

Caring for what matters most

November 3, 2021

TRANSCRIPT

SPEAKERS:

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Ted Mitchell: And hello and welcome to everyone. Thanks for joining us. My name is Ted Mitchell and I'm a director of public relations for wealth, digital advice, and retirement strategies at Fidelity Investments. Today we're going to offer insights and guidance about how to approach conversations around caring for an aging loved one and planning for your own care. We'll also explore how family conversations around charitable giving can foster connection and help you practice having conversations across generations. And finally, we'll spend some time looking at what you might consider if you're trying to decide between taking out long-term-care insurance versus self-funding whatever long-term-care needs might arise later in life. To talk about this I'm pleased to welcome our three panelists. First up we have Chris "CJ" Johnson. Chris is a vice president, wealth management adviser, with Fidelity Private Wealth Management. Hello, CJ, how you doing?

Chris Johnson: Hi, Ted, glad to be here.

MITCHELL: Great, glad to have you here with us. And next up we have Katie Collins. Katie is a director of philanthropic strategies at Fidelity Charitable. Hello, Katie.

Katie Collins: Hello, Ted, thrilled to be here.

MITCHELL: Good morning. And finally, last but not least, we have Dr. Stephen Treat, who is a senior therapist and former CEO of Council for Relationships. He is also a consulting partner at the Fidelity Center for Family Engagement. Hello, Dr. Treat, it's great to have you here.

Stephen Treat: Good to be here, thanks for inviting me.



MITCHELL: Welcome to you all, and thank you so much for being with us here today to talk about this very timely topic. So let's get started. Often when adult children are caring for an aging loved one they are also planning for their own late-in-life care. And one thing these topics have in common is that it can be difficult to initiate conversations around family health. CJ, maybe you can start us off. Why is it important to be proactive about initiating conversations about late-in-life care?

JOHNSON: Yeah, thanks, Ted. That's a good question. So look, one of the biggest reasons to start early is that families are not inherently or automatically good at talking about this stuff, because for most of us our parents didn't model how to have these conversations. Largely, previous generations didn't even really live long enough to have to think about things like long-term care and that sort of thing, and dialogue in a sensitive area like this is really a skill-based sport. So you can learn to do it better by practicing. But you need that time. You need time to practice and you really need to try it out on less challenging topics. So people think about this idea of a family conversation. It doesn't have to be this big overwhelming thing. It's just really about finding a way to talk about this sort of stuff without people shutting down and putting up emotional walls just because there's dollar signs involved.

TREAT: I love what you said, CJ. Practice, practice, practice. Adding to that, we want to start processing communications in our families that are more fearful, more vulnerable, more difficult to talk about. When processing out loud is practiced from the earliest ages, really down to four, five, six years old, you can start to ask opinion and ask ideas, you start to normalize conversations and they become easier over time. Doing so, you're going to learn a great deal and make better decisions as a family when it really counts down the road.

JOHNSON: Processing out loud is such a useful skill, Steve, that we've learned working with you. And all these skills of dialogue, that's one of them, is something that you do best by building together. And you're not just going to immediately—we're not inherently good right away at it. So you got to start small and then kinetically learn, learn by doing. And so the more families can practice, the better they'll get at having these conversations. Then you can actually take the skills that are learned here and then apply them in all different areas of your life, both your family, your work, social organizations, whatever, because these skills are universal for building relationships and talking through these kind of topics regardless of what the context is.

TREAT: That's the important message, CJ. The more you can practice communication skills, the more success you'll have as a family. It can be as simple as learning to process communications out loud so you can share feelings in a way that people can really start to hear them and to understand. Or practice not personalizing, and being mindful of reactivity, so you can really listen to someone. This helps you avoid disrupting the dialogue because you are distracted by your own negative internal emotional energy.

MITCHELL: Dr. Treat, let's actually follow up on that. And you talk about practice, practice, practice. So can you give an example of how you can practice not personalizing and being mindful of reactivity? What should people think about or how can they practice that?

TREAT: I'll do reactivity first. If someone makes a comment to you like "I disagree," you can quickly react and say, "Well, you're wrong or you're incorrect about that." And if you don't react, you respond, and if you respond you'll ask, "What do you disagree with? Help me understand." I was in a class yesterday teaching this material and I went up to a student. I said, "I don't like you." And I said, "Can you not react to me?" And the first reactions were, "I don't like you either." Kidding around back and forth. But I got her eventually to say, "What don't you like?" So when you're getting difficult communications down the road, when you can say to a parent some criticism or a parent can say to a child some criticism and you ask questions, it becomes a dialogue. Then you can break the patterns. Personalizations are a little more complicated because personalizations are when you start to feel something that has history. You start to feel like someone's saying something and you feel criticized or you feel controlled or you feel rejected or you feel unheard. This is where most serious family breakdown happens. To understand personalization and to understand that it has history and understand how you can deal with that and move and create more effective communication is a very important set of skills to learn.

JOHNSON: We can all relate to that escalating tension based on history. That's in just about every family, isn't it?

TREAT: It is.

MITCHELL: And who more than with your siblings? I know that even 40 years after sitting around the kitchen table, when we get together we still sit in the same positions we did 40 years ago. The baggage is still there too.

JOHNSON: No doubt.

MITCHELL: So let's delve a bit deeper in the topic of family conversations. Vulnerabilities and fears related to the topic of care can often make it hard to start talking. How can families make it easier to initiate conversations about care?

