THE AGING IN PLACE WORKBOOKS

# Getting Them There

*A workbook for the adult child of a parent who will not go to the doctor.*

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Includes The Appointment Checklist, a separate print-and-carry companion.

# Start here

If you are holding this, you have already asked. Probably more than once. And you have gotten back some version of *I'm fine*, delivered in a tone that ended the conversation.

I want to tell you the single most useful thing I learned in twelve years of home visits as an occupational therapist, and I want to tell you before you turn another page.

> Not one older adult I ever sat with told me they did not want medical care. What they told me was that they did not want to lose the car, or the house, or hear a word that started with D.
>
> They were not refusing the doctor. They were refusing the consequences they believed came attached to the doctor. Those are entirely different problems, and only one of them is solvable by asking again.

This workbook takes you through that from the beginning — figuring out what the refusal is actually about, gathering something a physician can act on, clearing the practical obstacles that masquerade as stubbornness, choosing who should deliver the message (it is very often not you), and knowing what your options genuinely are if the answer stays no.

## How to work through it

Write in it. That is not a nicety — the exercises only work if the answers are on paper where you can see them next to each other. Several of them will surprise you.

Parts One through Four are the work you do before you ask again. Part Five is the conversation itself. Part Six is the appointment. Part Seven is for the situation where nothing has worked and you need to know where the actual lines are. Part Eight is about you, and it is not filler.

Most families need two or three sittings. Do not try to do it in one evening after a hard phone call.

BEFORE YOU BEGIN

# What this is, and what it is not

I am an occupational therapist. My clinical work was in people's homes — assessing how someone actually functions in the kitchen they cook in and on the stairs they climb, and figuring out what would keep them safe and independent for longer.

That means I know a great deal about how older adults refuse help, and how families get past it. It also means there are things I cannot do for you here.

| This workbook does | This workbook does not |
|---|---|
| Help you understand why a parent is refusing care and what usually moves it. | Diagnose anything, or tell you what your parent's symptoms mean. |
| Help you organize observations into something a physician can act on. | Tell you which medications are right, wrong, or dangerous. That is for the prescriber and the pharmacist. |
| Explain in plain language what documents exist and why families wish they had them sooner. | Give legal advice, or substitute for an elder law attorney licensed in your parent's state. |
| Show you where the escalation lines are, including the uncomfortable ones. | Tell you whether your specific situation has crossed one. Only a clinician who has examined your parent can do that. |

> **If something is wrong right now**
>
> Sudden confusion, a fall, fever or signs of infection, chest pain, trouble breathing, a sharp change in alertness, or not eating and drinking are not workbook problems. Call the physician's office the same day, or 911 if it is severe. Come back to this afterward.

# Contents



The Appointment Checklist, included with this workbook, is a separate file. Print that one. This one you write in.

PART ONE

# Why they are saying no

*You cannot solve a refusal you have not correctly identified.*

Every family I worked with had a story about the refusal, and the story was almost always slightly wrong. Not because anyone was foolish — because the reason a person gives for saying no is rarely the reason they are saying no.

Your parent has heard *you need to see someone* enough times to have a rehearsed answer ready. It is armor. It has been tested. You will not out-argue it, and every attempt hardens it a little more.

So we are going to stop arguing with the armor and go find out what is behind it.

EXERCISE 1.1

## The refusal audit

Go back through the last several times this came up. Be specific — what you actually said, and what they actually said back. Approximate dates are fine.

| When | What I said | What they said back | How it ended |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

### Now read down the third column

Is it the same answer every time, or does it change? A rehearsed answer that never varies usually means armor. An answer that shifts — cost one time, timing the next, nothing wrong the time after — usually means the real reason has not been said yet.

EXERCISE 1.2

## Name the fear

Five fears account for nearly every refusal I encountered. Check the ones you think are live in your parent, and be honest about how sure you are.

