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HELPING THOSE WHO HELP OTHERS

Combining Mind and Body Needs

Geriatric Team Approach Treats the Whole Person

By Paula S. McCarron

For older adults living with chronic illness, reduced mental acuity, or other conditions, their overall well-being ultimately results not only from attention given to their physical care needs but also to their emotional and mental health needs. But traditionally, a number of challenges have been either overlooked or under-estimated in the course of these treatments. Now there's a trend in care intended to change that.

"The current geriatric population is the generation that was raised to believe that you just deal with a problem, be it physical or emotional. You didn't complain or talk about the problem to others," says Dr. Charles Morgan, chairman of psychiatry at Bridgeport Hospital in Bridgeport, Connecticut. "Psychiatric illness has often been viewed as a weakness, not an actual illness."

Older adults who are declining due to physical illness or a dementia diagnosis often face a number of concurrent life challenges including but not limited to the death of a spouse, relocation to a new home or care facility, abuse of medication or alcohol, loss of independence and driving privileges, reduced social contact, and an inability to perform simple tasks such as housekeeping and personal care. ▶

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Services are provided by a highly skilled team of medical specialists, psychiatrists, social workers, occupational and physical therapists, nurses, recreational therapists, and pastoral staff.

Combining Mind and Body Needs

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Given this cascading number of losses and physical challenges, it should come as no surprise that many elderly are at risk for high levels of anxiety, stress, and depression.

Recognition of the emotional and mental health needs of older adults, especially those who are also dealing with cognitive impairment, is leading hospitals across the country to offer a new level of inpatient service known as geriatric medical psychiatry, or geriatric med-psych care.

What is geriatric med-psych care?

Geriatric med-psych care is a comprehensive approach to meeting the medical, emotional, and social needs of older adults. Individuals admitted to geriatric med-psych hospital units often have an underlying diagnosis of cognitive impairment.

However, even if it appears that dementia or cognitive impairment is the primary problem, the goal of admission to a geriatric med-psych unit is to provide a full medical and psychiatric evaluation rather than make assumptions about underlying causes of behavioral issues.

"Sometimes older persons with symptoms of dementia actually have a major depression. When the depression is treated, then the confusion, lethargy, and memory problems improve," says nurse Colleen Conklin of Saint John Detroit Riverview Hospital, which in March 2006 opened a 31 bed medical gero-psychiatric care unit.

Today, Saint John Detroit is one of a growing number of hospitals nationwide with combined geriatric medical and psychiatric units. Most but not all of them are in metropolitan areas where the required mix of professional talent is easier to come by.

What makes geriatric med-psych units different from other types of inpatient units?

Geriatric med-psych care focuses on comprehensive evaluation and treatment of medical, social, and emotional needs of older adults while hospitalized. The high ratio of staff to patients allows not only for good care but also in-depth opportunity to observe and evaluate patient needs.

Services are provided by a highly skilled team of medical specialists, psychiatrists, social workers, occupational and physical therapists, nurses, recreational therapists, and pastoral staff. Staff members have expertise in medical surgical care as well as behavioral health with a geriatric focus.

Another unique aspect of geriatric med-psych care is the inclusion of family members in counseling sessions, family meetings and discharge planning. The education and support for family members is a key factor in creating a successful outcome of all concerned, according to Conklin. As she points out, "Families often feel frustrated and angry because they cannot get the person to behave 'normally,' they feel angry at the conflict and anxiety caused in their lives by the person with the mental illness, and guilty when they decide that they want to pull out of the picture. Neither the patient nor the family fully understands that this is a medical condition, nor the importance of medication in managing the illness."

Geriatric med-psych units also include unique environmental design features that help promote comfort and safety for patients at a time when many of them are experiencing mild to severe memory loss and various types of cognitive impairment. Although environmental features vary from hospital to hospital, some of the most common features include limited access or secured exits, silent electronic bed monitors, lighting that mimics natural light to promote time orientation, and even the use of low gloss wax in patient rooms and hallways in order to minimize the risk of patient falls.

When is admission to a geriatric med-psych unit warranted?

