Making a Move: When, How, and Why

There are never easy answers to when someone should move from their home to a long term care setting. It is always a decision grounded in the specific circumstance of the individual. Variables that play a role in the decision include the number of people they have available to help, health issues, mental health issues, environmental issues, financial issues, belief systems, behavioral or mood complications and even geography. For some families, it is possible to continue care in the home setting. For others, the most therapeutic decision might be a transition to long term care. There is no right answer and neither choice is a measure of your love. If the time comes that a move appears necessary, it is important to consider possible ways to reduce risk of traumatic adjustments that can occur as part of these transitions.

**When?** What should I consider in this decision?

If the person with the disease

- Has progressed to the point they are unable to weigh pros and cons as part of the decision making process. If logic and reasoning has been damaged, they may not be able to come to a reasonable conclusion on their own. Determining what kind of help is needed and securing that help may have to come from others who love them and know and understand their needs.

- Shows unsafe behaviors due to disease progression. See handout, “Is the Individual Able to Live At Home Alone”. Examples of unsafe behaviors might include wandering, dangerous use of kitchen appliances or inability to care for personal or medical care needs

- Demonstrates increased distress, anxiety or paranoia when alone, especially in the evening/night. As the disease progresses, individuals feel less and less confident in their situations. Even when the disease has taken away necessary insight for the decision making process, often there is a rise of anxiety, distress and paranoia as part of not fully understanding what to do and an internal sense something is not right.

- If support services in the home are not available, not practical, not therapeutic or have been tried and are insufficient.

**How?** What words do I use? How do we explain? How do we move her/him?

- **Gain consensus.** Try to involve all concerned family members in making the decision. Sometimes having an outside person, such as a counselor, Alzheimer’s Association staff member or other helping professional facilitate the meeting can help direct the discussion in a way that is useful.

- **Keep it brief and simple.** While telling a person too early can generate unnecessary anxiety, surprising them can also provoke anxiety, hostility and even catastrophic reactions. When to tell is unique to the person and depends on where they are in the disease, psychiatric complications and personality features. Stating simple facts such as “It’s not safe for you to live alone anymore. We’ve found the best place we could for you” may work in some situations.

- **Acknowledge feelings.** When they are expressing sadness and anger about a move, simply stating such acknowledgments as, “I know this is hard for you” can help. Always attach it to statements reminding them they are loved and you will be there for them wherever they live.

- **Redirect.** If the conversation seems to be circular, move on to other subjects, change of room or activities. Don’t keep trying to convince or an escalation of agitation is likely.
• **Pick the bad guy.** Who tells the person should be a conscious decision and should not be the person that provides the majority of the caregiving if at all possible. It might be an adult child who lives farther away or an in-law that does not regularly participate in direct care or someone outside the family such as a physician or social worker.

• **The day of the move, the person should be involved in having lunch, visiting at a family member or friend’s home.** This allows another family member to move the necessary items and have the person’s room all set up when they arrive. Move should occur in the earlier part of the day. Family members can then spend a bit of time in the room, get the person engaged in an activity or meal and leave while the person is involved with others. Visits for the next few weeks should be timed so that the person is engaged with others when exits occur.

• **Watch for depression.** The most common symptoms of depression in individuals with dementia are irritability, resistance, agitation and/or anxiousness. If you see these or other symptoms of depression and other medical reasons have been ruled out, consider talking with the doctor about anti-depressants. If depression is present, have the conversation with the doctor at least a month before the move. If the physician feels medication is indicated, time is needed to allow the medication to work. Anti-depressants take as long as two months for full benefit. Transitions are hard for individuals with this disease. We want them to have the best chance of a smooth adjustment. It doesn’t mean they will need to remain on medication permanently. If the symptoms appear after the move, give the person a few weeks to allow them to adjust. If symptoms persist, have a conversation with the doctor.

• **Send cards and notes often.** Even though you are visiting regularly, cards can be looked at and re-read when you are not there. Reassurance is important.

**Why?**

• Remember that the disease takes away perfect decisions.

• A move to a long term care facility is not about giving up on someone. If a move is being considered, it means that there are problems with remaining at home. Remember that when you doubt yourself. Consider ways the move supports aspects of quality of life, such as socialization and structured activities and safety.

• It is normal to have periodic doubts. Family members should never take these doubts to the person. Talk and listen to each other. Attend an Alzheimer’s support group where others understand and have experienced the similar challenges you have.