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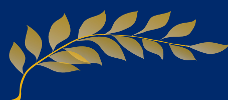

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CSA Journal 40 ▲ 2008

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The ***CSA Journal*** (ISSN 1542-9199) is a peer-review publication published quarterly by the Society of Certified Senior Advisors™, a professional membership organization for those who have earned the Certified Senior Advisor designation.

Subscription to the *CSA Journal* is complimentary to Society members. Annual subscription rates are $49.95.

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Cover Art: *Colorado Wildflowers*, 24˝ x 30˝ oil on canvas, © 2006 by Peggy Warren

CSA JOURNAL

Journal of the Society of Certified Senior Advisors™

Volume 40 **September 2008**

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The *CSA Journal* is a continuing-education tool for members of the Society of Certified Senior Advisors™. These materials should not constitute a CSA's sole resource on any issue. Society of CSA's faculty, staff, and contributing authors are not engaged in rendering social, medical, legal, financial, insurance, or business advice. Each CSA must use an appropriate network of experts who weigh the merits of specific strategies within the context of each individual client's unique situation.

Letter from the Editor-in-Chief

Reaching the Age of Elegance

By Norman L. Bouchard, MS, CSA

Well, I did it again and once again was blown over—I was a judge for the Ms. Senior Colorado pageant. I often get teased by my friends, and then the usual question is asked: "Is there a bathing suit contest?" The answer is: "*No*." But there are contests in life philosophy, talent, and evening gowns. During the contestants' interviews, I was amazed again at how these women change the face of the planet by what they do and what they believe in. This is the pageant's mission statement:

> *The Ms. Senior America Pageant is the world's first and foremost pageant to emphasize and give honor to women who have reached the "Age of Elegance." It is a search for the gracious lady who best exemplifies the dignity, maturity, and inner beauty of all senior Americans. The Ms. Senior America philosophy is based upon the belief that seniors are the foundation of America, and our most valuable treasure. It is upon their knowledge, experience, and resources that the younger generation has the opportunity to build a better society.*

As CSAs, our roles as professionals is to help older adults reach the age of elegance and leave a legacy to the younger generation so that we can all build a better society. In this *Journal*, many articles make us aware of the importance of older adults and their needs. The *Journal's* cover by Peggy Warren is beautiful and so is her story. Our lead article, "Granting Wishes" is not only touching but proves that seniors' dreams can come true.

In our Social section, we learn about the power of pets and how much these four-legged creatures do to enrich the lives seniors. We also have a surprising article on the growing trend of men as caregivers. And we take a sharp-eyed view of active retirement communities and the seniors who choose this lifestyle. Lastly, we learn about a growing business in the world of aging—concierge services—that are there to do your bidding.

In our Health section, we look at the shocking situation of the elderly in nursing homes being drugged like zombies. The article on how to live with arthritis gives us great tips on keeping our joints healthy. The "Listening and Empathy" article gives us hands-on communication skills to deal with people who have dementia. Lastly, burnout is huge among caregivers, and Dr. Amy tells us what to do about it.

In the Financial section, Ray Ferrara explains the pros and cons of the Roth IRA. Our article on the HIPAA act illustrates the importance of having access to protected health information. This is crucial for anyone working with older adults. In Arts, Humanities, and Spirituality, David Goldberg helps us understand the importance of mining the gifts of creativity in older adults. Lastly, in our series about seniors who make a difference, Carol Dovi O'Dwyer interviews a woman who proves it is never too late to head in a different direction.

We see those in the "age of elegance" on a daily basis. They should remind us as professionals to be fully attentive and respectful of who they are and what they contribute to our world. May these articles not only educate you but remind you of how powerful you are and the difference you make in the world of aging.

Norm Bouchard is vice president of the Society of Certified Senior Advisors and teaches on its national faculty. A sought-after motivational speaker, he has worked nationally and internationally with top Fortune 500 companies.

About the Cover Artist

The Many Transformations of Peggy Warren

By Karin M. Lazarus, BFA

Canadian Peggy Warren has a feel for metamorphosis. She was born in 1933 into a privileged household. But her father died when she was twelve years old, an event that had a profound influence on her. The loss of money, status, the family home, and private schooling changed her world. All were hard things for an adolescent to go through, but Warren had survival strategies. Without realizing it, she crossed over into a place of strength and power.

PHOTO BY KARIN LAZARUS

Warren showed early talent for drawing and painting. However, it wasn't until she was in her twenties—and a "restless, housebound mother"—that she began to dabble in art again. Using chalk from her artist husband's extensive collection of pastels, she painted a portrait of their son. It was this moment that triggered her inner artist.

On completion, her mother had the picture framed and it was hung over Warren's mantel with great pride. Friends admired the painting and requested portraits of their own children, and soon she set up a studio in the attic of her home. Success followed quickly, but things changed. In 1963, her husband was transferred to New Jersey, and in the blink of an eye, her overwhelming success vanished. Only thirty years old, she was no longer a prominent member of the circle of Toronto artists who exhibited in Canada.

Warren longed for the life she had left behind, but she decided to explore other artistic avenues in search of a new identity. When pottery classes were offered at the local junior college in Montclair, Warren enrolled and went on to become an accomplished studio potter, exhibiting at fairs and shows.

New success and fame came unexpectedly when she decided to create something personal as a gift for people to remember her by. "I crafted a small clay figure sitting with her head on her knees and purposely avoided a face to save time and effort in the crafting." At a street show, a forensic psychologist stopped by her booth and discovered the little figure. He told Warren that she had indeed created "the child within," a tool he felt was essential for use by psychologists in accessing the unexpressed inner child of their patients. Inspired, she began producing them in large quantities, and "the child within" went on to become an enormous healing tool.

From 1963 to 1990, Warren, her husband, Ted, and their three children, Ted Jr., Michael, and Judy, relocated more times than she would like to count. However, in the middle of the chaos, Warren had to learn strategies for recapturing equilibrium after so much change. Indeed, wrestling with adversity has helped her understand who she really is at her deepest core. "I spent a lot of time recording my innermost feelings—hiding the writings in closets, drawers, and

under the mattress," she says. One day she went to a bookstore in search of a gift for a friend who was turning fifty, newly divorced, and a mess. When she asked for help in finding a meaningful book for her friend, the owner suggested that what she needed was not on the shelves but in her heart. So touched by that comment, Warren dug out all her heartfelt writings, put together what she thought appropriate, wrapped them in a red ribbon, and presented the gift to her friend. "She called me in a combination of tears and laughter, and told me I needed to share the poems; they were more than just 'us.'"

Like a fairy godmother, Warren's mother appeared again to help. "My mother, my supreme support system, offered to pay for the printing of the first run of *Very Much a Woman's Book*," she says. She found a book distributor, and the small collection went on to sell 20,000 copies.

In the 1970s, Warren became interested in working with clay and expanded her work to include sculpture, but she eventually focused once more on portraiture. The work was rewarding as well as challenging, and it was only beginning to catch on when her husband was transferred yet another time. Faced again with the effort of determining what counts in life and what does not, Warren invoked her strength of conviction.

Newly settled and ready to start over, she felt a strong need for color in her work and in her life—vibrant color that was not available in clay. Inspired by a course she took at the local college in Melbourne, Florida, she shifted her interest to oil painting. No portraits this time, but landscapes and the study of people, using lush and vibrant oil paints to record her need for expression.

In the years that followed, she studied with many painters, including Bill Schultz from New England, Ellen Plankey from Florida, and Albert Handell from New Mexico. They all contributed to a variation of styles she exhibited while attempting to fulfill her floundering need for self-expression and acknowledgment.

Warren believes the opportunity for transformation must be created. In Dallas, Texas, she had her own gallery/salon/studio in the Deep Ellum arts district, where people would drop in for quick portraits, sometimes even during lunch, and have tea in the salon in the afternoon. "I had an ongoing show, and the whole thing was very sweet and very successful, and I was hot once again." That is, until Ted decided to retire and move to the mountains. That was in 1990 at the height of her book sales and gallery/salon success. "But," she says, "as always, I followed my leader and actually was quite titillated by the idea of living in a log cabin in the mountains. There is something very romantic about it."

Warren and her husband now live in the tiny town of Eldora, Colorado, in the mountains west of Boulder. She has a studio with a group of artists at Art Workspace in Boulder, where she paints three days a week, almost exclusively in palette knife, thick with oil paint and heavily influenced by the colorful and expressive work of Nicholas Simbari. The other four days, she works on a novel that involves the exploration of the meaning of peace, "a quality that for most of my life eluded me." Now seventy-five, she is finally owning the universal message shared by all the people she interviewed for the content of her book: The source of peace so longed for is not attained from self-aggrandizement or recognition, but rather it is drawn from a well within, a well that, when properly nurtured, overflows with nourishment rich in grace and gratitude.

Peggy Warren has played out her life in many ways, among them as wife, mother, painter, potter, and writer. More than fifty years ago, this remarkable woman stumbled on an art form she loved, and she has made it her life's work to share it with others.

Her work can be viewed on her Web site at www.peggywarren.com.

Karin Lazarus is an artist's representative, photo coordinator, and writer. A former New Yorker, she lives in Boulder with her teenage daughter, Lucie, three cats, and one dog. She can be reached at Klazarus@comcast.net.

Granting Wishes

Making Dreams Come True for Seniors

By Jo Ann Zvares, BS, CSA

Dreams happen. Throughout the United States, special foundations are making dreams come true for seniors. One of these, Twilight Wish Foundation, began in 2003 and now has ten chapters nationwide. For founder Cass Forkin, the realization that many seniors felt disregarded became obvious the day she and her daughter were having lunch at a diner. There, they spotted "three elderly women," each carefully counting out bills and change, trying to pay their check. When Forkin slipped a twenty-dollar bill to the waitress on their behalf, the women beamed with happiness. One of them said, "We didn't know there were people like you still out there. We thought you had forgotten us." Forkin was profoundly affected by those words, and she wanted to help on a larger scale. Two months later, while getting a massage, she experienced "an epiphany." She says she jumped off the massage table and quickly wrote herself a note. She still has that note written on pink paper, marking the day the concept of the Twilight Wish Foundation came to her.

Forkin, now executive director, says, "Twilight Wish is a way we can say thanks and make wishes come true in the twilight years for those who have spent their lives making wishes and dreams come true for you and me" (Twilight Wish Foundation 2007).

As the Twilight Wish Foundation celebrates its fifth anniversary, its staff, volunteers, and donors have made more than one thousand wishes come true. One of the wishes the foundation was able to fulfill was reported in the *Philadelphia Inquirer* (Pipitone 2008). Through the foundation, Carol Cutrone, sixty-nine, of Hatfield, Pennsylvania, had the opportunity to audition for the Radio City Music Hall Rockettes. Cutrone had wanted to audition for the Rockettes when she was sixteen, but her recently widowed mother forbade it. A few years later, Cutrone married and, subsequently, raised a family and worked as a secretary. She didn't take up dancing again until twelve years ago. At that time, she began dancing with the Peak Tappers, a troupe of thirteen older, active women who love to dance.

The Twilight Wish Foundation heard about Cutrone through Debbie Amundson, the former development director at the Peak Center, a senior center in Lansdale, Pennsylvania, where the Peak Tappers meet. Amundson was so inspired by this energetic group that she contacted the Twilight Wish Foundation. In addition to their enthusiasm for dance, Amundson said that one-third of the Peak Tappers were cancer survivors. Cutrone herself survived viral meningitis last year. Amundson believes that a contributing part of Cutrone's rehabilitation was dancing. As soon as she could, Cutrone attended rehearsals, holding on to the back of a chair for support when necessary. "This shows that age is all about attitude," Amundson said.

The Twilight Wish Foundation enlisted Upper Merion, Pennsylvania, sixth graders to raise $1,600 to send Cutrone, her family, and fellow dancers to New York. The group took a backstage tour of the theater, and Cutrone received a three-hour dance lesson from one of the Rockettes, finally realizing her dream of a Radio City Music Hall Rockettes audition.

But there's more to life than just dancing. Susan Fuller, a sixty-three-year-old resident of the SunBridge Care and Rehabilitation Center in North Carolina, suffers from dementia. Angela Compton, the activity director of the center, submitted Fuller's wish to visit the White House. "It's very meaningful to her to get to come out of a nursing home facility and travel and do something that not everybody can get to do," Compton said. Fuller had last visited the White

House as a high-school junior when John F. Kennedy was living there. Congressman Mell Watt and his staff helped arrange the tour. Fuller said, “This has been so wonderful. I’ll never be able to repay it. But I can repay with my love” (Twilight Wish Foundation 2007).

The Twilight Wish Foundation is able to grant wishes through individual contributions, corporate sponsorships, foundation grants, planned gifts, special events, in-kind donations, and profits from the sales of Twilight Wish Foundation products. Donations can also be made through the United Way.

Atlanta-based Second Wind Dreams (2008) has been granting wishes nationwide since 1997 “for members of the Greatest Generation, particularly those who are among the most forgotten in our society—residents of nursing homes and assisted-living facilities.” Second Wind has fulfilled a wide range of dreams for so many seniors, including Janice Robbins, ninety-seven, who received a visit from her hero, former President Jimmy Carter; eighty-three-year-old Evelyn Roberts, who wanted to ride a camel; and eighty-eight-year-old Eveline Kelly, who attended a VIP luncheon and received a visit and cooking demonstration from her favorite cook, Paula Deen.

Started in 2005 by Debbie Davison, Dreams for Seniors Charity (2007) grants wishes to seniors in three counties in Illinois. Its Web site states, “In our bustling society, we don’t often pause to applaud and appreciate our elders who have had such a positive impact on our lives.”

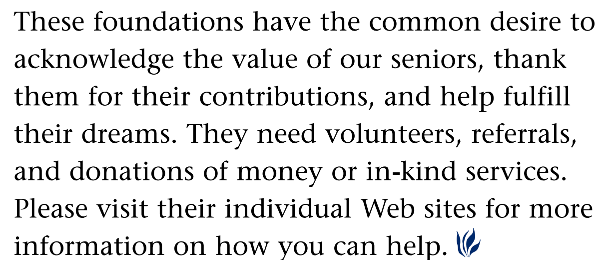
Anyone in Peoria, Tazewell, and Woodford counties in Illinois can submit a “senior dream” for consideration.

The Donna Wheeler Foundation (2008) is a new organization in Colorado that will help make dreams come true. Its kickoff fundraiser is being planned for October 2008. The foundation is the brainchild of athlete Jeremy Bloom, a wide receiver and return specialist for the Pittsburgh Steelers. He is also a three-time world champion, two-time Olympian, and national champion skier. When asked why he would choose to start a foundation that grants wishes to older adults, Bloom said, “Senior citizens should be celebrated. People that age have so much wisdom. They’ve seen so many events, been part of history. I enjoy getting their perspective on things. Many of them have unfulfilled dreams, something in their lives that they didn’t get to do.”

The Wish of a Lifetime Project of the Donna Wheeler Foundation will help make those dreams come true. Bloom says he has always had “a soft spot for seniors.” The foundation was named in honor of his eighty-two-year-old grandmother who currently lives in Keystone, Colorado, works full time as a greeter in a bank, and volunteers to answer phones for the state patrol. “She has a wonderful outlook on life and is an inspiration,” Bloom says.

