

# When to help?

## *Being there for parents in late-life transitions*

**T**he big question is...When?" says Sara Qualls, OSU Petersen Visiting Scholar in Gerontology. "When should we step in to take care of our parents? The answer often comes with changes in cognition. As long as it's intact, we can work through issues and make decisions together, but when thinking declines, such as with stroke or dementia, the roles are more awkward," she finds. As people are living longer, how families negotiate the transition to caregivers is ambiguous. "There are no markers, no rules in society, and little history to give us guidance for our current generation," says Qualls, professor of psychology and director of the Gerontology Center at the University of Colorado, where she developed the PhD program to train clinical psychologists to specialize in work with the aging population.

It's not simply end-of-life care that Qualls is talking about. "It's about all of the transitions – subtle and big – that we go through with our parents as they age, and it's about our desire to help them be independent as long as possible. We're the 'walking worried,'" she says, "worried about how and when to help, how the new dynamics will change family relationships, how to navigate the maze of care and community resources."

**Dr. Qualls credits the generous endowment from Jo Anne "Jody" Leonard Petersen '47 in 1997, which makes it possible for scholars like her to take time for their research and share their expertise with faculty and students. "It's refreshing to step away from my work, have the luxury of time to think about one thing for four hours straight, and maybe ponder a problem while on the elliptical trainer," she says of her time at OSU, when she worked on her book and video, *Caregiver Family Therapy*.**



Sara Qualls (r) and Karen Hooker (l), director of OSU's Center for Healthy Aging Research, share a tender moment with Judy Hooker, who relies on her daughter to oversee her care.

photo by Peter Strong

The fact is many of us end up being the "case manager" for our parents. "Our health care system relies on families for as much as 80 percent of care including coordinating medical information from multiple doctors, physician appointments and hospital stays, medications, therapy, meals, house cleaning, and visiting," she says. Whether our parents are living with us, in their own home or a facility, we are overseeing their care, which can be stressful. Qualls says to find comfort and support knowing we aren't in this alone, and it's okay to reach out for help. "Every community has resources, from respite care to hospice. The key is finding out about them *before* you need them, which is often when a crisis strikes." She finds this three-step model useful:

1. Work with physicians and others to get a thorough **assessment** of the problem and how to address it.
2. Create a **care plan** for services, combining medical, community, and family support. Talk with parents about their desires and values and come to agreement with family members on care and end-of-life issues.
3. Be prepared for the difficult roller coaster of **end-of-life care** when families have to make intense and often quick decisions to give parents the care they want at this final stage of life.



**For more information about past scholars and their research, visit <http://www.hhs.oregonstate.edu/gerontology/petersen/past-scholars.html>**

