

# Caregiver's

## HOME COMPANION

Volume 3 Issue 8 | February, 2005

H E L P I N G T H O S E W H O H E L P O T H E R S

## Law Enforcement's Newest Beat: **Our Elderly**

*Police and Community Groups Team Up to Protect Seniors from Crime*

By Sharon Palmer



**Editor's Note:** America's booming elderly population poses special challenges for the law enforcement community, which is being trained to cope with everything from wandering Alzheimer's patients to elder abuse and mail fraud. "Law Enforcement's Newest Beat—Our Elderly" is an exclusive series that examines this very different policing approach. This second installment looks at the challenge of preventing crime against our elderly.

In Bridgeport, Connecticut, seniors participate in a weekly Senior Safe Walk Program sponsored by the local Triad and Project CARE. Before the walk, seniors are told about crime prevention sponsored by local agencies and business, learning practical tips on how to safely carry money and valuables, home security, and carjacking prevention. A Senior Safe Shopping Program is also available, which provides seniors transportation for regularly scheduled shopping trips.

In Rock Island, Illinois, the police department has implemented an Elderly Service Program as a tool to connect with the elderly population. The program includes proactive and reactive law enforcement, follow-up investigation, crime prevention, victim and witness assistance, and community education.

These programs are not unusual. All over America, communities are taking action to help

their growing elderly populations be safe and alert, much to the relief of wary seniors and worried family caregivers.

In doing so, local police departments are facing the facts—our population is growing older, very fast. With projections that by the year 2030 there will be 66 million older people in our society, the police force of today is challenged about the adequacy of their current educational, investigative, enforcement, and legislative processes for this age group. The challenge will only grow more acute in the months and years immediately ahead.

### **Elderly Meet the Law**

Fear of victimization and rising crime rates rank high among concerns of the elderly. But while many seniors fear violent crime, they are much more likely to become victims of fraud or scams. With improved technology, law enforcement is

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## Law Enforcement, continued from page 1

continuing to uncover an increasing number of cyber-related crimes against the elderly.

Another challenge is the increasing number of elderly drivers on the road. This surge is predicted to generate a number of highway safety concerns, including fatal sight-related errors and diminished reaction times. A recent study at Washington University in St. Louis found that driving abilities predictably worsen in individuals with early Alzheimer's disease and to a lesser extent in older adults without dementia.

As more seniors populate the community, there are more opportunities for them to suffer a medical emergency, fall victim to crime, or suffer elder abuse without timely detection. A study published by the *American Journal of Public Health* in 2003 indicated that only an alarming one in five actual cases of domestic elder abuse is ever reported and substantiated.

Perhaps ironically, police departments are seeing the impact of this growing elderly population hit home—personally and professionally—as they realize that more of their work force will be faced with eldercare issues within their own families even as they deal with them on the beat. As a result, law enforcement knows it needs to develop new and effective approaches to identify and address crime among the elderly, even extending help to their own employees for eldercare issues.

## Teaming Up to Fight Crime

These days, police departments are partnering with community organizations, such as AARP, RSVP (Retired and Senior Volunteer Program), and Lifespan Respite to tackle elderly issues. Domestic violence units are teaming with Office for the Aging representatives to battle elder abuse. Police departments are working with departments of motor vehicle to improve driver training programs for the elderly, safety programs, traffic control device design, and licensing guidelines.

Triads, a concept that emerged in 1987, are formed when the local police and sheriff's departments agree to work cooperatively with senior citizens through AARP to prevent the victimization of the elderly in the community. The three groups share ideas and resources to provide programs and training for elderly citizens. The Triad process usually begins when a police chief, a sheriff, or a leader in the senior citizen community contacts the other two essential participants to discuss a combined effort. Triads can also include representatives from the Agency on Aging, senior centers, health departments, and adult protective services. Together they form an advisory council that meets regularly to address concerns and develop strategies.

The New York State Police Department predicts that over the next five to seven years there will be a significant need to coordinate the collaboration of agencies and advocacy groups that support the senior community in order to make better use of resources like personnel, technology, and training opportunities. In response, they have established a grant proposal, "Project CATE: Crimes Against the Elderly" with a primary goal to prevent crimes of fraud against the elderly by cooperatively working with other groups to raise public awareness through education, training, and outreach.