- ☐ **Fear of bad news.** They suspect something and would rather not have it confirmed. Common in people who watched a spouse or sibling go through a long illness.
- ☐ **Fear of losing independence.** The car, the house, the checkbook. They believe the appointment is the first domino.
- ☐ **Embarrassment.** Incontinence, memory lapses, hygiene, weight, alcohol, a body they do not want examined. Enormously underestimated by families.
- ☐ **Distrust of the system.** A bad experience, a dismissive physician, a bill nobody warned them about, or a general belief that doctors find problems to treat.
- ☐ **Genuine unawareness.** They truly do not perceive the change. This is different from denial, and it responds to completely different handling.

> **Unawareness is not stubbornness**
>
> There is a real clinical difference between a person who knows something is wrong and will not admit it, and a person whose perception of their own function has changed. The second one is not being difficult and cannot be argued into agreement, because from the inside nothing is wrong.
>
> If you are seeing this, it is a reason to get in front of a physician sooner rather than later — not a reason to push harder at home. Note it and keep moving.

WHICH ONE DO I THINK IS STRONGEST, AND WHAT MAKES ME THINK SO?

EXERCISE 1.3

## The unrehearsed question

This is the single most useful thing in this workbook. Do not skip it because it looks small.

Stop asking them to go. Ask this instead:

> *"What do you think they'd tell you?"*

That question has not been rehearsed, and the answer is usually startlingly specific. *They'll take my license. They'll say I can't stay here. They'll find something and then I'll be doing chemo at eighty-one.*

The moment you hear that, you are no longer negotiating about an appointment. You are negotiating about one concrete fear, which is a far smaller and more solvable thing than a general refusal.

> How to ask it
>
> Ask when nothing else is happening — not at the end of a visit, not after an argument, not on the phone if you can help it. Then say nothing for a full ten seconds. Most people fill silence. The urge to rescue the pause is what costs families this answer.
>
> If they deflect, let it go that day. Ask again in a week. This question works on the second or third try more often than the first.

WHAT THEY SAID, AS CLOSE TO WORD-FOR-WORD AS I CAN GET IT

IS THAT FEAR ACTUALLY LIKELY? WHAT WOULD IT TAKE TO ADDRESS JUST THAT ONE THING?

EXERCISE 1.4

## Reframe the visit around the fear

Once you know the fear, the ask changes shape. Here is how that looked in practice.

| If the fear is | Stop saying | Try instead |
|---|---|---|
| Losing the car | "You need to get checked out." | "Let's find out why the left turns feel harder. Nobody takes anything away from a checkup." |
| Bad news | "What if it's something serious?" | "Most of what they check turns out to be manageable. Not knowing is its own kind of weight." |
| Embarrassment | "Just tell the doctor everything." | "You don't have to say it to me. Write it down and hand it to him." |
| Distrust | "He's a good doctor, just go." | "If you don't like him, we don't go back. One visit, and you decide." |
| Unawareness | "Can't you see you're struggling?" | "It would settle my mind. Would you do this one for me?" |

Notice that the right-hand column never contains the word *need*, and never asks them to agree that something is wrong. Agreement is not required. Attendance is.

MY VERSION, IN WORDS I WOULD ACTUALLY SAY OUT LOUD

PHRASES I KEEP REACHING FOR THAT I AM GOING TO STOP USING

PART TWO

# Build the case

*What you have noticed is real. It is just not yet in a form anyone can act on.*

"Your memory is getting bad" is a diagnosis. Your parent will deny it, and they are entitled to — you are not qualified to make it and neither am I.

"You stopped going to Thursday cards" is an observation. It is much harder to argue with, and it is the kind of thing physicians actually act on. Function is the language of geriatric medicine. A description of what someone can no longer do moves an appointment forward in a way that *something seems off* never will.