JOHNSON: Yeah, so there are tools here, there's skills. And so we talked about processing out loud and Steve talked about attribution and some of these other things. One I think about is—we call these rules of thumb. So one rule of thumb is where you just put a topic on a continuum so not an on-off switch but a continuum. And a really good easy one to get your head around for these kind of conversations about care is this idea of wish and fear. So for example you might try starting off with a conversation like this and maybe you're going to one of your parents and talking about late-in-life care. And just easy question is something like "What's your wish for your care?" or "What do you hope will happen when we get to that point?" And sometimes that doesn't go where you want, sometimes they have trouble articulating that or that's just not where they're at emotionally at that time. And so you can flip it around and you can try exploring fear. And so as an adult child you can go to your parents and ask, "What are you afraid of? What are your fears regarding late-in-life care?" Or the parents might ask the kids, "What are you worried about as it's related to my care as I get older?" Something like "What do you want to make sure doesn't

happen?" Question like that.

TREAT: Asking questions around wish or fear are great starting points. There are many reasons why an individual might not engage in self-care. Often people have few healthy models from their family of origin. They might be afraid that they won't have enough money to finance their long-term care. People can carry a great deal of anxiety even though the adviser is consistently saying to them, "You can do this, you can afford this, you can take the trip, you can hire the trainer, you can do the things that might really help you live a more healthy and thoughtful life." Exploring wish fear is a way to make some of the energy out of the—take some of the energy out of some of those fears. By doing so you're able to give yourself more permission to do self-care, enjoy your life, and perhaps start to understand a little bit more about what someone else is feeling.

COLLINS: And to follow on to that, Steve, I often see how hard it can be for families to start talking about these vulnerable topics. And sometimes that family values conversation can be a foundation for other conversations. Like in some instances in families I work with we've taken out giant Post-it notes and had everyone jot down three value words they would want to incorporate into a family vision statement. It's just a starting point. But it gives an easy on-ramp when they're uncomfortable and don't really know where to start. In other instances it might be helpful to start to talk about the history of the family and the legacy passed down before them. For me I think it's really important to respect that legacy and also consider the needs for the future.

MITCHELL: All right, Katie, where do you get those giant Post-it notes?

COLLINS: CVS, Staples, anywhere like that. But I would also say, Ted, we have incredible resources right on FidelityCharitable.org, where we're just completely public domain where you can download worksheets, workbooks that help encourage these values conversations. One is called the *FamilyForward* guide, and the other is called *Legacy in Family Philanthropy: A Modern Framework*. So those are all PDFs you can download right off FidelityCharitable.org.

MITCHELL: That's super helpful, thank you very much. And let's pick up on this thread. So how do conversations about charitable giving intersect with conversations about care?

TREAT: I'm not sure everyone else is here, but being the oldest in this crowd, I can understand that when you age there's the tendency to be more focused on your health, your fears, and your anxieties. Sometimes health concerns can dominate almost all conversations. And you may lose some self-confidence as you grow older and you get less capable in certain areas. One of the great things that philanthropy can do is bring meaning and connection back into your life in a healthier and much more positive concept. In doing so there's a great opportunity to work with your family across generations.

COLLINS: And Steve, I would completely agree. Charitable giving has such an amazing power to bring together the generations. Whether it's the first, second, or third generation at the table it's a nice pivot away from those big heavier life conversations on topics like wealth transfer

or health decisions. And talking about the change you want to make in this world is really a bonding experience. It also offers the opportunity to document how a family might collectively approach philanthropy. Such questions as how will the family identify charitable organizations to give to or volunteer at or with what frequency. Starting to put pen to paper to capture some of these practices is a great way to move those muscles and create an open dialogue with other generations on other topics too.

TREAT: I think that's a great point. Intergenerational communication around giving, if it's done well, can be incredibly powerful both in terms of passing values down generations and helping senior generations feel like they have a higher calling despite growing older. These conversations are priceless. I've been in meetings where a five-year-old had an opportunity to share her desire to give \$3 to a charity and the senior generation is asking questions and inquiring and giving their own thoughts, and just really beaming about the excitement of hearing the next generation, passing the values down that they've learned.

JOHNSON: That's really cool. I love seeing those kind of conversations with families where it's interesting, because you think about the stage, and I think we think a lot about end-of-life care as the health side of things, you think a lot about financial legacy, passing money to the kids. But we hear this come up a lot with families is it gets really important to think about how the values are being passed down. And charitable giving is not the only place that happens but it's a really big part, so all the stuff really does tie together. Katie, I heard you. You used the wording here. You said "collective" like "a family might collectively approach philanthropy." And I like that word "collective" in this context a lot because I think it's a really important part of this whole peership idea. And it ties into the charitable giving and the family story and all these things. So when I think about the collective, I think about peership. And peership is this idea that is we're very hierarchical, especially when our kids are young, is I'm the parent and they're the child. And maybe you felt it the other way too. We all have, where they're the parent and you're the child. And peership is this idea of taking that hierarchical out and making it where we have a peership with our parents and with our kids. And getting there is such a powerful thing. Some families stay hierarchical into their—when the kids are in their thirties and forties, and it's even sometimes codified in things like wills and trusts and other planning documents where we're still keeping our kids down here in this hierarchical relationship. And that limits communication. So when you can, step beyond that hierarchy and be intentional about setting up communication in a way where the relationship flows both ways. Steve talked about that earlier, where we don't have to react to what each other says. We can be honest and open and transparent. And that's hard. So charitable giving is an interesting arena because it tends to take the starch out of that a little bit, it tends to be a little less intense. It's about the money we're giving away. And so it can be a little less volatile and polarizing than some of the other areas where maybe we're bringing a lot of history into it. So like a peership beginners level, just getting started out.