"Reasons for hospitalization may be multiple and vary with each individual patient," says Dr. Jean Alce of St. John Detroit. "Factors that may influence admission may include difficulty sleeping, deterioration of daily living skills, social withdrawal or isolation, marked personality changes over time, numerous unexplained physical ailments, risk of violence to self or others, failing ability to concentrate, loss of energy, signs of anxiety or depression, excessive fears, suspiciousness,

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When 'In the Mood' Refers to Food

Avoiding a Food Fight with Your Loved One

By Sharon Palmer, RD

After a frantic day dealing with your boss, battling afternoon traffic, and standing in the slowest line at the supermarket, you still manage to get a wholesome, home-cooked meal on the dinner table for your family. But surprise, surprise—your mother doesn't feel particularly hungry tonight and does little more than push her peas around her dinner plate.

Before you lose yourself to exasperation, know this—you're not alone. The elderly can be just as finicky as any 3-year old. In fact, poor nutrition intake is so commonplace among the elderly that an evaluation of community-based nutrition programs of the Older Americans Act found that as many as 88% of elderly participants were at moderate to high risk of malnutrition. Poor nutrition is linked with morbidity and mortality, as well as poor health and quality of life.

Even though calorie requirements decline with age, the need for protein, vitamins, and minerals remains the same and in some cases even increases. This adds to the challenge of promoting good nutrition in the elderly, as each bite needs to count. Studies have shown that eating a healthful diet and being physically active can be more influential than genetic factors in helping people avoid deterioration associated with aging. But a healthful diet for your loved one can be as illusive as a butterfly.

Try these food tricks to make the most of your loved one's nutritional intake:

Don't Go on Overload. When appetite is suffering, facing a plate piled high can seem like climbing Mount Everest. Instead, try small portions at meals.

A Good Snack Attack. Offer snacks between meals to help meet nutritional needs. Instead of loading up on nutritionally empty snacks such as chips and candy, choose nutrient dense foods like cheese and crackers, yogurt, pudding, nutrition bars, cottage cheese and fruit, or even a half sandwich.

Make Beverages Count. Beverages can be nutritional "liquid gold" for our elderly, with such choices as milk, fruit smoothies, nectars, and fruit juice among the best.

Focus on Protein. While starchy carbs tend to go down easily for the elderly, notably in the form of pasta, potatoes, and bread, sometimes the protein portion of the meal remains untouched. Try protein sources at each meal or snack that your loved one will down. Likely candidates: cheese, tuna, chicken, or meat.

Don't be Overly Strict. If your loved one has watched their cholesterol or sodium intake for years, now may be the time to discuss with your health care provider methods of liberalizing their diet. If tastier, well-seasoned foods are more appealing, just do it.

Menu Magic. Try enriching foods with additional nutrients to pack in the nutrition. Add cheese to casseroles and soups, sprinkle bran and wheat germ in cereals and baked goods, and mix in non-fat dry milk powder in smoothies and mashed potatoes.

Liquid Nutritional Supplements to the Rescue. Try one of the many liquid nutritional supplements available on the market (such as Ensure or Sustacal) to help meet nutritional needs. Experiment with various products to find one that your loved one prefers. Serve products well-chilled or over ice and offer a straw, which makes drinking easier.

Taste Test. Frequently discuss with your loved one foods they like or dislike. Whip up their favorite childhood meal while you take a trip down memory lane. But don't be afraid to try something new. As people age, their taste acuity declines, so boost the flavors of foods with vibrant seasonings and

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POOR APPETITE MAY SIGNAL TIME TO CALL THE DOCTOR

There may be a physical or psychological reason for your loved one's poor appetite. Make sure you discuss potential root causes with your health care provider. Some physical or psychological issues that may interfere with appetite include:

Medication. Certain medications or combination of medications (both prescription and over-the-counter) may depress appetite. Bring all of your elderly's medications to your next doctor's appointment for a thorough talk about how they can affect appetite.

Gastrointestinal Disorders. Gastrointestinal conditions such as constipation, bloating, heartburn, or stomach pain can cause problems with appetite.

