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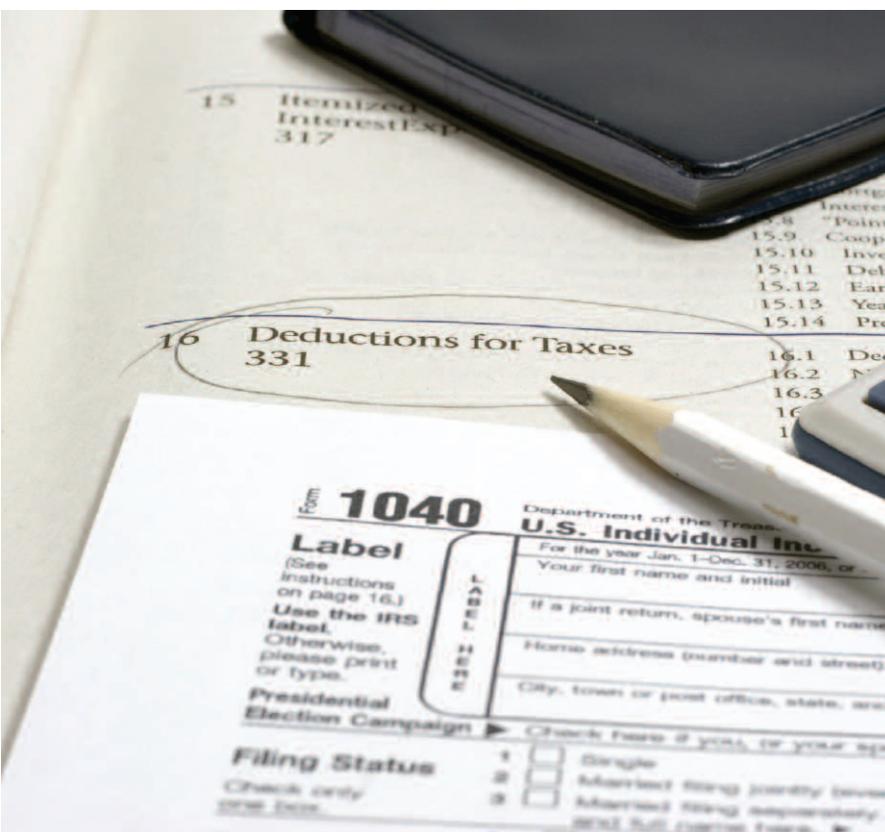
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H E L P I N G T H O S E W H O H E L P O T H E R S

Plugging the Elder Care Dollar Drain

Becoming a Tax-Savvy Caregiver

By Paula S. McCarron



Editor's Note: Caregiving is a costly proposition in the United States, not only for our elderly and the government, but for elder-caregivers themselves, typically those adult children who sacrifice financially in many ways to care for their parents. In fact, asking how to best deal with this cash crisis is by far the most frequent question we receive. In this feature series, Plugging the Elder Care Dollar Drain, we highlight ways caregivers might find compensation in a society that doesn't yet readily address their need.

When April 15 comes rolling around the corner, you can be sure Uncle Sam will be seeking his due. But with a bit of planning and modest number-crunching, you just may be able to hold onto a few extra dollars or even see some significant savings—if you're tax-savvy.

"There are ways for families to save money on their taxes that are ethical, legal and non-fattening," says Steve Weisman, elder law attorney and author of *Boomer or Bust: Your Financial Guide to Retirement, Health Care, Medicare, and Long-Term Care* (Prentice Hall 2006). "It may involve filing for deductions or re-arranging how medical expenses are handled or setting up a caregiver contract." ▶

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"Basically, you are looking for anything related to meeting the long-term care needs of the individual. Any expenses not covered by insurance are eligible as deductions." —Beth Wiggins, CPA, Houston

Becoming a Tax-Savvy Caregiver

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When it comes to taxes and caregiving, it all boils down to tax deductions, tax credits, and pre-tax expense accounts. Here's how each works to save you money:

- Tax deductions reduce your taxable income.
- Tax credits reduce your tax liability. They allow you to deduct a portion of your expenses from the taxes you owe. Typically, the higher your income, the lower the percentage you may use. Tax credits generally work best for those in the lower income brackets.
- Pre-tax expense accounts use pre-tax dollars to pay for services.

It's as simple as this: By reducing your taxable income, you reduce the amount of taxes you owe.