## Stepping Up Citizen Involvement

Police departments are also recognizing that there is an increasing demand for citizen interaction, public information, and education programs relevant to elderly victimization. They are working to develop citizen support and urge groups to check for suspicious activities involving the elderly, an agenda fashioned after the neighborhood watch program.

Some are offering community outreach programs staffed by specially trained troopers who provide communities with crime prevention expertise and public information, including such educational sessions as "Scams, How Do They Affect You?" Some community programs are provided to local business to help curtail specific crimes of the elderly. Illinois launched a program to train employees of financial institutions to recognize current scams and how they may impact seniors.

Volunteers are an important element of success to many community-based elderly safety programs. Some volunteers, often seniors themselves, work 40 hours per week to make sure programs are successful.

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## READER RESOURCES

### AARP

601 E. Street, N.W., Washington, DC 2000  
(800) OUR-AARP • [www.aarp.org](http://www.aarp.org)

### Retired and Senior Volunteer Program (RSVP) of Senior Corps

1201 New York Ave. NW, Washington DC 20525  
800-424-8867 • [www.seniorcorps.org](http://www.seniorcorps.org)

### Lifespan Respite

4106 Oxford St., Annandale, VA 22003  
703-256-9578  
[www.archrespite.org/NRC-Lifespan.htm](http://www.archrespite.org/NRC-Lifespan.htm)

# Keeping Love Alive

## Fanning the Flame Called Love While Caring for a Spouse

By Ursula Furi-Perry

In certain situations, a couple's love for each other is perhaps even more apparent than usual. Spousal caregiving is one of those instances.

After all, what could show love better than taking on round-the-clock responsibility to care for one's spouse?

But when one spouse cares for the other, it can be difficult to keep the spark of love alive at the surface. "There is a risk of burnout by the well spouse, which must be prevented," says Audrey Zabin, MED, CMC, LCSW, professional geriatric care manager at Zabin and Associates in Boston.

The well spouse may feel that nobody else could take care of his or her spouse the way he or she does, thereby cutting off outside help. In addition to physical burnout, the caring spouse may also experience resentment. "The well spouse might be angry, and there may be issues with a sense of abandonment," Zabin explains. "There may be fears of being left and doing it all alone."

A partner's illness almost always turns the couple's plans upside down. "The caregiver may feel cheated," says the Rev. J. Dennis Daniels, congregational care and prayer pastor at the First Baptist Church in Jackson, Mississippi, whose geriatric counseling has helped couples going through spousal caregiving difficulties. "This is not how they had planned on spending their autumn years."

So, how can spousal caregivers ensure that the marriage remains strong even during times of adversity and stress? "Keep the friendship strong," says William F. Andrew, author of our online *Spousal Caregiving* column, who's taken care of wife Carol since 1997 when she was diagnosed with Alzheimer's. "Carol is my best friend, and that keeps the marriage strong." Humor also helps. "A sense of humor keeps the spark alive at this point," Zabin says. "Private jokes especially will be ever-appreciated." Zabin recounts a wife who took care of her ailing husband and told him the

same joke every day. "She told it to him because she remembered that he laughed at it," Zabin says.

Expressing emotion is a simple but sure way for spouses to connect. "Verbalize the love; share a reflection of an intimate moment. Tell them how they are valued today and how good they were for you in yesterdays past," says Daniels.

"We've always been a loving couple...with a firm belief in God and each other which we tried to express," says Andrew, who recommends simple gestures like holding hands for emotional comfort. "Carol's ability to express love is still obvious. It's present in a squeeze

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**Allow the fantasy to live on. It is sort of like blowing on the embers: you might not get a fire started but you sure can get your face warm.**

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of my hand or the look in her eyes."

Talking to your spouse may be important, particularly if it was important before the caretaking began and the couple related to each other through talking. "I use conversation and interaction to keep (my wife) engaged," says Andrew. "It may be a good idea to get in touch with your feelings and say what you need to say," Zabin adds.

It's important for couples facing caretaking duties to schedule some time for privacy. Zabin recalls meeting a very private couple where the wife had called for outside help as she became overwhelmed. "We hired people to come into the home and help take care of the husband, but we also scheduled private time for the couple every day," says Zabin. "When he was at the best part of his day, she had him with no one else in the house."