TREAT: I love that you brought up peership, CJ, it's a really important topic for me in most of what I try and teach and talk about. It's so important when it comes to talking about family health. We are all a child of our parents for the first 18 years or so, and at the end of our lives

we often become parents to our parents for a period of time. So personally I am currently my mother's father at some level. She's 98, doing well, but she very much depends on me in ways that she never did before. And I was my father's father for 10 years while he was suffering with dementia. The important question is, "For how long was I a peer?" When you're a peer with your parents, there is mutual respect. There's healthy communication. As you said, CJ, the hierarchy is gone. People are talking at a peer level. When you're a peer with your parents, there's mutual respect. There's a way of giving feedback without reactivity. Peership is highly correlated with healthy marriage and it's very highly correlated with being able to do succession of money down generations in a really good way. In peership you can talk about almost anything between parent and child.

JOHNSON: So we're talking, Steve, a lot about this parent-child peership idea, but I want to mention, too, I think you got to think about the horizontal as well as the vertical. So sometimes this is really also about having peership and open conversation with our siblings and our in-laws. So I come from a really big family so I'm going to have a lot of these sorts of things. And some of the families we serve and support, they may end up caring in cooperation with three, four, or more other people. And think about all the different layers of different points of view and all that. You don't have to agree, but you got to find a way to align. And you got to think about what skills and tools that you need to do that. People are coming from really different perspectives, family origin stories, what their built-in views about stuff are, so how do you decide who's in charge? Might be the oldest, it might be the most successful family member, it might be the one that was closest to mom and dad. Is it about proximity, is it about the person who still lives in the hometown where mom and dad are, or is it about capability, somebody with a financial background or a legal background? Who decides that? And then just how do you work together as a collective and avoid some of these potential areas of conflict or division in the family? It's tough.

COLLINS: Yeah, CJ, I would echo that because the sibling dynamic conversation is something that comes up often with the donors that I work with. And many parents really worry about the relationships amongst their adult children. They're fearful of setting up a dynamic that will create strain, really. And to avoid that, I think some parents do focus on creating a charitable giving model to give the siblings reasons to come together and talk about something that's good and positive. So I encourage donors to think about the now, though. Don't incorporate this as estate planning or after you've passed away. Why not start that tradition now and be a part of it? Create a tradition amongst the siblings. Whether it's collective giving, where they're all deciding on which nonprofits to support together, or creating a volunteer day once or twice a year.

JOHNSON: Katie, I just want to say I've seen that happen. I've got clients, and I've seen it both ways. I've seen it where the parents say, "It's my money and I'll decide," and they're right but that creates distance. And I've got some families, I think, as you were talking I was thinking of one in particular where they came together very early on as they were doing some of their planning and the matriarch has her own charitable giving account, which is great, but they also built one where everybody has it together. And they come together once a year and talk that through. And there's some shared values there but there's some differences, too, and it's really neat to just watch them.

It forces them to work on something in a collective, which I think is creating closeness in the family. It's really, really cool. So I love that idea.

TREAT: Just off that, CJ, if any family is talking in a hierarchy when the children are grown and they can't find peership, there's a ton of reactivity, it's a lot of where anger and misunderstanding happens and people start to really not want to talk and share with each other on the topics they're going to have to do if they want the family to stay healthy. It goes back again as we've said before. Start practicing early. It can be as simple as exploring each other's views by saying, "Look, I'm interested in what you think about this topic." You may think this is a little off but I have a two-year-old grandchild that I take care of. I'm starting this with her now. I'll say to Aria, "Give me your opinion, what's your idea?" Now it may be over whether she's a peanut butter sandwich or a bologna sandwich. But that will only get more complicated, but by seven or eight I can ask her really some pretty in-depth questions and she'll be able to start to think that I'm interested in her opinion. My grandfather really is interested in what I think. And that's the emotion we want to carry down a generation. If you practice early with children in asking their opinions, you create a foundation for more challenging topics that are going to come up later on in life. In peership it's the most important thing to be able to just ask opinion, ask thoughts, be interested in what someone else thinks. You can talk about decisions that will need to be made about your advanced age, about your health. Or you can explore topics which will be discussed, that will have to be discussed, when you're sick or about your own, just, investments. In my family we had to take one of our family's senior generation's ability to deal with their own investments away from them because they literally—they weren't following what they should be doing and they were losing money, lots of money. And that's a terrible situation when a parent does not do it on their own. You create a tradition now, that's the key. Create a tradition where you're talking about these conversations from the earliest days. And then you can practice that for a lifetime.

MITCHELL: And Dr. Treat, to follow up on that, when you have families that don't talk the way that you're suggesting, that haven't done it from an early age, how can you get that kick-started? Because it can be difficult. You can feel a certain lack of comfort in doing that. So any suggestions on how? Is it as simple as the peanut butter example that you provided? You think start a little bit easy and then work up to the more difficult conversations? Or just dive right into it?