Pat Sablich, the foundation’s executive director, is committed to helping seniors partly because he was inspired by his own grandmother, Eleanor. He describes her as a “selfless person who was a community leader in her younger days, and later took care of a cousin who was blind and disabled.”

Though Jeremy Bloom is currently living in Pennsylvania, he founded the Donna Wheeler Foundation in Colorado to give back to the state where he was born and raised. His hope is that his foundation will expand to other states in the future. Currently, the foundation is developing community partners—such as Senior Support Services, The Crossing (transitional housing operated by the Denver Rescue Mission), and Senior Hub—to identify the wishes of people sixty-five and older. Community partners will also be solicited to serve as hotel partners, painting and renovation partners, and others who will donate in-kind services to help make senior wishes come true.



These foundations have the common desire to acknowledge the value of our seniors, thank them for their contributions, and help fulfill their dreams. They need volunteers, referrals, and donations of money or in-kind services. Please visit their individual Web sites for more information on how you can help.

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Jo Ann Zvares is a teacher and workshop facilitator, freelance writer, and motivational speaker, who is passionate about empowering positive aging. She lives in Aurora, Colorado, and can be reached at 303-343-8224 or jazvares@jazmir.com.

Pets

Making Lives Happier and Better

By Kim Murdock, MBA

As I write this article, I feel stressed as the deadline approaches. My body tenses, my mind works frantically, and my adrenal glands kick in. Then I look at my cat, who gazes at me with loving eyes and quietly jumps in my lap. As I pet her, I feel myself relax. I feel my heart calm, and a big smile lights up my face. For a moment, I forget my stress and focus on her. For a moment, I forget that I have a deadline approaching. I wonder, "Am I alone in feeling these physical and emotional benefits from being with my pet?"

The answer is *no*, I am not alone. Besides anecdotal evidence, many research studies show that pets may help seniors live happier, longer, and healthier lives. A study published in the May 1999 issue of the *Journal of the American Geriatrics Society* revealed that of seniors living independently, those who have pets have better physical and emotional health than seniors living without pets (American Animal Hospital Association 2008).

Pets are good for you, maybe even better than veggies or yoga. Research shows that pets lower blood pressure, cholesterol, depression, and the amount spent on health care. Pets also help prevent heart disease and are one of the biggest indicators of one-year survival rates for heart-disease patients. Pets enhance mood and give seniors unconditional love, support, and often a sense of life purpose. The following explain some of the myriad ways pets benefit seniors:

- **Pets help reduce blood pressure.** A study performed at the State University of New York at Buffalo looked at people with hypertension who adopted a pet and those who did not have any pets. In stressful situations, people who adopted a dog or cat had lower blood-pressure readings than those who did not own a pet. In fact, the study indicated that while ACE (angiotensin-converting enzyme) inhibiting drugs lower only resting blood pressure, the addition of pets lowers responses to stress and tension. The ACE-inhibiting drugs were not as effective at controlling spikes in blood pressure due to stress and tension (Allen et al. 2001).
- **Pets help prevent heart disease.** A report from Baker Medical Research in Australia showed that out of 5,741 participants, pet owners had lower systolic blood pressure as well as triglyceride and cholesterol levels. The simple act of petting a cat or dog can reduce heart rate and blood pressure. Further, pet ownership has been found to increase the odds of surviving a heart attack. A 1980 study by Erika Friedmann, Ph.D., professor in the Department of Health and Nutrition Sciences at Brooklyn College, found that pet ownership was a significant factor in one-year survival rates for patients released from coronary-care units (Sweat).

  In a follow-up study fifteen years later, Friedmann and her colleagues found that dog owners were roughly 8.6 times more likely to be alive a year after heart disease (specifically life-threatening, irregular heartbeats) as those who did not own dogs. According to Friedmann:

  > *The association of dog ownership with survival could not be explained by differences in the severity of the illness. Nor could psychological, social status, or demographic characteristics account for the difference in recovery rates. One could argue that because dog owners exercise their animals, they are gener-*

ally healthier than non-dog owners. However, when we compared physiological profiles of dog owners and non-dog owners, there were no significant differences, suggesting that the relationship itself with the animals was the key predictor of survival rates. (Sweat)

- **Pets help fight depression.** Research from South Africa reveals that pets increase the release of endorphins and other pleasure-inducing hormones; thus, they function as an antidepressant (Best Friends Pet Care 2002).
- **Pets lower health-care costs.** People with pets go to the doctor less frequently, especially for non-serious conditions such as indigestion, headaches, insomnia, and cold sores (Hackney 2002). A study of Medicare patients revealed that those who owned dogs had 21 percent fewer doctor visits compared to those who did not (Butler). A study in Australia of six thousand households revealed that pet owners needed less medication for cholesterol, blood pressure, sleeping difficulties, or heart issues (Best Friends Pet Care 2002).

  Nursing homes in New York, Texas, and Missouri that included animals in their environment had a decrease in medication costs from $3.80 per patient per day to only $1.18. The Eden Alternative residential home for the elderly includes birds, dogs, cats, rabbits, and chickens. It reported a 15 percent lower mortality rate in a five-year period (Butler).
- **Pets motivate owners to exercise.** We all know that exercise is good for both physical and emotional health. Among other things, it helps reduce stress, improve circulation, strengthen the lungs and heart, and maintains healthy bones. Exercise is equally important and beneficial for the dog's health and well-being. Dog owners may walk as much as two hours more per week than people without them (RealAge 2007). With cats, even the simple act of petting, brushing, or playing with them can provide some cardiovascular benefit and help keep joints limber and flexible (American Animal Hospital Association).
- **Pets give unconditional love.** Anyone who has ever owned a pet knows that a pet's love is unconditional. This is quite different from human support systems, where people are often judgmental and find it hard to relate, especially to older people.
- **Pets help with social support.** Seniors who have dogs are more likely to meet people and have social interaction. It's almost guaranteed that while walking with a dog, others will stop to chat and admire the pup. In fact, for seniors age sixty-five to seventy-eight, dogs are a major reason for conversations with strangers (Kane 2008). Pets may also encourage friends and family to visit more often.
- **Pets help decrease loneliness and isolation.** Even when friends and family are unable to visit, pets are there for their owners. The companionship pets provide helps older adults feel less isolated and lonely.
- **Pets reduce stress.** Research shows that when given a difficult task to perform, people experienced less stress when their pets were with them than when a supportive friend or even a spouse was present (Scott 2007).

  Research has even proven that pets can help improve moods. A recent study of men with AIDS found they were less likely to suffer from depression if they owned a pet (Scott 2007). Pets encourage their owners to smile, laugh, and play. Cats love when their owners whip out the feather toys and play with them. Dogs love chasing a ball. Playing is good for everyone—pets and pet owners alike.
- **Pets have a calming effect.** When a friendly animal is around, researchers have found lower levels of anxiety in older and fragile adults. In Alzheimer's care facilities, residents who have regular contact with dogs are calmer and less agitated than residents who do not (Hackney 2002).
- **Pets provide a sense of purpose.** For many, pets fill the void of jobs no longer held and family who have moved away. Pets give some seniors a reason to get up in the morning, and they force owners to stick to a regular routine (Butler).

Responsibilities of Owning a Pet

Not everyone—regardless of age—should own a pet. There are responsibilities to be considered. A pet is totally dependent on its owner, so only those who are willing and able to take on its daily care and maintenance should consider having one. Dogs need to be groomed regularly and fed, given water, and walked daily. Cats need daily food, water, petting, a clean litter box, and regular grooming. Other animals need care relevant to their species.

Questions to Ask Yourself When Considering Pet Ownership

- *Do I have the time and energy to care for my pet?* This includes training, exercise, playtime, and grooming.
- *What is my lifestyle? Am I an active adult or a laid-back stay-at-home kind of person?* Animal companions should be chosen accordingly. They are not all created equal.
- *If I work long hours or travel, who will take care of my pet?* Owners must have someone in place to look after their pets when they are away.
- *Is my home suitable for the kind of pet I want?* A large-breed dog is not the best choice for someone who lives in an apartment or very small house.
- *Can I afford the cost of caring for a pet?* All animals need veterinary care. Dogs and cats need to be spayed or neutered, vaccinated, given annual checkups, and fed good-quality food.
- *Can I provide shelter for my pet?* A pet—whether it's a dog, cat, or rabbit—should be part of the family and live in the house. It should not be left outside, no matter what.
- *Can I keep my pet safe?* Dogs or cats should have ID tags and microchips. Dogs should be walked on a leash and cats should be kept indoors.
- *Will it be my forever pet?* It should be. Shelters are full of animals that were treated as disposable by owners who couldn't handle the responsibility involved.

Caring for Aging Pets

Animals age just as we do, and their medical costs increase, just as ours do. Although pet insurance may help to offset medical costs, pet owners need to prepare for veterinary costs.

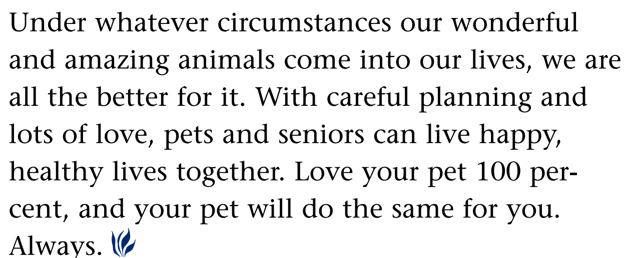
Seniors with pets also need to plan and prepare for them. This is where CSAs may be able to help. Specifically, according to the American Animal Hospital Association, older pet owners should ensure that the following precautions are addressed:

- Consider who will care for the pet if they are unable to, either temporarily or permanently. Choose responsible friends or family members who like and respect animals, are financially able and willing to care for the pet, and have the time to attend to the pet's needs. Seniors need to talk with potential caregivers to make sure they know what their pets need. Have a temporary caregiver in cases of emergency. This ensures pets are comfortable, safe, and healthy for a few hours or a few days in case something happens to their owners. Pets cannot wait for days until someone realizes they are home alone. Emergency

caregivers should be able to access homes easily with a key and have reliable transportation to get to the pets.

- Have a list available of their pets' medications, daily feeding and care instructions, the vet's name and contact information, and the information about the long-term caregivers should that become necessary.
- Carry a card in their wallets indicating they have pets at home. The card should list the names and phone numbers of the emergency contacts, as well as information about the types of pets and their names.
- Tape signs in the window indicating there are pets at home, so emergency personnel can save their lives. This will also let emergency personnel know to keep doors closed and enter the house with caution.
- Consider who will take their pets if they need to move into an assisted-living facility.
- Plan for their pets in their wills and estate plans. In their wills, seniors can identify the chosen guardian and set aside funds from the estate specifically for the pets' care. Sadly, without making these specifications, they cannot guarantee that their pets will not end up in an animal shelter.

Each year, thousands of animals end up homeless and in shelters because there is no one to care for them. While pets provide health and emotional benefits to their owners, their futures are dependent on the owners' planning. People have a responsibility to ensure their pets' futures. When seniors decide to have pets, they should make sure they specify caregivers for their pets if they become incapacitated. CSAs may be able to assist seniors with this.



Under whatever circumstances our wonderful and amazing animals come into our lives, we are all the better for it. With careful planning and lots of love, pets and seniors can live happy, healthy lives together. Love your pet 100 percent, and your pet will do the same for you. Always.

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Men as Caregivers

It's Not Just for Women

By Amy D'Aprix, Ph.D., CSA

Male caregivers often get negative press. Although attention-grabbing and provocative, the news stories are inaccurate. Also, they reinforce a stereotype many people have about caregiving—that it is something only women do. It is true that women, especially wives and daughters, do the majority of caregiving. It is also true that the "typical" caregiver is a forty-six-year-old woman caring for an aging relative. However, citing this data potentially eclipses the fact that a large percentage of caregivers are men. According to a comprehensive study conducted for AARP and the National Alliance for Caregiving, 39 percent of the 44.4 million U.S. residents caring for an adult are men (MetLife 1999). And 60 percent of these men are working full time—thus juggling work and caregiving.

As the parents of baby boomers and the boomers themselves age, there will be a significant increase in the number of caregivers, both male and female. In addition to the increasing volume of male caregivers, it is projected that the percentage of caregivers who are men will also continue to increase. Several societal trends are contributing to this growth. One such trend is the decrease in family size. Smaller families may result in childless, aging couples in which a husband caring for his wife does not have any children with whom to share the responsibilities. It may also result in families in which there is only a son to care for his aging parents or a nephew to care for an aging aunt or uncle.

Two other societal trends have resulted in men taking a more active role in the caregiving aspects of family life. One of these trends is the steady increase of women in the workforce. This has necessitated the sharing of household tasks and caregiving for both children and aging relatives. Similarly, divorce has changed the landscape of the family and has required men to take a much more active role in many aspects of family life, including caregiving.

If there are so many male caregivers, why does the stereotype that caregiving is a woman's domain continue? One contributing factor is that men often don't recognize they are caregivers. When a man is the only caregiver in a family, he may be doing personal care and other tasks more traditionally associated with caregiving. However, if there are multiple caregivers in a family, the man often does tasks that he doesn't realize are included in caregiving. For example, men may pay the bills, repair the home, maintain the yard, run errands, and take an aging relative to appointments. At first glance this may not look or feel like caregiving. Yet without assistance with those tasks, many seniors could not remain independent. Thus, if we broaden the definition of *caregiving* to include anything that either helps a senior remain independent or improves his quality of life, all of those tasks are absolutely part of this definition.

Another reason the stereotype that men don't "do" caregiving persists is that we don't know much about male caregivers. Most research on caregiving has been conducted with women. Therefore, results of studies are usually focused on the needs of the female caregiver, often making it seem as though women are the only caregivers. This is starting to change. More studies are now being conducted with male caregivers or with both male and female caregivers, which should yield more accurate information in the future.

How Are Male Caregivers Unique?

There are several ways in which male caregivers differ from their female counterparts. One of these is the way that males and females approach

the roles of caregiving. These differences are consistent with their diverse approaches to life. Thus, spousal male caregivers often take on the role of "protector." For example, a husband whose wife's massive stroke resulted in her losing much of her ability to speak and a significant amount of her cognitive functioning, frequently attempted to shield her from embarrassment or emotional discomfort when someone asked her a question. Instead of allowing her to attempt to answer, he would immediately jump in and respond for her. His motive was to protect his wife. As caregivers, however, wives often intervene in different ways. They are more apt to push their husbands to do things for themselves and to maintain their independence.

Men also tend to address the "tasks"—or the core aspects of the situation—much more than the emotional aspects of the situation. Focusing only on the task at hand has both positive and negative implications for male caregivers.

On the positive side, men often apply excellent problem-solving strategies to address the challenges of caregiving. They are also more likely to delegate tasks to other people, and they experience less guilt for doing so.

On the negative side, caregiving for a loved one can be an emotional minefield. Many caregivers experience significant grief as their loved ones slowly slip away because of dementia or physical decline. Study after study confirms high rates of depression and anxiety among caregivers. Yet male caregivers are less vocal when it comes to expressing their feelings about caregiving; instead, they focus on the tasks to be completed. This means that they are also less apt to tell their doctors they are depressed or to take antidepressant medication; and to cope, they are more likely to work too much or drink excessively.