Let's look at various available options, starting with tax deductions for medical expenses. While individuals can claim medical expenses on their own tax return without meeting any special criteria, there are certain conditions that must be met if a family caregiver is planning to claim an aging parent as a dependent. The conditions are as follows:

1. You must provide more than half of a person's financial support.
2. The dependent may be a relative or a non-relative living with you for the entire year or residing in a nursing home or assisted living home.
3. They must be a citizen of the United States, Canada, or Mexico
4. The dependent must not file a joint tax return for the same year.
5. The dependent must have less than \$3,200 of gross annual income—Social Security benefits and tax exempt interest income are not included in this equation.

What kinds of services qualify as tax-deductible medical expenses? Qualifying expenses include but are not limited to medications, long-term care insurance premiums, home modifications, transportation for medical appointments, services of privately-hired home-care workers, and spending for wheelchairs, dentures, and eyeglasses.

"Basically, you are looking for anything related to meeting the long-term care needs of the individual. Any expenses not covered by

insurance are eligible as deductions. If anyone is finding themselves strapped by medical expenses, then the extra time it takes to itemize is going to be worth it," says Beth Wiggins, a CPA with BKD in Houston.

Certainly, deductions can be considerable when an individual is residing in any type of care facility. For those residing in assisted living, there may be a certain percentage allowed as deductible, if the care includes medically necessary services. For those who are in nursing homes and paying privately for their care, the cost is fully deductible. Even those residing in independent living communities may find some percentage related to the cost of occupancy that may qualify as a deduction.

Is it necessary to consult with a tax professional? Not necessarily, but Wiggins points out that "planning how the spending occurs and by whom might just make the difference in being able to meet the qualifying criteria for the deduction."

Both Weisman and Wiggins agree there are times when seeking the advice of an elder law attorney, tax accountant or certified financial planner is advisable. Some examples include:

- When multiple siblings contribute to the support of a parent.
- When taxable income could be moved into tax-free investments
- When there is the possibility that the dependent may need to apply for Medicaid
- When a caregiver contract is desired to provide family members with compensation for services, housing, etc.

If you hired someone to care for your loved one while you either sought or maintained employment, you may qualify for the Child and Dependent Care Credit. Depending upon your income, this credit may equal up to 35% of your qualifying expenses.

To claim the credit, the following conditions must be met:

1. You must have earned income from wages, salaries, tips, employee compensation or net earnings from self-employment.
2. Payments for care cannot be made to any person you claim as a dependent or to your child under the age of 19.
3. You must file as single, head of household, qualified widow(er) with a dependent child, or married filing jointly.

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Bills, Bills, Bills

8 Tips for Managing Your Loved One's Daily Finances

By Ursula Furi-Perry

Routine household bills and finances can be tough enough to keep up with, but for caregivers, handling loved ones' bills on top of their own can result in highly frustrating financial chaos.

"There's complexity today because we get so much paper," says Patricia Morris, an attorney, certified financial planner and daily money manager from Newton, Massachusetts. "People just become overwhelmed."

Furthermore, "there's a lot of detail required in understanding a bill and whether it's something that truly needs to be paid," says John Hovis, a personal finance assistant in Matthews, North Carolina. "Keeping up with a checking account becomes difficult as a person ages, and numbers become harder to understand."

Facing a mountain of paperwork and often having no clue what needs to be paid or when, caregivers can become easily overwhelmed when taking over a loved one's daily finances.

Thankfully, new options—like online payments, automatic deductions, and hiring a personal daily money manager—can help caregivers who struggle to keep on top of their loved ones' bills.

Consider the following eight tips to make daily money management and financial organization easier:

1 "Identify what the usual bills would be and make sure you're on top of those," advises Morris. Also, "review bills to make sure they seem to be fairly accurate." That means tracking down checking account entries to ensure that bills aren't being paid more than once, and that past and present amounts appear accurate.

Also check for any bills that have not

been paid in sequence and watch for any past due amounts, Hovis says. If you can't physically view your loved one's bills regularly, consider forwarding your loved one's mail to your address.

2 Consider alternatives to paper statements and checks. For example, "If the person is at a distance, it may make more sense to do online bill paying," says Morris. Most banks now offer online checking as a routine part of banking, and most companies accept online payments for no additional fee, thereby eliminating the need for paper checks in most situations. With most reputable companies, you can rest assured that their online bill pay system is secure, says Hovis, and most banks are happy to work with consumers to explain how the system works, making online bill pay easy and quick to master.

