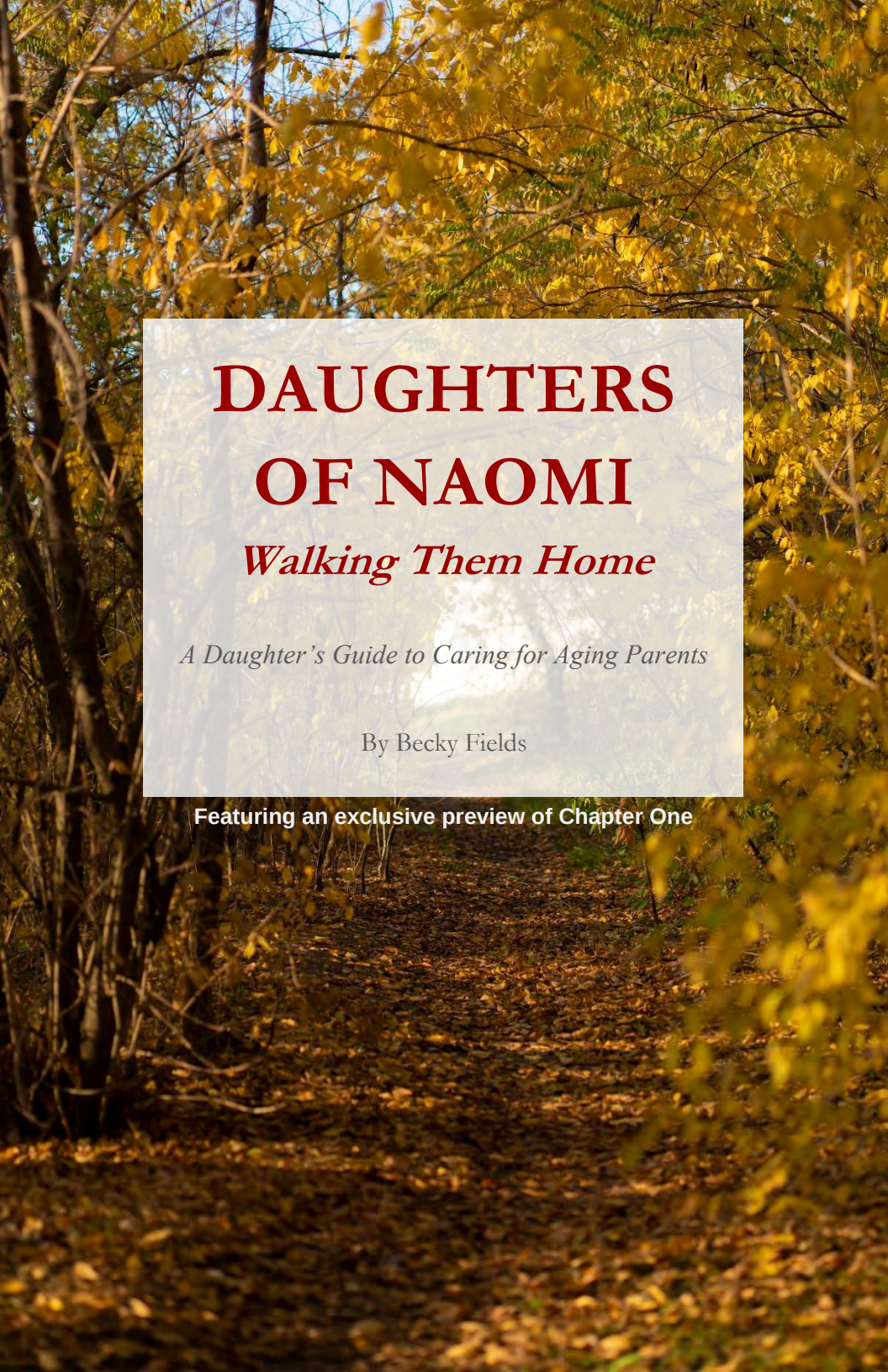

DAUGHTERS OF NAOMI

Walking Them Home

A Daughter's Guide to Caring for Aging Parents

By Becky Fields

Featuring an exclusive preview of Chapter One



DEDICATION

To my parents, James & Rosella Colvin, and my mother-in-law, Myrna Fields. Each of them taught me, in different ways, about aging with grace and faith as I walked them home.

ACKNOWLEDGMENTS

First and above all, to God, who is not only my Creator but also furnished me with the life lessons, inspiration, and calling to write this book. Every word on these pages traces back to His provision and purpose.