In addition, men tend to lack the broad foundation of emotional social support that women rely on to cope with emotional difficulties. Men often get the majority of their social support from their wives or partners. In contrast, women usually seek out friends and adult children for emotional social support. Husbands who are car-

ing for a wife with dementia or other ailment often lose their emotional support system at the very time they need it most. Male baby boomers who are caregivers and are divorced may not have the emotional support of a spouse. Further complicating this situation is that men often don't look for social support and are less apt to attend support groups.

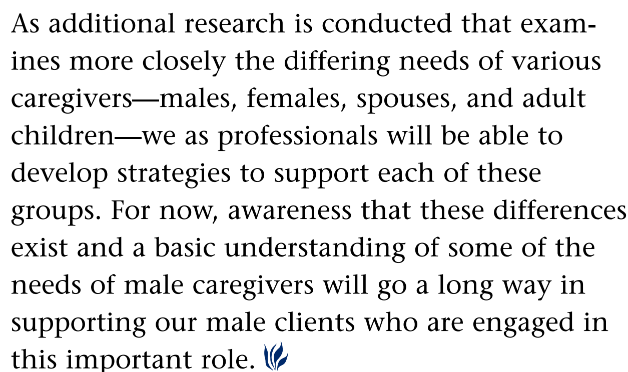
The lack of social support for male caregivers is a critical issue. A rich body of research shows that, for seniors in general, having sufficient social support has a notable impact on quality of life. Those with an excellent support system are less likely to end up in nursing homes and more likely to live longer and healthier—both physically and mentally—and heal faster from illnesses.

Male caregivers frequently neglect their own care. Their diets are often nutritionally inadequate, they don't get enough sleep, they exercise too little, and they postpone doctor's appointments. This self-neglect has serious consequences, since male caregivers are more likely to have undiagnosed stress-related health problems such as high blood pressure and depression. According to the Alzheimer's Association, 60 percent of male caregivers die before the person they are caring for.

What Do Male Caregivers Need from Professionals?

The first step for professionals is to be aware of the prevalence of male caregivers; we need to stop seeing this as a female-only issue. The next step is to understand that there are some significant differences between male and female caregivers, and we, as professionals, need to respond to these differing needs.

For example, professionals who understand that men often don't self-identify as caregivers can proactively share the broadened definition of *caregiving* with men. They can encourage them to recognize that they are, in fact, caregivers and that caregivers often need assistance and emotional support for their roles.



Those in the helping professions need to make a concerted effort to reach out to male caregivers by establishing more male-only support groups, marketing services to male caregivers, and recognizing caregiving as both a female *and* male issue.

As additional research is conducted that examines more closely the differing needs of various caregivers—males, females, spouses, and adult children—we as professionals will be able to develop strategies to support each of these groups. For now, awareness that these differences exist and a basic understanding of some of the needs of male caregivers will go a long way in supporting our male clients who are engaged in this important role.

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Active Retirement Communities

New Concepts in Lifestyle

By Toni Knapp, CSA

Retirement living isn't what it used to be, and that's a good thing. A developing trend is the luxury resort community that offers amenities and activities akin to a five-star permanent vacation. Don't call it senior housing.

Nationally, the trend toward planned retirement communities isn't new. Since Del Webb created Sun City, Arizona, in 1960, followed by several others, the idea of entire developments designed for older adults has taken root. In recent years, they have been structured toward those who live active lifestyles, often centered around sports (golf, cycling, skiing, tennis) or more sophisticated cultural activities (travel, concerts, socializing). People are living longer, healthier lives, and they are not ready to pack it in just because of their birth dates. Those who choose to live in active adult communities are looking for exactly that: places that provide the activities they enjoy and where they can be free of tiresome responsibilities.

Many younger and wealthier retirees are opting to live in a stimulating and upscale environment—one without worries and with the accent on *fun*. An example of the growing wave of retirement developments is MacKenzie Place, the first such village-scale development in Colorado Springs, Colorado, which opened in March 2008. The word *fun* is central to the company's marketing. Two more such developments are planned for the Denver area in 2010.

Developed by Denver-based MacKenzie House, LLC, and the brainchild of Don MacKenzie, the company creates communities that offer housing choices to enhance living experiences for people fifty-five and over—a pretty young demographic for retirement mode. Yet, the company's illustrative photos show mostly elderly women enjoying adventures and excitement. Where are the men? Nowhere is a fit and fabulous fifty-five-year-old to be seen. This, of course, would be a baby boomer, one who is still busy living the high life and not inclined toward retirement.

Why live in such a place? "Residents are surrounded by people their age with whom they can socialize and participate in all the activities we offer," says general manager Cheryl Davis. She emphasizes that MacKenzie Place offers a resort/lifestyle experience based on a choice of living accommodations and, of course, fun. But fun can mean different things in different retirement settings—often it's a vague, diaphanous term with a high price and little concrete evidence. In others it can mean an extravaganza of choices.

The MacKenzie Place concept is operated and managed by Leisure Care, LLC, of Seattle, Washington. Dan Madsen, president and CEO, says, "Today's aging wave of baby boomers has completely turned the commonly held perception of a boring and inactive retirement on its head." This may be true, but boomers are not predicted to retire sooner than later. MacKenzie Place will be attractive to many older adults who can afford it. And this is key—the financial investment can be huge.

Not all retirement communities are built in true resortlike locations, such as Sun City. More and more are popping up in busy urban areas with access to a city's cultural and recreational offerings. Such is MacKenzie Place.

Located on seventeen acres at one of the busiest intersections in the city, it is also adjacent to several medical centers. The campus has ninety-five independent apartments for lease, forty-eight assisted-living apartments, and twenty-six apartments (called Memory Care) for those with dementia or Alzheimer's. A staff of certified aides is available 24/7.

While the apartments offer a hotel experience, they aren't the only choices. A unique offering is the sixty-five "cottages" available for purchase. These are really duplex patio/townhomes, but the term *cottage* lends a warm and fuzzy element to the idea of owning a home in a community created for those ready for stress-free, pampered living.

Fun and luxury don't come cheap at MacKenzie Place. Cottages range from 1,625 square feet to 3,600 square feet, and they cost from $306,000 to $700,000. Luxury amenities come with one-time membership fees of $5,000–$7,500, plus monthly community fees of $300–$450 and homeowners' association fees of $300. Pretty pricey when you do the math.

These residences are custom designed for the buyer by Leisure Care's move-in coordinator and interior designer. Think granite countertops, walk-in closets the size of small rooms, media rooms, and showcase kitchens. Master bedrooms are huge, as are the designer bathrooms, some with large soaking tubs. Each home has an attached, oversized two-car garage.

Davis recounted that the buyers of a luxury two-story model with a full finished basement were planning to install an elevator to avoid the winding stairs. So far, purchasers of the cottages have been primarily in their mid-seventies. No boomers yet. “They’re still a few years down the road,” says Davis. “There’s interest and excitement, but they’re not quite ready.”

Apartments range from studios to three bedrooms, and from $3,060 to $4,560 per month. There’s a one-time charge for pets of $900, and a garage costs $50 per month. Community memberships run from $2,500 to $3,750, plus the monthly community fee. “We are not a healthcare facility,” Davis says. “There is no skilled nursing or rehab facility here.” The assisted-living and Alzheimer’s units have additional costs of $500–$1,500 per month, depending on the level of care provided by in-house aides.

The fun part includes a heated indoor pool and spa; a fitness center; social and cultural programs; full-service restaurant dining; a café; a bistro with a full bar; and a beauty salon. The activity director will coordinate refined and sophisticated events, such as wine tastings. Probably no bingo night. Also, with added “a la carte” fees, a personal concierge will arrange for a resident’s every bidding.

Community members also have access to national and world tours arranged by Leisure Care’s travel agency, TLC by Leisure Care. TLC has scheduled trips planned once a month, and it also will arrange custom trips by request. A 2008 sampling lists the French Riviera, Napa Valley, the islands of New England, and Portugal.

Davis sees the future of such developments as invigorating to any city. “MacKenzie Place will cause the local facilities to step it up a notch,” she says. “Businesses will have to change the way they do things.”

Not all active retirement communities are created equal. Stratospheric prices don’t guarantee beautiful locations or “resort-style” amenities and activities, and the *fun* aspect may be marginal. CSAs should be knowledgeable about retirement communities and help clients understand what to expect, what they pay for, and what they get before parting with their money.

Here’s to fun.

Additional Resources

MacKenzie Place
1605 Elm Creek View
Colorado Springs, CO 80907
Phone: 719-633-8181
Web site: www.mackenzieplace.com

Sun City Visitors Center
16824 N. 99th Avenue
Sun City, AZ 85351
Phone: 800-437-8146
Web site: www.suncityaz.org

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Concierge Services

Helping the Worn-out Caregiver

By Donna C. Sylvester RN, MSN, CSA

A Familiar Story

Your dad began to need increasing amounts of help at home about a year ago. He took a tumble in his garage and fractured a hip. Miraculously (one in five hip fractures are fatal and half are not able to return home), he survived the surgery, hospitalization, and rehab facility to return home, but now he uses a walker and home oxygen. You are amazed at how weak he is and how unsteady he is without the walker. Unable to switch over to a portable oxygen tank, lift the walker into the car, and balance the ever-present oxygen tank on his shoulder, your dad no longer drives. His clothes hang loosely due to weight loss from not eating well—he's never liked to cook and now his appetite is greatly diminished. You stop in several times a week and there is never time to just visit with him because all the chores and errands need to be done: filling prescriptions; changing light bulbs; buying groceries; paying bills; washing the dirty laundry; changing the sheets; cleaning the house; servicing the car; getting his constant companion, the Bichon Frise, groomed; and making veterinary, doctor, and haircut appointments. The list goes on seemingly forever. You miss just spending time with him to watch a movie or engage in his favorite political discussions. Dad worries about taking up so much of your time. The reality is that you can't seem to stay on top of your own family and household responsibilities. Your spouse is beginning to feel neglected, and when, oh when, do you ever have time for yourself? You are gaining weight and falling behind on your own bills, the trainer at the gym hasn't seen you for weeks, and your golf clubs are dusty!

Many caregivers, some with full-time jobs and teenagers at home or in college, live out this story daily, sometimes for several years. When the difficult decision is finally made to move Dad to an assisted-living facility, the caregiver expects to breathe a sigh of relief only to find that "the beat goes on" as calls come in regularly for things the facility doesn't do. Similar tasks like washing laundry, replacing clothes that are lost or don't fit, buying over-the-counter medications and personal items, doctor appointments, pet visits, and bill paying remain. Dad still prefers his own barber and pedicurist. Mom, at home alone now, needs attention, and the gas bills are eating you alive!

Caregivers are often forced to give up their jobs, sacrificing their own retirement security and career progress, to devote the required amount of time to helping their parents. How can CSAs help their clients manage such challenging situations?

What Does *Concierge* Really Mean?

Personal concierge services can help seniors directly or provide essential relief to their caregivers. In gathering material for this article, most of the people I talked to did not have any idea what I meant by the term *personal concierge service*. Think back to your travels and you'll remember the hotel concierge who managed your luggage, helped procure tickets to local attractions, knew the best restaurants, called a cab, or provided directions to local destinations. During the past ten to twelve years, there has been a dramatic expansion of this concept into the corporate, business, and personal services world. And the trend is expected to explode as households are increasingly two-income families where each spouse works forty-plus hours a week on top of managing their children and aging parents. There just aren't enough hours in the day for anyone. How many times have you heard someone say that time seems to go by

faster and faster? As a caregiver living out the story mentioned previously, I am shocked that it is already September; I have no idea where the first nine months of the year went.

Concierge services have quite an interesting history and tradition. In feudal times in France, the *comte des cierges*, loosely translated as the "keeper of the candles," had to know everything that was happening in the palace as they provided the light. (Think about that symbology: one individual holds the key to any activity in the palace by providing light.) Over time, *comte des cierges* became the keeper of the keys in public buildings and then began to show up in luxury hotels in Europe as a "concierge" who responded to any need, large or small, of the hotel guest. In the very elite professional organization for concierges, Les Clefs d'Or, members wear a lapel pin with gold keys on it.

Over the last ten years, the concierge concept has blossomed in a variety of settings. Many corporations offer employees access to concierge services as a way to bolster productivity and improve retention. The employee who winds up working late several nights in a row on a high-impact project can have the concierge pick up the dry cleaning or meet the plumber to repair a broken pipe. Hospitals may have concierge services to help shift workers maintain essential home responsibilities. Major consumer industries offer added value to clients through a concierge that accomplishes multiple tasks based on just one phone call from the customer. Many real-estate firms help their home buyers through a concierge-type comprehensive relocation service that coordinates utility turn on, locates schools and child care, consults on interior design, arranges moving services, and ensures the home is clean for the big move (Addison 2002). Imagine the stress reduction on that dreaded moving day!

Concierge Services for Seniors

Lynn and Davis (2006) distinguish the concierge business that targets seniors as having a mission of enriching the lives of senior clients by helping them live independently as long as possible. It is clear that the other major beneficiary of these services is the time-starved caregiver. What a relief to know that Mom won't run out of clean clothes, prescription meds, or essential personal items; that the car was taken in for the overdue oil change and the dog got its summer haircut. Some senior concierge businesses offer comprehensive services that will take on any task that needs to be done, while others narrow their services to focus on a particular niche such as companion care, pet care, bill paying, transportation, moving services, personal organization, or shopping.

An Internet search for concierge services will produce an amazing array of businesses all across the country. Their names creatively convey the fact that they often stand in for the strapped boomer who is balancing a career, family, and elder care. I've picked a few companies (no endorsement is implied) to illustrate the types and variety of services available:

Angie's List (www.angieslist.com) is a subscription service that provides listings of local service providers who have been recommended to the list by a satisfied user of the service. While not specific to seniors, the list includes providers of many essential senior services, such as nonmedical in-home care, pet care, transportation, maintenance, and so forth. Each listing includes information about the quality of service provided by a company, based on reports from consumers who have used the provider. The founder of the list, Angie Hicks, is a married mother of three who began the list in 1995 in Columbus, Ohio; it now covers 650,000 members in 124 cities across the country.

AnotherDaughter (www.anotherdaughter.com), owned and operated by Leslie Gray, is based in Raleigh, North Carolina. Senior care specialists take care of the details of life to allow seniors "peace of mind and freedom from worry." AnotherDaughter has a consortium of professionals that covers the spectrum of activities such as health services, home maintenance, lawn care, financial advice, elder-law services, and even senior matchmaking. It takes responsibility

for thoroughly checking each provider to ensure that the services offered are reputable, honest, and aligned with the highest business standards.

A Time to Move (www.atimetomove.com) exemplifies a concierge service that serves a specific need: senior transitions and resale preparation. Located in Boynton Beach, Florida, the company will manage all the details of moving: creating a plan, home staging for resale, packing, downsizing, moving, unpacking, shipping, decorating, and estate liquidation. A recently added division (Personal Touch Concierge Service) will offer extended services such as bill paying, errands, shopping, event planning, and auto resale.

