassion fatigue, caregivers must learn not to ignore their own feelings. Otherwise, the result may be getting stuck or drowning in emotions, which eventually leads to anxiety and depression, conditions that stifle empathy.

It is imperative to seek professional health care from a licensed mental health professional, as needed, to navigate through the emotional highs and lows of caregiving. Learning how to cope with the stressors of caregiving can help overcome feelings of hopelessness, anger, and frustration.

Caregivers should ask if their employer provides an employee assistance program (EAP) to help find a counselor in their area and to see if their benefits cover counseling. Today, online counseling platforms such as Better Help or Anticipate Joy offer flexible scheduling options when the caregiver's schedule presents challenges.

2. Occupational Wellness. Occupational wellness involves finding one's work satisfying and enjoyable because work and values align. The strain of caregiving can cause burnout, leaving the caregiver's work performance to suffer. Burnout can lead to a decline in job satisfaction, and a loss of meaning and purpose in one's job. Rediscovering the joy in one's work is important. Working with a certified career coach can be the first step in this journey of rediscovery.

3. Intellectual Wellness. Intellectual wellness encompasses being open to learning and sharing with others newly gained information for the purpose of problem solving. Intellectual wellness can be achieved for caregivers by learning about their caregivee's condition. Attending local workshops on aging, dementia, Alzheimer's, or other conditions can help caregivers become more informed regarding the challenges which may lie ahead so they can be equipped to respond in a proactive manner. The key is to become educated so adjustments can be made, as needed, to maintain or improve the caregiver's work performance.

Learning more about compassion fatigue leads to wellness. Non-profit organization Educare provides caregiver training in Dallas, TX and offers an annual, one-day symposium for personal and professional caregivers on compassion fatigue.

- 4. Physical Wellness. Self-care minimizes physical exhaustion, and it includes exercise and good nutrition. A dose of rest and relaxation combats compassion fatigue. Taking personal responsibility for one's physical wellness includes collaborating with a trusted healthcare professional when needed. Talking to your doctor about starting a fitness routine and then joining a gym, watching free online fitness videos (such as www. doyogawithme.com), going for walks, reading wellness magazines/books, or taking an in-person or online healthy cooking class are a means to beginning a journey toward physical wellness. Learn how to stay well and then commit to activities which promote physical wellness.
- 5. Social Wellness. Strong relational bonds make sharing in the suffering of others easier; thus group participation in book clubs, Bible study groups, volunteer work, or lunch with a friend can enhance socialization. Joining family caregiver support groups (such as Family Caregiver Alliance's online support group) can be a step toward realizing one is not alone in these struggles. Social wellness, including finding time for friends and family, should be a regular part of any wellness intervention.
- 6. Spiritual Wellness. Without spiritual resiliency, living what one believes, the caregiver's decision-making can become out of alignment with that person's caring character. Building an active prayer life and experiencing compassion from a

family of faith are tools to sustain compassion during times of stress. Developing a habit of surrendering and letting God guide the caregiver on how to best show care can result in inner peace, a deterrent to stress.

One holistic program which seeks to help the "whole" person by targeting many wellness dimensions is Resources Enhancing Alzheimer's Caregiving Health (REACH). This free program provides caregivers support for six months in the privacy of their home. Caregivers are matched with a dementia care specialist to teach the caregiver new skills that will enhance their emotional, physical, social, and intellectual wellness through ongoing coaching and training. Area REACH programs can be found by contacting the local Alzheimer's Association chapter. Other resources include the Rosalynn Carter Institute website to learn of other holistic caregiving support programs. The Family Caregiver Alliance offers the Family Caregiver Navigator tool on its website to help find state and local support resources.

Conclusion

The risk of compassion fatigue is developing a mindset of "I have to" while providing care, as opposed to "I want to." Compassion fatigue results in a lack of empathy, compassion, and caring. In order to care well, healthy life-long habits must be built for the carer to stay well and avoid compassion fatigue. Finding a balance between caring for others and self-care can deter the development of compassion fatigue.

The caregiver must be intentional about working at wellness in various life domains: emotional, occupational, intellectual, social, physical, and spiritual. Utilizing wellness strategies as a bridge to go from illness to wellness can help the caregiver show compassion while executing challenging tasks and maintaining health.

