

CARD 01: Binary Choice — Time or Money

[Doctor/Social Worker Name] reviewed [Parent]'s [care log/medical status/safety assessment].

[He/She] said [specific medical/safety risk].

We need [specific change] starting [day of week + date].

I've [concrete preparation action].

If you can't [specific time commitment], here's the alternative: [service name] — \$[amount] per [hour/day/week], we split the [invoice/bill/monthly cost].

Let me know by [deadline — day + time]:
your time or your money?

CARD 02:
Non-Negotiable
Boundary Statement

I understand this is hard to hear.

I'm not asking for permission—I'm **telling you what I need** to keep showing up for [Parent] long-term.

This isn't negotiable.

CARD 03: Criticism Deflection

You're welcome to have opinions about [Parent]'s care.

If you want input on decisions, here's what that looks like: [specific time contribution] so you're working with the same information I have.

Or, contribute \$[amount] per [month] toward hired help, and we'll both step back from daily decisions.

If you're not willing to do either, I'm not debating care choices with you.

Let me know by [deadline] if you want to contribute.

CARD 04: Weekend Respite — Binary Choice

[Therapist/Doctor name] reviewed my
burnout assessment.

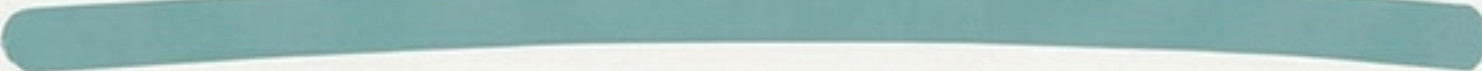
[He/She] said continuous care without
breaks creates health risks for me and
unsafe care for [Parent].

I need [frequency] off, starting [specific
date].

I've contacted [respite care service].

If you can't cover [specific days/hours],
here's the alternative: [Service name] —
\$[amount] per [weekend/day], we
split the cost.

Let me know by [day + time]: your
time or your money?



CARD 05: Medical Transport — Binary Choice

[Parent] has [number] medical appointments in [time period].

I can cover [number] of them.

For the remaining [number] appointments, I need you to either:

**Transport [Parent] yourself—
approximately [hours] total per
appointment.**

OR

**Pay for [medical transport service]
— \$[amount] per trip, total \$[total
cost], we split it.**

**Let me know by [day + time]:
your time or your money?**

CARD 06: Remote Sibling Contribution

You live [distance/location] away. I understand you can't provide hands-on care.

That doesn't eliminate your responsibility to contribute.

[Parent] needs [X hours/week] of care. I'm providing [your hours].

You can contribute in these ways:

Financial: \$[amount]/[month] toward paid care

Remote tasks: Medical billing, insurance appeals, scheduling, research (approximately [hours/week])

Periodic visits: Cover [number] weekends per year so I can take breaks

If you choose remote tasks, I'll send you a task list by [date].

If you choose financial contribution, payment is due [frequency] starting [date].

Let me know by [day + time]: how are you contributing?

CARD 07: Night Call Boundary

I hear that you're
[upset/worried/uncomfortable].

If this is a medical emergency—[chest pain, difficulty breathing, fall with injury, severe bleeding]—call 911 now.

If it's not an emergency, I can help you
between [available hours].

For non-emergency needs overnight,
[alternative resource].

I'm going back to sleep now.

I'll call you at [specific morning time].

CARD 08:

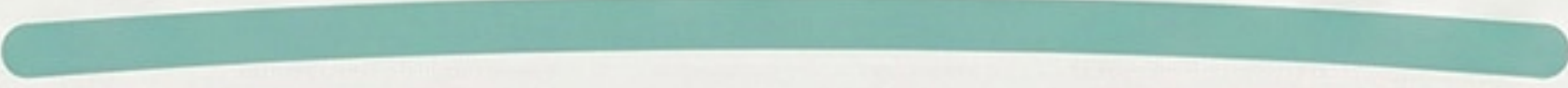
Drop Everything Refusal

I'm [current obligation] until
[specific end time].

If this is an emergency—[specify
emergency criteria]—call 911.

If not, I'll call you back at
[specific time].

I can't leave what I'm doing
right now for a non-emergency.



CARD 09: Refusing Paid Help — Ultimatum

I can provide [number] hours of care per [week/month].

Beyond that, you need paid help or [specific reduced service].

[Home care agency name] can cover [days/hours] for \$[amount] per [time period].