TREAT: Actually there's nothing simple about it. If a family stayed in hierarchy, why does anybody hold on to control? And most of the reason in most families, because they're afraid of, and they don't really know how to do it in relationship. So just as a place to start, just think about, Could I do this in relationship? Could I do this with conversation? Could I do it with—I might want to hold on to the final decision, but could I ask opinion? Could I ask ideas? Could I break out of the hierarchy? When people don't know to do that, they tend to go to hierarchy. They tend to go to "I'm the boss, my opinion is the most important," and the dynamics in the family that get created after that are really very difficult to recover from.

MITCHELL: It's true, the traditions that we've established in the past need to be looked at and may not serve us as well in the present. So let's talk about how the senior generation can set the stage

for their family's experience of the aging journey. Steve, talk to us a bit about how parents can lead the way.

TREAT: Whenever mom or dad, or whoever the leadership of a family are, are reflective about their own limitations, their own vulnerabilities, it enhances communication and gives people freedom in all levels of the family, in all generations. Just a quick example: My daughter and I have been hiking together for years. And in the early days I would carry the weight. I would encourage her. I would be sitting right behind her in case she slipped and fell. And we'd be carrying packs and we'd be going in for three or four days into the mountains and hiking. But currently I'm 70, my daughter is 33 and a terrific athlete. And I recently said to her in a pretty serious discussion, "Look, you can't leave me anymore. I don't want to be left. I'm not sure if I fall with a 40-pound pack I can get up. So you can't leave me and you got to slow down a little bit. And I need you to carry more weight than I do." And of course she's totally capable of that but there's the generations now moving forward. But the fact that I can be vulnerable with her brings us closer. And it's going to allow us to hike for many more years, I hope, if I can stay healthy. When a parent can initiate vulnerability, it increases safety, increases bonding, and increases the level of intimacy between the two people. Because everyone's vulnerable, we just cover it. And if we don't cover it, it gives people access to us in ways that are much more intimate and thoughtful. It's a much healthier family dynamic when we stop hiding our vulnerability and we start to share it. It's an easier way to get older.

COLLINS: And Steve, to follow up on that I would say from a philanthropic standpoint it's also about empowering that next generation and building the trust and encouraging an open, honest, transparent conversation. So I think historically mom and dad would give instruction about what causes to support. But there's really been a shift I would say over the past few decades where parents are now recognizing that importance and the impact of being more open and wanting to empower the next gen to have their own interests and their own experiences, especially in terms of philanthropy. And those are really the families I see that are set up for success. If you're asking the next gen to have a seat at the table, tell them why they have that seat. And create an honest dialogue where all voices are heard and respected.

TREAT: Very nicely said. It is so important for senior generations to empower the next generation to give direct feedback on the senior generation's functioning. If they can talk directly to their father or mother about something they're doing well or something they're not doing as well and there's no reactivity, this is a family that's going to make it and they're going to be able to make good decisions at the right time. The next generation, if they have that permission from a mom or dad, will be able to communicate very directly and honestly without having to hold back or being fearful. And if you're not going to personalize it, if the parent, mother, or the father aren't going to personalize it, they're not going to react but they're going to listen, they're going to take the child's or their children's opinions really as real validity. The entire family communication goes better.

JOHNSON: I'm sitting over here feeling pretty guilty, Steve, because I've been practicing some

of the things but not all of the things that I've learned from you, and that reactivity thing I feel like you're talking right to me. I learned a lot of good lessons in going through this journey and understanding these topics better. And one of the most powerful ones I learned is what you've talked a little bit about here, which is practicing peership when they're young. So our kids are now 14, 16, and 18 years old. And you notice a common word in that, "teen," "teen," and "teen." So we're navigating what you might call the ups and downs of the teenage years. And I was thinking, as you were talking earlier, about had I done these things sooner, I don't know that it affects how they turn out, because I hear people say things like "Well, I didn't do that and I turned out fine" or "They turned out just fine." It's not that I turned out fine or they turned out fine. It's the "we turn out fine"; it's the relationship that's affected. And that's so important to me as they get older is that we have closeness together. And it gets really hard in these teenage years. And so what I'm doing and what I've done is to try to make them feel empowered to give me direct feedback. And I'm not always good at managing that reactivity if I'm honest. But I'm trying. And so we'll ask an open-ended question, and one I've asked a few times but not enough is really simple. It just says, "How am I doing as a dad?" And that really opens up some interesting conversations. You think you know what they're going to say. But I've been surprised. And that's a question you can ask when they're really young. And the dynamic that it creates, we've talked about this a little bit but it bears mentioning again, is it puts me in a vulnerable place. And by showing my vulnerability it increases the possibility that they're going to be vulnerable. And teenagers, that's a really hard time to be vulnerable. And so by starting off and practicing that early I'm giving myself the chance that when they get to these years where they're trying to get independent, get on their own, that they're going to be vulnerable with me and we can have that good relationship. So that peership, you can really start practicing that a lot younger than I think people think you can.