Difficulty Chewing or Swallowing. Poor dental care or medical conditions affecting the throat or swallowing may make eating difficult. If your loved one expresses such concerns, discuss potential treatment with your physician or dentist and try soft, smooth foods that easily slide down the throat. Examples include creamy pastas and casseroles, soups, stews, and yogurt.

Depression. This common condition among the elderly can wreak havoc on appetite. Discuss potential causes and treatments of depression with your health care provider to help maximize nutritional success.

When in the Mood Refers to Food
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herbs. Try a bowl full of fresh, ripe fruit in season to stimulate the taste buds.

The Most Important Meal of the Day. Sometimes elders have their best appetite at the beginning of the day when they're rested and refreshed. Take advantage of these appetite boosts by offering hearty foods such as sausage, ham, pancakes, waffles, and eggs.

Fresh Air. Stimulate the appetite with fresh air and exercise each day, especially prior to meals. Remember how it worked for you when you were a child? It can do the same thing for your loved one now.

Sweet Smells. Aroma can help stimulate appetite. Try cooking fragrant, favorite foods that waft through the house before sitting down for mealtime. Slow-cooked meals, oven-baked casseroles, and sautéed foods can get the mouth watering for dinner.

A Vitamin a Day. Discuss with your health care provider whether you should supplement your loved one's diet with a multivitamin and mineral preparation designed for seniors to help meet nutritional needs.

In the Mood. Make sure that mealtime is a pleasant time. Set the table with attractive tableware, light a candle, put on some relaxing music, and start a good chat. If your loved one enjoyed a glass of wine with meals in their prime, by all means select a lovely vintage (as long as it is approved by your health care provider)—it may help to stimulate their appetite.

Just remember: meal time shouldn't signal it's time for a food fight. Your loved one can be just as stubborn as your 3-year old toddler once was, but try some creative techniques to make the most of dinner. Bon appetit! ■

***Sharon Palmer** is a registered dietician with 16 years experience managing healthcare food and nutrition departments. Her career has included clinical nutritional care for a broad spectrum of patients, from eating disorders to elderly. She also has managed the food and environmental services departments in several acute care hospitals. Ms. Palmer lives in Southern California and can be reached at spalmer952@earthlink.net.*

I Can't Do Anything Right!

Righting Siblings and Other Family to Steady Your Caregiving Boat

By Kelly D. Morris

When Gloria Eastling could no longer be left alone at home, her oldest daughter Betty took charge. She hired a live-in home health aide, who would stay with Gloria around the clock five days a week. Then she made a schedule of when she and her two siblings would stay with their mother on the home health aide's days off.

She phoned her younger sister Carol and announced that she would need to stay with their mother every other Tuesday night. She explained that Carol would need to arrive by 5 p.m. on those evenings.

"I was taken by complete surprise," Carol explains. "Betty made the decision to bring Mom home from the nursing home after she broke her hip. Then she doesn't even ask me, (she) just tells me to be there on Tuesday. And I work until 6:00, so there's no way I could get there by 5:00!"

"It seemed like a perfectly reasonable request to me," says Betty. "I mean, I was the one doing all the work. I stayed with Mom every single Monday. I paid all her bills [from Gloria's own bank account because Betty had legal documents allowing her to do that]. I took her to all her doctors' appointments. All I wanted Carol to do was one night every other week. And she practically had a cow when I asked her!"

This is a common scenario among siblings trying to arrange care for an elderly parent. Gloria, who lives in Montgomery, Ohio, had appointed her daughter Betty to make financial and health-related decisions for her. But Betty couldn't do everything alone, and she thought she shouldn't have to. She wanted her brother and sister to help. Sounds reasonable, right?

Sibling Discussion Essential

Betty made a couple of common mistakes, though. She didn't discuss issues with her siblings. She didn't actually ask Carol if she would stay with their mother on Tuesdays. Instead, she just told Carol what to do. And Carol resented it. She couldn't do what her sister was asking, because of her work schedule.