EXERCISE 2.1

## The function log

Three to six things your parent used to do and no longer does, or now does differently. Be concrete. "Holds the rail with both hands" beats "unsteady."

| What they used to do | What it looks like now | First noticed | How often |
|---|---|---|---|
| | | | |
| | | | |
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What clinicians look for

The categories that carry the most weight: walking and balance, driving, cooking and eating, managing medications, managing money and mail, bathing and dressing, sleep, and social withdrawal. Withdrawal is the one families report last and clinicians weigh heavily — people stop going places before they will admit anything is wrong.

One more: a change that happened *quickly* matters differently than one that came on over two years. Note your dates as precisely as you can.

EXERCISE 2.2

## Translate it

Take the diagnosis-language sentences you have been using and rewrite them as observations. The examples show what I mean.

| What families say | What actually gets used |
|---|---|
| "Her memory is going." | "She's asked me the same question four times in one visit, and she stopped hosting bridge in March." |
| "He's unsteady on his feet." | "He holds the rail with both hands going down, and he's started sleeping in the recliner instead of upstairs." |
| "She's not eating right." | "The same casserole was in the refrigerator across two visits, and her rings are turning on her fingers." |
| "He's depressed." | "He hasn't been to church since January, and he doesn't answer the phone before noon anymore." |

| What I have been saying | What I will say instead |
|---|---|
| | |
| | |
| | |
| | |

Use the right-hand column twice: once with your parent, once with the physician. It works on both for the same reason — it is not arguable.

EXERCISE 2.3

## Sort what you are seeing

Not everything belongs in the same queue. Put each item from your function log into one of these three rows.

| Call today | Bring to the appointment | Watch and note |
|---|---|---|
| | | |
| | | |

| Call today | Bring to the appointment | Watch and note |
|---|---|---|
| | | |
| | | |
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| | | |

### What belongs in the left column

Sudden confusion or a sharp change in alertness. A fall — including one you only found out about later. Fever or signs of infection. Chest pain or trouble breathing. Not eating or drinking. Weight loss you can see. A new severe headache. A medication that was started and then quietly stopped.

These are not appointment-scheduling problems. Same-day care or 911 depending on severity, and you do not need anyone's permission to make that call.

THE ITEM I AM MOST WORRIED ABOUT — AND WHAT I WILL DO ABOUT IT THIS WEEK

WHAT I AM STILL NOT SURE ABOUT, TO ASK THE PHYSICIAN

PART THREE

# Remove the barriers

*A great deal of what looks like stubbornness is logistics wearing a disguise.*

Before you ask again, take everything off the table that could reasonably be used as a reason to say no. Not because your parent is looking for excuses — because the excuses are often real, and nobody wants to admit that the actual obstacle is not wanting to ask you for a ride and hear the sigh.

EXERCISE 3.1

## Barrier inventory

Check every one that could plausibly apply. Then write what you will do about it.

- ☐ **Transportation.** No car, no longer drives, will not ask, or does not want you taking a day off work.
- ☐ **Cost.** Real or assumed. Many older adults dramatically overestimate what a visit costs and will not ask.
- ☐ **Paperwork.** Forms they cannot read, cannot remember the answers to, or find humiliating.
- ☐ **The waiting room.** Long waits, hard chairs, no bathroom nearby, crowds, noise.
- ☐ **Hearing or vision.** Cannot follow what is said, will not admit it, nods along and leaves having understood nothing.
- ☐ **Mobility.** Parking distance, stairs, no wheelchair at the door, exam tables that are too high.
- ☐ **Not wanting to burden you.** Enormously common and almost never said out loud.
- ☐ **Time of day.** Afternoon fatigue, or an appointment that collides with the one part of the day that still works well.

| Barrier | What I will do about it | By when |
|---|---|---|
| | | |
| | | |
| | | |
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EXERCISE 3.2

## Book it properly

Making the appointment is not one phone call. It is one phone call with six questions in it.