Care Concierge (www.care-concierge.com) is a Boulder, Colorado, business that offers services to seniors, new parents, busy professionals, homebound individuals, and small businesses. Its array of services range from errand running, companion care, “waiting” (for service appointments, cleaners, repair jobs, etc.), pet care, personal assistance, and event planning. The Web site includes a chart that reflects a basic rate of about $20 per hour.

My Senior Shopper (www.myseniorshopper.com), which I own, is located in Denver, Colorado. It focuses on a particular task: offering a selection of brand-name clothing delivered to the senior's doorstep. The service allows seniors to "shop" in their homes or assisted-living facilities from an available inventory of clothing at $5–$20 per item or individually contract to find specific clothing items. My Senior Shopper will inventory and replenish personal items such as shampoo, incontinence supplies, toothpaste, stationery, and so forth. I love to find great clothes at bargain prices, and I love even more hearing a client exclaim, "That's the cutest hat I ever saw."

Seniors A2Z (www.seniorsa2z.com) is a national senior-care directory. The site offers information and listings of providers from public and private sources by locale and service provided. The "I Need Help" section allows you to select from the categories of getting help, planning, retiring, moving, having fun, leaving the hospital, getting help from the government, finding local senior centers, and receiving caregiver relief. Of interest to this readership is that under the category of Professional Care Coordination, the site specifically lists Certified Senior Advisors. Senior service providers may have a basic listing on this site for $120 per year.

Concierge services are paid for in several ways. Errands and tasks may be billed on an hourly basis or as a flat fee for a particular task. Many Web sites include fee schedules. Some services offer subscriptions or membership levels for a specified amount of service for a monthly fee. Companies may provide packages and gift coupons for a contracted amount of service.

What Can You Do for Your Clients?

Those with aging parents will, at some point, find their time increasingly consumed by errands, appointments, and household management. They may have no idea where to turn or not even consider asking for help as they quickly find themselves unable see the forest for the trees. As a CSA, you can throw them a lifeline with a referral to a local concierge service. Consider interviewing local services and highlighting them in your senior newsletter. Many concierge services offer gift coupons and subscription packages that could be good client appreciation gifts or birthday/holiday gifts from adult children to their parents. In large families, siblings might want to consolidate resources to purchase concierge services for their aging parents.

Beyond advising clients, perhaps you are looking for something different to do. Are you ready to quit commuting to an office? Are you good at making connections and building relationships? Can you anticipate needs and keep track of details? Would you like to supplement retirement income with meaningful part-time work? Look around at the seniors you interact with and notice the kinds of informal things you do for them because you love to do it—because you love the way they respond to you. There may be a niche market just waiting for a service that only you can provide, a niche that will tap your creativity and make a difference to the seniors in your community.

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The Zombification of America's Elderly

Stopping the Abuse

By Irene V. Jackson-Brown, Ph.D., CSA, CMC

While a graduate student at Harvard, noted anthropologist and ethnobiologist Wade Davis, Ph.D., rocked the anthropological world in 1982 with a claim to have discovered the secret formula that can turn human beings into zombies. His research, published in *Passage of Darkness: The Ethnobiology of the Haitian Zombie (Davis et al. 1988),* is not the stuff of Hollywood fiction. In my early career as an anthropologist, I did fieldwork in Haiti. As a result, I respect the Haitian cultural religious practice known as "voodoo," in which zombiism is an aspect.

Certain drugs are used to "produce" zombies. In Haiti, people are turned into zombies as a form of social control. Likewise, in this society, certain drugs are used for social control, particularly in nursing homes. While the research about zombies raises controversy in scholarly circles, there is, however, general agreement—especially in the field of ethnopharmacology—that zombies exist and are created when a person falls into a deathlike trance that is both drug and culturally induced.

Tetrodotoxin, a principal drug used "to make a zombie," is one of the strongest nerve poisons. It can induce deep paralysis and other altered states. Accounts of the administration of this drug to induce the zombie state use phrases such as "the victim suddenly becomes lethargic and then slowly seems to die" or "the victim seems to be in a state of suspended animation." Still another account describes the effects of the zombie drug this way: "The victim's respiration and pulse become so slow that it is nearly impossible to detect. However, the victim retains full awareness."

In my practice as a geriatric care manager, I have encountered seniors who present in zombielike ways; so I've coined the phrase "the zombification of the elderly" to describe this phenomenon.

Medication Abuse

Again and again, I encounter seniors who have been "wrongly medicated" or who have been given powerful antipsychotic drugs to manage or control behavior. One of my clients was an eighty-five-year-old woman who was lethargic, inattentive to her personal appearance, depressed, and combative. Her family described her as "always angry." This woman's constellation of doctors had her on fourteen different medications! And it was determined that she had not been dosing correctly. Working with her team of doctors—and coordinating her care—I was able to reduce the fourteen medications to five and set up an easy-to-follow system for her to manage her meds. The woman rebounded and essentially "came back to life." It was determined that at least two of the medications were causing undesirable side effects, including her zombielike behavior.

Newspaper headlines alert us that there are more stories like this one out there. For example, a headline in *The Wall Street Journal* (2007) describes the situation this way: "Prescription Abuse Seen in U.S. Nursing Homes." The article recounts stories of seniors whose behavior was recorded as "disruptive," and it provides an

account of one senior who nervously tapped her foot and was given the powerful antipsychotic drug Seroquel along with Haldol to control the tapping. The woman was neither psychotic nor bipolar.

A recent article in *The New York Times*, “Doctors Say Medication Is Overused in Dementia” (2008), includes the experience of an adult child with her mother: “My mother was screaming and out of it, drooling on herself and twitching.” She had been given antipsychotics. The daughter said that not until her mother was taken off the drugs—at her insistence—did she begin to improve.

OpEd News made the point this way: “The use of antipsychotic drugs to care for agitated dementia patients is like hitting a TV on the side” (2007). The article explores the obvious for those of us who have professional or family experience with nursing homes—that the high use of antipsychotics in a nursing home can be an indicator of inadequate staffing. Returning to the point made earlier about drugs and zombies—that in Haiti “zombie drugs” are used for social control—to my mind, it’s the same use of a drug, just in a different context.

Christie Teigland, Ph.D., director of Health Informatics and Research for the New York Association of Homes and Services for the Aging, explained the situation this way: “You walk into facilities where you see residents slumped over in their wheelchairs, their heads are hanging, and they’re out of it, and that is unacceptable.”

Besides my experience as a professional care manager, I’ve had experience with the misuse of powerful drugs as a family caregiver. My father was on a Duragesic patch because the doctor assumed he was having severe pain from cancer, which he wasn’t. The patch was “backed up” with another powerful drug because he didn’t answer questions on the “mini-mental” exam correctly.

As my father’s sole advocate, I wasn’t satisfied and checked the *Physician’s Desk Reference*. It was a small detail in the drug data about side effects that alerted me to my father’s response to the Duragesic patch in combination with the antipsychotic. He was completely out of it to the extent that I initially thought he had progressed rapidly to an advanced stage of dementia.

I noted that there was no research data in the *Physician’s Desk Reference* for people over seventy, and he was eighty-five at the time. My father was having side effects that were documented to be experienced by less than 1 percent of people using these drugs. In combination with the antipsychotic, his zombielike behavior was frightening to witness. His mental confusion was caused by the Duragesic and exacerbated by the antipsychotic drug. Once off these drugs, he resumed his baseline functioning and continued to live a full life for nearly ten moreyears.

Antipsychotics should be used judiciously. They can trigger strokes, induce body tremors, fuel weight gain, and affect an elderly person’s gait, increasing the possibility of falls. A comprehensive report has been completed by the federal Agency for Health Care Research and Quality about this issue.

It Pays to Make Zombies

We already know that drugs are the fastest-growing part of the health-care bill and that people are taking a lot more than they used to. In her book *The Truth about the Drug Companies: How They Deceive Us and What to Do About It* (2004), Marcia Angell, M.D., explores this issue in depth. She mentions, for example, that the cost of commonly prescribed drugs like Metoprolol rose eight times the rate of inflation and Plavix rose more than six times the rate of inflation. In fact, prescription drugs for seniors have had a track record of rising many times above the rate of inflation.

The result of all of this is that seniors are abused in multiple ways by (1) too much medication, (2) medication abuse, (3) the administration of inappropriate drugs, and (4) the high cost of drugs.

Fortunately, there are “geri” specialists among us, albeit too few—geriatricians, geriatric care managers, social workers, nurses and family

members—who are rigorous advocates for the conservative use of drugs for seniors. What can those of us who care for seniors do about this pandemic? Here are several tips:

1. Record the name and dosage of each drug prescribed. Search the Internet for one of the popular drug sites and key in the names of all the drugs used—prescription and over-the-counter. Look for drug and food interactions.
2. Establish a system for managing medications. Often hard to find but important to have is a pillbox with compartments for each day's medication. Have someone present with the senior to oversee filling the pillbox for a week. It's best to fill several pillboxes, labeling each as 1, 2, 3, and 4. This can reduce any errors.
3. Arrange to have an emergency response system, such as Link to Life (*www.LinktoLife.com*) or ResponseLink (*www.ResponseLink.com*) to call with a daily medication reminder.
4. Mark on the top of each pill bottle, in permanent black marker, whether it's an a.m. or p.m. dosage. On the front of the bottle, write the name of the medication, large enough to be read easily.
5. Discard all older medications. Many seniors try to conserve by keeping old pills. This can cause a mix-up with newly prescribed medications.
6. Make a list of each medication and post it where it can be seen easily. Beside each medication, give its use (e.g., blood pressure, cholesterol, pain, sleep, etc.). Each family member should keep the list with them. *Be sure to date the list so that changes can be tracked and the list updated.* Get refills from the same pharmacy.
7. Do your own research. From the supplying pharmacy, get a printout of current and past medications, and use the Internet to find information to understand the drug and its use and side effects.
8. Alert multiple doctors (in writing) what each specialist has prescribed. Ideally, all medications should come from one physician.
9. Include on the list all over-the-counter drugs, herbal supplements, and vitamins, even if used infrequently.
10. Take any complaint seriously—for example, dry mouth, dizziness, headache, rash, blurred vision—and understand that this senior may be among the less than 1 percent who experiences this particular side effect.

As professionals, we care about seniors and are in the position to recognize that many of the issues

they complain about may be due to medications. When you advise seniors, do not overlook their medications. Inform them and their loved ones if you suspect that a problem could be drug induced or related.

One of my clients, 103 years old, was frightened by the bugs she saw running up and down her legs. The caregivers were at their wits ends as they tried to convince her that there were no bugs on her legs. For months, I listened, probed caregivers and family members, and recorded any "trigger" that would account for her delirium. Haldol was the culprit. Once it was stopped, the bugs disappeared.

Be alert, care advisors. Be staunch advocates for the conservative use of all drugs. Let there be no zombies among the elderly.

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Joint Effort

Living with Arthritis

By Karin Lazarus, BFA

Living with arthritis is a demanding challenge—every action causes a pang, a pain, or a twinge. From morning stiffness and joint tenderness to a dull, endless ache that becomes more intense over time, you just can't seem to live comfortably. *Arthritis* is the all-encompassing word that describes joint disease. This systemic disease affects the whole body, but it is dramatically seen in the "shock absorbers" of the joints, particularly weight-bearing ones such as the hips or knees. It often affects the hands and spine as well.

Arthritis affects seventy million Americans. Although there are more than a hundred forms of arthritic conditions, osteoarthritis (OA)—a degenerative joint disease—is the most typical. It occurs when the cartilage that naturally covers and cushions the ends of bones wears down. As bone abrades against bone, the joint loses its natural form and alignment, the ends of the bones thicken, and bony growths called *spurs* develop. This may be the body's defense in trying to bolster the region that is damaged. By building up more bone, bits of cartilage or bone may float within the joint space. The result is inflexible, sore, and sometimes swollen joints. Many factors contribute to the succession of OA, but the disease—once called "wear-and-tear" arthritis—is primarily connected with atrophy of a joint due to aging and injury. OA may be secondary to many other conditions, such as acute or chronic trauma, certain metabolic conditions, and diet (Society for Women's Health Research).

Nonsteroidal anti-inflammatory drugs (NSAIDs) generally provide pain relief from arthritis, but their possible side effects can be serious. The most common is damage to the stomach lining, causing stomach pain or cramps, nausea, vomiting, and indigestion. NSAIDs can also cause a headache, dizziness or lightheadedness, and drowsiness. The most serious side effects are gastrointestinal ulcers, internal bleeding, and kidney and liver failure. These side effects are more likely to occur when the NSAIDs are taken in large doses over a long period of time.

Furthermore, although they relieve painful symptoms, it has been found that NSAIDs inhibit cartilage regeneration. Consequently, the use of these drugs over a period of time can lead to deterioration of the joints. If or when this happens, natural supplements are alternatives that can help reduce inflammation, repair damaged joints, and build cartilage.

Seeing the benefits of the use of natural supplements takes a little bit longer than NSAIDs; however, once you attain relief, supplements work to protect your joints from further damage while staving off continued deterioration.

Natural Supplements

Natural supplements are available to help with the pain and discomfort of arthritis. *Always consult with your doctor before using these or any over-the-counter medications, however.* Your doctor can help you determine the safest and most effective ways to control your arthritis pain based on your specific condition. The following are supplements that have met with success:

- ***Glucosamine, chondroitin sulfate, and methyl sulfonyl methane (MSM).*** Glucosamine produces amazing effects for arthritis and joint pain, and it is one of the building blocks of joint cartilage. Chondroitin sulfate and MSM are also said to be helpful for arthritis pain, so look for a product that contains them as well. These supplements are said to assist in achieving relief by lubricating your joints and helping to build cartilage, tendons, and other connective

tissues in the body and keep them in good repair. They also restrict the enzymes that destroy cartilage. When the body does not have an adequate supply of glucosamine, osteoarthritis can develop. Glucosamine, chondroitin, and MSM work by staving off cartilage destruction, joint pain, swelling, and loss of flexibility in a natural way and without detrimental side effects (Arthritis and Glucosamine Information Center 2005).

- **Hyaluronic acid.** Hyaluronic acid helps the joints stay lubricated. It is a naturally occurring polymer present in the joint fluid that cushions joints. It creates a viscous, protective environment for joint cartilage. As a prescription treatment, it can be injected directly into the joint cavity as a means of providing temporary pain relief. The supplements also have been found to stimulate the body's own production of hyaluronic acid. Hyaluronic acid can strengthen the environment around your cartilage and prompt certain cells to produce more hyaluronic acid fluid on their own. Increased hyaluronic acid production can promote healing and relieve joint pain and inflammation (Moore 2007).
- **Vitamin D.** A deficiency in all-important vitamin D means that the body is not able to naturally rebuild cartilage in your joints when it is worn away. This leads to a more rapid development of arthritis. A deficiency of vitamin D can also lead to bone diseases such as osteoporosis.
- **Avocado soy unsaponifiables (ASU).** This is a natural extract of phytosterols from avocados and soy, which have anti-inflammatory benefits. Several studies in Europe, where it has been available since the 1980s, have found that ASU not only reduces joint inflammation but also may promote the repair of cartilage and smooth the surface of the bone. ASU supplements may be more beneficial when taken with glucosamine and chondroitin sulfate (Stitching Orthomoleculaire Educatie 2008).
- **Flax seed.** Using flax seed for arthritis pain has many benefits. First and foremost, it makes your joint pain less severe or more bearable by easing the inflammation in your joints and muscles. Flax seeds also contain natural anti-inflammatory benefits, too. Flax seeds contain Omega 3 fatty acids that help

the body produce Series 1 and 3 prostaglandins, which essentially act as anti-inflammatory hormonelike molecules.