TREAT: I took my son out to lunch when he was 10 years old, my 45-year-old son, when he was 10 years old, and I said, "How am I doing as a dad?" And he said, "Well, some good, some bad." That's how he always started. I said, "Well, what's the good?" He said, "Well, you're coaching soccer and we have a travel team and you're right there. And that's great." And I said, "What's bad?" And he said to me, "Well, why don't you have a bedtime?" Excuse me. Why do I have a bedtime? And I said, "Well, I'm the father." And I went back to the old parental stuff, this is not a democracy, rules are rules. And he said, "I get all that, I get all that." He said, "Well, why are you giving me a bedtime?" And I said, "Well, you mean you think you're ready to give yourself your own bedtime?" I said, "We can experiment with that. All right. So all right. From tonight on you can set your own bedtime." And you know what he did after that? He went to bed at bedtime. And all he was telling me is that he was ready to step up and I never said, "Go to bed," again because he'd go to bed when he was tired and it was an appropriate time and he was adjusting the relationship from parent-child to peer and we had many of those discussions down the road.

JOHNSON: We fall into this trap, Steve, and you just outlined it really well with that story, where on one hand we'll complain that our kids aren't growing up, they're not maturing, but on the other hand we might be part of the reason why, is we're keeping them young with that hierarchical model. And so it's a little scary. As they get older it's as much us letting go of them being younger

and immature as it is them growing into it. And I feel like more and more of that burden is on me to trust them to have those sorts of opportunities.

TREAT: You just made a comment, that's thinking systemically. Which means everyone in the family needs to take some responsibility. Sorry, Ted, you go, please.

MITCHELL: Well, I'm interested in this one. Because when I hear, CJ, you say, "Oh, I asked my teenage kids, 'How am I doing as a parent?,'" I think to myself you could be scared about that. As they get older, as they get to be teenagers they start to be—well, you could worry about what the response could be. So I wonder, CJ or Dr. Treat, because it sounds like you've had these conversations too. Do you find that happens or do you find when you ask that even when they're teenagers that what you're getting is valuable?

TREAT: The key is what do you do once they tell you. If you make it safe, you don't get reactive, you don't personalize it or you don't tell them it's their fault, you listen to them, they feel heard. Of course, the more they feel heard, the more they feel trust. The more they feel trust, the more they feel loyal. And, in point of fact, the less you have to discipline. Because they want to be there with you. They want to listen to you. They want to hear. You're like a model for them. So if you want to break out of the hierarchical consequences kind of material, you really practice that as much as you can and you make it safe for them to say. My kids have given me enormous criticisms and they all had truth to them. What did I know? I was a parent at 22. I was a kid having kids. So to have these open conversations give them tools not only to love me better and for me to understand where they're coming from but for them to do better for their own children, which I'm watching in a terrific way. They're much better parents than I was at that age.

JOHNSON: Steve is totally right. The reaction is huge. For me one thing I've learned, one is the reason I get reactive is because there's truth in it. It hits me in, like, a place that I don't like. Something I'm working on or don't like about myself. But the thing I found with my teenagers especially, this is probably because I didn't do it enough when they were younger, is I sometimes have to take a few bites at the apple. Because they're moody, it's after school, they're tired. They just got off a soccer game or they got in a fight. And I tend to make it all about me. If they're having a bad day, it's probably nothing to do with me at all. They couldn't care less about me. They're thinking about their friends or their sports or their classes or whatever's going on in their life. And sometimes I just have to try it a few times, in a few different ways, so it doesn't feel like I'm beating them down. It's just reword the question. Maybe don't ask them on the ride home from school. And so that's where we say, before, it takes practice. You got to keep trying it until you figure out what works with your family. Because a lot of times I'll get this "I don't know" and "whatever." And typical disaffected teenage response. And so you just have to keep going at it as a parent. Or as an adult child of a parent until you figure out how to break through those walls that we tend to throw up.

TREAT: Amen.

MITCHELL: Makes a lot of sense. Now let's flip this a little bit. And I'm thinking about Dr. Treat's story about hiking with his daughter and that backpack. I think that it's a common sentiment that many parents fear being a burden to their children. And that's what I think of when I think of that backpack, that 30-pound backpack. Passing that on to your child. CJ, you must hear this quite a bit among your clients. So are there any examples that you can share? And how can parents be thinking about that when it comes to planning for their own care?

JOHNSON: Yeah, we do hear it. You ask people about their goals and what's important to them and of course people want to make money, of course they don't want to lose the money, and all those sorts of things. Common themes. And then you start to get beyond that initial shallow communication. You get into what really matters. And you hear that fear expressed a lot is "I don't want to be"—and it's exactly like this, it's exact—"I don't want to be a burden to my kids." And you can feel that fear in that. And I think that there's something deeper there because the reality is that families should and do take care of each other. And the kids are probably going to play a really important role as you age in taking care of you. That's just reality. You can't just pay for everything. And services are available but there is a certain amount of work that needs to be done there and so the idea of being a burden really comes to, I think, when people are—a lot of times, I know it's not true every time, but I think a lot of it is when you dig deeper you find out that they're just worried about the impact that their care is going to have on the relationship with their kids, that it's going to flip the power dynamic or it's going to create a real negative energy or maybe there's an in-law relationship that's strained and they don't want to put more pressure on that. Maybe they're fearful. Maybe it's a family, Steve talks about our family of origin, their parents made it very clear to them that that's just not something a parent should do. And so they're fearful of being dependent on their children because they have a built-in model that says parents should not be a burden to their children.