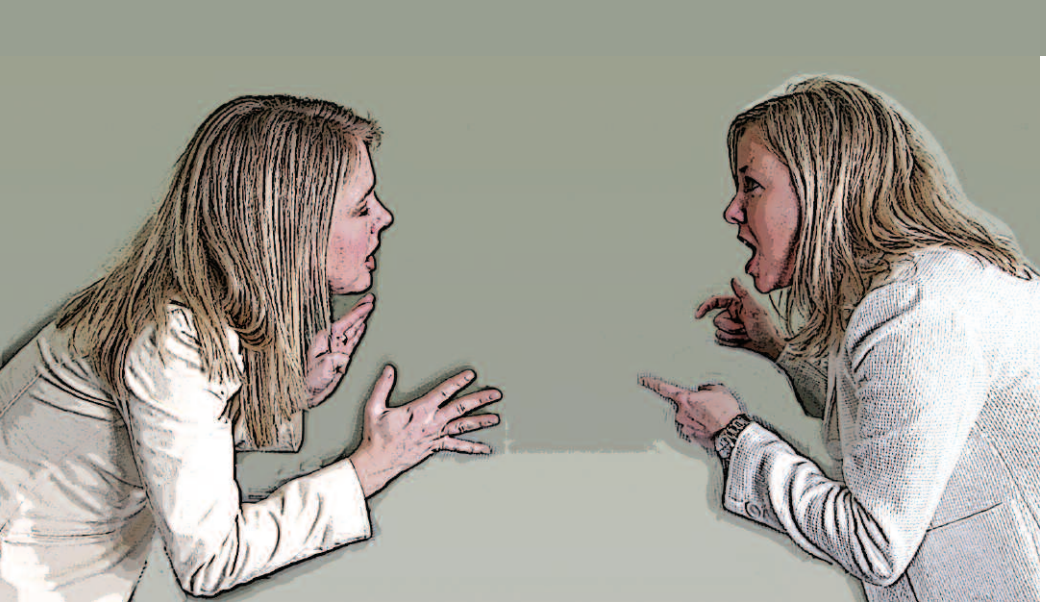
In addition, Betty was worn out. She'd taken on all the responsibility up to that point. And she waited until she was exhausted to seek help from her siblings.

How can this be avoided? Well, someone has to be in charge. It's best if your loved one can decide who he or she would like to be in charge. Contact an attorney and ask about a durable power of attorney. This is a legal document that will allow you to access your loved one's finances and to make both financial and medical decisions for your loved one if necessary.

If there is no power of attorney and your loved one is unable to express his or her wishes about that, you'll need to sit down with your siblings and make a decision about who will be in charge of what. One person does not have to be in charge of everything; tasks can be divided among siblings.

For example, one person can keep track of doctors' appointments. Another person can be in charge of hiring and monitoring any home health personnel. Someone else can be responsible for making sure the bills get paid. And these tasks can rotate, if desired.

***Kelly D. Morris** is a former social worker and home health and hospice worker whose writing has appeared in a number of journals. She lives in Mansfield, Ohio, and can be reached at multihearts@hotmail.com.*



Tailor for Your Family

Now, you might be reading this and shaking your head. You might even be laughing. You might be thinking, "No way is that going to work out in my family." That's just what Carol, Betty, and their brother Harry thought.

Here's how to do it. Call a family meeting. Don't set the day and time for the meeting yourself, though. Ask family members when would be convenient for them.

Draw up a list of concerns to discuss at the family meeting. At the beginning of the meeting, read your list of concerns, then ask if your family members have any other concerns they'd like to add. Finally, discuss each concern, one at a time.

If your loved one has legal papers specifying who should be in charge, bring those papers to the meeting. Make sure everyone understands them. Talk to an attorney if you need help understanding the documents.

If your loved one did not specify who should be in charge, discuss it with your family members. Remember, one person does not need to be in charge of everything.

Document Everyone's Role

Bring a calendar to your family meeting. List all scheduled medical appointments on the calendar and decide together who will take your loved one to these appointments. Note it on the calendar. Make copies of the calendar for everyone involved.

Meet once a month to discuss things and make a calendar for the coming month. Keep in touch between family meetings, as well. To streamline this overall process, you may want to investigate software and online services that are available to let you keep track of schedules and many other details associated with caregiving with shared responsibilities.