The key to wellness is discipline and consistency. What will become of people if those who are given the assignment to care for them lose their ability to be compassionate? Society will pay a heavy price if citizens don't consider the well-being of their caregivers, whose wellness should be prioritized for love's sake. •CSA



Dr. Felicia Vaughn is CEO and founder of Wonderfully Well (www.wwell3.com), a wellness intervention company developed to provide career coaching and wellness training to professional caregivers in the

long-term care industry. She is also a poet and author of Words of Wellness Poetry Book which can be found on Amazon. She, too, has

been a family caregiver for many years and has utilized self-care strategies while caring for two parents to build and maintain her wellness. She has a PhD in organizational psychology, and is a Certified Career Coach and a Certified Worksite Wellness Specialist.

RESOURCES

Anticipate Joy professional online counseling can be found at https://anticipatejoy.com.

Better Help affordable, private online counseling is available at https://www.betterhelp.com.

Caregiver's Alliance can be reached at https://www.caregiver.org/ support-groups.

Educare enriches the lives of caregivers at https://www.educaredallas.com.

Family Caregiver Alliance online support group Family Caregiver Alliance offers the Family Caregiver Navigator tool at https://www.caregiver.org/family-care-navigator to help find state and local support resources.

Resources Enhancing Alzheimer's Caregiving Health (REACH) can be found at https://fsrtc.ahslabs.uic.edu/promising-practices/reach/.

The Rosalynn Carter Institute for Caregiving can be accessed at https://www.rosalynncarter.org.

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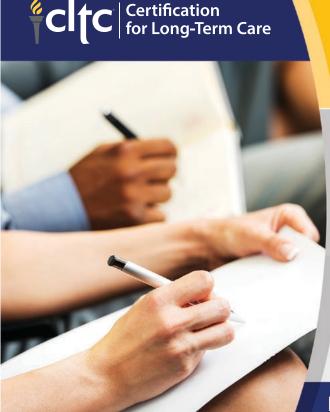
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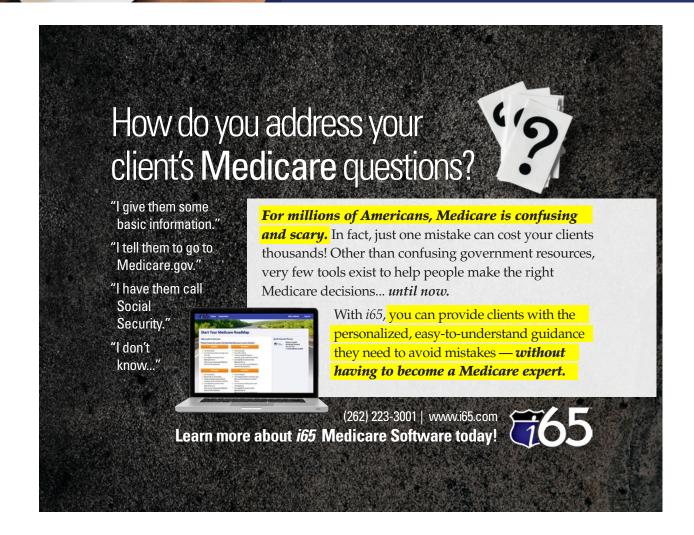
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THE REAL REASON

People aren't Beating Down the Door to be Your Client





A marketing expert for older adults reveals how to increase sales while better serving your community and clients. BY MARK HAGER

f you want to continue to grow your company serving older adults and increase revenue, it is imperative that you are able to reach the customers you are best able to serve. Your process to secure new clients needs to be efficient, effective, and provide a high return for your investment. However, most small business owners are unable to successfully tap into their local market well enough to generate the revenue required to reach their goals.

The reason that is true generally boils down to one very important issue: Your best customers don't see you as relevant to their lives.

I know this, because I've been an aging-in-place business consultant and coach for nearly thirteen years. During that time I've worked with small, local companies, manufacturers, tech startups, and entrepreneurs in just about every area related to aging in place. I've taught people across the globe, been referenced in textbooks, served as an aging-in-place expert for a national television brand and worked one-on-one with older couples planning their futures.

So, it is with confidence that I tell you: If you want to transform your future, you'll have to learn how to become better aligned with the right older customers for your company. When you do that, you'll be able to focus less on selling and more on doing what you love: helping people transform their own lives while being paid well to do it.

Some Perspective

In our world of the connected customer, relevance is marketing and a customer's experience is the yardstick. That is especially true for older adults who have been advertised to their entire lives; most turn a deaf ear to it.

Shifting your focus can transform your business into one where you are increasing revenue, and getting more, higher quality leads. These changes can reduce the friction of selling and get you to the point where you can focus on your purpose: revenue, service, reach, impact — whatever the goals are that you have.

The One Issue, Explained

Nearly every business owner I've talked with in the last twelve-plus years has had the following issue. I can almost guarantee you it is something you are up against right now to some degree. If you don't solve it, you will most likely just stay where you're at, or worse, go backwards.

