

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

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Dear Caregiver,

Happy New Year! This issue is about planning and preparing for the future. There's no time like right now to learn more about what may be ahead and to ready yourself and your loved one as much as you can. Whether it's having "the talk" about choices for end-of-life care, making adaptations at home to help keep your loved one safe, considering how your caregiving role is evolving, or carefully noting as your loved one's needs for care increase, it's all about doing what you can to prepare for what is to come. There's a lot in caregiving that we can't predict or control, but there's no doubt that some thoughtful preparation can help us to reduce stress, to respond appropriately to changes, and to provide the best care we can for our loved ones and ourselves.

We hope you'll find some useful information and helpful support inside. Take care.

The Editors

The Conversation by Phyllis Coletta, JD



As a caregiver, you make decisions for your loved one every single day, and as he or she ages or illness progresses, those decisions may become more subtle, complex, and difficult. How do you know what's right? Should Mom undergo that test or not? What if Dad loses his mobility? Every day you are in a position of making decisions, often without input of the loved one if he or she is unable to communicate clearly or is on the spectrum of memory loss.

There is a free community resource in Boulder County focused only on helping you with this overwhelming task. The Conversation Project in Boulder County helps individuals and families engage in meaningful, values-based conversation around Advance Care Planning – that process of decision-making as we age or illness progresses. If your loved one is still able to engage, it may seem difficult to talk about topics like the extent of medical care or intervention they may want, or where they'd like to spend their last days. At The Conversation Project we have trained coaches who can walk with you, in complete confidence, in these difficult discussions.



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If you are caring for a loved one, hopefully he or she has appointed you or someone else as their Medical Power of Attorney (MDPOA). The MDPOA is a very simple document someone can fill out without an attorney, which specifically appoints another person to make medical decisions in the case of incapacity. If hospitalized and unable to make choices for him/herself, the MDPOA allows someone else to “step up to the plate” and help the doctors in charting a course of treatment that reflects what that individual would have wanted. This simple document (legal and effective when signed by the individual), in conjunction with some clear and meaningful conversations, can go a long way in easing everyone’s suffering in a crisis. Does the person you are caring for have a signed MDPOA? Do you? (Caregivers rarely think of themselves, but your future is just as important as your loved one’s.) We can assist you for free, because the research shows that these conversations and the appointment of an informed medical decision-maker do in fact make a big difference in difficult situations.

My mother was a nurse, a first generation Italian who was fiery and strong. She had six children, two of whom became doctors. When she started getting confused and forgetful at the age of 66, we were worried about early Alzheimer’s or the onset of some form of dementia. The truth was much worse – a diagnosis of Jacobs-Creutzfeldt’s disease, commonly known as the human variant of “mad cow.” This is 100% fatal, and the process of swift decline involves paralysis, blindness, and a resultant vegetative state. Before we knew it, our dear wonderful mother was confined to a skilled nursing facility, unable to see, move, or interact in any way.

She had no written documents, “advance directives,” or even informal directions about what she would want in this kind of state, but here is what she did have: six children who knew her very well and wanted to do what was right for her. Many times in her life she had expressed to us her values about being able to connect with her, her fears around “losing her mind” and abilities, her anxiety around loss of control. All these things did, in fact, happen to her, so when the nursing home said they could no longer feed her and she would need a feeding tube, all six of us agreed very quickly that she never would want that. We knew her well. She had expressed herself early and often. And so she came to my house, and died peacefully on hospice.

No Living Will in the world can ever anticipate the hundreds of small decisions you have or will need to make for the loved one you

care for, but if they can communicate in any way, you can still engage in exchanges that will help you understand who they really are, what brings them comfort, what they worry about most, and what makes life meaningful. This is the kind of information that will inform your decision-making, and we can help you begin those conversations with your loved ones and other family members. Even if your loved one suffers from some form of dementia or memory loss, we can help you and your family engage in conversations around what your loved one may want.

It is really important that all members of the family be engaged in this process, in order to avoid conflicts, guilt, and undue emotional suffering as your loved one ages or illness progresses. If you have any friends who have worked on an ICU, they can tell you just how awful it is when bereft families fight at the bedside about next steps, or when they are confused and bewildered because no one really knew the patient well enough to know his/her values.