As caregiving consumes a marriage, the notion of intimacy may change tremendously, depending on how private



the couple is. "Intimacy may and will change in the natural order of aging, (even) without the intrusion of necessitated caregiving. Depending on the relationship before the couple was affected by health needs, their adaptation to remain a close couple will adjust," says Daniels.

More than ever, the need to be alone together may be essential for the couple. "Just as in any marriage, we must constantly be attentive to the needs of our loved one, and when able, verbalize them and show them through our 'love languages'," says Daniels. "Allow the fantasy to live on. It is sort of like blowing on the embers: you might not get a fire started but you sure can get your face warm."

Well spouses must also stay positive. "Without a positive mental attitude, you'll be struggling," advises Andrew. Encouragement can go a long way with a spouse who needs caretaking. "Never forget to encourage the other," says Daniels. "Tell them how much you care and how important they are to you." Patience is also key, says Andrew, who maintains the truth of the quotation: "Love is patient." He adds, "You just cannot be impatient in this kind of situation."

And when the going gets really tough, support groups may be a lifesaver. "The caregiver needs to be able to vent to someone (like a support group), so as to not fall

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## READER RESOURCES

**Caregiver's Home Companion Spousal Caregiving**  
[www.caregivershome.com/spousal/spousal.cfm](http://www.caregivershome.com/spousal/spousal.cfm)

**The Well Spouse Foundation**  
(800) 838-0879 • [www.wellspouse.org](http://www.wellspouse.org)

**AOA National Family Caregiver Support Program**  
[www.aoa.gov/prof/aoaprogram/caregiver/carefam/carefam.asp](http://www.aoa.gov/prof/aoaprogram/caregiver/carefam/carefam.asp)



Caring from Afar

# 6 Surefire Strategies to Survive Long-Distance Caregiving

By Paula McCarron

Most wages, out-of-pocket costs, and constraints on the frequency and duration of visits often conspire to leave long-distance caregivers feeling helpless, stressed, overwhelmed and guilty about “not doing enough” for their aging loved one.

Yet, long-distance caregivers are doing a remarkable job not only by giving of themselves and their time but also using their own funds to provide care for loved ones. Who is a long-distance caregiver? A long-distance caregiver is defined as any family member or friend who travels one hour or more to lend assistance to an individual age 55 or older who has chronic physical, cognitive or mental health problems. If this definition fits you, you are one of the nation’s more than 5.1 million long-distance caregivers.

Not surprisingly, long-distance caregivers face issues of time and money. Fully 80% of long-distance caregivers are employed either part- or full-time. Of those who are employed, 50% say they lose an average of four work days each month to handle caregiving responsibilities. These distance care providers are the primary or sole caregiver for their loved one 23% of the time. And long-distance caregivers who live three or more hours away from their loved one spend an average of \$8,000 annually on travel and out-of-pocket caregiving expenses. This statistical picture is drawn from *Miles Away: The MetLife Study of Long-Distance Caregiving* conducted in 2004 in association with the National Alliance for Caregiving.

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While it’s impossible to eliminate all the stressors of long-distance caregiving, here are six surefire strategies to help ease your caregiving journey:

## Strategy 1. Respect the Rights of Your Loved One

“Respect older adults as adults. We want the best for our loved ones but we can’t create a perfect world,” says Angela Heath, author of *Long-Distance Caregiving: A Survival Guide for Far Away Caregivers* (Impact Publishing 1993). “You might find household clutter or spoiled food in the refrigerator. If your parent has kept a neat home, these may be signs your parent can no longer do what he or she once did. But it’s necessarily an indication that your parent is no longer competent.” Heath says it is best to proceed slowly unless your loved one is facing a true and immediate risk to health or safety. If your loved one is resistant to your help, it’s very likely he or she fears losing control or a loss of their independence.

## Strategy 2. Maximize Your Visit

“Monitoring and managing caregiving at a distance means you need to maximize visit time,” says Heath. Get to know the names of friends or neighbors who might serve as emergency contacts or who can be your “eyes and ears.” Grab a copy of the local phone book and pack it in your suitcase when you return home. Take time to observe how your loved one handles day-to-day tasks. Open conversations about financial and health issues. If your loved one seems reluctant, Heath suggests making a statement like this: Having this information will help me if I need to make a decision for you in the future or to help you to retain the rights to have your wishes followed.

