



The Long-Distance Caregiver

Many family members working in the Foreign Service, international business, or other travel-heavy work fields are frequently required to travel and live far from parents and other relatives. Yet, family responsibilities may not be easily transferred to others. Sometimes the family member may be the only adult child or the only family resource available to an elder. In such cases, a compassionate work location reassignment may be an option for a situation that can be resolved within a minimal amount of time. In most cases, the elder may be able to manage affairs independently. In other cases, chronic conditions may erode his or her capabilities slowly over a period of years. Family planning should seek to anticipate emergencies. Holidays and vacation visits can provide the opportunity to assess the needs of a parent and make arrangements to meet those needs. This article provides some practical suggestions for the *long-distance caregiver*.

Gather information.

The caregiver will need to obtain information about health insurance coverage, Social Security numbers, health care history, doctors' phone numbers, and medications used by an elder. This can be completed during a visit to the older relative. This information list should be updated at least once a year and should include the names, addresses, and the phone numbers of neighbors and close friends of the parent.

Assess the home environment.



Your older relative is likely to become more dependent over time. The house or apartment in which children were reared may no longer be as easy to manage. Stairs may be difficult to climb, bathtubs might be difficult to get into or out of, or the shag rugs and easy chairs may now present the threat of a fall. You may be able to install brighter (nonglare) lights and get rid of shag rugs on your visit home (with the agreement of the elder, of course). Electrical systems should be inspected and chairs should have arms so that one can push up out of them. Perhaps a railing would make it easier and safer to climb the stairs. Support bars in the shower or bathtub can also reduce the risk of falls. Large clocks and calendars and telephone systems programmed for single-digit dialing to family and other people are examples of easily installed support systems. More extensive changes, such as painting or reorganizing the kitchen, may require a home repair service. In many communities, there are voluntary or low-cost resources available to assist with home repairs. Contact your local Area Agency on Aging (you can get the number from the yellow pages or by contacting your Employee Assistance program) for information about home repair services.

Check housing options.

While your parents may look quite healthy, it is important to realize that their status can change quite rapidly. Retirement communities, group housing, and other options may have long waiting lists. It is worthwhile to visit such facilities, if possible, accompanied by your older relatives. Perhaps the facility that is most desirable has a waiting list several years long. The decision to register may, therefore, need to be made long in advance of a crisis. Housing options should be reviewed and discussed with your parents. You may be surprised at their willingness to discuss such matters. Some parents, however, can find it very threatening, so tact should be used when raising these issues. They may quite deliberately choose the inconveniences and risks of their home over the modern supports of a retirement community.

Visit the neighbors and the family doctor.

Neighbors can be the first to notice any change in the status of an older person. Perhaps the newspaper and the mail are not picked up. In daily contacts, a neighbor may notice illness or unusual patterns of behavior. Make sure that the neighbors have your phone numbers (work, cell, and home), and let them know that they can call you at any time. Ask them if you can call them if you are worried about your parents' well-being. Perhaps you can arrange for a trusted neighbor to have a key to the house so that access can be gained in an emergency.

Most older people have a family doctor who is familiar with their medical history. Contact with the elder's physician should be made, especially if he or she is on regular medications. Since some elders have a variety of medical problems, they may have more than one physician. Make sure that the primary physician is informed about any other medical interventions. Here again it is important to leave the phone numbers with the doctors' offices and to obtain their numbers also.

Contact community service providers.

If your older relative is beginning to have vision problems, difficulties driving, or needs help with heavy chores or other tasks, it is worthwhile to establish contact with social service agencies that can provide home care services. Some experts suggest that it is better to contact a multiservice agency that has good monitoring and evaluation capabilities. The Area Agency on Aging can provide a directory of service agencies in the locality. Many nonprofit agencies offer services on a sliding-scale fee basis. For-profit organizations also offer a variety of services. If your relative seems to need several services, and her or his condition needs ongoing review, it may be worthwhile to engage the services of a *geriatric care manager*. This professional can offer a home assessment of needs, engage appropriate services and monitor their delivery, and provide an ongoing assessment of the health and functional status of the elder. Contact local relatives.

Other family members may be found in the local area. Uncles and aunts, first cousins, and brothers and sisters may be available to some extent to help with the caring process. In rural areas particularly, cousins and other relatives can be very willing to engage in monitoring and care activities. In meeting and talking with such relatives, the long-distance caregiver should be looking for an appropriate person as the primary contact. This individual should be selected on the basis of a willingness to take on some care responsibility and on his or her ability to assist the elder. A personal approach can be made and, if accepted, the caregiver should provide the basic information noted previously for medical emergencies, plus his or her own home, cell, and work numbers.

Deal with anxiety and guilt.

The long-distance caregiver is perhaps more likely to feel guilt and anxiety than caregivers close at hand. You cannot have daily contact and reassurance that all is well. On the other end, you may not be able to overcome feelings of guilt for not being at your parent's side in their illness. A counselor or trusted friend can provide support to the individual suffering from anxiety or guilt.

Adult children who are overanxious are often more likely to disrupt the lifestyle of older persons. Remember that the goal is to help the elder to live with the best possible quality of life. The elder must participate in the judgment, and indeed be the primary judge, of what lifestyle is appropriate. The elder may choose to remain in the old family home, even if the neighborhood is deteriorating or the house is less than suitable. Remember to distinguish between your needs and those of your elder. Contact with the family doctor, a neighbor, or the family primary contact should enable one to remain objective in these matters. A primary concept to keep in mind is that of *least intervention*, that is, intervene only to the extent that is truly necessary to enable the elder to remain a viable member of the community.

Remain in contact.

Above all, as a long-distance caregiver you must remain in regular contact with your older relative. Many older people depend heavily on these regular contacts. Indeed, the great majority of elders want more contact with their children. Let the person know when you will call or visit. Keep to the schedule you have presented. Remember that he or she needs and depends on you. Home visits should be undertaken on a regular basis. However, the timing and length of the visit should be discussed beforehand, so that all concerned know what to expect. Do not allow an older relative to use guilt to extend the visit or the phone call.

Source: U.S. Department of Defense (DoD). (n.d.). DoD caregiver guide: Chapter 5—The long-distance caregiver. Retrieved April 2, 2008, from the U.S. Army War College website: <http://dde.carlisle.army.mil>

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