I worked for three months as a chaplain in a Medical ICU and was deeply distressed at what I saw there – good people in very bad situations, with no direction or guidance, no understanding of what the patient might have decided, and thus feeling lost and overwhelmed by guilt. I knew we had to do better, and we can do better. We can avert these crises and the suffering they bring.

The Conversation Project operates under a two-year grant from The Colorado Health Foundation, as many organizations across the state are now addressing the dire need for education and support around Advance Care Planning. Aside from free confidential one-on-one coaching, we can come to your church group, social club, support groups, or other places where people gather and introduce some very simple tools and resources to get these conversations started. We have copies of the MDPOA that you and others can fill out, and we have people willing to

help you every step of the way.

As a caregiver, you may feel overwhelmed on a daily basis, particularly if you see a slow decline and don't know what is next. There can be great relief in talking with your loved one about next steps, and we are here to support you in that process. Don't hesitate to reach out to us right away, and we will connect you with a coach or some resources to ease your burden of decision-making.

Phyllis Coletta is the director of The Conversation Project in Boulder County. Contact her at 303-442-0436 or Phyllis@theconversationprojectinboulder.org.

VISIT WITH A CAREGIVER

Tom and Barbara Moore believe that their meeting as teenagers was providential. Tom had moved from Missouri to live with his brother in Texas, and Barbara's father, who was in the Air Force, was stationed nearby. The teens wound up at the same Baptist church and in the same geometry class at school. They dated for a while, but lost touch after Tom graduated and went into the service and Barbara moved with her family to the Philippines. Seven years later, however, they found each other again and got married. Today, after almost 50 years of marriage, Tom says, "We've had our ups and downs, but it's been worth it." Part of those ups and downs is now living with Barbara's Alzheimer's disease, and they both still know it's worth it.

Care Connections: Tom, when did your caregiving for Barbara begin?

Tom: Early in 2013, I clearly noticed that Barbara was having problems, and she was diagnosed with early Alzheimer's in November of that year. She took it hard, but she got some good counseling and has a strong faith, so she made it. Now we spend 95% of our time



together. I have the sweetest wife in the world. I think we've learned to accept where we are and live day to day.

CC: How have you handled all the changes in your lives?

Tom: I'm very comfortable with change and have made a lot of changes. We changed from having two bedrooms to one, from having two offices to one, and from having a house to moving to a condo. Just before Thanksgiving last year, Barbara fell and broke her spine, and that let us know it was time for a change, so we made the move to the condo, and it was a great one. We're adapting to things. I changed my duties at the church. I do all the cooking now – I'm getting better at it—and we eat out more. I do the laundry, and Barbara helps me fold it. And I get up early to get some time for myself. Barbara has changed too. Now she agrees with me all the time! I have a strong faith, but I also believe in doing a lot to help myself. If you're a caregiver and you have any sense of being a victim, I think that means you need to get help.

CC: This issue of *Care Connections* is about planning for the future. How do you balance living day to day with doing needed planning?

Tom: Actually, learning to live day to day was a major change for me, because I'm a natural planner—in fact, I was a long-range planner at IBM. I know that it's important to do planning as early as you can, because as you go down the line, you don't have as much time for it. For instance, I just went to the late stage Alzheimer's caregiver class, and it reminded me that there are some things I need to think about. I think we'll be prepared for what's ahead—it's about staying the course. Barbara will stay at home just as long as possible, and we'll do what's necessary to make that happen. We thoroughly enjoy be-

ing together; but when that's not the case, we may look at what else we need to do.

CC: What is your philosophy of being a caregiver?

Tom: I believe that it's my number one responsibility, and everything else comes second. If you put anything else first, it doesn't work. It's not only my number one responsibility; it's also what I want to do. We've been married 48 years, and I know that if I keep Barbara happy, it makes my job easier.

CC: Tom, how do you maintain such a positive attitude?

Tom: I'm probably naturally positive, so that helps. I have my down times, but it goes back to having a strong faith. We watched a movie recently, and I remember one character asking another, "How can you be so calm?," and the other person answering, "Would you be happier if I worried more?" Barbara and I firmly believe that God brought us together, so how can any of this be wrong? I do have a tendency to rush, and I can get frustrated with her, but I remind myself, "It's the disease." My down times don't last very long. I just remember that caregiving is my number one job.