3 "Sign up for anything that can be done automatically," Morris recommends. For instance, many utilities and insurance companies will automatically deduct monthly payments that are due from your loved one's checking account and will still send you a statement upon request. However, Morris says to avoid automatic payments for credit cards without first viewing the monthly statements to be sure all charges are legitimate.

4 For continued daily financial organization, Morris and Hovis agree that an efficient filing system is essential. "This has to be kept up with on a regular basis, rather than letting paperwork pile up," Hovis says. "Once or twice a month is usually all that's necessary." Your files needn't be elaborate, adds Hovis; they simply need to be organized by pay



period, recipient, and the type of bill you're paying. Ordinary records such as utility bills need to be kept for a year, while any document that's related to a tax return should be preserved for seven years.

5 Look into hiring a personal daily money manager, if possible. In addition to helping with bill paying and financial organization, money managers can also assist with budgeting, investments, accounting and taxes, depending on their expertise. When choosing a money manager, look for a person who is experienced and has the requisite training and licenses; and talk with past or current clients for references, says Hovis. If possible, Morris recommends that you and your loved one both meet with potential providers. Ask reputable trade organizations for help: both Hovis and Morris are members of the American Association of Daily Money Managers, a trade organization that provides referrals of local financial organizers who are members.

6 Check out other types of assistance that may be available, often for no or low cost. Many seniors' organizations and other nonprofit or government entities offer free help with everyday finance management. Seniors, Inc., for instance, which has several locations in Colorado, helps seniors with bill paying services. Morris says she frequently volunteers to help seniors with financial organization skills

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Do Doctors Give Up on the Elderly?

Fighting for a Fighting Chance

By **Melissa A. Goodwin**

Geriatrician Dr. Rob Stall likes to tell this story when speaking about health care for older adults:

A 90 year old man name Henry went to see his doctor about his sore right knee.

“Well, Henry,” said the doctor, “what do you expect? You’re 90 years old.”

Henry replied, “But doctor, my left knee is the same age as my right knee, and it feels just fine!”

It’s a cute story, but the underlying message is not as cute. It implies that many of us—doctors included—view old age as if it were an untreatable disease. According to the Alliance for Aging Research, “Evidence has been mounting to suggest that, at all levels in the delivery of healthcare, there is a prevailing bias—ageism—that is at odds with the best interests of older people.”

Contributing to this bias is the acute shortage of physicians specializing in geriatric medicine. There is only one geriatrician for every 3,000 elderly in the United States. And, things seem to be getting worse: out of 145 medical schools in the country, only five have geriatric care departments.

Doctors untrained in geriatrics may overlook underlying conditions, such as depression and malnutrition, which contribute to health issues in older adults. They may also overlook the question of drug dosage and interactions in older

patients, whose bodies are less able to tolerate the “cocktail” of multiple medications that have been prescribed for them.

While the bias against aggressive treatment for elderly patients is real, there are also valid treatment concerns, such as the physical and emotional states of the patient, and the assessment of risk relative to the probability of success for a treatment, which must factor into decisions.

So, how do we know when to encourage our loved one to pursue treatment, and when to back off? How do we know when to accept a condition as part of the natural aging process, and when to probe further? And what if you think the doctor is not giving your loved one’s care his or her best effort?

These aren’t easy questions. But the better we understand our loved ones, our own motivations, and our options, the better equipped we can be to help our loved ones get the best care for their individual situations.

The Reluctant Patient

My own mother was a perfect example of what is known as a “reluctant patient.” In her mid-70’s, she developed symptoms of Alzheimer’s disease. When family members expressed concern, both Mom and Dad dismissed her short term memory lapses as “normal old age.” When we reminded them that Dad didn’t have similar memory problems, they became defensive and angry.

Mom took thyroid and blood pressure medications, and we suspected that she might suffer from depression—all of which can cause symptoms that mimic Alzheimer’s. The family wanted Mom’s doctor to investigate the possibility that drug interactions or depression were contributing to her condition. But Mom and

Melissa A. Goodwin is the assistant director of the Foothills Caring Corps program in Carefree, Arizona, as well as a freelance writer and photographer. She can be reached at cc.melissa@earthlink.net.

AGE BIAS IN HEALTH CARE

The Alliance for Aging Research notes these indications that our elderly don't always receive the best medical care:

- Older patients are less likely than younger patients to receive preventive care.
- Older patients are less likely to be screened for diseases and other health problems.
- Proven medical interventions for older patients are often ignored, leading to inappropriate or incomplete treatment.
- Older people are consistently excluded from clinical trials, even though they are the largest users of approved drugs.