TREAT: When we think of burden, we often think of "I'm going to get ill," "I'm not going to be able to take care of myself," "I'm going to have to be in—get special care." But that's just part of life and the circle of life at some level. One of the biggest burdens way beyond that for most families is that the senior generation isn't willing to set their own boundaries. And they're not making limitations in their own. When the senior generation doesn't set limits, they can force their children to put limits on them. And now we're in a switched hierarchy. Now the children have the hierarchy, and the children—and the dynamics are very, very difficult with that. This never goes well. For instance my father-in-law was intent on continuing to drive long after he was capable of driving. And my wife and I stayed up one night, set the alarm, took his car, and sold it. These were not easy days. Because you can imagine that wasn't an easy couple of communications that we had with the family, and he was furious. Then he calmed down and it worked out fine because he wasn't going to kill somebody. It is so much healthier if a parent can say, "I know it's time for me to give up driving." My mother did this beautifully. She gave up driving at night first. Then she gave up driving long distances. Then she gave up driving except for places very close to where she lived. And then literally she's 98 now. I would say six years ago she got into the car and forgot where the key went. True story. And she simply got out of the car, called me up, and said, "I literally forgot where to put

the key, I remembered in a moment, but I know it's ready for me to stop." She handed me the key and we sold the car. It wasn't a burden. Because she set her own limitations. She was able to take a look at herself and say, "It's time for me to let that go." And that was an enormous gift to me. But the whole family dynamic goes 100 percent better if the senior generation is setting their own limits and setting their own boundaries so the children don't have to. Because the conversations among children when these limits are not set are incredibly difficult of when to do it, how to do it, how not to hurt their feelings. It's something the senior generation can learn to do well.

JOHNSON: Steve, your talking through that, it just reminded me of just this idea of grief. And we all can relate to grief of the loss of someone's life. But I see this grief dynamic play out and I can feel that when you're telling the story about your mom. Just like her grieving her loss of independence and freedom. And if you have that family member that you feel you can trust and be vulnerable with, it sure smooths out that really difficult road. Retirement is like that too. We have a lot of these things in our life where we're giving up our income, we're giving up our identity, in large ways our social network can be found through work. And when people go through where they're walking away from a long career, a lot of times that's where a lot of their identity and self-worth and pride and a lot of those things just come from. It's really tough. And so just to be gentle and empathetic in that time when they're going through that is such a big deal. I think about my own grandparents who are still alive and my own mom and dad. And what I would say to them, and we haven't quite got to this place with either of them yet thankfully where we're dealing with this care. But we've started talking about it more and more with my grandparents, and I'm sure it's around the corner with my mom and dad, is if you're afraid of being a burden then I would express my fear is that I'm afraid you're not going to let me help you. Because I want to be there for them.

TREAT: Great conversation. Great conversation to have, yeah.

JOHNSON: Well, and if they don't, we missed an opportunity. So I think about this. And this is very common, I think, I bet a lot of people can relate to this, is people are having kids later in life in general. And we're getting more geographically dispersed. Long gone are the days of you had kids when you were 20 and you stayed in your hometown. That's true for some people but it's certainly less than it used to be. And so you're maybe 250 or 500 miles away from where your parents are or more, maybe even in another country. And so you get this distance that's created physically, emotionally. You just don't see each other as much anymore. You're not part of each other's day-to-day life. And I feel that with my family as I've moved away to where I am now. And so these events come up where care is needed and it's an opportunity to find closeness with your family. And I look forward to that. It's going to be a burden, there's no doubt, kids this age and all that, if something happened, it would be a stop-down moment and disruptive. But what's life? That's what we want to be there for. So I don't want them to farm it out. I don't want them to block me from being a part of that. And if we can find a way to get into that conversation, maybe tell them to watch this webinar, if we can find a way to get to that conversation and then just lean into that emotion and express our fears in that really honest and vulnerable way, I think that there's a deepness to the love there. I think it can take you, and I hope it takes us, to a place where there's

an increased amount of closeness with my family that I think tends to get stretched as you get older. And I think it's really powerful.

TREAT: There's a definite link to "I don't want to be a burden to my kids" and fear of not being loved or being abandoned. I have more control when I can be vulnerable and talk through the ways that I worry I might be a burden to my own children when I can open that up with them and just share with them. When someone holds on to power and levels of secrecy, the belief might be that the children will be forced to come and visit, I'll have control of them still, I won't be abandoned, they'll always come. But often it's just the opposite. Control and secrecy around money, around health, around issues you might be having often just create resentment which drive children away. They break the intimacy within a family. The thing I often say to families, just try transparency and being generous. Just do transparency. Do transparency about how you feel, your vulnerabilities, your places where you're feeling more insecure. Try transparency around finances, around money, about your house, so it's not a surprise. Let go of some of the power as soon as you can and you'll have a different kind of power. It's very mutual and very much based in peership. You'll find it brings people closer. It creates more family intimacy and increases the desire for your children to be there for you for the rest of your life.

MITCHELL: So I know we're running close. We're getting close to time. And before I actually get to final insights from all three of my wonderful guests, I do want to ask: We've talked a little bit about being isolated, about not coming together. Have you found in the past year and a half because of the pandemic that people have become more isolated? Or have you found that families have become—they've become closer as a result of this forced isolation? I just wanted your insights on that.

TREAT: I've seen both. But the cost of the isolation is something people have to talk about. I did not see my mother in person for 10 months, almost a year. At 96 she is incredibly vulnerable. She never would have made it through COVID. She would have died. And we had no access to the 55-plus community that she lived in. So there was enormous cost to that. And it's created some neediness beyond that. For some families it did bring them closer because it forced them to communicate in different ways like Zoom and they talked more often and they shared. And we did some of that. But it's had both effect on families. And it's very important to talk about what effect did COVID have on your family and how can you use it to learn, how can you use it to grow and do better in the future as COVID hopefully gets a little less dominant in our culture.