CC: How do you talk with people about Barbara's disease?

Tom: Early on, we were given the opportunity to share at our church during a Sunday service, and we talked openly about her diagnosis. That helped us so much—we got an outpouring of love. It was the best thing we ever did for ourselves. Our friends at the church have really been wonderful. I think that people who try to keep Alzheimer's hidden only hurt themselves. So, now, when it makes sense and is helpful, I'm totally open about it, and I think Barbara is okay with that.

CC: And have you been able to ask for help?

Tom: That didn't come easily, because I was very self-sufficient. But when I took the Savvy Caregiver class, the instructor laid out the importance of getting help. I think it's not so much about getting help, but about allowing others to participate. And you need to start sharing and asking for help up front. If you're isolated at first, it's harder to reach out later. I took Savvy Caregiver within three months of Barbara's diagnosis.

CC: Is there anything else you'd like to say to your fellow caregivers of loved ones with dementia?

Tom: Just don't keep it a secret. Let people know and let people in. Alzheimer's disease is just like cancer or any other disease. The person is still there.

CC: Thank you, Tom.



Safety at Home for Your Aging Loved One

by Rachel Harrison

Whether you are a full-time caregiver or helping your aging loved one maintain independence, you have many responsibilities, including the challenge of preparing for "unexpected" circumstances. Household hazards often are easy to overlook, and caregivers may wonder where to start. By thinking ahead and knowing what to look for, you can take steps to avoid potential injuries and problems. Following are a few suggestions to help you troubleshoot some of the most common preventable events.

Falls are the most common cause of non-fatal trauma-related hospital admissions and are certainly one of the greatest concerns for the elderly and their loved ones. Oxygen tubing, along with area rugs, are among the top causes of falls. One quick strategy is to remove or secure all throw rugs in the house and secure extra oxygen tubing

out of the walkway. Installing handrails on both sides of stairs and in the bathroom helps with safety. It's nice to know that in the event of a fall, help is available if a person is unable to reach a phone. There are many companies that provide wearable fall systems such as Philips Lifeline or Great Call.

Safety in the Bathroom and Personal Hygiene are high priorities. Installing grab bars, non-slip surfaces, and a shower chair can go a long way in the prevention of falls. An occupational therapist can provide an assessment of your home for accurate placement. Ask your loved one's doctor for a prescription for a home health occupational therapist assessment. Urinary incontinence is another safety issue for seniors. Rushing to the toilet can result in a fall. Wearing disposable briefs may help prevent the need to run to the bathroom and aid in personal hygiene. There are also many outside agencies that can offer personal hygiene assistance.

Home Equipment has hazards that can be avoided by implementing a few preventative measures. Here are a few suggestions:

- Install and maintain home equipment such as smoke / radon/ CO2 detectors. Replace batteries in all detectors annually. Mark the date the batteries were changed with a piece of masking tape and a permanent marker on the device.
- Remove extraneous electrical cords. Move furniture to better access outlets so that extension cords are not needed. If extension cords are a must, make sure to place them out of the walkway (behind furniture or along the walls). Often people use electrical cords for many years; make sure to check all cords for fraying or other damage.
- Ensure space heaters have a self-regulating thermostat so they will turn off when the room reaches a set temperature. Keep space heaters out of walkways and away from materials (curtains, couches).



- Set the temperature of the water heater to no more than 120 degrees to avoid scalding.
- Pay attention to the stove. Can your loved one still use it appropriately? Do they forget to turn the burners off? There may come a time when it's necessary to "retire" from using the stove. A microwave may be a safer alternative.

Aging adults are one of the largest targets for **Phone and Mail Solicitations and Scams**. An older adult can be "taken" even by a legitimate company accidentally. Once someone donates to a not-for-profit agency, they may automatically receive reoccurring solicitations. A donation made may have been forgotten and duplicate or triplicate donations may be sent. Pay close attention to the mail that comes in and goes out from your loved one's home. Keeping an eye on their bank account, with their permission, may alert you to suspicious activity, reoccurring donations, or high dollar debits. If your loved one can no longer safely manage their financial affairs, it may be necessary for you (or another trusted person) to take over some or all the financial duties for their protection.