To my husband, Richard, whose honest questions and thoughtful feedback helped me work through what I wanted to say. Your contributions have made this book much better and, as in the rest of our marriage, reminded me how differently two people can see the same thing.

To my parents, James and Rosella Colvin, and my mother-in-law, Myrna Fields. It was the honor of my life to walk beside you in your final years. You taught me how to age with grace and faith, even in the most difficult of circumstances. This book is the fruit of what you gave me.

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To my coach, Ali, who held the vision for this book through a long season of silence and never once made me feel behind. Your patience made it possible to finish.

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And to every woman who shared her story with me, whether your name appears in these pages or not. Thank you for trusting me with details of your story and the load you carried. You are the heart of this book.

AUTHOR'S NOTE

The stories in this book are drawn from real-world experiences—my own and those of women I have walked alongside over many years of caregiving and real estate work. To protect the privacy of the individuals involved, names and identifying details have been changed, and in some cases, more than one person's experience has been woven into a single composite story.

What has not been changed is the truth at the heart of them.

These are real fears, real mistakes, real acts of courage, and real roads that real women have walked. If you recognize yourself somewhere in these pages, that is not an accident. You are not the only one who has stood in that place.

The financial figures, program details, costs, and resource information included in this book reflect research conducted in 2026. Costs vary by state and change over time. Nothing in this book should be taken as professional financial, legal, or medical advice. Please consult qualified professionals for guidance specific to your family's situation.

Becky Fields

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INTRODUCTION: DAUGHTERS OF NAOMI

There is a woman in the Bible I have never been able to forget.

Her name was Ruth. She was young, a widow, and about to become a foreigner by choice—a woman with every reason to go back to her own people and no obligation to leave everything she had ever known to stay with her deceased husband's mother, who had nothing to give her. When her mother-in-law, Naomi, lost her husband and both sons in Moab, Naomi made the only practical decision: she would return alone to Bethlehem, the home she and her husband had left years before. She released her daughters-in-law, telling them, "Go back to your mothers' homes. Find new husbands. Build new lives. You owe me nothing."

The other daughter-in-law, Orpah, kissed her and departed. No one blamed her; it was the sensible choice.

But Ruth would not leave Naomi's side and return to her former home in Moab.

What she said next has echoed across thousands of years and, providentially, has landed in the middle of this book:

"Don't urge me to leave you or to turn back from you. Where you go, I will go, and where you stay, I will stay. Your people will be my people and your God my God. Where you die, I will die, and there I will be buried." Ruth 1:16-17 NIV

I have read those words more times than I can count, and every time, I find myself wondering the same thing: What made Ruth stay when Naomi had nothing left to offer her?

Naomi offered Ruth no security. No husband. No promise of an easier life. In fact, she urged her to go back. Yet Ruth stayed.

Scripture does not tell us everything that was happening in Ruth's heart in that moment. We know that she loved Naomi. We know that she chose Naomi's people as her people and Naomi's God as her God. And as the rest of the story unfolds, we can see God's providence working through a decision that neither woman could possibly have understood at the time.

Maybe that is part of what has drawn me back to this story for so many years. Ruth did not stay because Naomi could promise her something. She stayed when there was no promise at all. Ruth stayed because of what was happening in Ruth's heart.

What I carried with three parents was heavy, but it was never more than I could bear. I went into each season with my eyes open, and I was never caught unprepared for what it would ask of me. I never had the experience of caring for ungrateful parents, for instance—mine thanked me, every time, even when there was little left of them to do the thanking. I've often wondered what it would have been like if that hadn't been true. Most people give me praise when they hear my story, but my heart is burdened for those "Daughters of Naomi" out there who have it far worse than I did, whose faith is being tested far more than mine ever was. It reminds me that none of us carries the same load, and God meets each of us in the load we've been given.

Back to Naomi. It is apparent that Ruth admired her. Naomi wasn't wealthy or young. She was broken by grief, returning home "empty," as she herself said: "I went out full, and the Lord has brought me back empty." Yet Ruth looked at this woman and saw something she could not walk away from. She saw faithfulness and a devotion to God that had survived loss and still stood. She saw wisdom that surpassed anything Ruth had encountered in Moab. She saw a life worth following, even into the unknown.

I know that feeling. I've lived a measure of it.

When I was a young woman, I watched my father care for my mother through some hard seasons in their marriage. He never left, not when it would have been easier to go, nor when the weight of her struggles pressed down on the entire family. He stayed, loved her, and set an example for his daughters, and I carried it without even realizing it.