Cherries in Your Diet

An eight-year study at Michigan State University found that anthocyanins, the same chemicals that give tart cherries their bright red color, may have more powerful anti-inflammatory effects than aspirin. The compounds also are rich in antioxidants, which slow the body's natural process of deterioration and destroy the damaging molecules thought to contribute to many diseases, including arthritis. In addition, tart cherries contain ten times more active antioxidants than those in vitamin C.

Researchers found that anthocyanins in the tart cherries inhibited two enzymes, COX-1 and COX-2. Both play a role in the body's production of prostaglandins, natural chemicals involved in inflammation. The effects of anthocyanins naturally blocking inflammation is similar to those of NSAIDs (Fitness and Freebies 2001).

Start Your Day Off Right

Don't forget that you are what you eat. Here's a great breakfast to start the day. Although similar in flavor to stovetop oatmeal, this baked version has a mix of textures: a slightly firm, almost crusty top and a meltingly soft interior. Enjoy your breakfast while sitting in the morning sun. You'll benefit by soaking up some vitamin D.

Baked Oatmeal

Serves four

1¼ cups reduced-fat (2 percent) milk
½ cup plus 3 tablespoons water
½ teaspoon vanilla extract
¼ cup brown sugar
½ cup old-fashioned oatmeal
¼ cup flax seeds
½ cup dried cherries
½ cup chopped almonds, toasted
1 teaspoon ground cinnamon

1. Preheat oven to 375 degrees. Lightly coat an 8 x 8 inch baking dish with cooking spray.
2. In a large bowl, combine milk, water, vanilla extract, and sugar. In a second large bowl, combine oatmeal, flax seeds, cherries, almonds, and cinnamon. Pour liquid ingredients into oat mixture and stir. Pour into prepared baking dish and bake 20–30 minutes, or until all liquid is absorbed.

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Listening and Empathy

Communicating with Dementia Patients

By Jan Vinita White, Ph.D., CSA

The key component for reducing stress levels among dementia patients is learning how to communicate with them. A review of the available literature indicates an overwhelming bias toward coping strategies for formal and informal caregivers in order to reduce their stress levels. While verbal and nonverbal communication strategies are essential for improving the health status of caregivers, few articles address the needs of dementia *patients* and how interacting appropriately with them improves *their* function and performance. I believe that inappropriate communication harms dementia patients, making alternative methods essential to their overall well-being.

As a gerontologist, the ethics of my profession dictate adherence to the credo “First, do no harm.” After the initial intake of information, I must ask myself the following question in order to do no harm: Who is the most vulnerable/weak person in this situation? It may or may not be the older individual, and it may or may not be the client paying the bill. However, when dealing with dementia, the person with the disease is the most vulnerable, and therefore, this person’s needs come before all others. The client or group is always informed who the vulnerable person is and that all recommendations are made with that person in mind.

In my practice, I help individuals and families with a number of issues, including assessments and screenings, relocation and retirement decisions, driving assessments, and caregiving issues. The term *family* includes a network that encompasses friends, neighbors, biological relatives, and co-workers. Family dynamics range from loving and highly functional to destructive and dysfunctional. By the time the appointment is made, the family is usually in crisis, requiring a counselor with knowledge of aging and conflict resolution. Every case is different, yet all are linked by a common challenge—communication. Essentially, my primary function is to help families communicate.

As Certified Senior Advisors (CSAs), we all have a generalized knowledge of dementia and cognitive decline. Dementia is a broad category of diseases with common behavior problems and a predictable progression. *Dementia* is an umbrella term (Feil 2003) for myriad causes that include strokes, drug abuse, trauma, Parkinson’s disease, Huntington’s disease, Alzheimer’s disease, alcoholism, drug abuse, and HIV/AIDS. The deterioration of the brain affects memory, thinking, comprehension, calculation, language, judgment, and orientation (Feil 2003; Rayner et al. 2006).

Although we as CSAs represent a broad range of professions, we all have clients and we all have families. Thus, we develop communication strategies that we can put into practice in our professional and personal lives. My approach, however, is different: I communicate with dementia patients to improve *their* lives. Reducing *their* psychological distress trumps reducing caregiver distress. Why? Because older adults with dementia are sick, and sick people are more vulnerable than well people, which means their needs come first. Realistically, we cannot expect them to change. We change. The focus away from self is a key component in improving communication with dementia patients.

We begin with moving the furniture. As odd as this seems, the physical environment is often an impediment for communication. Dementia patients have difficulty communicating when overly stimulated. Structuring the physical environment reduces confusion and distraction; and in effect, it improves conversation (Granello and Fleming 2008). Studies have shown that dementia patients have reduced levels of confusion and

agitation when stimulation is removed or minimized from their immediate environment. They suggest minimizing clutter by removing unnecessary or unused furniture, eliminating knick-knacks and accessories from shelves and tables, and reducing extraneous noise from music, television, and other background distractions (Granello and Fleming 2008). Glare from lighting also contributes to confusion and agitation. The physical environment extends to schedules as well, with consistency in routine and structured times for daily tasks and meals (Rayner et al. 2006).

Unrealistic expectations harm the dementia patient. Because information processing is diminished, it is unrealistic to expect a lengthy and coherent exchange from them. These expectations not only harm the patient, but also cause disproportionate burdens for caregivers. When dementia patients may believe their dreams are reality, fictionalize past events, or distort facts, arguing with them is harmful (Feil 2003). They are not children, yet a common mistake is for a caregiver to behave like a parent by threatening punishment and consequences, especially when words such as *should* and *must* are used (Feil 2003).

While attempting to provide care and services, it is essential to stop talking and just listen to dementia patients in order to understand their lack of intentionality. Behavior disorders are common among dementia patients, yet the patients are often blamed or admonished for their behavior (Slone and Gleason 1999; Rayner et al. 2006; Granello and Fleming 2008). Not knowing how to converse combined with unrealistic expectations are major contributors to caregiver burden (Feil 2003; Slone and Gleason 1999).

Understanding how to converse with dementia patients is essential for minimizing problem behaviors. Some common, troublesome behaviors include pacing, wandering, disruptive vocalization, physical and verbal aggression, and inappropriate sexual conduct. Correcting dementia patients or trying to reason with them may not only exacerbate the situation (Rayner et al. 2006), but also it is possible that our communication errors contribute to the problem. There is hope, however. We can learn Feil's "validation" method—talk less and listen more—and begin implementing it in our interactions with disoriented and dementia patients.

Although Feil developed validation therapy for the "disoriented old-old," it is widely used among practitioners in communicating with older adults diagnosed with dementia. The daughter of forward-thinking gerontological counselors, Naomi Feil was raised at the Montefiore Home for the Aged and returned there in 1963 to join the team as a researcher

and practitioner in group therapy. In keeping with the credo "First, do no harm," Feil learned from her disoriented older patients that reality therapy actually harmed them (Feil 1985).

I met Naomi Feil when I attended her workshop five years ago and immediately applied her method to my own practice. She developed it with the help of twenty-three "crazy" nursing-home residents living in the special services wing. All of them had been discarded by the staff. "Nobody wanted them," says Feil. "They were the blamers, martyrs, moaners, wanderers, yellers, pacers, and the pounders … with a back-pack of festering feelings" (Feil 2003). Feil concedes that they taught her. She learned that they had a final task at the end of life, which was to die in peace after settling unresolved issues from earlier life stages. From them, she also learned communication strategies that minimized impulse control and confusion. Learning how to communicate with them actually improved their overall health status, including balance and gait. "They need someone to listen, to validate their feelings" (Feil 2003). Empathy and listening are the guiding principles of Feil's method.

Validation therapy is easy to learn and easy to implement. It "focuses on responding to the emotion rather than the content of what the person says" (Rayner et al. 2006). For instance, asking a dementia patient an open-ended question such as "What would you like to do today?" is confusing, stressful, and frustrating, and it may trigger unacceptable behaviors. Open-ended questions require complex mental processing. Using validation, the question is instead closed-ended (e.g., "Would you like to take a walk?"), requiring a yes or no answer.

Psychotic features of dementia may include delusions, hallucinations, and delusional misidentifications, often present in the later stages. While experiencing a hallucination, the person is in a state of altered reality, and thus, admonishment or correction is inappropriate and harmful. If a patient claims, "A man is under my bed," rather than telling her that she is having a dream or her mind is playing tricks on her, ask her, "What does he look like?" (Feil 2003)

I encourage my clients to practice and role-play questions in advance of their interaction with a dementia patient, preferably while facing a mirror. Appropriate questions that require minimum cognitive stress also build trust. Begin your questions with the words "have you," "how do you," "is there," "does it," "is your," "are they," and "are there." Then-and-there questions are past tense and begin with "have you been," "what brought you to," "before you came here," "did you," "what did you," and "what was."

Feil offers one- and two-day intensive training workshops for all levels of staff, families, and volunteers at the Validation Training Institute in Cleveland, Ohio. Practitioners and others who are interested in reducing stress among older adults and caregivers have adopted her methods worldwide. Validation helps us understand the behaviors of persons with dementia while meeting their needs, not ours. Validation helps family members communicate and allows free expression for disoriented older adults.

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Caregiving and Burnout

Getting Help

By Amy D'Aprix, Ph.D., CSA

Caregiving for an aging relative may begin with a dramatic event, such as a heart attack or stroke, or simply with increasing assistance so a relative can remain independent. Regardless of how one first becomes a caregiver, it is important to realize that caregiving is often a long-term proposition—and one that can continue for years. Many people attempt to manage their caregiving role from a crisis perspective. While caregiving may have started with a crisis—and there may even be crises that emerge from time to time—it is nearly impossible to be in crisis mode for the long term without experiencing burnout.

Consider the difference between running a marathon and running the hundred-yard dash. If you are a sprinter, all of your energy goes into the race for the entire time you are running. You don't have to think about pacing yourself; you just think about giving it everything you've got. In contrast, if you are running a marathon, you have to pace yourself. If you don't, you'll collapse before you are even part of the way through.

So, too, is the case with caregiving. If it started with a crisis or dramatic event, then the caregiver likely had to drop everything and attend to the immediate needs of the relative who needed help. That is what people typically do in a crisis. One of the difficulties of caregiving is that there is not always a clear marker for when the crisis has ended, and thus, caregiving becomes a long-term role that has to be blended with the caregiver's other responsibilities. As a result, the caregiver may continue to try to give it everything she has to the ultimate detriment of herself and the other people in her life. When the caregiver can no longer manage this level of intensity, she has "caregiver burnout."

Recognizing Caregiver Burnout

Caregiver burnout happens when the caregiver is in a state of physical, mental, and emotional exhaustion. His attitude may also change from caring to unconcerned. The symptoms of burnout are very similar to those of depression and extreme stress. The caregiver may be in such a state of exhaustion that he doesn't recognize the symptoms. Thus, it is critical that CSAs know the symptoms and are aware of any evidence of these symptoms in their clients.

Preventing Caregiver Burnout

Just like a marathon runner, a caregiver needs to learn to pace herself. She can't continue to neglect herself for the long term without suffering some negative consequences. A caregiver needs to recognize that she will likely need both tangible help and emotional support. She needs to frequently assess if she is feeling overwhelmed and burdened and unable to cope. One of the challenges of caregiving is that it is added to an already busy life. A person in this situation needs to learn how to blend caregiving with all of her other roles and responsibilities.

Getting the tangible help needed requires a little creativity. A caregiver can enlist the help of other family members, friends, neighbors, church members, and volunteer organizations in the community. In order to do this most effectively and efficiently, she needs to make two lists—one of tasks and one of possible helpers. First, the caregiver should make a list of all of the tasks that need to be done. These don't have to be limited to caregiving tasks. She can also include things from her life that, if done, would free up her time. Anything that can relieve a caregiver of some responsibility is helpful. For example, she might need someone to pick up the children

from an activity, something another parent may be very willing to do.

The caregiver then needs to list all of the people who might be available to help. Again, this requires creativity. As one caregiver coach says about the best way to approach this list, “You need to make a list of everyone you have ever been polite to!” Many people are very hesitant to ask for help because they are afraid they will be a burden or a problem. There really needs to be a general paradigm shift about asking for help. Instead of feeling like a burden, it would be more useful for people to realize that all of us are going to need to ask for—and give—help to the people in our lives as we age. The famous African proverb “It takes a village to raise a child” can be extended to caring for aging relatives, and even just to getting through life’s difficulties. It does take a village, and we are that village for each other.

One woman I know was masterful at getting the tangible help she needed while she cared for her aging husband who had cancer. He was ill for a very long time, and she was a devoted, loving caregiver to him. However, she realized she could not do it alone. She made the two lists and was very creative about who she included on the list of people who would help. Her husband was an avid tennis player before becoming ill. She contacted his tennis partners and asked if they would be willing to come over to visit and sit with her husband for a specific period of time on a regular basis. They were pleased at the opportunity to spend time with their friend and to help. She, in turn, had time to run errands and just get out of the house. Many, many people want to help or to stay in touch but don’t know how to be of assistance. The caregiver who asks them may find they are as pleased to offer help as the caregiver is to receive it.

A caregiver may have the most difficult time asking family members for help because he believes they should offer without being asked. After all, it is their aging relative, too! In a perfect world, all family members would feel equally responsible for and provide equal amounts of care for their aging relatives. However, this rarely hap-

pens. Often there is one person in the family who takes on the majority of the responsibility, and it is easy for that person to resent the family members who do not step forward to offer more assistance. One reason family members don't offer help is if they are so removed from the situation, either physically or emotionally, they are not aware of what is needed. If the main caregiver has not explained how much care is needed, the rest of the family may not realize that the caregiver is having a difficult time bearing the burden alone. Although there is no guarantee that family members will help once they better understand the situation and how difficult it is for the caregiver, asking them for help greatly improves the likelihood that the main caregiver will get some assistance.

As important as tangible help is for preventing caregiver burnout, so is emotional support. So many emotions often surface while caregiving, including grief, loss, frustration, anger, resentment, and guilt. It is important that a caregiver has an outlet for these emotions—a way to express them and to work through them. There are caregiver support groups to help meet their emotional needs. It's useful to talk with other caregivers who are coping with similar issues. Some caregivers prefer to rely on their family and friends for support, while still others seek out formal counseling. It doesn't matter what form the support takes, as long as a caregiver has what he needs. When emotions are bottled up, they often contribute to burnout.