Often family members are concerned about their loved ones receiving **Adequate Nutrition and Hydration**, and this is a valid concern. Many factors may limit one's ability to prepare nutritious meals or to take in adequate water. Some signs of inadequate nutrition are loose-fitting clothing, bare cupboards or refrigerator, making excuses for not going to the store, dizziness or faintness, and wounds that will not heal. Some signs that your loved one may be dehydrated are confusion, difficulty walking, headache, thirst, constipation, low urine output, and low blood pressure.

Meals on Wheels can be an easy and first step to bring nutritious meals to your loved one's home on a regular basis. City Senior Centers also offer on-site, low-cost meal programs for seniors. Hiring outside help for meal prepara-

tion is also an option, and there are many home care companies serving Boulder County that have well-trained caregivers who can assist with grocery shopping and cooking.

Driving is one of our last vestiges of independence and having a conversation about it with your loved one may be tough but necessary. Here are some important factors to mention when it is time for that talk. With age our reflexes, vision, coordination, range of motion, and decision-making capacity decline. Mentioning the decline in driving ability may be taken as a personal affront. How many times have we heard, "I've been driving safely for 60 years!"? But, sadly, it's not about someone's past driving record, it's about the present. It's about their safety and the safety of others on the road. If need be, a primary care physician can write a letter with the recommendation that their patient discontinue driving. Hopefully the letter alone is enough to help your loved one acknowledge that it is time to stop driving. If there are questions or if further evaluation is warranted, the physician can also write a referral for a "safe driving evaluation," such as that offered by Mapleton Rehab. If the physician directs the letter to the Department of Motor Vehicles, the DMV may require your loved one to come in for a re-exam, which may result in a revocation of their license.

Medication errors become more common with the elderly. **Medication Management** is something to consider if your loved one is forgetting to take medications or is taking their medications improperly. There are many alternatives to assist in providing proper medication administration. The first step is a "med minder" or "med box," which can be purchased at any pharmacy. They come in various sizes, and some are even locked and dispense meds by a timer. A licensed medical home health care agency may be needed to assist with medication management.

Lastly, please make sure to have **Emergency Numbers** clearly posted for outside agencies or emergency personnel. Make sure to include per-

sons who can make medical decisions, physicians, medication list, and end of life wishes. You can get a free **“File for Life”** (clear magnetic pouch) to place these documents in, then post it on the refrigerator. These are available from Boulder County CareConnect.

With some forethought and planning, you can help your loved one stay as safe as possible, and that’s something worth working on.

Audra Belden is a Registered Nurse and Case Manager for Dignity Care in Boulder. She has worked in home care with the geriatric population since 2007.



Planning for Anything

by Emily Cooper

My mother-in-law lived on her own for many years in California. Though happily independent, she also enjoyed a support network that included her daughter and grandchildren, her friends and neighbors, and her beloved church. My husband and I assumed that she would continue to manage on her own and rarely considered the possibility that she would eventually need our care.

Well, “eventually” often has a way of coming sooner than we expect. Within a few years of being diagnosed with Parkinson’s disease, my mother-in-law’s life changed considerably. Her daughter moved away, her grandchildren had their own problems, her two closest friends left the state, and her health took a serious turn for the worse. Concerned about his mother’s declining health and lack of support, my husband suggested she consider a move to Colorado, and she surprised us by quickly saying, “Okay!”

Our caregiving started out in high gear when my husband went to California to help sell his mother’s house, sort through her belongings, and pack everything for the move east. Together we had found her an independent living

apartment near our home, and I busily made preparations for her to move in. When she arrived, exhausted, we got her settled in, attended to her immediate health needs, and started to acquaint her with her new surroundings.

Before my mother-in-law arrived, I had a “romantic” notion of caregiving and of all the things I would do for her. I planned to cook her dinners, clean her apartment, do her laundry, and take her on all kinds of wonderful outings. I wanted her to feel welcome and loved—and probably I also wanted to feel like the world’s greatest caregiver. However, I hadn’t taken into account her ability and need to do many things on her own, nor had I considered the limitations of my energy, time, and emotional resilience, and I soon realized that my “plan” had little to do with reality. I quickly gave up my idea of what caregiving *should* be and simply did my best to meet her basic needs—while also taking care of my own—as they changed from day to day.

