

What To Do When An Aging Relative Resists Help

Adapted by Personal Safety Nets® from “When An Aging Relative Resists Help” by Lisa M. Petsche, published in Senior Citizen’s Magazine.



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If you have an aging parent or other close relative who lives alone, at some point you may become worried that he or she is not managing well.

Typically, family members' concerns center around one or more of the following: mobility, nutrition, housekeeping, grooming, financial management, medication use, safety, energy level, mood and mental status of their senior relative.

No matter how difficult it may be to look after their day-to-day needs, some older adults are reluctant to ask for help or accept it when offered. The most common reasons are:

- Denial. They have difficulty accepting the reality of aging and the prospect of increased dependence on others.
- Pride. They don't want to appear weak or incompetent.
- Discomfort. They don't like the idea of strangers coming into their home, or the role reversal involved in accepting help from younger generations, particularly their children.
- Guilt. They don't want to worry or inconvenience their family.
- Anxiety. They fear they will be pressured into leaving the comfort of their home, end up in a care facility and generally lose control over their life
- Resentment. They perceive concerned family members as critical or intrusive.
- Personality. They have always found change difficult or been fiercely independent, stubborn or private.
- Finances. They are concerned about the cost of recommended equipment and services, due to limited means or frugality.
- Cognition. They are in the early stages of dementia and lack insight into their needs and capabilities.

While a certain degree of reluctance is to be expected, if your relative continues to resist needed help (help you think they would benefit from having), they may experience a crisis that lands them in the hospital. **How can you take steps to prevent this from happening?** The approach with your relative depends to some extent on their personality and the nature of your relationship, but **here are some general guidelines.**

- Before talking with your relative, research resources in their community that may be of help. This way you'll be prepared with solutions. Information can be obtained from the local office on aging or Senior Services.

- Raise concerns gently and gradually. Use "I" statements - for example, "I notice that ____" or "I'm worried that ____." Provide concrete examples. Choices that take your comfort into account may be different from the ones they'd make only considering themselves. Additionally, if the scenario is that there is a couple, with one being the primary care provider for the other, there is an increased risk to the care-giving one. Statistically, one third to one quarter of these caregivers predecease those for whom they care – then putting their loved one at risk of being totally alone!
- Emphasize your relative's abilities and how these can be supported. A strengths perspective helps preserve their self-esteem. Stress that your aim is to help them remain at home and maximize their independence.
- Organize a family meeting if your relative denies problems or resists suggestions. Consider including someone from outside the family, such as a trusted physician or a good friend of theirs who shares your concerns. Your relative may perceive them as more objective and consequently take their concerns to heart.
- If your relative objects to help, gently probe to learn their reasoning. Listen and respect their point of view. Be attuned to underlying feelings (such as sadness or fear), acknowledge them and demonstrate empathy.
- Share brochures or information from the Internet about medical equipment or community services that may be of help. Highlight any that are free or subsidized. Unless they are very technologically savvy, print these out, in large font size.
- Acknowledge how uncomfortable it may initially be to change their habits, alter their environment or allow strangers into their home.
- Offer to pay, or contribute to, the cost of medical equipment, day programs or home services if your relative has limited income.
- If your relative appears physically unwell or cognitively impaired, arrange a check-up with their primary physician. Call ahead to alert him or her to specific concerns. If your relative refuses to go or accessibility is an issue, find out if there's a geriatric outreach program that performs in-home assessments.
- Focus initially on the least intrusive options, such as setting up an emergency response system or obtaining medical equipment. Having choices to make is a mark of maturity in our culture. Present as many issues as choices as possible. Remember, ultimately, the life in question is that of your relative. Unless they are cognitively impaired, and possibly unless they are a threat to themselves and/or others, the decisions are theirs to make. Your role is to be supportive, informative, caring, and involved to the level you choose. They cannot choose to leave their life – you can, so tread gently!

Bear in mind that choosing not to follow the recommendations of healthcare professionals or family members does not mean a senior is mentally incompetent.

Recognize, too, that opinions about what constitutes an acceptable standard of living and quality of life can vary considerably, and that frail seniors - struggling to maintain control in the face of declining health, relationship losses or other difficulties - often have a different perspective from family members.

Since mentally capable seniors have the right to put themselves at risk, at some point you may need to agree to disagree with your relative about what's best for them, in order to preserve the relationship. But even if your relative continually refuses help, there are some things you can do.

Stay in close contact and make regular visits to monitor their safety and well-being. And keep collecting information about community resources so you're ready to jump in and assist your relative in making informed decisions and necessary arrangements should they have a change of mind or a crisis occurs.

www.Jama.ama-assn.org/cgi/content/abstract/282/23/2215 (increased susceptibility to illness and death).

www.psychosomaticmedicine.org/cgi/content/abstract/53/4/345 (increased susceptibility to depression & decreased immunological defenses).