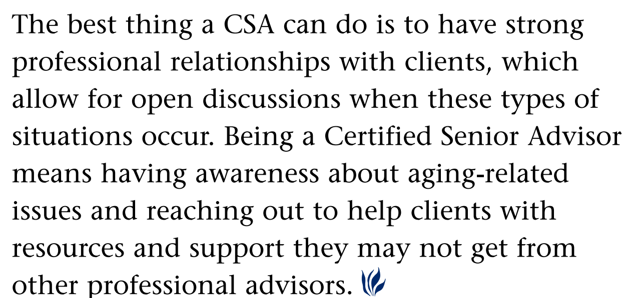
How CSAs Can Help

CSAs need to be aware of the signs and symptoms of caregiver burnout in their clients. If a client appears to be struggling with caregiver burnout or potentially heading into trouble, the CSA needs to have an open conversation about his concerns and refer the client to appropriate local resources for assistance. CSAs should have contact information for local aging resources and for local caregiver support groups. The goal is to help clients prevent burnout whenever possible and to help them recover if they have already reached the point of being overwhelmed.

Symptoms of Caregiver Burnout

- Withdrawing from friends, family, and other loved ones
- Feeling blue, irritable, hopeless, and helpless
- Experiencing changes in appetite, weight, or both
- Experiencing changes in sleep patterns
- Getting sick more often
- Feelings of wanting to hurt yourself or the person you are caring for
- Suffering emotional and physical exhaustion
- Losing interest in work
- Experiencing decreased productivity
- Feeling unable to relax
- Having a hard time concentrating
- Feeling increasingly resentful

Sources: Cleveland Clinic, "Caregiving: Recognizing Burnout" (August 22, 2004); Area Agency on Aging, "The Four Stages of Caregiving" (2003/2004), http://www.agingcarefl.org/caregiver/fourStages.


The best thing a CSA can do is to have strong professional relationships with clients, which allow for open discussions when these types of situations occur. Being a Certified Senior Advisor means having awareness about aging-related issues and reaching out to help clients with resources and support they may not get from other professional advisors.

Amy D'Aprix is CEO of Best in Care USA, Inc., and Best in Care Canada, Inc. She is also on the CSA faculty for designation classes. She lives in Canada and can be reached at amy@amydaprix.com. See her resources for caregivers at www.caregiverscoach.com.

Roth IRAs

The Pros and Cons

By V. Raymond Ferrara, CFP, CSA

The Roth IRA was introduced in 1998 and was named after the late Senator William Roth Jr. of Delaware, the chief sponsor of this interesting and exciting financial planning tool. Since its inception, the Roth IRA has not been available to all taxpayers, but that will change in 2010. Unfortunately, many financial-planning practitioners have not recommended that their clients convert regular IRAs to Roth IRAs, even when that client has been eligible to do so.

Just what is a Roth IRA? Unlike a traditional IRA, where money is generally contributed and accumulates on a tax-deferred and tax-deductible basis, the Roth IRA is funded with after-tax dollars, but it accumulates tax-free. There is a growing consensus within the financial-planning community that tax diversification is just as important for investors as a good investment asset allocation.

In 2008, taxpayers can generally contribute the lesser of $5,000 or their taxable compensation to a Roth IRA. Taxpayers age fifty and over can contribute an extra $1,000 as long as they had at least $6,000 in taxable compensation for the year. However, Congress placed certain income limits on a taxpayer's ability to make contributions to a Roth IRA. For 2008, the contribution limit is phased out for married taxpayers filing jointly with a modified adjusted gross income (MAGI) of between $159,000 and $169,000. Single taxpayers' contribution limits are phased out if their MAGIs are between $101,000 and $116,000. Nothing can be contributed to a Roth IRA if the MAGI is above these limits.

Congress also gave taxpayers the ability to convert traditional IRAs to Roth IRAs under certain conditions. One is a MAGI of less than $100,000 in the year of conversion for both single and joint filers. In 2005, the Tax Increase Prevention and Reconciliation Act (TIPRA) essentially eliminated this $100,000 limit beginning in 2010, such that any taxpayer may convert existing traditional IRAs. Taxpayers who do a conversion in 2010 will actually be able to spread the tax owed over the tax years of 2010 and 2011.

Advantages of a Roth IRA

Before exploring the conversion option further, let's examine some of the advantages of a Roth IRA. Unlike traditional IRAs, contributions to a Roth IRA can be withdrawn tax-free and penalty-free at any time. However, earnings can be withdrawn tax-free and penalty-free only after the Roth IRA has existed for five years and any of the following: the taxpayer has reached age 59½, is disabled, died, or is withdrawing up to $10,000 to purchase a first home. Roth IRAs have no required minimum distribution (RMD) during the owner's lifetime. These are only required after the Roth IRA owner dies and only for non-spouse beneficiaries. Just like a traditional IRA, a spousal beneficiary can roll over an inherited Roth IRA and continue to defer withdrawals. As long as the taxpayer is earning some type of compensation or receiving alimony, contributions can continue to a Roth IRA past the age of 70½.

There is a major potential disadvantage to a Roth IRA. Contributions are not tax-deductible, and in the case of a conversion, taxes must be paid on the traditional IRA. Should taxpayers wind up in a lower tax bracket at the time of making withdrawals from a traditional IRA than they were at the time the contribution (conversion) was made,

the leverage that came with the tax deduction and tax-deferred growth will be lost. Traditional financial planning wisdom has been to tax-deduct the money today because when you retire you will likely be in a lower tax bracket. That wisdom is now being questioned.

Over the past four decades, we have seen individual top marginal tax rates cut in half from a 75 percent rate to a 35 percent rate. If you believe this trend will continue, or if the taxpayer will likely be in a lower tax bracket in retirement, then continuing tax-deductible contributions to a traditional IRA most likely makes sense. Given the current state of affairs with the federal deficit, economy, and so forth, if you believe that tax rates are likely to go up in the future and/or the taxpayer may be in the same or higher tax bracket in retirement, then a Roth IRA and/or conversion should definitely be explored.

Many people think that taking money out of a traditional IRA and paying the tax today cannot possibly be better than leaving the money alone. Let's look at an example. Suppose the taxpayer has a traditional IRA with a value of $10,000 that he is considering converting to a Roth IRA. Assuming a 28 percent tax bracket, the taxpayer would have to give Uncle Sam $2,800 and would only have $7,200 remaining to reinvest into the Roth IRA. Assume further that this money is invested at 7.2 percent. Using the Rule of 72 (to find the amount of time required to double your money at a given interest rate, divide the interest rate into 72), the money will double in ten years and be worth $14,400. At this point, it can be withdrawn tax-free.

Contrast this with a taxpayer who leaves the money in the traditional IRA and allows it to grow at 7.2 percent. In ten years, the taxpayer will have $20,000, as opposed to $14,400. However, if this taxpayer is still in the 28 percent tax bracket and now wants to withdraw the money, the taxes owed would be $5,600, leaving a net of exactly the same amount as in the Roth IRA of $14,400. Let's suppose, however, that ten years from now, this taxpayer is in a higher tax bracket. That would mean that the taxpayer would have less money than the person who converted to the Roth IRA. Conversely, it's true that if he were in a lower tax bracket, he would have been better off continuing the deferral. This is a decision that each advisor and client must make.

Why Convert to a Roth IRA?

In addition to the discussion concerning tax leverage and tax diversification, why should a taxpayer consider converting to a Roth? First, since many heirs are in a higher tax bracket than the IRA owner, the owner will have paid the tax at a potentially lower rate than the heir. This will produce more money to pass down. Should the Roth IRA owner be subject to an estate tax, by reducing the estate by the cost of the income taxes paid, there will be less money upon which an estate tax will be levied. This estate tax will be at a significantly higher percentage than an income-tax bracket.

Next, remember that ordinary income-tax rates are the lowest they have been since 1932 (except 1988–1992), but these reduced rates are scheduled to expire after 2010. Who knows what a future Congress and/or future president might do before that time, let alone *after* that time? There is no 10 percent penalty for money withdrawn and converted to a Roth IRA even if the taxpayer is under age 59½. If the taxpayer converts in 2010, the tax bill can be divided evenly—the first half can be paid in April of 2011 and the other half in April of 2012.

If the taxpayer does not have enough money outside of the IRA to pay the taxes due upon conversion, then the amount withdrawn from the IRA that does not get converted is subject to the 10 percent penalty if the taxpayer is under age 59½. The taxpayer may not want to consider a conversion to a Roth if the money will be needed within five years. Although we have learned that contributions can be withdrawn at any time, conversion amounts will still incur the 10 percent penalty unless they are left alone for a minimum of five years. Finally, and perhaps most obviously, a conversion should not be made if the taxpayer believes she will be in a lower tax bracket in the future.

The taxpayer also needs to consider the implications of the additional taxable income and how it might affect overall taxes. For example, let's assume that the adjusted gross income (AGI) is $75,000 and the taxpayer converts $60,000 from a traditional to a Roth IRA. The AGI for income-tax purposes jumps to $135,000. The taxpayer's medical expenses threshold for deductions now increases to 7.5 percent of $135,000, and the miscellaneous itemized deduction threshold increases to those amounts greater than 2 percent of $135,000. For taxpayers who collect Social Security benefits, the conversion could also cause more of these benefits to be taxed. Up to 85 percent of the benefit could be taxed if the total of all other income (including withdrawals from the IRA), plus one-half of the Social Security checks, exceeds $34,000 for a single filer and $44,000 for married taxpayers filing jointly. Again, the taxpayer should seek qualified tax advice.

Who can do a conversion? Assuming the MAGI is under $100,000, regardless of whether the taxpayer's filing status is single, head of household, or married filing jointly, he is eligible to do a conversion. The MAGI *does not* include the amount withdrawn for the conversion, but it does include any RMD that is *not* eligible for rollover. This rule applies only to tax years through 2009.

Just how do you calculate MAGI? First, the taxpayer takes the AGI, which can be found at the bottom of the first page on Form 1040. This number includes wages, interest, dividends, income from certain retirement accounts, capital gains, alimony received, rental income, royalty income, farm income, unemployment compensation, and certain other types of income, less health savings account deductions, certain moving expenses, half of self-employment tax, penal-

ties on early withdrawals of savings, alimony paid, deduction for contributions to an IRA account, and student loan interest deductions.

Certain adjustments allowed in arriving at AGI are then added back to arrive at MAGI, such as the deduction for passive activity losses, tuition, fees, student loan interest paid, IRA contributions, and one-half of self-employment tax. MAGI also must include interest from U.S. savings bonds used for higher education expenses, which are usually excluded from AGI. Finally, the taxpayer can deduct any taxable Social Security income received. As it should quickly become obvious, no taxpayer should take these steps without seeking the counsel of a tax advisor.

How to Convert to a Roth IRA

What assets can be converted to a Roth IRA? Deductible and/or nondeductible contributions made to a traditional IRA, as well as the assets in a Simplified Employee Pension (SEP) or Salary Reduction Simplified Employee Pension Plan (SARSEP) IRA are eligible. Participants in a Savings Incentive Match Plan for Employees (SIMPLE) IRA may also convert, assuming they are at least age 59½ or have participated in the SIMPLE plan for at least two years. Further, after-tax funds from an employer plan—such as a qualified pension, profit sharing, stock bonus, annuity, 401(k), 403(b), or 457 plan—are also convertible. In some cases, it might be possible to convert these directly into a Roth IRA without having to first move them into a traditional IRA. Any pre-tax money within these plans generally must first be rolled into a traditional IRA before doing a conversion. A spouse who inherits a traditional IRA may do the conversion to a Roth. Here is an interesting twist. Inherited employer plans may also qualify for a Roth conversion, even by a non-spouse, assuming

(1) the employer plan allows a rollover to a non-spouse beneficiary,

(2) taxes are paid with funds outside the inherited plan,

(3) the transfer occurs on a custodian-to-custodian basis.

There is no minimum or maximum converted amount, but the conversion must be completed by December 31.

If converting a traditional IRA, then prior nondeductible contributions will obviously not be taxed again. Earnings and deductible contributions, however, will be taxed at ordinary income rates. If the taxpayer is converting part of the IRA and has both deductible and nondeductible contributions, the taxpayer cannot just convert the non-taxable part. For example, if the traditional IRA is worth $10,000 and there is $2,000 worth of nondeductible contributions, it means the account is 80 percent taxable. Thus, 80 percent of everything withdrawn for conversion will be taxable. If the taxpayer has multiple IRAs, the IRAs must be aggregated for purposes of the taxability.

Although there is no “one size fits all” answer to doing Roth conversions, there are several online calculators available to help:

- www.finance.cch.com/sohoapplets/RothTransfer.asp
- www.abcnews.go.com/Business/page?id=4015542
- www.smartmoney.com/retirement/roth/index.cfm?story=convert&hpadref=1
- www.moneychimp.com/articles/rothira/rothcalc.htm

Let’s assume that a taxpayer, with the help of a tax advisor and financial planner, decides that doing a Roth conversion makes sense in any given tax year. Is it possible to then “undo” it? And if it were possible, why would anyone want this option? If the taxpayer suddenly realizes that her income and/or tax filing status will make her ineligible, she will want to take advantage of this option. Suppose that in November, the taxpayer converts a traditional IRA valued at $160,000 into a Roth IRA. In December, the taxpayer receives a bonus that takes him over the $100,000 MAGI limit, thus becoming ineligible for the conversion. Therefore, the conversion must be undone prior to the time taxes are filed (including any extension). Another example

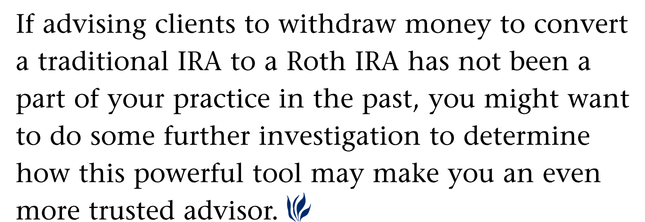
might be the taxpayer who does not have enough money to pay the tax owed on the conversion from sources outside an IRA. This is especially true if he is under age 59½. A third example would be taxpayers who simply change their minds about the benefits of the conversion.

Perhaps the most important time to reconsider a conversion would be when you have substantial market losses occur following the conversion. Let's assume that the taxpayer converts a $100,000 traditional IRA in January of 2009 and pays taxes of $28,000 on the conversion. Since she was advised to roll over the entire $100,000, the $28,000 to pay the taxes comes out of other savings. Let's further assume that over the course of the next twenty-one months, the market declines by 20 percent, making the $100,000 in the Roth IRA only worth $80,000. By re-characterizing the Roth IRA conversion back to a traditional IRA, which must be done by October 15 of the year following the original conversion (the extension date), the taxpayer avoids paying taxes on the money that was "lost."

Further, the taxpayer could do a Roth IRA rollover with $80,000 in 2010 as opposed to the $100,000 rollover in 2009. Thus, he saves $5,600 in taxes. He must file a return on time in order to recharacterize a conversion. In order to do a subsequent conversion, the taxpayer must wait at least thirty-one days following the recharacterization, and the second conversion must be in a different tax year than when the original conversion was done.