Or, I reduce my availability to what I can sustain: [specific hours/days], and we find a different solution for the remaining time.

Which one?



CARD 10: Abandonment Reframe

**I know you feel abandoned
when I [set boundary].**

**Abandonment is leaving and
not coming back.**

**I'm [specific ongoing
commitment].**

**If I don't [self-care action], I
won't be able to keep
showing up.**

This isn't abandonment.

This is how I stay.

CARD 11:

Move-In Refusal

You're asking to move in with me.
That's not possible.

[Brief reason].

Alternatives:

You stay in your current home with
[paid home care / safety
modifications]

Assisted living facility closer to me
— I can visit [frequency]

Senior apartment or independent
living with services available

I will help you research and
transition to one of these options.

But moving in with me is not an
option I'm offering.

CARD 12: Unannounced Visit Boundary

I love seeing you, but I can't accommodate unannounced visits.

When you show up without notice,
[specific impact].

New policy:

To visit my home: Call or text [advance notice period] ahead to check if I'm available.

I'll let you know if that time works. If it doesn't, we'll find an alternative time.

If you show up without notice: I may not answer the door, or I'll ask you to leave and reschedule.

This isn't punishment. This is respecting that I have a household to manage.

CARD 13: Safety Modifications – Ultimatum

You've fallen [number] times in the past [time period].

[Doctor/PT name] recommended [specific modifications].

You're refusing these modifications because [parent's stated reason].

If you won't make your home safe, I can't provide care there.

Option 1: Install the safety modifications by [deadline]. Cost: \$[total cost].

Option 2: Move to [assisted living / safer housing] where the environment is already modified.

I will not keep showing up to a home where you're likely to get seriously hurt.

Which option do you choose?

CARD 14: Home Health Services — Ultimatum

[Doctor name] ordered [home health services].
Insurance is covering it.

You're refusing to let them in your home
because [parent's stated reason].

Here's what I can't do:

I can't provide [skilled nursing care / proper
PT / wound care]

I'm not trained

If something goes wrong, I'm liable

Option 1: Accept the home health services.
They come [schedule]. You let them in.

Option 2: You move to [skilled nursing / rehab
facility] where these services are provided.

There is no Option 3 where you refuse
medical services and stay home with me
trying to substitute.

Let me know by [deadline]: which option?

CARD 15: Financial Boundary

**My monthly budget allows for
\$[amount] toward your expenses.**

Beyond that, I don't have money to give.

If you need more, we need to:

Review your expenses to identify cuts

Apply for assistance programs

Sell assets if available

Find additional income sources

**I can help you navigate these options,
but I can't give you money I don't have.**

What I can cover: \$[amount] per [month].

What's your highest priority expense?

CARD 16: Quit Job Refusal

I earn \$[amount] per [year/month] from my job.

My expenses: \$[amount] per [month].

If I quit, I lose [income + benefits] and have no way to cover my expenses.

Options that don't require me to quit:

Paid home care for hours I'm at work
Adult day program during work hours
Sibling coverage during work hours
Facility placement

I'm not quitting my job. Which option makes sense for [Parent]'s situation?



CARD 17: Boundary Restatement

I understand you're [family member reaction].

The boundary I stated is not changing.

[Restate core boundary from original script in 1 sentence]

If you test this again,
[consequence].

CARD 18: Consequence Implementation

I said [boundary].

You [violated it by doing X].

I said [consequence] would happen if you did this.

As of [date/now], [consequence implementation].

We can revisit this in [timeframe] if [condition].

CARD 19: Care Plan Enforcement

I need to talk to you about [specific issue].

What I observed:

[Date/Time]: [Specific observation]

What needs to happen:

[Specific corrective action]

Going forward:

I'll be [checking medication log daily / doing spot checks / asking Mom questions about activities, etc.]

If this happens again, [consequence: written warning, shift reduction, termination]

Is there something preventing you from following the care plan? Do you need more training or clarification?

CARD 20: Financial Accusation Response

You're accusing me of misusing [Parent]'s money. Here's what happens now:

I'll provide you complete financial records for the past [time period].

You review them and identify specific transactions you believe are inappropriate.

If you find actual misuse, we involve [attorney/financial advisor/APS].

If you don't find misuse, you publicly retract your accusation to anyone you told.

If you're not willing to review the records, stop making accusations.

If you keep making accusations without evidence, I'll consult an attorney about slander.

Do you want the financial records, or
are you done accusing me?