Ask for the first opening after 9:30 in the morning — after breakfast and morning medications, before the afternoon fatigue that makes everything harder to tolerate. I have watched the same person be sharp and cooperative at ten and completely finished at three. It is not a small detail.

- [ ] What paperwork is needed in advance, and can it be sent to me now?
- [ ] Is a HIPAA release or healthcare proxy already on file? What does the office need if not?
- [ ] My parent has [memory loss / hearing loss / low vision / anxiety / a mobility limitation] — can we have extra time on that basis?
- [ ] Can I send the provider a summary of concerns before the visit?
- [ ] Do you have a wheelchair at the entrance, or interpreter services, or large-print forms?
- [ ] Who do I call if something changes before the appointment?

> **The request nobody makes**
>
> Practices will very often grant extra appointment time for cognitive impairment, hearing loss, or anxiety — but only when they know in advance and can build it into the schedule. In twelve years I met almost no family who had thought to ask. It costs one sentence.

APPOINTMENT DETAILS ONCE BOOKED

EXERCISE 3.3

## The private channel

Some things should not be said in front of your parent, and saying them anyway is how you lose their trust for the next three years.

If there is something the physician needs to know that your parent would be humiliated to hear you say — the incontinence, the drinking, the third fall they made you promise not to mention — send it ahead. Most offices accept a note by fax or patient portal. Ask for it to be read before the visit.

This is also the answer when your parent has agreed to go but only if you "don't make a whole thing of it." You can honor that and still get the information where it needs to be.

WHAT I NEED TO SEND AHEAD RATHER THAN SAY IN THE ROOM

PART FOUR

# Choose the messenger

*There is a rule in this work that nobody likes, and it is the one that works fastest.*

The adult child is very often the worst possible messenger. Not because you are wrong — because forty years of history come attached to everything you say. The same sentence, from a pastor or a nephew or the friend from work, lands as concern instead of a takeover.

I have watched one remark from a church friend accomplish what six months of family conversation could not. It stings. Let it sting, and use it anyway.

EXERCISE 4.1

## Map the circle

List everyone outside the immediate household your parent still listens to. Include the people you find irritating. Especially those.

| Name | Relationship | How often they see my parent | Would my parent listen? |
|---|---|---|---|
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Who tends to carry weight

Clergy. A sibling of your parent, or an old friend of the same generation — someone who is not younger than them. A grandchild, who can ask things nobody else can get away with. A neighbor who sees them daily. The pharmacist. A former colleague. Sometimes the hairdresser.

The common thread is that none of these people can plausibly be accused of trying to take anything away.

EXERCISE 4.2

## Brief the messenger

This goes wrong when the messenger is handed a mission. Keep it to one observation and one sentence.

What you are asking for is not an intervention. It is one person mentioning one thing, once, in the course of a normal conversation. Something like:

> *"You've been holding that rail pretty hard lately. Have you had anyone look at it?"*

That is the entire assignment. If the messenger reports back that it did not land, thank them and leave it alone. A second push from the same person converts them into another family member.

WHO I WILL ASK, AND WHAT I WILL ASK THEM TO SAY

WHAT I WILL NOT ASK THEM TO DO

EXERCISE 4.3

## Align the siblings

Mixed messages from adult children is the single most reliable way to produce a no. If one of you says "she's fine, leave her alone," the conversation is over.

| Sibling or family member | Where they stand right now | What I need from them |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

### The sibling conversation to have first

Not "do you agree something is wrong." That one goes badly, because agreeing means admitting something they may not be ready to admit, often from several states away.

Ask instead: "Will you back me on getting one checkup?" It is a much smaller thing to say yes to, and it is all you actually need from them right now.

WHAT I WILL SEND THE SIBLINGS, IN WRITING, BEFORE I ASK AGAIN

WHAT I WILL DO IF A SIBLING ACTIVELY UNDERMINES THIS

PART FIVE

# The conversation

*You have done the preparation. This is the twenty minutes it was for.*

## Where and when

Not at the end of a visit, when you are already holding your keys. Not on the phone if you can avoid it. Not after an argument about something else, and not in front of an audience — an older adult with three people looking at them will defend their position no matter what they privately think.