So, when my parents needed care, I didn't hesitate. When my mother-in-law needed someone to step in, I didn't doubt for a moment that I should be the one to do it. Loyalty had been ingrained in me, passed down in the same way Naomi must have passed something down to Ruth—not through a formal lesson, but through the daily witness of a life faithfully lived.

I have now walked three parents all the way home, each in their own unique way.

My mother died suddenly in our home in 1992. Nobody had the chance to say their final goodbye. She had moved in with us twelve months before, bringing her piano with her. After her death, it sat silent in the front room for a long while, a lingering reminder of something I had taken for granted. A couple of years later, my children began lessons on it, and the house filled with music again. Every note reminded me of my mother's love of music, and the gift she had left for my children.

My father battled cancer, and for a while, it looked like he might win. He was recovering well, cheerful, and back on his feet, until a scan found a spot on his liver. The cancer hadn't been beaten after all, and this time, we knew it would take him. So we did the only thing that made sense: we went to see everyone we could. We packed in as much family as the time allowed. He died in 1997, surrounded by the grandchildren he adored, having said the goodbyes on his list.

My mother-in-law lost both her legs to disease. She never once stopped thanking me for caring for her. She left this world in 2002, after two of the most stretching years of my life. All of Myrna's friends stayed close to her in those years, because they knew every week was precious.

I have come to treasure the goodbyes that were said, and I still mourn the ones that never happened. I hold onto the hope that in eternity, there are no more goodbyes left to say.

I am not a medical professional, a social worker, a grief counselor, or an elder care attorney. I am a daughter and a daughter-in-law—a woman who learned by doing, made mistakes, found grace, cried in the kitchen, prayed in the dark, and discovered that God meets you in both places.

If you are somewhere on that road right now, this book is for you.

Maybe you are just beginning to notice the signs: repeated phone calls, unopened mail, and a parent who seems a little less steady than they used to be. Maybe you are already in the thick of it, managing medications, doctors' appointments, and family disagreements while trying to hold your own life together. Maybe you are on the other side of it, sitting with grief, a house full of things to sort through, and a quiet that feels too loud.

Wherever you are, you are not alone.

You are a Daughter of Naomi. You come from a long line of women who showed up when it would have been easier not to, who chose the faithful path over the easy one, who loved all the way to the end and discovered that the love was worth every hard mile of it.

Ruth didn't know how the story would end when she made her vow on that dusty road. She just knew she couldn't walk away. And somehow, her faithfulness became the bridge to something neither she nor Naomi could have imagined on their own.

I believe the same is true for you.

Let's walk this road together.

— Becky

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RECOGNIZING WHEN THE SEASON CHANGES

Naomi knew when it was time to leave Moab. The famine in Bethlehem had ended; she heard it, felt it, recognized that the season had shifted, and staying no longer made sense. She didn't wait for complete collapse. She read the signs, and she moved. Recognizing when your parent can no longer live safely on their own requires the same quiet discernment and the willingness to see what is actually there rather than what you wish were there. Unopened mail, missed medications, scorched pans, unexplained bruises—these are not signs of failure. They are signals that the season has changed. Your vigilance is not distrust. It is the watchful love that keeps them safe.



Maggie's Story

Maggie first noticed something was off when her mother called three times in one day to ask the same question. At first, she brushed it off. Everyone forgets things, right? But then came the missed appointments. Her mother, once meticulous about her doctor visits, had somehow skipped a follow-up on her heart medication. When Maggie checked the bathroom cabinet, she found unused pill bottles and many duplicates (prescriptions filled more than once), likely because her mom had forgotten she already had them.

A few weeks later, Maggie dropped by unannounced and walked into a kitchen that didn't smell right. The trash hadn't been taken out. Sour milk sat in the fridge next to takeout containers. The dishwasher was full, but the dishes inside were crusted with food.

Then came the checkbook. Her mother asked for help balancing it, something she had never done before. Maggie saw overdraft charges, missed utility payments, and an unfamiliar name listed in a check memo. "Who's this?" Maggie asked gently. "Oh, I think someone helped me with groceries… or was it a church friend?" Her mom's eyes darted with uncertainty.

The final straw came when her mom didn't show up for church. Maggie called and called. No answer. When she finally arrived at the house, she found her mom in bed, disoriented and unsure what day it was. She hadn't eaten since the night before and had taken the wrong dose of her medications.

That was the moment Maggie knew. This wasn't a phase. This wasn't just aging. This was the invisible line she had crossed without realizing, where the daughter is becoming the caregiver.