Your offers don't align properly with your best customers.

Now, I'm going to show you some of the reasons why you are not matching up to your local aging market. In reality, this is probably why you aren't growing as much or as fast as you think you should.

 Your marketing isn't bringing in enough of the right new customers. This is almost always an alignment problem. Meaning, what you say is different than what these older adults need to hear about your service or product to help them see a better version of their future.

· You aren't talking with people who will pay.

What you're saying about your company or services may be appealing to the wrong type of customer. Someone who, for whatever reason, won't or can't pay you for what you offer.

• The people who will buy from you don't know that they should buy from you. Maybe they don't understand that their problem can be solved (or that they even have a problem). Perhaps they have an outlook based in fear and not hope.

So, in the end, you're not aligned with or reaching the people who could be your best customers. The reality is that a company with almost no relevance can generate some revenue. However, a company that focuses on aligning with the best customers for its business can position itself to generate much more revenue.

Why Does This Happen?

There are reasons why so many business owners focused on the aging population have a difficult time making their relevance match up to their revenue goals.

The first reason is they may not know they have a problem. Maybe they never learned enough specifically about how people act as consumers. Or, perhaps never learned a better way to talk about or market their services and products. In my experience, this is almost always the case.

Second, once business owners know about the problem, they may not think they have time to address the issues. They feel overwhelmed already with all of the tasks on their plates. If that's you, maybe you've fallen into the trap so many business owners do, where you're mired because you feel overworked already in your business.

You can't work on it when you're up to your neck in it. I can understand why you may feel that way. But, here's the problem: If you're going to achieve the goals you have for your company, you've got to get out of that mindset. If not, you essentially wake up every day faced with the same choice: You can either do what it takes to grow and meet your dreams, or you can continue what you're doing to keep the train on the rails.

Fix Your Alignment

Of course, all of these issues can be fixed. You've already seen that how relevant you are to the right type of older adult client is directly tied to your revenue. The steps forward are to begin reshaping your business

so it fits better with the right customers for your company. To get started, ask yourself these questions:

- 1. How many leads do I get a week?
- 2. Where do they come from? Referrals? Website? Publications? Ads?
- 3. Out of those, how many are actually well-qualified leads with people I want to work with?
- 4. How many of those do I actually close? Two percent? Five percent? More?
- 5. How difficult is it to close a sale?
 - » Do too many people miss/break appointments?
 - » Do I feel like I am educating people *too much* during a sales conversation? (Does it make me feel like I'm having to talk them into it?).
- 6. Do I feel like I am getting too many objections or have to answer too many similar questions?

Without knowing some particulars about your company, there's no way to judge where you really are on the scales. But if you want a quick bird's-eye view where you really are and what may be holding you back, these questions are a good place to start.

Digging into the answers can begin to reveal how relevant you are with your ideal customer. For instance, how many leads you're getting or how qualified they are might indicate if you're reaching the right people. Difficulty closing may indicate you're using the wrong approach or words to talk about what you do both before and during the sale.

Action Steps

With this new insight into your company, how do you begin closing that gap? Below, I've outlined a few steps you can take to start moving forward.

- Your clients. Revisit who your best customers are.
 Get an understanding of what they are like, what
 they want and (most importantly) what fears may
 be holding them back from taking action.
- Your language. Based off your newly acquired client comprehension, create a way to talk about what you do that is easily understood and inspires the people you want to serve. (Obviously, you shouldn't infer anything that makes them think

they need you because they are old, sick, broken, etc.) Just be factual, compassionate, and respectful, while being gentle with sensitive topics.

 Your message. Speak to their problems (whether they know they have them or not). Talk about the results they can experience (that you know they need or want). Make emotional connections and tell stories that illustrate a transformation. Don't bullet-point your process; you lose people.

Focus on educating people and giving value. Keep giving it until you coach people into becoming your client. Your goal is to become the everpresent advisor.

- Your local platform. In order for this new way of doing business to succeed, you need to create a way to spread your message locally to older adults who want to keep building their best life. I call these channels to your potential customers "your local platform." You create this platform by creating the pathways to get your company and message spread. Eventually, it can work (somewhat) independently of you; that means it'll generate a return without having to babysit it all the time. Your local platform should consist of:
 - » Local media attention,
 - » Speaking/teaching engagements,
 - » Outreach to compatible organizations,
 - » Professional networking leading to strategic partnerships, and a
 - » Website that dominates local searches.

Creating this machine will give you a bigger footprint and influence people who can buy.