Within a month or two of my mother-in-law’s move, we settled into something of a routine. After recovering from the stress of the move, her health improved and she was able to live fairly independently. She drove herself to the grocery store, and she used Special Transit (now Via) to get to other destinations. We called her frequently, visited her several times a week, and included her in family get-togethers and special outings. Admirably, she reached out and made good friends in her new community, and those connections lessened her need to be emotionally dependent on us.

Over the years, as my mother-in-law’s health declined, we gradually took over more of her care: shopping for groceries, picking up her medications, taking her to the doctor, making her appointments, managing her finances, arranging for services, and so on. Eventually we helped her move into an assisted living home, where we remained quite involved in her care. And, finally, when she died two years later, we



concluded our caregiving by helping her fulfill her wishes for end-of-life care, planning her memorial service, and managing her estate.

Along the way, we watched for the “signs” that alerted us to her need for increased intervention and care. Did she get lost driving home from the store? Did she forget to take her medications on time? Was she losing weight because it was too much effort to make a proper meal? Was she depressed because of isolation or the stress of her disease? Did she pay her bills on time? We needed to be vigilant, but not in a way that made her feel she was being “watched.” Because she was so independent, and because we wanted to honor and encourage her independence, we were tactful about suggesting the need for more assistance. There was a delicate balance between her desire for autonomy and our desire to keep her as safe and healthy as possible. We made a lot of judgment calls, and we often wondered if we were doing too little too late or too much too soon. But because we always encouraged her to assess *herself* and clearly respected her opinions and choices, she was more agreeable to accepting our help than if it had been forced upon her.

Because my husband and I both have familiarity with local services for older adults, we felt comfortable telling his mother about available resources and making referrals for the services she selected, and we know that our awareness of resources was a great advantage for our caregiving. Still, we appreciated and were quick to use input from “outside” professionals: the memory evaluation clinic, City Resource Specialists, Medicare counselors, long-term care ombudsmen, mental health professionals, and others. Their expertise was invaluable to our planning.

Eventually, we felt that it would be wise for my mother-in-law to move to an assisted living home, but she was understandably resistant to the idea. We let her know that we were happy to help her look at homes if and when she was ready, and then we let the matter rest and tried not to feel *too* un-

easy about her situation. Fortunately, when her dearest old friend came for a visit, they decided to tour the homes on their own and even selected the one they liked best. Though my mother-in-law respected our advice and turned to us for care, she needed to hear from a trusted friend that the time was right for a change.

While we could imagine what my mother-in-law’s future needs might be, it was impossible to know when her needs would change. In many ways, her decline was gradual and predictable, but there were plenty of abrupt changes too. Often she arrived at a new “plateau” after a health crisis and hospitalization. Her move to the assisted living home, for example, which had been planned when her health was relatively stable, was advanced by a month when she was unable to return to independent living after a sudden severe illness. Thus, typically, planning was less about knowing exactly what we would do and when we would do it than about researching the possible options, discussing them before they were needed, and then preparing for a surprise.

Thankfully, my mother-in-law, with our help, had done adequate financial and legal planning. Initially, her monthly income was sufficient to pay her bills and have a little left over, but once she moved to assisted living, her expenses far exceeded her income. After years of planning for financial security in her old age, it went against her instincts to dip into her precious savings. But, eventually, she came to understand that *this* was her old age, her “rainy day,” and that her savings were there to be used for her comfort and well-being.