## Strategy 3. Get Educated

Nora Jean Levin, author of *How to Care for Your Parents: A Practical Guide to Elder Care* (W.W. Norton and Company, 1997), not surprisingly perhaps suggests long-distance caregivers get a good book on the topic of caregiving. “Circle anything that pertains to you or your loved one. You can begin to identify your concerns and make a list of what you feel needs to be done and who can do it,” says Levin. In addition to what you can find at a local book-

## Distance Caregivers’ Special Value

Without proximity on their side, what impact can the long-distance caregiver have on their caregiving situation? Nora Jean Levin, executive director of Caring from a Distance ([www.cfad.org](http://www.cfad.org)), had these points to make in her recent keynote address to the Jewish Council for the Aging of Greater Washington:

1. The distance caregiver can often see not only changes invisible to local caregivers, but also offer ways to solve obstacles.
2. The distance caregiver can become a catalyst to bring needed change.
3. Long-distance caregivers can assume tasks such as handling finances, investigating community services, filing taxes, tracking Medicare claims, or help to find others to perform these tasks.
4. The distance caregiver can research disease and treatment options.
5. The long-distance caregiver can help research, identify and obtain housing, transportation, adult day services, home care, medical supplies, food and meal delivery services and plan medical visits.
6. The long-distance can provide needed respite.

store or order online, you can also download free guides from the Internet at sites like MetLife ([www.metlife.com](http://www.metlife.com)) which provides a Resource Guide for Caregivers that can be downloaded at no cost.

#### Strategy 4. Get Legal and Financial Documents in Place

If nothing else, try to get legal and financial documents in place. Get copies of financial records such as bank statements, pension plans, insurance plans, and pre-paid funeral policies. Legal documents include living wills, advance directives, power of attorney and durable power of attorney which grant a caregiver decision-making rights in the event their loved one can no longer speak for himself or herself.

One innovative approach is provided by LifeLedger ([www.elderissues.com/index.cfm?aff\\_link=carehomecomp](http://www.elderissues.com/index.cfm?aff_link=carehomecomp)), an online record-keeping service that allows subscribers to create an online record of financial, legal, medical and funeral information. Subscribers authorize who can look at all or part of the online record, whether family, doctors, lawyers, etc. In the event of a crisis, this service gives quick access to approved family members

or healthcare providers.

#### Strategy 5. Find Local Resources

"Long-distance caregiving is a national issue with local solutions," says Levin. For this reason, it can be helpful to tap into national databases that maintain listings of community services. Elder Care Locator ([www.eldercare.gov](http://www.eldercare.gov)) is a free public service of the U.S. Administration on Aging that can also be reached toll free at 1-800-677-1116. For non-English speakers, the Elder Care Locator provides a full service language line offering information in 150 languages. Depending on where your loved one lives, you'll find different levels of services being provided under both private and public organizations.

#### Strategy 6. Talk to Your Employer

Some companies have work/life programs which may be able to provide actual assistance in locating resources. Your company may allow you to work a flexible schedule, a four-day work week at 10 hours a day, or to receive donated leave time from fellow employees. If you work for a company with 50 or more employees, you may qualify for leave time under

the Family Medical Leave Act, a federally mandated program.

No matter how you approach the experience of being a long-distance caregiver, both Heath and Levin agree it's important to keep your visit focused on time with your loved one rather than to spending all your time trying to solve problems. Says Levin: "Take your watch off and really make the most of your visit as much as possible." And as Heath wisely adds, "Try not to be a detective but do work to become a trusted ally." ■

## READER RESOURCES

Miles Away: The MetLife Study of Long-Distance Caregiver. [www.caregiving.org/mile-saway.pdf](http://www.caregiving.org/mile-saway.pdf)

AARP: Long Distance Caregiving. [www.aarp.org/life/caregiving/Articles/a20031027caregivinglongdistance.html](http://www.aarp.org/life/caregiving/Articles/a20031027caregivinglongdistance.html)

Long-Distance Caregiving Advice: For Loved Ones with Alzheimer's. [www.alz.org/Care/DaytoDay/Longdistancecaregiving.asp](http://www.alz.org/Care/DaytoDay/Longdistancecaregiving.asp)

### Law Enforcement, *continued from page 1*

#### Training Day

With a shift in demographics comes the inherent need for training the police force. Many police departments are offering sensitivity training with an emphasis on demographic shifts and aging, encouraging officers to proactively address the needs of the communities that they serve.