Where You Are on the Road

You are at the point where something has begun to change, but you may not yet know what it means or what to do about it. This chapter will help you separate ordinary aging from signs that need attention, look honestly at your parent's safety, and know what first steps to take without trying to solve everything at once.

For now, your job is not to have all the answers. It is to see clearly.

The Signs We Don't Want to See

Most of us don't recognize the shift until something stops us cold: a phone call, a visit that reveals more than we expected, or a neighbor's concern passed along carefully, the way neighbors do when they've been watching and worrying for a while.

The truth is that decline rarely announces itself. It accumulates quietly, in small things that each seem explainable on their own: a forgotten

appointment, a refrigerator that needs cleaning out, a bill paid twice. It is only when you step back and look at the pattern that the picture becomes clear.

Here are some signs to watch for:

- Missed medications, duplicate prescriptions, or medications not being taken as directed
- An unkempt home that was once tidy and well-maintained
- Spoiled food, unusual eating habits, or significant weight loss
- Difficulty managing finances, missed bills, or unfamiliar transactions
- Social withdrawal, like missing church, skipping events, or pulling away from friends
- Physical signs of frailty, like unexplained bruises, falls, or difficulty moving around
- A general sense that something is different, even when you can't name exactly what

That last one matters. Trust it. You know your parent. When something feels off, it usually is.

When the Mind Begins to Change

There is a particular category of warning signs that deserves its own conversation: the ones that show up not in the body but in the mind.

Cognitive decline is one of the most common reasons families find themselves on this road, and it is also one of the most easily minimized. We laugh off the forgotten name, the repeated question, the story told for the third time in one evening. We tell ourselves it's normal aging. We tell ourselves everyone does that. And sometimes that's true.

Forgetting a name for a moment, misplacing your keys, or walking into a room and forgetting why you went there can happen with normal aging. The difference is usually not one forgotten name or misplaced set of keys.

It is a pattern: the same kinds of problems happening repeatedly, interfering with familiar tasks, or affecting everyday life.

You'll notice some of what follows echoes the signs above. That's not an accident, cognitive decline often hides inside the same forgotten appointments and confused moments you're already watching for. What changes here isn't the behavior so much as what's underneath it. Here are the signs worth paying closer attention to:

- Trouble finding words mid-sentence, not occasionally, but consistently, or losing the thread of a conversation or a television program they once followed easily.
- Personality or mood changes that seem out of character: increased suspicion, anxiety, or agitation; withdrawal from social activities they once loved; uncharacteristic anger or tearfulness.
- Poor judgment in situations that call for common sense: giving money to strangers, making unusual purchases, leaving the stove on repeatedly, forgetting to lock the door.
- A pattern, not just a single moment, of the repeated questions, the disorientation, or the missed bills described above. One instance is forgetfulness. A pattern is what deserves a doctor's attention.

None of these signs alone means your parent has dementia. They may have another medical condition that affects cognition, like a urinary tract infection, thyroid issues, medication interactions, or depression, all of which can produce symptoms that look like cognitive decline and may be treatable. A sudden or dramatic change in confusion is different and should be brought to a medical professional’s attention promptly rather than waiting for a routine appointment. That is exactly why these signs matter, because getting a professional evaluation can either catch something treatable or give you the information you need to plan well for what comes next.

These signs consistently indicate that it is time to pay closer attention. It's time to stop rationalizing what you're observing and start documenting. It's time to schedule an appointment with the doctor.

The sooner cognitive changes are identified, the more options become available. An early diagnosis provides your parent with more time to participate in decisions about their own care, such as where they wish to live, how they want to be remembered, and what essential information they need you to know. This period of clarity and involvement is invaluable, so do not wait until it is gone.

Talking to the Doctor

One of the most important, yet often overlooked, steps you can take when you begin to notice signs of decline in a parent is to involve their physician as a partner, rather than just a prescription writer.

Doctors typically see your parent for fifteen minutes every few months, in a setting where your parent is likely trying their best to present well. They rely heavily on what the patient tells them. What doctors often don't know is what you have been observing at home: the repeated questions, missed medications, a refrigerator full of expired food, or confusion about the day of the week.

You can change that. Here's how.

Get added to the HIPAA authorization. A HIPAA authorization allows your parent's medical providers to share protected health information with the people your parent designates. Without that authorization, there may be limits on what the doctor can tell you. But that does not mean you cannot tell the doctor what you have observed. You can still call or send a note describing changes or concerns, even if the physician cannot discuss your parent's medical information with you in return. Ask your parent to add you, or another trusted family member, to the appropriate authorization so communication can go both ways when needed. The doctor's office can provide the necessary form.