"I was amazed that this actually worked," says Carol. "Didn't solve everything, but it did help a lot."

Betty says, "I was surprised by what Carol and Harry had to say. I thought I had been perfectly reasonable, but it didn't seem that way to them. I was angry because they weren't helping enough, and they were angry because I wasn't involving them in decisions enough."

"I just wanted Mom to be taken care of," Harry explains. "I wanted to help, but I couldn't stand all the arguing."

Different Siblings, Different Approaches

It is important to remember that different members of your family may have different ways of doing things.

When Jane's brother Stephen was diagnosed with a terminal illness, she took a leave of absence from her job and moved into his house to care for him. Her siblings lived far away, and the day-to-day care of Stephen fell to Jane. When her sister Diane came to Cincinnati for a visit, she was full of suggestions for ways she felt Jane could do a better job taking care of their brother.

"I'm a strong believer in alternative medicine," Diane explains. "But Jane wasn't interested in my suggestions. She wouldn't listen to anything I had to say."

Jane added: "Here, I'd been doing everything for Stephen, giving him medication around the clock, feeding him, changing him, everything. Then Diane just waltzes in here and starts telling me how I should be doing things. What nerve!"

After an argument one night about the kinds of food she should be feeding her brother, Jane called her hospice social worker in tears. "She was distraught," recalls social worker Denny Sharpe. "She was already overwhelmed from taking care of Stephen day and night. She wasn't prepared to deal with her sister's criticism."

Denny was able to help Jane refocus on the primary issue at hand—taking care of Stephen. "It wasn't the time to dig up old sibling rivalry," explains Denny. "The truth was, Diane would be flying home in a few days, while Jane would continue to be Stephen's primary caregiver. While she was in town, though, Diane wanted take part in her brother's caregiving."

Denny suggested that Jane allow Diane to do some food shopping and prepare some meals for Stephen. "After all, Jane could use a little break!" he says.

Some tension remained between the sisters, but by following the social worker's advice, Jane was able to get through the visit and still remain focused on her brother's care.

But what if these approaches don't work? What if, after all the diplomacy you can muster, you are unable to work out any kind of agreement with your siblings? Your loved ones will still need to be cared for, of course, and someone will have to responsible for making decisions.

As a last resort, consider seeking legal help as an intermediary. This way, the court decides who should make the final decisions. ■

WHAT IS POWER OF ATTORNEY?

A durable power of attorney gives you the right to make financial decision in the best interest of your loved one and gives you access to their bank accounts.

A durable power of attorney can also be drafted regarding health care decisions, allowing you to make decisions about the need for nursing home care, as well as end-of-life decisions.

You can only invoke power of attorney when your loved one becomes unable to make their own decisions.

Contact an attorney locally for more information.

Managing Caregiving's Personal Toll Booth

5 Tips for Cutting the Cost of Caring for Elderly Parents

By Vicki Rackner, MD

With more than 30 million Baby Boomers providing countless hours of assistance to elderly parents at no charge, the estimated value of this uncompensated care is comparable to the entire Medicare budget. For some, the financial scales tend to tilt to an extreme, with the estimated 7 million Boomers providing long distance care absorbing nearly $5,000 per month in actual out of pocket expenses on average.

And then there's this dismal statistic: caregivers who have left, or are considering leaving, the workforce to care for an ailing parent, the costs are even greater—more than $650,000 in forfeited salaries, benefits and pensions over a lifetime.

Regardless of how you slice it, the financial and personal toll of elder-caregiving is steep. And dollars and cents aside, caregivers pay with losses that extend well beyond their bank accounts. They often forego activities that bring joy and richness to their lives, like meeting friends for dinner, or going out to the movies or taking family vacations.

In the end, they pay with their time, the loss of professional opportunities, and the erosion of personal relationships that result in isolation. But as a caregiver, you can decrease the personal and economic costs of caregiving. This means planning proactively rather than responding reactively.

Planning saves money. You know this as you reflect upon your experiences of going to the grocery store with and without a shopping list. Planning also minimizes personal wear and tear and decreases stress. You will feel much better when you know your options and develop back-up plans before you jump into a challenging project.