Training for law enforcement is specific to many issues affecting the elderly, such as the physical process of aging, law enforcement services for seniors, victim assistance, and disaster preparedness. In three states—Illinois, Rhode Island and Ohio—Triads offer training to officers who may then be designated as elderly service officers or senior advocates. Some states have formed resource guides and training curriculum for officers focusing on meeting the needs of seniors.

The training is also provided to seniors with a goal to inform them about crimes currently plaguing their age group.

Florida, Oklahoma, Virginia, Louisiana and Massachusetts are among states that have increased the number and variety of crime prevention presentations they make to seniors.

#### Safer Days on Horizon for Seniors

While law enforcement is busy advocating improvements to legislation that could help deter victimization of the elderly, they are also creating special units of trained officers to investigate crimes against the elderly. As a result, police officers would be able to vigorously investigate and arrest individuals who commit crimes against the elderly, levying stiffer penalties against those who victimize our elderly. In the end, police departments hope to offer a promise to the very people who helped build our nation: a safer America. ■

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### Keeping Love Alive, *continued from page 3*

out of love with their partner, or feel contempt for him or her," says Daniels. Support groups can offer advice, a listening ear, and people who may empathize or provide understanding due to past experiences in spousal caregiving. "Spousal support groups can also be a good way to socialize, both for the well spouse and for the sick spouse," says Zabin.

Above all, well spouses will be well-served by keeping the important stuff at heart. "We are the sum total of our past. With couples, each of the partners has in some way contributed to the present personality and character traits of the other," says Daniels. "Be thankful for love and for the experience of having someone to care for and be cared for. Were not the vows 'in sickness and in health?' You can endure." ■

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# Caregiver Medicine Comes in a Belly Laugh

By LeAnn Thieman

**T**he overwhelming demands of caregiving frequently exhaust the caregiver physically, mentally, and spiritually. Often, you get so caught up in ministering to another, you forget to eat, sleep, exercise—and laugh. Yes, laugh!

“How can I laugh at a time like this?” many ask. “Is it okay?”

Not only is it okay, it’s imperative.

Laughing is one of the most effective, yet forgotten, coping skills. Medical studies prove laughter lowers blood pressure, increases lung and heart performance, decreases stress, exercises abdominal and facial muscles, boosts immune systems and even increases the production of tumor and virus-killing cells. Besides all that, it’s free, has no side effects, and feels good!

Laughter, like other rhythmic actions, releases endorphins—our bodies’ “feel good medicines”—in our brains. Think about the last time you enjoyed a hearty belly laugh. Remember, when you finally caught your breath, how good you felt? How much lighter your chest was? How there seemed to be, literally, a weight lifted from your shoulders?

I’ve been privileged to read thousands of true stories from caregivers. Time and time again they shared how laughter helped them through their toughest times.

A loving daughter sat for months at the bedside of her ailing father who was confused and rarely spoke. Still, she chatted away, trying to communicate with him. One day she ran out of things to say, so she began singing. Unfortunately, she couldn’t carry a tune in a bucket, but crooned, “I love you. You love me. We’re a great big family.”

Her daddy opened his eyes and spoke for the first time in days. “I love you too, honey,” he said, “but you don’t have to sing about it.”

Laughter, she wrote, helped her reclaim some joy in what seemed to be a



hopeless situation.

Obviously, we should never laugh *at* another person, yet laughing *with* them can be a blessing to both. Many infirm people insist that just hearing laughter boosts their spirits and creates a happy heart rate. When we laugh at someone else’s silly antics, they often laugh along with us, offering them, too, all the healthy benefits mentioned above.

Sometimes, though, it’s hard to find the humor in a situation. Yet to endure the daily challenges, that’s exactly what caregivers must seek.

Terry, a grown granddaughter, went home to help her mother care for Grandma. Heartbroken by her mental deterioration, she attempted to add some joy to Grandma’s life by taking her to a buffet restaurant. There, the only food Grandma recognized and selected was red Jello.