MITCHELL: Well said. Thank you so much for these insights. And let's finish off our exploration of care by turning our attention to caring for yourself as a caregiver. Now Dr. Treat, can you offer our audience a quick insight for how they think about their self-care?

TREAT: Your models for self-care, just how you take care of yourself, you treat yourself well and thoughtfully, are often rooted in your family of origin. How'd your mom and dad take care of themselves? Did they give you good models? And did they show you how to do it well? These are deeply imprinted in you. Being aware of the healthy ways that your mom and dad did self-care and

cared for their parents can guide good decisions. And it is important to reflect on the difficulties they also had. So you can do something different, you can make a different choice. You have to be intentional in this area. We don't really think about it, we tend to do what we watched. And what we watched often was not very healthy. Any time is a great time to start thinking about what would be healthy to do personally and for your family and also what kind of healthy models of care could you provide for your entire family. My father took care of his father for six years, helping him go from a stroke to health. I watched that for six years and it's been a model that I experienced when I was a teenager and it's been a model I've followed with my own family. It was very, very powerful for me. So watch those models and figure out how you can intentionally improve on self-care in your family.

MITCHELL: That is a great story to share. And I'm sure many families have experienced the same. My father's father died when he was 12 years old, so he didn't really have that, but he had to look after his mother as a result. And at 12 years old that can be tough, difficult. Before we wrap up let's spend a minute talking about long-term care. CJ, can you help us understand how a person makes a decision between long-term-care insurance or self-funding?

JOHNSON: Yeah, that's a big one. So I'll do my best to break this down a little bit. So let's start by defining what a long-term care really means. So for most people that triggers a nursing home. I don't want to go to long-term care because I don't want to be in a nursing home. So I get that. And that might be part of the story for some families. But what I see more often and what's more likely the situation is something that's more progressive. And so it's something like assisted living or having maybe like a part- or a full-time caregiver at home for one of you. And so the decision that you're making here, and the question, Ted, that you're posing is, Should I buy long-term-care insurance, pay for that? And you got to get your head around long-term-care insurance because when we think about insurance, we think about indemnification. If X happens, it's paid for and I'm made whole. And that's not the way long-term-care insurance generally works. And we won't do a thorough product discussion. I'll just say there's different kinds of long-term-care insurance solutions out there. Some of them are you make a monthly payment or a yearly payment and then if you get into a situation where you need that care, you can't perform two or more of the activities of daily living, then you get into the claims period with the insurance. And it sends you a certain amount of money up to that much every month to cover care. And it might be enough and it might be not enough. But ultimately there's a limit to how much that's going to pay out. So it helps and it might fully cover the long-term-care event. But it might not. So it's not insurance in maybe the sense that a lot of people associate it. So I say that in saying you probably can't fully eliminate this risk. But you can maybe offset it with a long-term-care insurance solution in a lot of cases. And so what you do then, just stepping back, so okay, that's the context, is you say, "All right, what's it going to cost?" So now we're just planning. And a typical long-term-care facility or care is maybe \$5,000 to \$10,000 a month. And it really depends on how you define it or whatever. It depends on where you live. More specialized care can cost more. If you live in a big urban center like it costs more to do it in New York City versus Lincoln, Nebraska, that kind of thing. And so then you got to say, "Okay, let's define what the event is financially." And then you got to step back and

project the income situation for you. So some of our clients have a big discretionary budget. They do a lot of traveling. A lot of going out to the movies and the theater. Those sorts of things. The kinds of things that if you had to go into assisted living, you're not doing those anymore. So then what you're talking about for somebody in that situation is you're just swapping one expense for another. So if you had \$50,000 to \$100,000 a year in discretionary spending, spending that would go away, or at least be greatly reduced, in the event of a long-term-care situation, then you're probably okay to self-fund. Because you're just swapping one expense for another. Another way to look at it, so that's one framework, another one is to say, "Gee, if you've got a certain amount of money." So what you'll hear thrown around—which is, I think, a fair way to look at it—is if you have around \$3 million to \$5 million in retirement assets, you can probably self-insure. And that just comes back to backing into how much income a portfolio that size can generate. That's not a net worth of \$3 million to \$5 million. But you have an income-producing portfolio, some assets that you can live on. That's probably okay. But if you're not in that situation where your basic living expenses are maybe—let's just make an example: Say it's \$75,000 to \$100,000 a year. And that's a pretty normal retirement budget for a lot of people. And all of a sudden now that long-term-care event is going to double that budget. So think about that. You go from, hey, I've got a good retirement income, maybe it's a pension, Social Security, I've got an IRA or something like that. And that's taken care of me and I feel pretty good. And all of a sudden, boom, I've doubled my expenses in retirement. Because you've got one spouse still at home, still living in the house, still paying the electricity bill, still paying for the car, the insurance, all that stuff, and then, boom, you've got another one that goes into that assisted-living facility. You don't have overnight twice as much money. You can't double your budget out of thin air for who knows how long. Three years, five, I don't know. The average long-term-care stay is three years. That's average. But average doesn't mean anything here. Because it could be 5 years, it could be 7 or 10. Who knows? And so all of a sudden you have this nice comfortable withdrawal rate on your assets that goes from maybe 4 percent of your assets you're spending to 8 or 9. And you increase your tax bracket. You're taking more out of your IRA. And so this is where long-term-care insurance can really help. And if you think about what it's doing it's really mostly about the surviving spouse. That's the way I think about it. If the spouse lives another 10 or 15 or 20 years past when you have a long-term-care event and that sort of thing, then you want to make sure the one who's still around after that has money to live, and live well. So it's like life insurance in that way. Same way I would think about that. When I bought life insurance as a young dad, I wanted to make sure that my wife and kids could still live well if I were gone. Long-term care is really the same way. You're trying to protect the people you love from what could be a pretty big financial event. So all that said, I know that's a lot of numbers and stuff pretty quickly. But just stop down and think about it this way: It's very scenario-dependent. Each person's situation is a little different. So you got some rules of thumb there. But what you have to do is if you feel good about it do it, but this is where an adviser can really help, is you sit down with the adviser. You lay out these numbers. Income, expenses, portfolio assets. And then you play with it a little bit. What would it look like if this happened. And you look at what the costs are and you play with it. And Fidelity, we can sit down with you with a good adviser and there's lots of us available to do this. And just crunch those numbers with you so that you can have