Here are 5 tips to decrease the personal and financial "cost" of caregiving:

1 **Begin the conversation today.** In America, we have tremendous cultural resistance to the recognition of aging, disability and death. Just as the first few steps uphill are the hardest, so, too, you may meet the greatest resistance simply starting the conversation with loved ones about their possible need for care. But you can say today, "Mom and Dad, it would be great if you lived forever, but discovery of the fountain of youth is nowhere on the horizon. What thoughts and plans do you have about enjoying your golden years?"

2 **Create a plan.** Talk with your parents about their ideal plan if they are no longer able to care for themselves. Then, start to work proactively toward that goal. Investigate long-term care insurance. Draw up the appropriate legal documents. Find out who would make medical choices if they were not able to make them on their own, along with some guiding principles for the choices. You can anticipate and limit parental resistance by saying, "Mom and Dad, I just got back from the lawyer's office signing my will and durable medical power of attorney. I've asked Mitch to make my medical choices if I cannot make them myself. Just so you know, if I were in vegetative state, I wouldn't want to be maintained on a machine. You probably already planned ahead too, right?"

3 **Use personal and community resources.** Make caregiving a family job to which each member contributes. Even children can make grandma's life special with drawings and phone calls. Identify services that make your job as a caregiver easier. If you and your parents live in the same community, check with friends and neighbors and local organizations to learn about services and resources that will make your job easier. You can say, "Mom has just moved in with us, and she wants to find a card game with the 'girls.' Do you know of any senior centers with social events? How about transportation?"

We're a mobile society, and many millions of family caregivers live more than an hour from their parents. Executive William Gillis learned from his own personal experience how challenging it is to identify community resources from afar. As he was carving the path that ultimately led to his on-line portfolio management service, he became caregiver for his father. Talk about mixed emotions! Professionally, he was introducing a service that let millions manage their investments with one click of a computer mouse. Personally, he was investing untold hours just to find one bit of information to help his dad.

4 **Gather cost-savings tips.** This might mean something as simple as ordering generic medication or regularly inquiring about senior discounts. But, most cost

savings opportunities aren't so obvious. Gillis found, for example, that some states will pay for phones for hearing, visually or mobility limited seniors or fund home safety improvements. He said, "We've invested heavily to locate time and money saving resources that most would have difficulty finding. I made it a personal mission to help other caregivers avoid some of the costs and frustration I encountered." You don't have to re-invent the wheel. Tap into the resources others have collected.

5 **Take care of yourself.** You will be able to provide the best care as a caregiver when you're at your best. Get good nutrition, enough sleep and regular exercise. Manage your stress and do a little something every day to nurture your soul. Understand that you are at increased risk for anxiety, depression, and weakening your immune system. Talk with your doctor if you see worrisome signs such as problems sleeping, changes in appetite or loss of interest in activities you enjoy.

Despite the costs, most caregivers say they receive much more than they give. Most say they would do it again, and many do. And sometimes the question is not the personal cost of caregiving; it's the value that you bring to the lives of others that matters in the end. ■

Dr. Vicki Rackner is a board-certified surgeon and clinical instructor at the University of Washington School of Medicine who left the operating room to help caregivers and patients take the most direct path from illness to optimal health. She can be reached at DrVicki@DrVicki.org.

Combining Mind and Body Needs
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hallucinations or hearing voices."

What happens on a typical day for a patient? What is the typical length of stay?

Depending upon individual patient needs and abilities, a typical day can include individual and group therapy, medication evaluation, medical care, recreation and activities therapy. There may also be meetings or counseling sessions with family members.

While the length of stay varies with the needs of each patient, the complexity of patient needs and the comprehensive nature of services for the geriatric med-psych admission typically results in a stay of 8–15 days.

What might families expect if a loved one is admitted to a geriatric med-psych unit?

"Family members are encouraged at the start of hospitalization to participate in the care of patients as much as possible," says Dr. Morgan. "Family members can expect a phone call within forty-eight hours of admission to set up an appointment for a family meeting."