Even so, the two were enjoying a pleasant lunch when suddenly Grandma jerked Terry under the table yelling, “Indians! We’ve gotta get out of here!” Heading for “cover,” Grandma crawled on her hands and knees across the restaurant floor with her purse and skirt—and granddaughter on all fours trailing behind her. When they arrived at the front door the manager looked down and asked in disbelief, “Is everything all right ladies?” Grandma stood, brushed herself off and said, “Yes, now that you’re here, Marshall Dillon.”

By now her granddaughter was laughing so hard she couldn’t stand up! Grandma tugged her to her feet, brushed her off and pulled her toward the door

saying, “Come on, Terry, we’ve got to get out of here—you’re embarrassing me!”

Instead of being sad and mortified, Terry embraced the moment and laughed—then Grandma laughed—and their joy connected them.

If there are too few laughing occasions during your caregiving days, create them (though not necessarily by crawling on all fours in public!). As you care for someone, think back to what used to make them laugh. And what used to make you laugh? Recall the favorite “I Love Lucy” episodes, knock-knock jokes, or funny family escapades and reintroduce them into your lives.

Remember, laughter soothes the soul and weary mind. It is, indeed, the best medicine. ■

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*LeAnn Thieman is a nationally acclaimed speaker, nurse and co-author of the New York Times best seller, Chicken Soup for the Nurse’s Soul and recently released, Chicken Soup for the Caregiver’s Soul. A nurse involved with the 1975 Vietnam Orphan Lift, LeAnn has found fulfillment in caring for others and teaching people to do the same. She can be contacted through her website [www.leannthieman.com](http://www.leannthieman.com).*

## COMING UP IN MARCH

- Parenteral and enteral nutrition are not exactly household terms, but each can be a lifesaver. **A look at alternative forms of nutrition delivery.**
- Jacqueline Marcell was surprised to learn the alarming statistics on caregiver depression, then she became a caregiver and was surprised they weren’t even higher! **Assessing depression risk and finding support.**
- **What are reverse mortgages**, and when are they the right answer for my elderly loved one?
- Examining the **caregiver dilemma created by end-of-life decisions** made on behalf of a loved one. What’s “right” is seldom black and white.
- It’s not too late! **We have helpful tax tips for caregivers from leading tax advisors.**



## Is Your Elderly's Social Security Taxable?

**W**ith tax time here, seniors and their caregivers are looking carefully at their 2004 expenses, deductions and general tax-saving opportunities, but there's one benefit that may force the elderly taxpayer to open their wallet: Social Security.

That's right; the benefit our elderly worked their whole life for may cause them to pay taxes. Here's what's up:

If you loved one collects Social Security, some of it may be taxable depending on their total income and marital status. Social Security-receiving retirees should have received IRS Form SSA-1099 by the end of January. The form shows total 2004 Social Security benefits, but the task for caregivers and their elderly is figuring out just how much is taxable.

Rule of thumb: if Social Security benefits are the only source of income, your senior's benefits are not taxable, and they probably do not need to file a federal income tax return. From the IRS' standpoint, Social Security benefits include monthly survivor and disability benefits, but not supplemental security income payments, which are not taxable.

But if your care recipient collects Social Security plus other income, the answer to how much, if any, is taxable can be determined by completing the worksheet in the Form 1040 or Form 1040A instruction booklet.

For a back-of-the-envelope computation of potential tax liability, add half of the Social Security benefits to all other income. In this process, seniors also must take into account any tax-exempt interest they earned, as well as exclusions from

income from such sources as savings bond interest, work-provided adoption benefits or foreign earned income. If this amount is greater than the base amount for their filing status, a part of their benefits are taxable.

Here are base amounts for computing possible tax liability on benefits:

- \$25,000 for single, head of household, or qualifying widow or widower with a dependent child.
- \$25,000 for married individuals filing separately when not living with a spouse at any time during the year.
- \$32,000 for married couples filing jointly.
- \$0 for married persons filing separately who lived together.

Once you determine that federal taxes are going to cut into 2004 Social Security benefits, the next question is: how much?