Dad refused to talk to the doctor, minimized the severity of her symptoms, and even denied them altogether.

The Reluctant Doctor

Eventually, the family contacted Mom's doctor directly, and asked her to probe further during their next visit. Unfortunately, the doctor also labeled Mom's symptoms as "normal old age" and told us that there was nothing wrong!

At that point, we felt helpless: Mom and Dad were in complete denial, and the doctor acted as if we were interfering in a situation that was none of our concern. Today—five years later—Mom is living in the Alzheimer's ward of an assisted living facility and no longer recognizes her family. Whether earlier intervention would have made any difference is something we'll never know—but will always wonder.

The Fighter

Dad was the opposite of a reluctant patient. After his stroke at age 81, Dad's bladder did not function and he had to wear a catheter. After numerous tests, his doctor told him there was nothing that could be done. He cited Dad's age and his diminished physical capacity from the stroke as factors in determining that the risk of attempting surgery was too high.

We decided to get a second opinion. The second doctor believed that he had a good chance of correcting Dad's problem

through surgery, and was willing to operate. For several months after surgery, Dad was off the catheter. Unfortunately, his bladder was not able to function properly over the long term, and he eventually went back on the catheter.

Making the Best Decision

Was it worth it? It depends on your point of view. On one hand, the first doctor turned out to be right. On the other hand, Dad wanted to fight, and the second doctor believed he had a fighting chance to improve the quality of Dad's life. Although surgery ultimately didn't solve his problem, it was important to Dad to know that everything possible had been tried.

Each situation—and each individual, family, and doctor—is different. Even so, certain considerations will help you do the best you can to feel confident that

STAGGERING SHORTAGE OF GERIATRIC SPECIALISTS

A 2005 American Geriatrics Society report found that, of more than 650,000 practicing physicians nationwide, fewer than 7,000 were certified geriatricians.

Despite the potential to serve an estimated 71 million aging Baby Boomers who will need care in 2030, the ranks of geriatricians have actually decreased over the past few years. There were about 440 fewer geriatricians in 2006 than in 2004, according to the American Board of Medical Specialties.

The Geriatrics Society estimates that the nation will have a staggering shortfall of about 36,000 geriatricians by 2030.

your loved one receives the best possible health care in any situation. Here are eight steps that can help:

- Find a geriatric physician or a doctor with a good reputation for working with older adults. The website for the American Board of Medical Specialists (www.abms.org) allows you to find geriatric specialists by searching on "added qualifications in geriatric medicine."
- Ask the doctor to take a holistic approach to your loved one's health by considering emotional and psychologi-

cal issues in addition to physical ones.

- Encourage your loved ones to stay involved in life as much as possible. Let them know that they have a right to feel good, no matter how old they are.
- Involve loved ones in conversations about their health care and their options. Take the time to explain things to them fully. Or, ask the doctor or nurse to explain.
- Ask questions! In addition to what the doctor tells you, do your own research on the Internet or at the library to educate yourself and your loved one about the risks of various treatment options.

If your loved one is a "reluctant patient," try to insist on being included in conversations with the doctor. Let the doctor know that the patient may not be providing all the relevant information.

If you think your doctor is not fighting hard enough for your loved one, follow your instinct and get a second opinion.

Respect your loved one's decisions. If your loved one is legally capable of making their own healthcare decisions, you must ultimately accept and respect that, even if you do not agree. The most important things are that your loved one feels encouraged and supported, and that you feel you have done everything possible to make the best choice in the situation, no matter the outcome. ■

COMING UP IN FEBRUARY

- Does Mom or Dad push your buttons? If so, you're not alone. A look at ways to keep your caregiving role on an even keel.
- Caregiving and the only child. How to muster a support system to ease your load when there are no siblings to help.
- Paget's disease quietly but painfully victimizes more than 1 million older Americans, making their bones soft and porous—and easy to break. What do caregivers need to know?
- Survival under the same roof. A critical look at the upside and downside of having Mom or Dad live in your home.



Assuring Good Nights

Keeping Our Elderly Safe in Bed

By Kelly Morris

Iona Davis was unsteady on her feet, and her children were afraid she'd fall when she got up to use the bathroom at night. They installed side rails on her bed so she couldn't get up alone, and told her to call for one of them if she needed to get up. They also moved her walker away from the bed to discourage her from getting up on her own.

But Iona, of Loveland, Ohio, didn't want to bother her children during the night. She was used to being self-sufficient.