We had also helped her with legal documents that specified her end-of-life choices and designated her medical durable power of attorney. We were so grateful that we understood her wishes for end-of-life care when her health suddenly deteriorated and it was time to put those wishes

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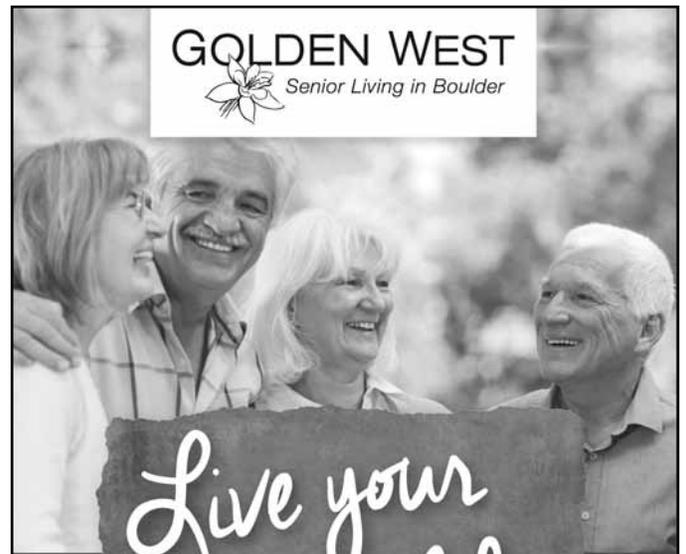


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Planning for Anything

(continued from page 8)

into place. Knowing that she was at the end of her life was difficult enough for us; having to guess at her wishes for that time would have been unbearable.

While we did our best to plan for my mother-in-law's changing needs by looking at the options for care, talking with her about her desires and concerns, and keeping a close eye on her physical and emotional health and her ability to manage the daily activities of her life, we knew that much of her future—and consequently much of our caregiving—was unpredictable and out of our (or her) control. Thus, our most important plan was the one that prepared us to be okay with anything that happened. And, usually, “anything” did.

Emily Cooper is Information & Referral Specialist – Caregiver Programs and Editor of Care Connections for Boulder County Area Agency on Aging. This article, revised here, first appeared in the January/February 2005 issue of Care Connections.

RESOURCES FOR LEARNING

There are many books and websites that provide comprehensive and detailed overviews of caregiving in all its stages. Following are some that we've found particularly helpful.

Books

- *How to Care for Aging Parents* (Virginia Morris)
- *And Thou Shalt Honor: The Caregiver's Companion* (Beth Witrogen McLeod, editor)
- *The Comfort of Home* (Maria M. Meyer with Paul Derr)
- *The 36-Hour Day: A Family Guide to*

Caring for People with Alzheimer's Disease, Other Dementias, and Memory Loss in Later Life (Nancy L. Mace and Peter V. Rabins)

- *The Complete Eldercare Planner, Second Edition: Where to Start, Which Questions to Ask, and How to Find Help* (Joy Loverde)
- *The Unofficial Guide to Eldercare* (Christine Adamec)
- *Caring for Your Aging Parents: The Complete Family Guide* (Hugh Delehanty, AARP)

Websites

- www.aarp.org (AARP)
- www.caregiver.org (Family Caregiver Alliance)
- www.caregiveraction.org (Caregiver Action Network)
- www.alz.org (Alzheimer's Association)
- www.nextstepincare.org (United Hospital Fund)
- www.dailycaring.com

When Caregiving Changes

by Liz Judd



Recently a friend, Susan, and I were having coffee when she told me about her concerns regarding her elderly parents. Her mother, who had been living at home with her husband, is currently at a rehabilitation center following hip surgery, and the question of what comes next is weighing heavily on Susan and the rest of her family. As we talked it became clear that a major issue is the role that Susan's father will have in his wife's care if she does not return home. He's uncomfortable with the thought of her moving to a nursing home, partly because he believes it will diminish or negate his role in her care.



It's clear that the caregiver's role changes when such a move occurs. It's less clear to the caregiver how he or she will continue to be essential despite those changes. New tasks and responsibilities may take less time than the "hands on" caregiving of past, but they will be no less important. Susan's father fears that his wife may feel rejected or neglected, and he is also concerned about not being needed. Just how will he communicate his concern, love, and involvement to his wife once she is in a nursing home?

It is important that Susan's father remembers that his role, though changing, will be every bit as important as it has been. He will be vital to his wife's life. She will continue to want and need his attention, love, and involvement, as he will need those things from her. He may even have more time and energy to attend to her emotional needs once he is no longer providing daily physical care. And he may have time to pursue interests he has postponed in recent months, which can give him renewed energy and new things to share with his wife.