Your processes. Oftentimes, some of the most frustrating situations between a customer and a business is because of a process that business has in place. You have to move toward a "What makes this easier on my customer?" mentality when it comes to how you do things. This is especially true when you are serving older adults. (I can't stress that enough.) Here are a few ideas to get you moving in the right direction.

Make it easy. There are innumerable studies that

talk about why customers leave companies. Those studies cite everything from "They don't feel important" to "They don't get value" to "The company doesn't have good customer service."

The one way to circumvent all of that is to do everything you can to make it easy; easy to learn, discuss, buy, get help, or even to share you.

Make it personal. Give undivided attention during any interaction. Use people's names in every situation you can (not just when it is convenient).

Make them want to talk about it. Every company needs people to talk about the great experience they

had using their service. So give them an experience they can't help spreading.

By focusing on these things, you will create a situation for yourself where you become that advisor. First, they see or hear about you. Then, they learn that you know them, that you are trustworthy, and that you care. Those qualities make them decide you are someone they should do business with.

If you can take these steps, you'll begin to see a great change in the number and quality of your clients. And, that will lead to ever-increasing revenue for you.

CASE STUDY

Scenario:

After working with and teaching hundreds of small business owners who serve older adults over the years, I know that they are generally very adept at providing their services and applying their skills. Yet, so many constantly feel burdened, inadequate, or otherwise overwhelmed with the task of running a company and attracting new clients. It always feels like an uphill battle. The following example illustrates one such business owner who switched lanes from a being a general contractor providing high-end remodeling to being a specialist focusing completely on aging-inplace remodeling and home accessibility. The scenario covers some of the obstacles he had to face in order to achieve his revenue and business goals.

Discussion:

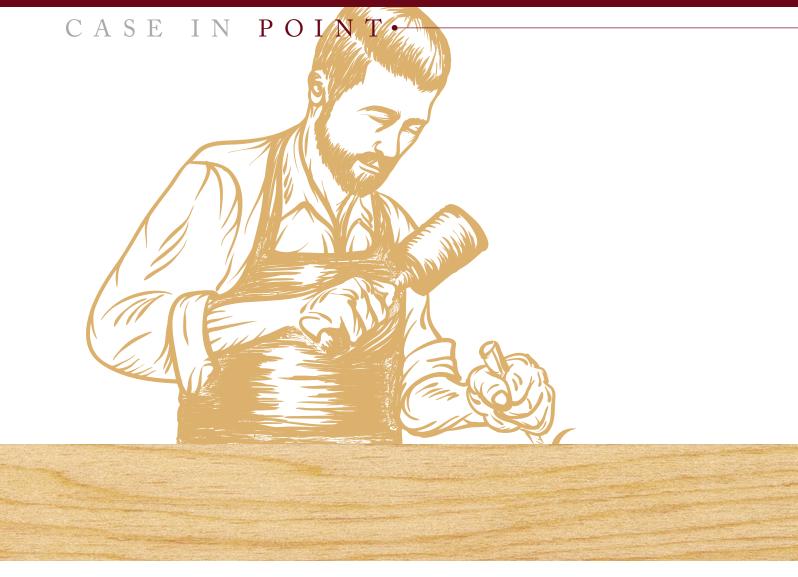
Greg Miles was a general contractor who had spent years building a home remodeling company. By chance, he worked on a project for an older couple and discovered the idea of aging in place. After much research in order to complete the project to make their home safer and easier to live in, he was hooked.

He was convinced that aging-in-place remodeling

could be a fulfilling and profitable niche for his company. He was frustrated, though. The steps he had already taken to bring in aging-in-place projects, including several he had completed, weren't going to be adequate to fulfill his goal of a sound financial future for his company. He sincerely wanted to move away from general remodeling completely and focus solely on aging in place. But he was unable to generate enough revenue to justify it.

In reality, Greg had a lot in his favor with hundreds of general remodeling projects under his belt. His passion to serve older adults was reflected in his commitment to learning, earning certifications, and creating new services aimed at older adults. He started marketing these new services: buying ads in various publications, attending home shows, and building a new website. But he found himself continually second-guessing his decision to focus on aging in place. He was just not able to consistently get the right projects working with older clients.

What Greg didn't realize was that he was experiencing something that most business owners go through, especially in the aging space. He had a deep desire to help older adults, skills he could use,



and business know-how. But those attributes don't necessarily translate into working with older adults. He was doing what he had always done, by and large, but it wasn't generating leads. In addition, he also was managing his company the same way, which produced the same experience for his clients. Of course, that earned nearly the same revenue. None of these were getting him where he wanted to go financially or professionally.