"There is a lot of guilt for the person and their significant others because of their belief that they caused this problem to occur," says Conklin. With this in mind, family members are offered the opportunity to meet with staff to learn more about mental illness, changes in brain function, and underlying medical problems faced by their loved ones.

How does admission to a geriatric med-psych unit occur?

Patients may be admitted through a hospital's emergency room following a psychiatric evaluation or they may be referred by physicians, nursing homes, community mental health centers, group homes, law enforcement workers, family members or by the individual him or herself.

Geriatric med-psych patients have many of the same mental health care needs as individuals served on other units but also frequently have medical conditions which necessitate the need for more assistance with personal care, help with mobility, and an understanding of issues related to cognitive impairment often due to dementia.

What is the future for geriatric med-psych care?

Like many specialized services, geriatric med-psych care is costly. The high staff-to-patient ratios, creation of specialized care units, and use of highly trained staff all contribute to a high cost of care. Stays are covered by Medicare and major insurers; however the cost of providing such services often exceeds the level of reimbursement.

"There is an increased recognition of the need for specialized geriatric service as we witness the 'graying of America'," says Dr. Morgan. "However we often are faced with a lack of training programs, resources or financial incentives that are necessary to make geriatric med-psych programs profitable from a financial stand point and also to ensure the quality of care that we provide." ■

Paula S. McCarron *has more than 20 years of experience in healthcare, including nursing homes and hospice. She lives in Chelmsford, Massachusetts, and can be reached at paulamccarron@gmail.com.*

COMING UP IN OCTOBER

- Psst! You heard it here first: long-term care insurance policies can help **offset your personal caregiving costs**—and sometimes put money in your pocket.
- Another election year and another year with many more dementia and Alzheimer's sufferers. Exploring **the rights—and challenges—of the cognitively impaired,** from voting to driving and more.
- Staying in touch and staying informed. A look at the **latest tools available** to make elder-caregiving a shared family responsibility (and pleasure).
- Have you heard of **peripheral arterial disease?** More than 12 million people—many of them elderly—suffer daily from PAD. Learn how to ID the disease symptoms and guard against heart attack, stroke and death from this insidious condition.

When Leaving Dad Home Alone Might Not Be a Good Idea

7 Signs of Elderly Dependence

By Molly Shomer

Talk to professional caregivers and you'll generally find that they have strong negative reactions to the idea of leaving anyone but a 100% functional person at home alone. They've been trained to think first of liability, and that transfers over when they give advice to caregivers.

On the other hand, care recipients will probably strongly disagree and argue that they are perfectly safe at home alone.

So where's the line? It will be different depending on whether your elder is disabled because of cognitive problems such as dementia, or is physically disabled but still fully able to comprehend.

Sometimes these concerns creep up. In the beginning of caregiving, we might have been able to go to work, or out for the evening, or at least run to the store for an hour or two. But one day that doesn't seem like such a good idea any more.

There are a few things that might make it easier to decide if it's still safe to leave without having someone stay in your absence. Ask yourself these questions:

1. Can he identify an emergency and call 911 if necessary?
2. Could she get out of the house and find shelter without help?
3. Would he be just as likely to invite total strangers into the house as family members or neighbors?
4. Does she need help using the bathroom?
5. Even if he has never wandered before, if he were to go outside for any reason, is he at risk of becoming lost?
6. When left to her own devices, is she likely to try something that is dangerous or destructive, such as climbing a ladder, lighting a candle, or letting the water overflow?
7. Does he become overly anxious when left alone? One sign of over-anxiety is multiple phone calls to you, other family members, or the authorities.

If you still feel confident after answering these questions, then it is probably still safe to leave your loved one at home alone. Keep the questions in your mind and review them often as things do change.

If answering any of these questions left you feeling uneasy, then it's time to look for support so you can safely get out of the house. Depending on the amount and kind of care needed, your options might be another family member, a neighbor or a local teenager, or a paid professional.

Molly Shomer, *MSSW, LMSW, a family caregiving specialist and licensed geriatric care manager. Molly, a nationally recognized expert on eldercare issues, is the author of* The Insider's Guide to Assisted Living. *Her website is www.eldercareteam.com, and she can be reached at molly@eldercareteam.com.*