Is it worth it to convert small amounts of money? The answer is generally yes. Let's take married taxpayers with MAGI under $100,000 filing jointly in the 15 percent tax bracket. This means they do not jump to the 25 percent tax bracket until taxable income has exceeded $65,100 for 2008. If the taxpayers have only $50,000 of taxable income, they may want to consider taking an additional $15,000 out of the IRA even though the money is not needed. This money will only be taxed at 15 percent, but the taxpayers convert it to a Roth IRA so that it can accumulate tax-free and carries no required minimum distributions. This may keep these taxpayers in a lower tax bracket in the future.

Since the Roth IRA owner does not have to take this money out during her lifetime, the compounded tax-free growth of this money can be substantial. Only when this money is inherited must it be withdrawn from the Roth IRA, and even then, it does not have to be taken out in a lump sum. The heirs can take required minimum distributions and stretch out the Roth IRA, creating an extremely powerful wealth-generating machine.



If advising clients to withdraw money to convert a traditional IRA to a Roth IRA has not been a part of your practice in the past, you might want to do some further investigation to determine how this powerful tool may make you an even more trusted advisor.

Ray Ferrara is president/CEO of ProVise Management Group, LLC, a National Financial Partners company, in Clearwater, Florida. Contact him at 727-441-9022 or 800-633-3049.

A HIPAA Morning

Gaining Access to Protected Health Information

By John M. Parr, JD, CSA

The release of protected health information (PHI) is critical to building your care-receiving network in the event of physical or mental disability. The Health Care Power of Attorney (HCPOA), which waives the confidential provisions of the Health Insurance Portability and Accountability Act (HIPAA), and a HIPAA wavier and release are the keys to full disclosure of your PHI if you are unable to give verbal consent to its release.

Request for Protected Medical Information Denied

A woman called my law office shortly after eight o'clock in the morning on a rainy, cloudy day. Her husband had had a serious stroke early in the morning and was unconscious when the medics took him to the hospital. She had dressed quickly and rushed to the hospital where her husband was admitted and moved to the intensive care unit. When she arrived at the hospital, her questions to the hospital staff and team of doctors had not been answered. She needed an HCPOA with a HIPAA waiver or a HIPAA waiver and release to receive her husband's PHI.

In another case, a husband and wife were involved in a serious automobile accident, and the husband was critically injured. When the wife was denied access to his PHI, she came to see me.

Lastly, two adult children needed to relocate their eighty-four-year-old mother from her home to a care facility in order to provide adequate care for her. When the daughters were refused their mother's PHI, they could not complete the admission process.

The Health Insurance Portability and Accountability Act

HIPAA was enacted by Congress in 1996 and became effective on April 14, 2003. This article will discuss the effect of HIPAA on a caregiver who is requesting a patient's PHI while tending to an individual who is unable to give verbal consent to the release of his PHI and does not have an HCPOA with a HIPAA waiver or a HIPAA waiver and release.

HIPAA's Three Major Purposes

The three primary purposes of HIPAA are the following:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the inappropriate use of that information.
2. To improve the quality of health care in the United States by restoring trust in the health-care system among consumers, health-care professionals, and the multitude of organizations and individuals committed to the delivery of care.
3. To improve the efficiency and effectiveness of health-care delivery by creating a national framework for health privacy protection that builds on efforts by states, health systems, individual organizations, and individuals.

Important Definitions

Being familiar with the terminology is essential to successfully navigating the system. Definitions for some key terms are as follows:

- **Covered entity** is a health plan, health-care clearinghouse, or health-care provider.

- **Health plan** is an individual plan that provides or pays the cost of medical care.
- **Protected health information** (PHI) is individual, identifiable information—recorded orally or in writing by a covered entity or received by a covered entity—that relates to the past, present, or future physical or mental health of an individual's health-care service.
- **Health Care Power of Attorney** (HCPOA) is a written and notarized document giving your health-care agent the authority to make medical decisions for you in the event you are physically or mentally unable to make them on your own. It is the key to PHI.
- **HIPAA waiver and release** is a written and notarized document that authorizes PHI disclosure to your personal HIPAA representative at any time.

Rules of Disclosure

The general rule under HIPAA is that PHI will not be disclosed unless (1) the individual gives verbal consent or (2) the individual has a properly prepared and signed HIPAA waiver agreement or has HIPAA waiver language incorporated into an HCPOA.

An Exception to the Rule

There are several areas where PHI can be disclosed without compliance with HIPAA. For the purposes of this article, however, there is one relevant exception: A "family member, other relative, or a personal friend of the individual who is involved in the individual's health care" can gain access to PHI if the covered entity, based upon its "professional judgment" and its "experience with practice" determines that, under the particular circumstances of the case, the patient would not object.

This is a very limited exception because the terms *professional judgment* and *experience with practice* are vague and must be proven on a case-by-case basis. Most covered entities do not have the time, skill, or interest in such a process.

An Example of HIPAA Waiver Language

When you review a client's HCPOA to determine if it meets the HIPAA disclosure requirement, the language used should be similar to that of the following paragraph:

> ***Power of access to and disclosure of protected heath information and other personal information.*** *To request, receive, and review any information, including both verbal or written, regarding my personal affairs or my physical or medical health—including medical and hospital records and any "protected health information" as defined by the Health Insurance Portability and Accountability Act (HIPAA)—and to execute any releases or other documents that may be required to obtain such information, and to disclose or deny such information to such persons, organizations, firms, or corporations as my Agent shall deem appropriate. The Agent shall have powers granted by all applicable state and federal law, including HIPAA, and is appointed as my "personal representative" with all the authority granted to such person under HIPAA.*

Summary

As Certified Senior Advisors, we have the opportunity, on a daily basis, to ask our clients about their estate-planning documents. If it is uncertain whether the HIPAA issue has been addressed, you can refer the client to a CSA attorney who emphasizes estate-document preparation and planning for senior adults. Our clients will be grateful because we will have assisted them in laying the foundation for better peace of mind.

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Aging and the Art of Creativity

Mining the Gifts Within

By David Goldberg

Maya Angelou expresses herself through writing and poetry. John McCain is running for president and is a great public speaker. Queen Elizabeth II still rides horses and raises dogs. In between peace conferences and monitoring elections, Jimmy Carter builds houses for Habitat for Humanity.

Millions of less well-known—but no less passionate—older adults express themselves through myriad creative outlets. Kathleen runs her financial-planning business more than full time and enjoys ballroom dancing. Marian is on oxygen and still gets a charge out of having her grandkids fight over her for a bridge partner. Ginny is in her eighties and recently received recognition at her granddaughter's wedding for traveling the farthest to be there and looking most like the Queen Mother. (She was dressed from the top of her head to the tip of her heels in brilliant purple.) Geil and Armistead are taking a group to Africa next year to engage in service work—their fifth such trip in ten years. Marjorie doesn't discuss it, but she is probably an octogenarian. She still works full time as a minister and loves to read. She is known to perform a dance to help her students make connections between parts of the Bible.

At seventy-seven, Olga is teaching Spanish to her grandchildren and the neighbor kids. And she paints. Pointing toward one of her latest creations with a sparkle in her eye, she says, "I'm going to send this to my grandchildren to put on their refrigerator."

"I was the youngest of thirteen children growing up," Olga says in elegant English. "We were in a cultural wilderness [the San Luis Valley, Colorado] because the Anglos wouldn't speak to us and the Spanish-speaking population wouldn't speak to us. So we pretty much kept to ourselves."

Fast-forward fifty years to when Olga made her first trip to Spain with a group of friends. "I thought the natives were always intensely interested in what I had to say," she recalls. "Come to find out, my Spanish was a dialect spoken by royals and nobles many years ago and nobody had heard it in centuries." It's cool to be hip in English and Spanish. On a recent trip to Las Vegas, Olga filmed a video of herself on a motorcycle and has let it be well known that she wants it played at her funeral—a long time from now.

What keeps people active, engaged, and creative? Many seniors choose to gather in groups and participate in organized classes, activities, crafts, or sports. The creative and artistic options are almost as varied as the millions who participate in them.

In 1991, internationally renowned glass artist Dale Chihuly recognized that while seniors have a great deal to offer society, few avenues for them to contribute existed. There were no outlets for their artistic creativity. This dilemma sparked an idea, and Seniors Making Art was born.

It's a simple program designed to engage seniors in something meaningful that they can do for the rest of their lives. Anyone can make art as long as one has imagination and life experiences to draw on. Making art is not about craftsmanship—it has to do with feelings and memories. Seniors have an abundance of both. The Seniors Making Art programs are designed to give participants the confidence to get started and to encourage them by teaching basic techniques and providing the necessary materials.

Classes include a wide variety of media, including drawing, watercolor, sculpture, creative writing, painting, collage, glass mosaic, and more. "Our goal is to show seniors by encouragement and example how to express their feelings, memories, and life experiences," Chihuly says. "They have more knowledge and wisdom than any other segment of society. By showing them the way to make art, everybody learns."

The public sector is also interested and engaged in the senior arts movement. Designed by the North Dakota Council on the Arts (NDCA), the Art for Life Project did much more than bring folk and contemporary fine artists to an assisted-living facility. It measurably improved the lives of participants, visibly fostered a healthier community, and innovatively addressed issues of elder care.

According to the NDCA, adults over sixty-five constitute nearly 12 percent of the U.S. population. This figure may rise to 20 percent by 2030 as baby boomers age. With almost a third of all state expenditures going to health care, and the vast majority of that spending attributable to the elderly, states like North Dakota, with large senior populations, can expect an increase in the number of citizens entering long-term-care facilities As a result, states are looking for ways to best support the mental and physical health of their citizens. The Art for Life Project shows how state arts agencies help state leaders and care providers attain this goal by using the arts to enhance the health and welfare of elders.

The inspiration for the project came from an NDCA apprenticeship in which folk artists demonstrated natural textile-dying techniques for the elderly residents of a care facility. The presentation met with such enthusiasm that a more extensive program was developed for residents. Using funding from the National Endowment for the Arts' Challenge America program, along with local in-kind contributions and state support from the legislature, the Art for Life Project organized a series of thirty-five arts activities, from storytelling to quilting to painting. Each session offered an opportunity for residents to learn, create, and connect.

The National Center for Creative Aging (NCCA) is a national organization dedicated to promoting creative expression in later life. As such, the NCCA promotes the networking of individuals and organizations that are dedicated to this emerging field. Enhanced quality of life is a distinctive benefit of participation in the arts. Quality of life has many components. The organization's Web site states, "Aristotle used the term eudaimonia, often translated as 'happiness.' For most of us, quality of life is synonymous with well-being. The arts are known to enhance the quality of life in different but parallel ways for communities and for individuals" (National Center for Creative Aging 2008).

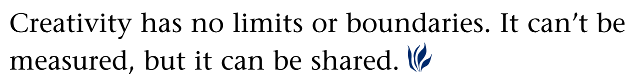
The NCCA also does advocacy and public-awareness work. A recent campaign raised public awareness about the vital relationship between creative expression and the quality of life of older people. Major activities included a national policy conference on arts and aging, town hall meetings across the country, and visual arts projects in senior centers across the country. It also created a national petition calling for a referendum leading to the legislation of a separate stream of funding for creative aging programming. Finally, the organization is co-publisher of *Creativity Matters: The Arts and Aging Tool Kit* (Misey Boyer 2007), available in a variety of formats.

The Web site for the National Council on Aging (NCOA) has a wealth of information on all aspects of creativity and aging. The NCOA/Caresource's Healthy Aging Briefing Series recently presented two Web seminars. Both focused on the practical strategies the arts and aging services network can use at the community level to *move from a mindset of deficit-based to asset-based aging using the arts as a vehicle*. *The first* session focused on recent research into creativity and aging, and a second session looked at best practices in developing arts and aging programs. You can find the archived presentations and others on topics related to aging at www.ncoa.org/briefings and at www.AgingInStride.org/NCOA_Archives.

During our service work in Kenya last year, some fellow volunteers and I were asked to teach, and we decided to do a lesson on creativity. As part

of the introduction, I mentioned that Joan is creative when she sews, Mary Jo is creative when she plays the piano, Karen is creative when she sings, and I am creative when I write. The key messages were to encourage the young people to define "creativity" as broadly as possible, and to invite them to consider themselves creative whether they played soccer, milked cows, or drew pictures in the dirt with a stick.

Creativity has no limits or boundaries. It can't be measured, but it can be shared.



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Arts in Aging Resource List

This is a partial listing of resources compiled by the Office for AccessAbility at the National Endowment for the Arts (phone: 202-682-5400; voice/TTY: 202-682-5496; e-mail: webmgr@arts.endow.gov).

Institute for Human Centered Design
180-200 Portland Street, Suite 1
Boston, MA 02214
Voice/TTY: 617-695-1225
Fax: 617-482-8099
E-mail: info@AdaptiveEnvironments.org
Web site: www.AdaptiveEnvironments.org
Contact: Elaine Ostroff

Institute for Human Centered Design is a nonprofit organization that was founded in 1978 to address the environmental issues that confront older adults and people with disabilities. Institute for Human Centered Design promotes accessibility and universal design through education programs, technical assistance, training, consulting, publications, and design advocacy. Its mission is to promote, facilitate, and advocate for the international adoption of policies and designs that enable every individual, regardless of disability or age, to participate fully in every aspect of society.

American Music Therapy Association (AMTA)
8455 Colesville Road, Suite 1000
Silver Spring, MD 20910
Voice: 301-589-3300
Fax: 301-589-5175
E-mail: info@musictherapy.org
Web site: www.musictherapy.org

AMTA's mission is to increase the progressive development of the therapeutic use of music in rehabilitation, special education, and community settings. It publishes a quarterly research-oriented journal called the *Journal of Music Therapy;* a semi-annual, practice-oriented journal; a quarterly newsletter called *Music Therapy Matters;* and a variety of other monographs, bibliographies, and brochures. In addition, it holds conferences and serves as a referral service for individuals interested in music therapy.

Americans for the Arts

1000 Vermont Avenue, NW, Sixth Floor
Washington, DC 20005-2304
Voice: 202-371-2830
Fax: 202-371-0424
Web site: www.artsusa.org
Contact: Robert L. Lynch, President and CEO

Americans for the Arts is a national organization that supports arts and culture through private and public resource development, leadership development, public policy development, information services, public awareness, and education.

ArtAge Publications

P.O. Box 19955
Portland, OR 97280
Voice: 503-246-3000
Fax: 503-246-3006
E-mail: bonniev@seniortheatre.com
Web site: www.seniortheatre.com
Contact: Bonnie L. Vorenberg

Compiled by Bonnie L. Vorenberg, *Senior Theatre Connections* is a comprehensive directory of Senior Theater performing groups, professionals, and resources. The directory costs $24.95 and may be ordered directly through its publisher, ArtAge Publications.

Arts for the Aging (AFTA)

6917 Arlington Road, Suite 352
Bethesda, MD 20814
Voice: 301-718-4990
Fax: 301-718-4992
E-mail: info@aftaarts.org
Web site: www.aftaarts.org
Contact: Janine Tursini, Executive Director

AFTA is a not-for-profit organization dedicated to enhancing the lives of older adults by providing them with access to the arts. Since 1988, AFTA has organized monthly arts workshops for older individuals in the Washington, D.C., area in such media as painting, drawing, printmaking, sculpture, bookmaking, dance movement, music, and theater. Over the past nine years, AFTA has also offered intergenerational programs to more than one thousand older adults and school-age children. In addition to its workshops, AFTA arranges outings to local cultural venues like the National Gallery of Art, the Smithsonian Institution, and embassies. Through AFTA's senior dance troupe, Quicksilver, and art exhibitions, participants are invited to showcase their talents for others.