After some time working with several older clients, it became evident to Greg that what he was offering didn't resonate with them. To be clear, he knew his solutions were sound. He had the knowledge and could build what he proposed. However, the fact remained he had little-to-no buyers for aging-in-place solutions. His marketing and offers just didn't have the draw. It wasn't until we had a few sessions together that he began to understand the roots of his problem:

The mindset and life experience of these older clients was different than that of other age groups, and their actions didn't always line up with their goals (true for any age group).

- Their history, fears, and perspectives factor into purchasing decisions.
- The group has specific communication preferences, differences in the customer journey, and a desire to align with trusted professionals.
- Their overall experience with his company (before, during, and after a project) was what his company would be judged on.

This new understanding led him to take his first steps to become better aligned with the right older customers. Greg could now identify who those people actually were. After examining his existing customers, he could contrast that group with what he'd learned about modern older adults. He worked to define his perfect older customers, including their goals, means, what they need (or would need, whether they knew it or not), as well as a series of offers that could provide them the best results. After that, he finally was crystal clear on who he was best suited to serve and what he could provide them. That effort alone reduced his stress and made him feel so much more in control of his future.

Another thing Greg already knew was that his marketing was not working. It seemed no matter what he did, it didn't bring in enough of the right customers. Sure, he had followed up on lots of leads, but most of the people could not or would not pay for the services they needed. In other cases, they weren't convinced that his services were what they needed.

While going through the earlier exercises, Greg realized his marketing was not performing because it was not addressing the right clients *for him*. Specifically, he saw he needed to change how he talked about what he did, why aging in place was important (addressing fears, goals) and the amount of consumer education the he built into his marketing. It was clear that being a trusted advisor held great rewards for both him and the people he served; he just needed to work toward becoming that to them.

So we worked together to create new language to be included in every aspect of his marketing and public relations (PR). Since he now had a good idea of how to educate people vs. selling to them, it was much easier to develop the new material for him to use in print, online, in presentations, in person, and in the media.

One of the other realizations Greg had was that his marketing and PR was not very comprehensive; not in content or in coverage. He knew about a customer's journey and how it was important to address. He just hadn't realized that, in today's world, the journey for proactive, older adult consumers generally requires more education and touchpoints (ways that a business can interact with customers, such as a website, personto-person, at speaking engagements, through an app, etc.). With his new marketing language and a plan to create a system to leverage multiple local avenues to get to these customers, Greg was poised to create the local platform he needed to become that trusted authority.

A significant issue he knew he had was that his website didn't generate enough quality leads. (Hardly any, actually.) He had spent considerable money on having it built, but it was not paying him back by any means. One of the first projects we worked on together was recreating all the content on his website so it ranked high on the first page of Google search results for services that made him the most money by optimizing related phrases. Though a longterm project, it quickly began to generate new older adult leads and clients.

Greg had always tried to provide great customer service. Getting positive comments and reviews from

past clients was fairly easy. However, he realized that he needed a way to take his company from good service to one that provided an amazing customer experience. Clients let him know when things weren't done right, and he listened and changed his practices if their complaints were valid. But he knew he needed more specific feedback in order to begin to fully align with his older clients, not just to rack up more testimonials, but so that he could incrementally apply that feedback to how he did business and increase client enjoyment of the whole experience.

Over time, we worked together to create a series of processes for his teams to use to gather feedback, understand the current satisfaction level of the client, and provide data and input Greg could use to improve their overall experience. Once he began to implement these, he was much more in touch with each project and his clients were even more happy with the work he did for them. His employees and contractors loved having less stress (especially when things weren't going exactly right) and a way to highlight issues to ensure things were dealt with quickly. As a side benefit, Greg was able to rest more. Gone were the days of lurching headlong from one task to another and from one problem to the next.

Greg's role in his company began to change the minute he began to refine his processes. He's still the owner, but he was able to stop beating the bushes for new customers (or doing all those tasks that used to eat up his time, but resulted in little-to-no return). He was able to accomplish his first major goals to exclusively provide aging-in-place or home accessibility remodeling, and generate revenue in excess of one million dollars per year. His overall experience as a business owner improved since shifting his focus to getting the right new clients. Also, he felt an incredible sense of calm knowing there was a plan in place to deal with many of the things that had caused him stress over the years. After awhile, he started working about half as many hours as he had been. The result was that Greg was able to focus on volunteering, living a more fulfilling life, and starting new ventures that complement his existing company's work. •CSA



Mark Hager is a consultant, coach, and teacher who helps leaders reach, market to, and sell to their best customers over age fifty. He is a respected authority in the aging-in-place space. Mark is the founder of

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