"She tried to get up anyway," Iona's daughter Louise says. "She tried to climb over the rail. She ended up falling and breaking her hip. I felt so terrible! We all did."

Unfortunately, this scenario is not uncommon. In fact, the National Safety Council reports that falls from bed are the second leading cause of death from injury among people 65 and older.

You're probably aware of the risk of falls in the bathroom or in the kitchen, but did you realize that falls often occur in the bedroom? Sometimes elderly people will roll over and fall flat off the bed, but most falls occur while getting out of bed.

You might think using bed rails will prevent this type of fall, but that's not always the case. The Food and Drug Administration (FDA) says there are numerous risks associated with the use of bed rails. Not only can people try to climb over the bed rails, but sometimes they become caught between the rails or

between the mattress and the bed rails. This can result in serious injury. In rare cases, it has even resulted in death from strangulation.

There are appropriate times to use bed rails. Bed rails can aid in turning and repositioning someone in bed. They can provide a handhold for getting into and out of bed. They may also provide a sense of security. Talk with your loved one's doctor to determine whether bed rails are appropriate in your situation.

Bed rails that fit a regular bed can be purchased at medical supply stores. To use bed rails safely, the FDA recommends lowering one or more sections of the bed rail, such as the foot rail. This gives a person room to sit up and get around the railing. It also gives them something sturdy to hold when getting out of bed. Use a mattress that extends all the way to the bed rail so there is no gap. Check on your loved one frequently, if you do use a bed rail.

How else can you prevent falls in the bedroom? Consider the following:

- Make sure there is adequate lighting. Use a nightlight and make sure a lamp or light switch is close to the bed. You might want to use nightlights in the hallway and bathroom, as well.
- Make sure the bed is the right height. Your loved one should be able to sit on the side of the bed with their feet flat on the floor and knees parallel to their hips.
- Don't use throw rugs beside the bed. They may slip when your loved one gets up. They're a tripping hazard, too.
- To prevent your loved one from needing

to get out of bed frequently at night, anticipate things they might need. For instance, keep a glass of water, the telephone, the television remote control, or other items at bedside.

- Position mobility aids, such as walkers or wheelchairs, within easy reach of the bed.
- If your loved one uses a wheelchair, make sure you leave the brakes locked. Otherwise, the chair might roll away from them when they try to sit in it.
- If needed, check on your loved one during the night to make sure they don't need anything.
- Do your best to educate your loved one about safety issues related to getting out of bed.

If your loved one needs help getting out of bed, here's how to do it. First and foremost, make sure you bend and lift with your legs, not your back. Help them into a sitting position, and then help them swing their legs over the side of the bed. Having a bed rail for them to hold onto can be helpful. Have Mom or Dad put their arms around you, as if giving you a hug. Using your legs, not your back, straighten up while gently lifting them to a standing position.

If your loved one uses a wheelchair, have that beside the bed. Again, make sure the brakes are locked. After you have him or her in a standing position, pivot until the chair is behind them. Lower them gently into the chair.

If you are ever helping you loved one into or out of bed and they start to slip, ►

Becoming a Tax-Savvy Caregiver

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4. The care must have been provided by a qualifying individual(s).
5. The dependent must have lived with you for more than half of the year.

In addition, many states offer tax breaks for caregivers. Depending where you live, you may be eligible for deductions related to medical expenses, a straightforward caregiver tax credit, or help in paying for the care of a dependent. These programs build on federal programs, so no "double dipping" into benefit dollars is allowed.

Another tax-saving option for employed caregivers is to place pre-tax dollars into an employer-sponsored account known as a "pre-tax dependent expense account" or a "flexible care expense account." The pre-tax dollars are placed in a savings account which can later be withdrawn to pay for services such as adult day programs or home care workers, if the dependent spends at least eight hours a day in your home.

"Caregivers face a very difficult job," says Steve Weisman, who speaks from

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just lower them gently to the floor. That can be easier and safer than trying to catch them and stopping the fall altogether.

While falls carry a significant physical risk, they can also impact elderly people emotionally. People may feel embarrassed or unnerved by falling. They may restrict their activities for fear of falling. They may also feel depressed because they are no longer as self-sufficient as they once were.

You can do a lot to help your loved one deal with the emotional impact that falling or fear of falling may have. For example:

Talk about falling in a matter-of-fact way. Don't make a big deal about it.