Send a note before the appointment. You don't have to wait until you are in the exam room to share your observations. Call or send a written note to the physician's office before your parent's next appointment. Describe specifically what you have been noticing, including dates,

incidents, and patterns. The doctor can then incorporate your observations into the evaluation without your parent feeling ambushed or embarrassed in the moment.

Ask for a cognitive evaluation. If you are concerned about memory or cognitive changes, specifically ask the doctor to conduct a cognitive screening. This is a standardized, non-invasive assessment that can identify whether changes are within the normal aging range or warrant further evaluation. It provides objective information for the whole family to work from.

Go to appointments when you can. Having another set of ears in the room matters. Seniors sometimes minimize symptoms to their doctors, whether from pride, fear, or a genuine lack of awareness of how significant the changes are. Your presence provides crucial context. Take notes. Ask questions. Make sure you understand what was said before you leave.

Ask about medication review. Multiple medications interacting with each other can cause symptoms that mimic cognitive decline or create a fall risk. Ask the doctor, or ask for a referral to a pharmacist, to review all of your parent's current medications together. This single step has changed the trajectory for many families.

You are not going behind your parent's back or around them. Instead, you are building a team of people who love them and want them to be well. The doctor is one of the most important members of that team. Make sure they have what they need to help.

The Tension Between Independence and Safety

One of the hardest parts of this season is that your parent almost certainly doesn't want your help. Not because they don't love you. Because they have spent a lifetime being capable, self-sufficient, and in charge of their own lives. Accepting help can feel like defeat. And so they hide the struggles. They put on their best face for your visits. They tell you they're fine.

Meanwhile, you are trying to honor that independence while watching the risks quietly multiply.

There is no perfect script for navigating this tension. But there are a few things that help.

Start the conversation before a crisis forces it. Chapter 2 will help you approach that conversation in a way that protects both your parent's dignity and your relationship.

Go with them to doctors' appointments when you can. Physicians often see things families miss, and having another set of ears in the room means important information doesn't get lost.

Enlist allies. A trusted neighbor, a close friend from church, a sibling who lives nearby—someone whose eyes are on your parent regularly. You cannot watch from a distance alone. You need people on the ground.

Give yourself permission to trust what you see. You are not being disloyal by noticing. You are not being controlling by caring. The watchful love that keeps your parent safe is the same love Ruth showed Naomi—present, honest, and willing to act even when acting is hard.

When Distance Makes It Harder

Roughly fifteen percent of family caregivers live an hour or more away from the parent they're caring for, according to the National Alliance for Caregiving and AARP's Caregiving in the U.S. survey. If this describes your situation, warning signs are even more challenging to detect. You rely on phone calls that are typically crafted to reassure you everything's OK. You visit a few times a year, seeing snapshots rather than the complete picture. It becomes far too easy to convince yourself that no news is good news. That is exactly why an in-person visit is worth more than any phone call, and why walking through the house with new eyes, the next step, matters even if you only live a few miles away.

Walking Through the House with New Eyes

Whether you live across the street or across the country, one of the most valuable things you can do on your next visit is to walk through your parent's home slowly and deliberately—not as a family member comfortable in familiar surroundings, but as someone seeing it clearly for the first time.

Most of us are blind to the little things in our parent's home after years of visiting. We stop noticing the worn carpet at the top of the stairs, the dim hallway, the bathroom with no grab bars. We stop noticing because we have always known it to look that way. But what was once simply "home" is now an environment that needs to be looked at honestly for how well it supports an aging person.

Here are some suggestions of what to look for as you walk through:

- **Safety hazards:** As you look around, separate ordinary home-improvement needs from immediate safety concerns. A loose rug, dim hallway, or missing grab bar can often be corrected quickly. But evidence of repeated falls, unsafe use of appliances, inability to move through the home safely, lack of food, major sanitation problems, or conditions that suggest your parent cannot manage basic daily needs should prompt faster action and a conversation with family and the doctor.
- **Outside the house:** Can your parent get in and out safely? Is there a step at the front door without a handrail? Is the pathway to the entrance well-lit? Is the driveway manageable? Are there trip hazards, such as uneven pavement, loose steps, or outdoor clutter, between the car and the door? Falls often happen before a senior even gets inside.
- **Moving through the house:** Are the hallways and rooms easy to navigate? Are they cluttered with furniture, cords, or objects on the floor? Is there adequate lighting throughout, especially in hallways and at the top and bottom of stairs? Are the light switches at an accessible height? Is the flooring a fall risk due to loose rugs, slippery hardwood, or uneven transitions between rooms?