a sense of whether or not it makes sense to pursue an insurance or if you feel like self-funding is the better way to go.

MITCHELL: Well, those are a lot of numbers but I think they're really important numbers and I don't think that people necessarily think about that that much and probably should spend more time thinking about it. Most likely with a financial professional. So thank you for laying those scenarios out. So let's wrap up, guys. Could each of us, each of you—I'm not going to give any more insights—give a final word of guidance to people listening in today? Katie, I'd love for you to start us off.

COLLINS: Thanks, Ted. Well, I would say there's no better time than now to start the charitable conversation with other family members. Whether it's as a couple or with your parents, siblings, children, or even grandchildren, we continue to live through such an unprecedented time and there are so many who need to be taken care of. From those who are in line at the local food pantry down the street from you to children who are now academically so far behind their peers because of the remote learning from the past few years. There's so many ways to help by volunteering in person. There are many ways to volunteer virtually, actually. Even tutoring, sending care packages, lots of opportunities there. Or making a monetary gift to support a nonprofit. And what a bonding experience really for a family to approach this together right now. With Thanksgiving just a few weeks away, the holidays, or even if you're thinking of a summer vacation next year, I would encourage folks to commit to incorporating a charitable conversation or activity into plans with the family.

TREAT: My key thought is just don't do it alone. No one needs to do it alone. You can seek advice, seek help. Seek input into your thought process and your own decision-making. Bring in a team. Include your family. Include the people that love you, to offer you perspective on some of the really complicated decisions in growing older and how to manage your wealth, how to manage your life, how to manage your health. The more you can bring someone in, your advisers, bring experts in family health and self-care into your life, it will probably benefit your thought process and help you make better decisions and live a healthier life. Just don't do it alone.

JOHNSON: Yeah, that's great, the idea of doing it collectively, Steve, I think is really wise. And Katie, I've latched on to this idea of making Thanksgiving a giving season. It's a good—we talk a lot about Thanksgiving as what do you do at Thanksgiving dinner. That's the whole idea of the family drama and conflicts playing out. So putting a different look on that as a time to come together around common charitable causes I think is great. The way I'd go with it I'd say just in closing is I'd use the word "intentional." I think, Steve, you used this a minute ago. One of the things you were talking about. But I want to use it more broadly. And so this stuff is hard to talk about, nobody wants to talk about long-term care, nobody wants to talk about end of life and vulnerability is hard. So just do it on purpose. And so as an adviser a lot of what I think about it, it's not my job to tell people what to do. It's not my job to draw out their goals and wishes and try to define their family dynamic. But what I can press into is to do it on purpose. So whatever it is you're trying to

do, whatever is important to you, just think about that and define that. And then be intentional. Decide what it is you want to do and then confidently pursue that outcome. People say money can't buy you happiness or whatever but wealth and money do give you something. I think what it gives you universally is options. And so it shouldn't give you fear, which a lot of people I think do allow it to do—that is, don't be afraid of the stuff, is embrace it. Embrace the stewardship of that. And so you have this power to choose to do these things together like Steve said, and then to be very intentional about what you do together. And when it comes to topics like end-of-life care and aging and long-term care, you really do have to be intentional because it's not just going to come up proactively, organically. It's not the sort of thing you just—you're talking about sports and the weather and assisted living. That's not how it's going to happen. So you have to be intentionally proactive about it.

MITCHELL: I think this has been a wonderful conversation, really have enjoyed it, and thank you so much, Dr. Treat, CJ, and Katie, for being with us. And thank you for our audience, for watching this. CJ mentioned that Thanksgiving is coming up. It's also National Family Caregivers Month. And a special callout and thanks to all those caregivers out there who are really going above and beyond and helping families continue to thrive and grow. Please note that there's a button on the bottom right-hand corner of your screen to download today's presentation. So you can access URLs and content shared in this presentation. If you're interested in following up on some of these topics or on some of the resources shared here, you can reach out to a Fidelity representative, navigate to *Insights* or Family Wealth Management, or subscribe to the wealth management webinar series to stay informed. Again thank you all very much for joining us and hope you learned a little bit today.

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