Again, back-of-the-envelope: up to half of Social Security benefits will be taxed if income exceeds base amounts. However, up to a whopping 85% of benefits could be taxed if income added to half of total Social Security checks exceed \$34,000 for a single filer or \$44,000 for someone who is married and filing jointly.

If the Social Security payments are taxable, estimated tax payments can be avoided and tax bills minimized by withholding federal income tax from elderly benefits. This can be handled by filing IRS form W-4V (Voluntary Withholding Request) and submitting it to the Social Security Administration.

Your loved one can withhold between 7%–25% of their total Social Security benefit to deal with taxes. Later,

if events changing during the year indicate a change in tax status, your loved one can file a new W-4 form to stop or lower withholding.

While this is general guidance, taxpayers should review IRS Publication 915 (Social Security and Equivalent Railroad Retirement Benefits) and consult a professional tax adviser. ■

### LARGER DEDUCTIONS FOR OLDER TAXPAYERS

Seniors filing taxes may be able to claim deductions of up to \$3,800 by checking a couple of boxes on their 1040 or 1040A returns.

The Internal Revenue Service has an option for special, higher standard deduction amounts for taxpayers age 65 or older. The option to claim these bigger tax breaks is found just below the line where adjusted gross income is entered on 1040 or 1040A returns.

If your elderly qualifies for this deduction, skip the standard deduction amounts shown on the return. For further instructions, refer to the filing instruction book (page 32 in the 1040 directions; page 31 in the 1040A booklet) where your loved one will find the larger amount to subtract.

As with the regular standard deduction, the exact amount of this elderly standard deduction depends on their filing status, but it could translate into a deduction hike of up to \$3,800 for some taxpayers.

While this is a general filing tip, caregivers should seek the advice of a professional tax preparer for the specific application for their loved one.

## Prevention is the Best Medicine **HOW TO SCRATCH THE ITCH CALLED DRY SKIN**

Pesky skin problems are the bane of existence for too many of our elderly, but there are steps caregivers can take to help their loved one avoid problems or deal with them if they occur.

Skin problems can range from dermatitis, which is sometimes called eczema, to dry and cracking skin, sometimes accompanied by swelling and general irritation.

While these conditions can be at their worst in raw winter weather, proper skin care requires an all-season effort. In addition to cold, dry weather, skin can break down as a result of allergies, stress, genetic factors and environmental irritants. Not just the elderly, but caregivers, too, can—and do—fall victim to these skin problems.

The professional caregiving experts in our online *Ask an Expert* area have come up with these preventive tips:

- Avoid frequent hand-washing. This may seem counter-productive when we're told to wash hands frequently to avoid germs and illness, especially in winter. Some caregiver judgment is needed on this point.
- Take fewer baths or showers. Instead of every day, try every other day. Keep bath time short and use only tepid water.
- Use the right soap. Use either glycerin soaps such as Dove, Basis or Tone, or hypoallergenic soaps such as Vanicream, Aveeno Dry Skin, Oilatum unscented, or Neutrogena Original Formula Fragrance Free.
- Avoid harsh scrubbing. Instead use a soft or natural sponge.

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**Avoid some social favorites. Stay away from caffeine and alcoholic drinks. Avoid perfumes of any kind.**

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- Dry the skin completely after a bath or shower. Use a hairdryer to dry between the toes.
- Moisturize the skin thoroughly and often. Apply moisturizing creams such as Vanicream, Aveeno, Cetaphil or DML—or even a common petroleum jelly, such as Vaseline.
- Watch how you wash. Avoid bleaches, fabric softener and heavy perfumed detergent when washing clothes. Make sure clothes are well rinsed.
- Wear soft clothing. Wear cotton rather than wool or synthetic fibers. Cotton is least irritating.

If, despite your best efforts, these procedures don't ward off skin problems, and dry, itchy, painful and swollen skin develop, treat it this way:

- For itching and inflammation: Depending on the severity, calamine lotion or cortisone creams should work well, possibly resorting to newer topical creams such as tarcolimus (Protopic) and pimecrolimus (Elidel) for sensitive areas of the body.
- For more intense itching or swelling: See a doctor. He may prescribe antihistamines or oral corticosteroids.
- In the most extreme or severe cases: A doctor may prescribe antibiotics, medicated soaks, lighting treatments or possibly oral immune-altering medication. ■

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