- **The kitchen:** Can your parent reach what they need without having to climb or stretch dangerously? Are appliances easy to operate? Is there adequate task lighting? Look in the refrigerator and pantry, not to judge but to assess. Is the food current? Is there evidence of regular, adequate meals?
- **The bathroom:** Pay particular attention here because wet surfaces, tubs, and toilets can create fall risks. Is there a grab bar in the shower or tub? Is there a non-slip mat? Can your parent get on and off the toilet safely, or would a raised toilet seat help? Is the bathroom on the main floor, or does your parent have to climb stairs to reach it at night?
- **The bedroom:** Is it on the main floor? Can your parent get in and out of bed safely, with adequate clearance on both sides? Is there a lamp or light switch within easy reach of the bed? Is there a way to call for help if needed, with a phone nearby or a medical alert device?
- **The stairs:** If your parent's home has stairs they use regularly, look carefully at the handrails. Are they secure? Are the steps clearly visible and free of tripping hazards? Is there adequate lighting?
- **Overall systems:** Is the home being maintained? Are utilities functioning, such as heating, cooling, and plumbing? Is the home clean enough to be safe? Is the mail being brought in? Are there signs of deferred maintenance that suggest your parent can no longer manage the basic responsibilities of homeownership?
- **Simple fixes:** better lighting, a loose rug removed, a grab bar added in the bathroom. Other things may point to a larger problem, that your parent is no longer able to move through the home safely or manage the demands of living there alone.

Either way, knowing is better than not knowing. Write down what you observe. Photograph what concerns you. Bring what you find to the conversation about next steps with your parent, your siblings, and the doctor.

The *Guiding Them Home* workbook includes a detailed Current Home Assessment Checklist with scoring guidance for each area of the home. If you want a structured way to walk through this evaluation, that tool is designed exactly for this purpose. You can find it at ghb.li/gth.

Where Love Got Lost in Time

Marsha's Story

Marsha didn't sleep much the night she received the call. Her mother had fallen, broken her hip, and could no longer live alone safely. Marsha sat on the edge of her bed in Minneapolis, phone warm in her hand, thinking about how easy it had been to let the distance grow and tell herself her mother was fine. No news had felt like good news.

But now there was no distance left to hide behind.

The next morning, she was on a plane to Texas.

She and her mother had drifted apart over the years. Their last visit had ended badly, and two years had passed since Marsha had been back. At the hospital, her mother looked smaller than she remembered—bruised, tired, fragile. The doctor spoke carefully: rehab, assisted living, no return to independent living.

Marsha nodded through it all while something heavier pressed beneath the logistics. Guilt. How long had her mother been struggling before this fall? How long had she been alone?

The house held the clues to how long, and how alone.

The moment she opened the front door, she understood how much the distance had hidden. The smell hit her first, cat urine, sharp and overwhelming, as five cats darted here and

there. These must have been her mother's only companions. The smell was overwhelming. Bags, papers, and forgotten belongings crowded the living room. A narrow path ran from her mother's recliner to the kitchen and bathroom. The refrigerator held spoiled food and forgotten leftovers. Her mother had been living this way for far longer than Marsha had realized.

Standing there, Marsha understood something painful: phone calls had given her only a small part of the truth. Distance had allowed both mother and daughter to believe things were better than they were.

After much persuasion, Marsha was eventually able to move her mother to a care community nearby in Minneapolis. The transition did not erase the years of distance between them, but it gave them something they had not had in a long time: regular time together. At first, the visits were quiet and awkward. Slowly, though, something began to soften between them.

Marsha would later think about how easily she had mistaken silence for safety. She had assumed her mother was fine because nothing had forced her to believe otherwise.

She was wrong.

That mistake of assuming silence meant safety became the lesson she carried forward: when you live far away, reassuring phone calls are not always enough. Sometimes you have to go and see for yourself.

Marsha's story is not unusual. The details vary—the distance, the estrangement, the specific condition of the house—but the shape of it is familiar to many families: the gradual drift, the assumption that someone else is watching, and the phone call that changes everything.

What Marsha carried out of that experience, beyond the grief, the guilt, and the logistics, was a lesson she has shared with others ever since: the cost of waiting is almost always higher than the cost of starting the conversation early.