Sitting down, mid-visit, nothing else happening, no coats on.

## What lands and what backfires

| Backfires | Lands |
|---|---|
| "You need to see a doctor." | "Would you do this one for me? It would settle my mind." |
| "You can't keep living like this." | "I'd rather find out it's nothing than keep wondering." |
| "Dad, be reasonable." | "I know you don't think it's necessary. I'm asking anyway." |
| "We're all worried about you." | "I noticed the stairs are taking longer. That's the whole reason I'm asking." |
| "If you don't go, I'm going to have to..." | "One visit. If you don't like him, we don't go back." |
| "Everyone your age needs checkups." | "Let's just find out why the left turns feel harder." |

> **The frame that works**
>
> Make it your peace of mind, not their limitation. "It would help me worry less" lands completely differently from "you can't manage anymore" — and it is also true, which is why it holds up when they push back on it.
>
> You are not required to win the argument about whether something is wrong. You only need them in the room.

EXERCISE 5.1

## Write your version

Actually write it. The sentence you improvise under pressure is not the sentence you want.

MY OPENING LINE

THE ONE OBSERVATION I WILL LEAD WITH (FROM YOUR FUNCTION LOG)

WHAT I WILL SAY WHEN THEY SAY "I'M FINE"

WHAT I WILL SAY WHEN THEY BRING UP THE FEAR I IDENTIFIED IN PART ONE

HOW I WILL END IT IF THE ANSWER IS STILL NO

EXERCISE 5.2

## The pause-and-return plan

If it is a no, you need a date and a trigger. Not a vague intention to bring it up again.

Pushing twice in one week is how a soft no becomes a hard one. Set the interval before you have the conversation, so that walking away feels like the plan rather than a defeat.

| I will raise it again on (date) | What I will use as the opening | What would make me raise it sooner |
|---|---|---|
| | | |
| | | |
| | | |

> **Openings that arrive on their own**
>
> A new symptom they mention themselves. A friend of theirs who had something caught early. A refill running out. A Medicare wellness visit they are entitled to. A fall, even a small one. A holiday visit from someone who has not seen them in months.
>
> The last one is the strongest lever in the whole year. If a sibling or a grandchild is coming at Thanksgiving or Christmas, that visit is your opening — plan for it now rather than improvising in the kitchen.

PART SIX

# The appointment

*You fought for this. Now make it worth the fight.*

The companion file, *The Appointment Checklist*, is the print-and-carry version of this part. Use these pages to prepare; use that one on the day.

## The bag, not the list

Do not bring a typed list of medications. Bring the actual bottles — prescriptions, drugstore items, vitamins, supplements a neighbor recommended, leftovers from a hospital stay two years ago.

This is called a medication reconciliation, and it is one of the highest-value fifteen minutes in geriatric care. Lists are wrong constantly, because people report what they were prescribed rather than what they are taking. Duplicates and interactions turn up far more often than families expect. What gets changed is the prescriber's and pharmacist's decision — your job is only to make sure they can see the whole picture.

Check the nightstand, the kitchen counter, the purse, the glove box, and the bathroom cabinet. They are almost never all in one place.

EXERCISE 6.1

## The one-page agenda

Physicians have limited time and your parent will use the first several minutes on pleasantries. Hand this over at the start.

THE ONE SENTENCE I MOST NEED ANSWERED

THREE FUNCTIONAL CHANGES, WITH DATES

WHAT MY PARENT WILL PROBABLY NOT MENTION

## In the room

- [ ] Let your parent answer first. Correcting them in real time costs you the next three appointments.
- [ ] Fill in gaps afterward, or hand over the written agenda rather than talking over them.
- [ ] Ask the physician to state the plan in plain language: "Can you tell me what the next step is?"
- [ ] Repeat the plan back yourself to confirm you heard it the same way they said it.
- [ ] Ask what would count as a reason to call before the next visit.
- [ ] Get the after-visit summary in writing, and the correct spelling of anything new.
- [ ] Schedule the next appointment at the desk before you leave. Later does not happen.