Use the tips given here to create an

first-hand experience as an adult child caring for his mother. "The financial help offered through these kinds of programs will never compensate caregivers for what they give out of love. But it can help in two ways: Caregivers can receive some financial help for what they are already doing. And an aging parent might accept help if they know their children aren't carrying the full financial burden of care." ■

RESOURCES:

The Internal Revenue Service operates at toll-free assistance line at **800-829-1040**.

Tax Counseling for the Elderly is a volunteer tax-help program for those over age 60. To find a program in your area, phone the IRS at the number listed above.

Check these pertinent IRS publications:

- IRS Publication 501, Exemptions, Standard Deduction, Filing Information
- IRS Publication 502, Medical and Dental Care Expenses
- IRS Publication 503, Child and Dependent Care Expenses
- IRS Publication 524, Credit for the Elderly and Disabled
- IRS Publication 554, Older American's Tax Guide
- IRS Publication 907, Tax Highlights for Persons with Disabilities

environment that is as safe and "fall-proof" as possible. This will allow your loved one to be as independent as they can safely be.

Encourage your loved one to look at these fall-prevention steps as a way to help them stay independent. Elderly people who fall often and injure themselves may not be able to stay in their own homes any longer.

With a little effort and education, the bedroom can be a safe place for Mom and Dad. Then everyone can get a good night's sleep! ■

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

Bills, Bills, Bills

Continued from page 3

through Springwell, a Massachusetts nonprofit organization that provides various types of assistance to seniors. Check with your local AARP chapter or Agency on Aging for referrals to volunteers who can provide knowledgeable financial assistance.

7 Pay particular attention to checks paid to charities, Morris warns. Because there are so many marketing lists, requests for charitable donations in the mail can run rampant. "Watch for lots of small checks to charities, and make sure these are the charities your (loved one) really wants to give to," says Morris. Also, "sign up to be taken off those lists" to minimize junk mail and financial requests.

8 Keep at least one other person in the loop, says Morris, especially if you're handling finances for a relative and others, including siblings, could question your decisions. "You want to make sure you're not completely on your own," Morris says. If you're able, meet with a personal money manager or financial assistant for advice before you take over your loved one's bills. Don't be afraid to second-guess your loved one's financial decisions, and don't just assume that everything is okay, states Hovis. "While being understanding, tactful and patient, also be assertive and take responsibility because if your organization becomes confused, it can be much more difficult to straighten out." ■

RESOURCES:

American Association of Daily Money Managers, www.aadmm.com, (814) 238-2401

Federal Trade Commission's Aging Parents and Adult Children Together Program, daily money management pages, www.ftc.gov/bcp/online/pubs/services/apact/apact02.htm

AARP, Money and Work pages, www.aarp.org/money

Bookkeepinghelp.com, a directory of accounting, bookkeeping and tax services, www.bookkeepinghelp.com/

Valentine's Gifts for Seniors

Evoking Pleasant Memories Through Odor

When searching for a meaningful Valentine's Day gift for an elderly loved one, don't settle for the same old box of candies again. Instead, consider highly fragrant items that bring back happy memories.

Scientists at the Monell Chemical Senses Center say that as the most ancient of our senses, smell is highly evocative because the brain connects odors to emotional memories.

"Odors can act as potent keys to open doors to the past," notes Pamela Dalton, PhD, a cognitive psychologist at Monell, a Philadelphia-based research institute.

Dalton suggests taking a few minutes to think back on past conversations, trying to identify specific details mentioned by your loved one about happy times or occasions. Then try to connect scents to those memories.

Or, she suggests, off-handedly initiate a conversation to identify favorite smells and their emotional connections. Your great-aunt may



mention lavender because it reminds her of a long-ago honeymoon spent in the south of France. Or Mom might wistfully talk about the smell of your father's after-shave lotion.

"The more specific the connection between odor and experience the better," says Dalton, "because scent memories are very dependent on context."

Because of their strong connections

with emotional memories, scented gifts might be especially appreciated by older adults who have impairment of other senses, including cognitive limitations.

Scent-infused gifts for seniors can include fragrant flowers, scented lotions and personal care products, herbal pillows, or potpourri.

Whatever you choose, it's likely that your senior will appreciate a highly fragrant gift, advises Monell behavioral neuroscientist Charles J. Wysocki, PhD, who notes that the sense of smell declines with advancing age.

"Seniors often rate odors as less intense than do younger people," says Wysocki, noting that this decline begins for some smells about age 40 and continues across ensuing decades.

And lest you forget: Valentine's Day is February 14. ♥

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