If you are far away, make regular video calls, not just voice calls. Seeing your parent's face, their environment, and their energy level tells you things a phone call never will. Ask specific questions rather than general ones. Instead of "how are you doing?" ask "what did you have for dinner last night?" and "when did you last get outside?" Talk to neighbors if you can. Ask the doctor's office to add you to the HIPAA release so they can speak with you directly.

And go. When your instinct tells you something is wrong, get on a plane. Drive the four hours. Show up unannounced if you have to. The visit you keep postponing may be the one that matters most.

What To Do When You See the Signs

You've recognized that the season has changed. Now what?

First, document what you are seeing. Keep a simple record of dates, incidents, and changes you notice. Write down missed medications, falls, unusual financial activity, confusion, changes in eating or hygiene, or anything else that concerns you. Patterns are easier to recognize when they are written down, and this record can be helpful when you talk with doctors and family members.

Second, bring family into the conversation. If you have siblings or other close family members involved in your parent's life, share what you are seeing. You do not have to make every decision together immediately, but everyone should be working from the same information. Chapter 2 will help you navigate those conversations.

Third, contact the doctor. Your parent's primary care physician can evaluate both physical and cognitive changes and help determine whether something treatable may be contributing to what you are seeing. If the change is sudden or dramatic, seek medical attention promptly rather than waiting for a routine appointment.

Fourth, assess immediate safety. Ask yourself whether your parent is safe at home today. Are they taking medications correctly? Are they eating? Are they at risk of falling, wandering, leaving appliances on, or being financially exploited? Some problems can be addressed quickly. Others may signal that your parent should not remain alone without additional support.

Finally, begin researching care before you urgently need it. Learn what options are available in your parent's area, including in-home care, assisted living, memory care, and other forms of support. Chapter 3 will walk you through those choices in detail. You do not need to make a decision today. You simply need to know what the possibilities are.

A Faith Reflection

There is a particular grief that comes with this season—the grief of watching someone you love become someone who needs you in ways they never did before. It is a kind of loss that happens before the loss itself, and it deserves to be named.

God sees you in this. He sees the careful attention you are paying, the hard conversations you are bracing yourself for, and the love underneath all of it. He is not absent from the ordinary moments of caregiving—the phone calls, the checkbooks, the unannounced visits that reveal more than you were ready to see.

Naomi knew when the season had changed. She didn't pretend otherwise. She gathered what she had—one faithful daughter-in-law and a road back to Bethlehem—and she moved forward.

You can too.

> ***Prayer***
>
> *Lord, give me eyes to see clearly and a heart that responds with love rather than fear. When the signs are hard to face, give me the courage to face them anyway. And when I don't know what to do next, remind me that You do. Amen.*

A Moment to Reflect

What signs have you already noticed that you may have been explaining away? Write them down, not to alarm yourself, but to finally see them clearly.

Is there someone in your parent's daily life—a neighbor, a friend from church, someone who sees them regularly—who you could call this week just to ask how things seem from where they stand?

What is the hardest part of acknowledging that the season may be changing? Name it honestly before you move on.

Your Next Step

This week, write down three specific things you have observed about your parent in the last few months that gave you pause. Do this not to diagnose, but simply to document. Date them. Keep the list somewhere you can add to it. As the list grows, that record will matter.

If your parent has a doctor's appointment coming up, ask if you can come along. If there isn't one scheduled and you have concerns, call the office and ask whether it's time for a wellness visit. You don't need to have all the answers before you make that call. You just need to make it.

ABOUT THE AUTHOR



Becky Fields has worn a lot of hats.

She took her first job as a teenager, keeping the books for a large clothing store in downtown Austin. After graduating from the University of Texas at Austin, she spent several years as a kindergarten teacher before choosing to stay home when her first child was born. Later she became one of Texas's earliest homeschool moms, back when families who chose to educate their own children were still fighting for the legal right to do so. Years later, when her husband Richard started an engineering company, Becky became the CFO. It wasn't a career plan. There was work to be done, and she has always been the kind of person who figures things out. She helped guide the company from a small family operation into a firm with more than $10 million in annual revenue before eventually handing that role to someone whose full-time profession was running companies that size.

But ask Becky what titles matter most when she lies down at night, and the list gets much simpler: Grandma. Wife. Mother. Servant. And underneath all of it, her faith.