Center in the Park

5818 Germantown Avenue
Philadelphia, PA 19144
Voice: 215-848-7722
Fax: 215-848-0979
E-mail: info@centerinthepark.org
Web site: www.centerinthepark.org

Founded in 1968, Center in the Park is a nonprofit community center in Northwest Philadelphia primarily focused on the needs of older people. The center fosters respect, independence, and personal growth for each individual. As a community resource, it provides access to supportive services and activities.

The programs at Center in the Park are meant to provide opportunities for older adults to participate in social, recreational, health and fitness, arts and humanities, and lifelong learning activities. Members are encouraged to make their voices heard at the center and in their communities through service and volunteer opportunities.

Connecticut Hospice Program

Arts Department
100 Double Beach Road
Branford, CT 06405
Voice: 203-315-7522
Fax: 203-315-7655
E-mail: kblossom@hospice.com or info@hospice.com
Web site: www.hospice.com

The Connecticut Hospice Program considers arts services to be as indispensable to health care as nursing and dietary services. The Arts Department is staffed by several artists, musicians, teachers, therapists, and volunteers who offer free daily opportunities for expression, creativity, and the relief of stress, boredom, or pain to patients and families. Its activities include live music concerts, ongoing exhibits in the main gallery, and bedside arts.

Creative Aging Cincinnati

7970 Beechmont Avenue
Cincinnati, OH 45255
Voice: 513-561-7500
Fax: 513-232-2631
Web site: www.creativeagingcincinnati.org

Since 1975, Creative Aging Cincinnati, formerly Art and Humanities Resource Center for Older Adults, has designed and presented mentally

stimulating programs for thousands of older adults in a five-county area in greater Cincinnati. Its programs often channel older people's personal perspectives and memories of historic events into original songs, dances, theatrical performances, and visual artwork. Its performances—held in large, accessible sites, nursing homes, and senior centers—often incorporate musical elements with help from the Cincinnati Opera Outreach Program, symphony musicians, jazz artists, and other professional musicians. Its programs are free to adults age sixty-five or older, and buses are frequently provided to accommodate individuals with transportation needs.

Elders Share the Arts (ESTA)

138 S. Oxford Street
Brooklyn, NY 11217
Voice: 718-398-3870
E-mail: czablotny@estanyc.org
Web site: www.eldersharethearts.org
Contact: Carolyn Zablotny, Executive Director

ESTA is a community arts organization dedicated to validating personal histories, honoring diverse traditions, and connecting generations and cultures through living-history arts programs. Its staff of professional artists works with individuals of all ages to transform life stories into dramatic, literary, and visual presentations that celebrate inner-city community life. Pearls of Wisdom, ESTA's touring storytellers, express their diverse lives and raise issues such as exploitation of elders, housing, and health care through stories, playlets, and songs that they perform for communities with limited access to art. Generating Community, ESTA's intergenerational arts partnership program, promotes art programs that bring together seniors and young students from various schools and centers.

Grass Roots Art and Community Effort (GRACE)

P.O. Box 960
Hardwick, VT 05843
Voice: 802-472-6857
E-mail: contact@graceart.org
Web site: www.graceart.org
Contact: Don Sunseri, Founder and Artistic Director

Since 1975, GRACE has been dedicated to the development and promotion of visual art produced primarily by older, self-taught artists of rural Vermont. GRACE recruits professional artists to hold instructional training and workshops at nursing homes, senior-meal sites, mental health centers, and hospitals. Through touring exhibitions, lectures, media documentation, and publications like *States of GRACE*, its participants' artistry has reached broad national audiences.

Institute on Aging: Artworks

3330 Geary Boulevard, Second Floor West
San Francisco, CA 94118
Voice: 415-750-4180
Fax: 415-750-4179
Web site: www.ioaging.org
Contact: Dr. David Werdegar, President

Developed by the Mount Zion Institute on Aging and the UCSF/Mount Zion Center on Aging, Artworks trains professional artists to conduct arts programs that accommodate the needs of older individuals and their families. These professionals design and implement projects in the visual and performing arts at adult day health centers and in the homes of frail older adults. Through creative expression, participants remain connected to the community and experience improved physical and emotional well-being.

Japantown Art and Media Workshop (JAM)

1840 Sutter Street, Suite 102
San Francisco, CA 94115
Voice: 415-922-8700
Web site: www.cominguptaller.org/profile/pr109visualarts.htm

JAM combines entrepreneurialism with the promotion of Asian-American culture through public art projects and graphic design services for businesses and community organizations. Located in the heart of the Japanese-American community in a community center that serves seniors and young people in all phases of the business: design ideas and sketches, client relations, and product development.

Kairos Dance Theatre

4524 Beard Avenue S.
Minneapolis, MN 55410
Voice: 612-927-7864
E-mail: maria@kairosdance.org
Web site: www.kairosdance.org
Contact: Maria Genné, Artistic Director

Kairos Dance Theatre is an intergenerational dance company whose performers range in age from four to ninety years old. Kairos Dance Theatre performs locally and nationally, reaching intergenerational audiences in venues where dance is not usually found, such as nursing homes, community centers, parks, libraries, schools, and museums. Kairos's mission is to celebrate life, community, and the unique gifts of each individual by sharing the joy of dance with people of all ages, backgrounds, and abilities. Through its program the Dancing Heart: Vital Elders Moving in Community, Kairos Dance Theatre offers older adults, their families, and caregivers an interactive, creative experience that combines opportunities for artistic expression and learning with the health-enhancing benefits of dance and music. Through short-term residencies and ongoing workshops, Kairos invites participants to experience the interweaving of dance and story, to redefine their beliefs about their physical and artistic abilities, and to join us as artistic collaborators in creating performances that we bring to diverse groups in the community.

North Carolina Center for Creative Retirement (NCCCR)

Reuter Center, CPO #5000
University of North Carolina at Asheville
One University Heights
Asheville, NC 28804-8516
Voice: 828-251-6140
E-mail: rmarheimer@unca.edu
Web site: www.unca.edu/ncccr/
Contact: Ron Manheimer, Executive Director

Established in 1988, NCCCR promotes lifelong learning, leadership, and community service opportunities for retirement-aged individuals. In hopes of contributing to the development of an age-integrated society, it encourages creative intergenerational activities on campus and in the community. In addition to supporting a College for Seniors program at UNCA, NCCCR organizes special events like trips to theaters, museum tours, and line dancing for older adults.

OASIS Institute

7710 Carondelet Avenue, Suite 125
St. Louis, MO 63105
Voice: 314-862-2933
Fax: 314-862-2149
E-mail: mkertz@oasisnet.org
Web site: www.oasisnet.org
Contact: Marcia Kerz, President

OASIS is a national education organization designed to enhance the quality of life for older adults through challenging programs in the arts, humanities, wellness, and volunteer service. It offers programs involving subjects like drawing, painting, sculpture, pottery, art and music appreciation, readers' theater, creative writing, acting, tap dance, and voice through a national network of community-based OASIS centers in twenty-six U.S. cities. OASIS now serves several hundred thousand individuals across the country.

Senior Adult Theater Program

University of Nevada, Las Vegas
4505 Maryland Parkway
Las Vegas, NV 89154
Voice: 702-895-4673
Web site: www.seniorprograms.unlv.edu

The Senior Adult Theater Program was founded in 1990 to encourage older adults to pursue their diverse interests through theater courses. Students of all ages and from many states can enroll in the program to learn about senior theater, but Nevada residents age sixty-two and older have the extra incentive of being able to earn up to six tuition-free credits per semester. The program has grown from twenty-five to more than one hundred students and has been featured in articles and journals, as well as on NBC.

Senior Performers Committee of the Screen Actors Guild

360 Madison Avenue, Twelfth Floor
New York, NY 10017
Voice: 212-944-1030
Web site: www.sag.org

The Senior Performers Committee strives to change senior images throughout the movie and television industries and to increase opportunities for work by demonstrating that the senior stereotype is not valid. The committee hosts speakers, distributes flyers and questionnaires, and publishes brochures that demand revisions in the way that advertisers, directors, artists, and publicists view older adults. Recently, the committee has also focused on older adults' involvement with the Internet and other new technologies.

A Senior Who Makes a Difference

It's Never Too Late for a New Direction

By Carol Dovi O'Dwyer, CSA

You might think that going back to law school at the age of sixty, after a thirty-eight-year nursing career, is an unlikely decision. But that is exactly the choice Sheila Umlauf, now eighty-three, made. Her mother lived to be 101 and her grandmother to ninety-eight, so Umlauf knew she had time to explore other possibilities. At sixty-three, she earned her law degree and began a new career.

The legacy bestowed upon her by her mother and grandmother included not only longevity but also an enthusiasm for life. Umlauf's grandmother returned to school at the age of fifty. Her mother, a music major in college, was in a marching band during World War I in her small Nebraska town. At eighty, she traveled around the world for nine months by herself. When she returned from her travels, she was bored. Then a friend got an administrative post in Alaska and invited her to come along and manage housing for the organization. At eighty-four, after four years in Alaska, she returned to Seattle, Washington, and retired.

"Mother was a riot. We had a lot of fun attending cultural events together when she finally retired," Umlauf recounts. "She lived on her own until she was ninety-six and then lived in a wonderful board-and-care home until she slipped away in her sleep one night at the age of 101. She had a wonderful life, she really did."

The women in Umlauf's family seemed to do things in unconventional ways, and she followed this pattern in her nursing education. Umlauf had entered a special nursing program during World War II that consisted of one year at a university, three years of RN training, and then another year at the university. She completed the first year at the University of Denver and the RN training, but she got married before completing her last year of college. At forty, she returned to school to finish her undergraduate degree and stayed on to earn a master's degree in nursing.

During her nursing career, she worked both as a school nurse and as a public health nurse. She served a stint as supervisor of health services for Seattle schools and always enjoyed working with families and counseling them about health issues. Unlike many of her peers, she liked working with junior high students. This wise nurse often reminded teachers that whatever behavior the students were exhibiting would change the next day. Their unpredictable nature was just part of experimenting and discovering who they were at that age.

Even with a busy nursing career, Umlauf found time to volunteer. For many years she taught classes for the Red Cross and also served during disasters, such as the Mount St. Helens eruption.

When she talked about retiring from nursing, her youngest son, a lawyer himself, suggested law school. At first Umlauf balked at the idea. But after giving it some thought, she realized that she had always been interested in law—both her father and grandfather had been lawyers. "I thought it would be a disadvantage because I was old. All these bright young minds just out of school. When I got there, however, everyone was really nice to me because I was like their grandmother," she says.

The studies didn't always come easily to her. She found law school to be very theoretical after a career in nursing, which focused on solving real problems. She didn't always agree with the professors, but they seemed to enjoy her questions and challenges. She found that most of the students felt they needed to prove themselves because they hadn't yet had a career or much life experience. But Umlauf felt she had nothing to prove. She passed the bar exam on her first try.

Sheila Umlauf celebrates her graduation from law school with her sons, Johnny, Mark, Robert, and Ron, and her mother, Gretchen Fitzgerald.

Her son drove from Seattle to Tacoma, where the bar exam was being administered over a three-day period, to have dinner with his mom each night and offer her encouragement.

With some interesting job offers on the table, Umlauf instead opted to focus on pro bono work. Because of her interest in helping women and seniors, Umlauf worked with the Northwest Women's Law Center, whose mission is "to make equality, justice, and fairness a reality for women in the Pacific Northwest."

She also worked with the county bar association to develop law clinics for people who couldn't afford legal services. The clinics focused on senior law, bankruptcy, and family law. Anyone could schedule a thirty-minute appointment with an attorney to ask questions. Although legal advice could not be given, the clinics helped the attendees determine if they needed further legal assistance and referred them to a pro bono attorney or other necessary resources. For two years, Umlauf chaired the committee that oversaw the law clinics. If a senior needed services and was homebound, Umlauf would be there.

Arthritis has slowed this volunteer down a bit, however. She makes fewer visits to clients' homes and does more work on the phone. Umlauf focuses mostly on estate planning for seniors, wills, powers of attorney, living wills, and health-care powers of attorney.

She learned the service ethic from her parents. Her father practiced law during the Depression but never turned away a client. Payment was often in the form of trade. Her mother always honored the dignity of anyone who came to the door by finding odd jobs for them rather than giving just a handout.

"We take up a lot of space on Earth, and we owe something for the rent," Umlauf reflects. "Service is a way to pay it back."

Of all her accomplishments, Umlauf considers her greatest achievement that of raising four successful children. While she acknowledges that she's had her share of hard times, she doesn't dwell on them. She admits that she sometimes feels "like an old car that has little things go wrong and you can't get new parts." Yet her optimistic attitude shines through in her parting comment: "I'm leading the life of Riley, and I hope Riley doesn't come home anytime soon!"

Carol Dovi O'Dwyer is a creative-living coach and an elderphile! She can be reached at 303-882-1608.

What is a CSA?

If you have *M.D.* behind your name, everyone knows you're a doctor, and if you have *CPA* behind your name, everyone knows you're an accountant. Professionals with CSA behind their names are Certified Senior Advisors who have earned that designation through Society of Certified Senior Advisors™.

The CSA letters behind their names signify the spirit inside their hearts.

That's because people who become CSAs have made the clear and conscious decision to learn as much as possible about how to serve seniors.

Seniors share many satisfactions and many challenges. Things that were important to them when they were younger aren't so important now, and things they never thought about before now dominate their lives.

Today, a combination of health, financial and social issues determines whether or not seniors reach their common goal of remaining vibrant and independent for as long as possible. Getting older should be a time to be savored, not a state to be feared. And with the population getting older and living longer, attention to seniors has never been more important.

Certified Senior Advisors understand that. They realize that longer lives demand better advice.

Professionals who often work with seniors — in fields such as insurance, accounting, law, clergy, health, real estate and many others — are excellent candidates to become CSAs. When Society of Certified Senior Advisors approves them for its designation training, candidates complete a curriculum that encompasses some 23 key areas affecting seniors — areas that include nutrition, senior housing, Social Security, Medicare and Medicaid, financial and estate planning, social aspects of aging, trends affecting seniors and more.

After professionals successfully complete a national CSA exam and agree to adhere to the standards of professional conduct contained in the *CSA Code of Professional Responsibility*, they are designated as Certified Senior Advisors (CSA)® and are allowed to use that designation. CSAs find that their communication with senior clients is improved, their skills heightened, their credibility enhanced and, often, their business increased. Seniors find that it's rewarding to do business with someone who wants to work with them — and who has done the hard work to earn the credential of Certified Senior Advisor.

Certified Senior Advisors (CSAs) have supplemented their individual professional licenses, credentials and education with knowledge about aging and working with seniors. Know what those licenses, credentials and education signify. The CSA designation alone does not imply expertise in financial, health or social matters. For additional information, go to www.csa.us

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