> **If you are asked to step out**
>
> A physician may want time alone with your parent. That is appropriate and often useful — people disclose things without their child in the room. Go willingly and visibly. Resisting it tells everyone in the building something you do not want said.

EXERCISE 6.2

## After the visit, before you drive away

Fill this in the parking lot. Not at home. Details decay fast and versions diverge faster.

| What was said | What happens next | Who does it | By when |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

WHAT I STILL DO NOT UNDERSTAND, AND WHO I WILL CALL ABOUT IT

PART SEVEN

# When no still means no

*This is the part families are never prepared for, so I am going to be direct about it.*

A competent adult has the legal right to make decisions you believe are terrible, including refusing medical care entirely. If your parent has capacity, you cannot override them — and no amount of being right about the situation changes that.

I am not a lawyer and this is not legal advice; the specifics vary by state and by circumstance. But you need the general shape of it, because families lose months to a plan that was never available to them.

## Capacity is not the same as agreement

| This is a choice you have to accept | This is a reason to escalate |
|---|---|
| They understand what could be wrong, understand what a visit would involve, and decline anyway. | They cannot retain or repeat back what the decision involves, or the reasoning shifts each time you ask. |
| They have always been like this and it is consistent with how they have lived. | This is a marked change from how they used to handle their own health. |
| They are managing daily life — eating, bathing, paying bills, taking what they are prescribed. | Basic needs are going unmet, or the home has become unsafe or unsanitary. |
| The risk is theirs alone and it is not imminent. | There is imminent danger, to them or to someone else — including on the road. |

The right-hand column does not make you the decision-maker. It makes it appropriate to involve someone who can assess: the physician's office, a geriatric care manager, or in genuine emergencies, emergency services.

## The escalation ladder

Work down it in order. Skipping rungs costs you the relationship, and you will need the relationship later.

- [ ] **Pause and return.** Set a date. Most refusals soften with time and a better opening.
- [ ] **Change the messenger.** Part Four. Cheapest and most effective step available to you.
- [ ] **Call the physician's office yourself.** They cannot tell you anything without a release, but they can listen, and a note in the chart matters. Many practices will reach out with a wellness reminder.
- [ ] **Ask for a home visit or telehealth.** A house call, a visiting nurse, or a video visit removes the transport barrier and the waiting room in one move.
- [ ] **Bring in a geriatric care manager.** A paid professional with no family history attached. Often the thing that finally works.

- [ ] **Review what authority already exists.** Healthcare proxy, power of attorney, advance directive. Find out what is signed and where it is.
- [ ] **Call Adult Protective Services.** If there is genuine self-neglect and nothing else has worked, this is what the agency exists for. Calling is not a betrayal.
- [ ] **Emergency services.** For the red flags below. You do not need permission.

> Call the same day, or 911, for
>
> Sudden confusion or a sharp change in alertness. A fall — including one you learned about afterward. Fever or signs of infection. Chest pain or trouble breathing. A new severe headache. Not eating or drinking. Visible weight loss. Slurred speech, facial droop, or one-sided weakness.
>
> None of these are conversations to be had over several weeks.

EXERCISE 7.1

## The document tracker

These are easiest to put in place while your parent is clearly capable of signing them. After capacity comes into question, you are often looking at a court process instead.

| Document | What it does, in plain language |
|---|---|
| Healthcare proxy / medical power of attorney | Names who makes medical decisions if your parent cannot speak for themselves. |
| HIPAA release | Lets providers share medical information with you. Without it, they can listen to you but cannot tell you anything. |
| Durable power of attorney (financial) | Names who handles money and paperwork. Separate from the medical one. |
| Advance directive / living will | Records what care they would and would not want in specific situations. |

| Document | Status | Where the original is kept | Date signed |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

The one thing I would move to the top of your list

If you have a parent who is refusing care right now, get an appointment with an elder law attorney licensed in your parent's state. Most families can get the core documents done in a single meeting. I have watched too many people discover the paperwork gap at the exact moment it became impossible to close.