That faith has never meant life was easy. Becky walked three parents home, and no two of those journeys looked alike. Her mother died suddenly and without warning; Becky tried to bring her back with the little CPR she knew, but it wasn't enough. Her father's death came slowly, after a two-year battle with cancer. Her mother-in-law Myrna's passing came slower still, the closing chapter of a twenty-five-year fight with a wicked autoimmune disease, the last two of those years spent in Becky's care. Decades later, Becky is still processing what those years cost her, and what they gave her. You'll find those three stories in these pages, along with the hard-earned lessons, small discoveries, and sometimes harrowing moments that came with them.

Those years asked something of her children too, who grew up watching what it means to love someone through illness and decline up close — a lesson Becky now watches echo into her grandchildren.

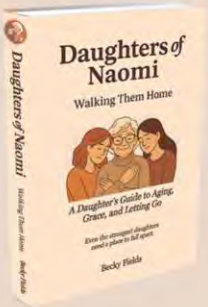
It took Toastmasters, of all things, to give a moderately timid woman in her sixties the confidence to put any of this into words. Once she began, the pieces of her life — the bookkeeping, the teaching, the homeschooling, the CFO years, the caregiving, the burying of people she loved — began to look less like random events and more like one purposeful thread running through a busy life.

Daughters of Naomi grew out of that realization. The story of Ruth and Naomi gave the book its shape and its roots in Becky's Christian faith, but her hope for this book reaches further than a shared belief system: you do not have to share her theology to recognize the love of a daughter who stays, or to understand the exhaustion, fear, and strange mix of sorrow and gratitude that comes with walking someone you love toward the end of their life.

Her prayer for you is the same one that carried her through writing this book: that God would give you strength for today, wisdom for the decisions in front of you, grace for yourself when you don't get it all right, and enough hope not just to survive this season, but to discover that laughter and life can still exist inside it.

Becky lives in Houston with her husband, Richard, in the same neighborhood as two of her children and six grandchildren. Their seven children have blessed them with 19 grandchildren, with about half of them living in Houston.

Daughters of Naomi
Walking Them Home



In a moment your world can shift.

A phone call. A diagnosis. A fall.
Or just the realization that your parent needs more than they used to.

And… you're the one in the family "holding the fort."

This is the moment Becky writes about.

Most of the time, the burden falls on the daughters.

You're making decisions you never trained for. Managing emotions no one prepared you for. Trying to do what's right—without always knowing what that is.

And you often… do it quietly. Unnoticed. Unappreciated.

Daughters of Naomi: Walking Them Home is a book Becky is currently writing for women walking this road.

It's not a clinical guide or perfect roadmap. It's a companion— for the real, lived experience of caring for an aging loved one.

Inside, Becky will share:

- Her journey caring for three parents in her home
- Practical ways to think through difficult decisions
- Encouragement rooted in faith and real life
- The steady voice she wished for during those years

But this book isn't just Becky's story. It's meant to reflect the shared experience of many women.

Women like you!

A Place for Your Story

No two journeys look exactly the same. But the questions... the emotions... the weight... are often similar.

That's why part of this book is still being written.
And why your story matters.

Becky is gathering real stories from women who have walked—or are walking—this road. Not polished stories. Not perfect stories. Just honest ones.

Stories of caring for a parent through decline. Of making difficult housing or care decisions. Of balancing family, work, and responsibility. Of doubt... strength... grace... and even unexpected moments of peace.

If you have a story like this, I would love to hear it.

Your experience may become part of this book—
and could help another woman feel seen, understood, and less alone.

No need for perfection. Just share it.

If you'd like to be part of this project,
view this link and tell your story!

Becky

ghb.li/don







Becky Fields is a Grandma you can trust—an advisor who understands what you're facing with a house ready for the "Next Chapter."

Becky brings a rare combination of practical knowledge and lived experience to the subject of home transitions later in life. As a real estate investor, Certified Senior Transition Specialist, caregiver, wife, mother of *seven*, and grandma of *eighteen*, she has spent decades helping families navigate change with clarity and compassion.

Her work has placed her alongside seniors and adult children facing some of life's most difficult decisions—downsizing, selling a longtime home, managing belongings, and choosing next steps when health, mobility, or family needs shift. Becky understands that these choices are *never just financial*; they are *deeply personal*.

Known online as Grandma House Buyer, Becky is valued for her steady guidance, plainspoken advice, and respect for the emotional weight that comes with letting go. Her recently published book, **Guiding Them Home,** reflects her belief that families deserve honest information, thoughtful options, and the confidence to move forward at their own pace.

Learn more or find companion resources at ghb.li/gth.

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