How to raise it with your parent: it is about their wishes being followed, not about handing anything over. That framing is both more effective and more accurate.

MY NEXT STEP ON THE DOCUMENTS, AND BY WHEN

WHICH RUNG OF THE LADDER AM I ON RIGHT NOW, AND WHAT IS THE NEXT ONE?

PART EIGHT

# You

*This part is not filler, and it is not a reward for finishing the other seven.*

Trying to get a resistant parent to accept care is one of the more depleting things an adult child does, partly because the effort is invisible and partly because it can go on for years without resolving. I watched a great many families and the ones who lasted had two things in common: they had decided in advance which battles were worth it, and they were not doing it alone.

EXERCISE 8.1

## Choose your battles

You cannot win all of these at once, and trying is how families end up losing the relationship along with the argument.

| Worth a fight this year | Can wait | Not mine to decide |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

The third column is the hardest one to fill in honestly, and it is the one that will save you. Some of what you want to change is your parent's to decide, even when they decide badly.

EXERCISE 8.2

## Protect the relationship

Answer these two honestly.

WHAT HAS THIS ALREADY COST BETWEEN US?

WHAT AM I NOT WILLING TO TRADE FOR A CHECKUP?

EXERCISE 8.3

## Your own support

- [ ] One person I can say the unedited version to.
- [ ] A caregiver support group — in person or online. Local Area Agency on Aging is the usual starting point.
- [ ] A division of labor with siblings that is written down, not assumed.
- [ ] Something in my week that is not about my parent.
- [ ] My own medical appointments, which I have probably been postponing.

| Who | What I will ask them for | When I will ask |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

### One thing I told every family

You are not failing because your parent will not go. A competent adult refusing care is not a problem you caused, and it is frequently not a problem you can solve on your own timeline.

What you can do is stay in the room, keep the relationship intact, and be ready when the opening comes. It usually does come. The families who are prepared for it get a great deal more out of it than the families who are exhausted by then.

PULL IT TOGETHER

# Your one-page plan

*Everything above, on a single page you can come back to.*

THE FEAR I THINK IS DRIVING THE REFUSAL (PART ONE)

THE THREE FUNCTIONAL CHANGES I WILL LEAD WITH (PART TWO)

THE BARRIER I AM CLEARING FIRST, AND HOW (PART THREE)

WHO IS DELIVERING THE MESSAGE, AND WHAT THEY WILL SAY (PART FOUR)

MY OPENING LINE, AND THE DATE I WILL USE IT (PART FIVE)

IF THE ANSWER IS NO — WHEN I RAISE IT AGAIN, AND WHAT WOULD MAKE ME ESCALATE (PART SEVEN)

THE ONE THING I AM DOING FOR MYSELF THIS MONTH (PART EIGHT)

# Notes

# Notes

# Last page

If you got your parent into an exam room after months of no, that was the hard part, and you did it. Take the win before you start worrying about the next appointment.

And if you did not — if it is still a no and you are sitting here with a workbook full of writing and nothing to show for it — you have done the preparation that most families never do. When the opening comes, and it usually comes, you will be ready in a way you would not otherwise have been.

Either way, I hope this made the next conversation a little less lonely.

Esther

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**Esther Kane** — retired occupational therapist with more than twelve years of geriatric clinical experience, most of it in people's homes. CAPS and C.D.S. certified. She writes for adult children of aging parents at seniorsafetyadvice.com, where the whole idea is to prepare before a crisis rather than react during one.