In addition to attending to his wife's emotional needs, he will:

- Monitor her care
- Provide connections with family and friends during visits
- Participate in care conferences as a member of the caregiving team
- Attend to the cues she provides about her well-being
- Remember that he knows her better than anyone else

As his role evolves, Susan's father must remember that he and his wife still need each other and have special and important things to share. They will find ways to maintain valuable levels of emotional connection that have always been a part of their marriage.

Susan, too, will redefine her role in the family.

How she will offer support and care without impinging on her parents' autonomy will also require creativity and flexibility.

With open communication and understanding, every family member can still feel valued and needed. Though their roles will change, they can find special ways to share the love and support that are essential to the well-being of their loved one in a nursing home.

This article first appeared in the May/June 2003 issue of Care Connections, when Liz Judd, MSW, was a social worker with Frasier Meadows Manor.



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Dear Friend,

Thousands of family caregivers in Boulder County—hopefully you among them—have benefitted from the caregiver programs proudly offered by Boulder County Area Agency on Aging, a division of Community Services. Following are caregivers’ comments about these programs—they say it all!

Information and Referral: *“You helped me get oriented in what could be called the ‘Perfect Storm.’ Instead of feeling just tossed around in the chaos, I’m feeling more centered. I am more confident on how to proceed to care for my mother, and I am aware of the resources that are available. ... Information empowers! Thanks so much for your help today!”*

Care Connections newsletter: *“I subscribed to your publication several years ago when my parents were falling apart. You gave me hope and encouragement during a very difficult time. Now a friend of mind is struggling with caregiving duties. Please send the newsletter to her.”*

Caregiver Training Courses: *“I just want to reiterate how glad I am that I attended the National Caregiver Training Program course last spring. My father’s needs have become very intense, and I call on the skillset constantly.”*

Caregiving Symposium: *“I want to thank everyone involved with the Caregiving Symposium ... I’ve been coming to them for several years and find them so helpful. I was showing a friend of mine who lives in [another county], and she was very impressed with all of the materials and lists of resources I have from the event!”*

If any of these programs have been helpful to you or to someone you know—and if you realize their importance to all of our county’s family caregivers—please consider making a donation to help ensure that they continue. A gift of any size helps! Here’s how to give back:

PLEDGE ONLINE: Visit www.AgingServicesFoundation.org and click on “Make Your Donation Now.”

PLEDGE BY MAIL: Enclosed you will find a green donation envelope. Designate “Family Caregiver Services,” submit your gift, and send by mail.

Your contribution will go directly and entirely to BCAA’s caregiver programs and may be tax-deductible. Thank you. Please don’t hesitate to contact me for information and support.

Sincerely,

Emily Cooper, Information & Referral Specialist – Caregiver Programs,
Boulder County Area Agency on Aging
303-678-6116, InfoCaregiver@bouldercounty.org



COMMUNITY RESOURCES

This column provides information about events and classes, services, and other resources of interest to family caregivers in Boulder County. Please remember that it is each person's right and responsibility to research a service provider or event before taking action. See "Information and Assistance in Boulder County" on the back page for ways to learn more about these and other resources. (To share information about a resource for family caregivers, email InfoCaregiver@bouldercounty.org or call 303-678-6116. The deadline for the March/April 2017 issue is January 24.)

Boulder County Area Agency on Aging offers a transformational class for family caregivers: **The Hero's Journey of the Caregiver**. This two-part workshop, which is based on the work of Joseph Campbell and uses a multimedia approach (video, art, poetry, self reflection, and discussion) to help participants examine their own experiences of being the heroes in their lives as caregivers, is on Saturday, February 4, and Saturday, February 11, both 9 a.m. – 1 p.m. (light breakfast offered at 8:30 a.m.), at Longmont Senior Center – Room B, 910 Longs Peak Avenue, Longmont. The workshop is taught by JoAnn Dorio Burton, Community Programs Coordinator for Windhorse Community Services and skilled author, consultant, and life/work skills trainer. It is open to Boulder County residents caring for a relative, partner, or friend who is 60 or over, or of any age if the person has dementia. Pre-registration is required, at 303-678-6116 or InfoCaregiver@bouldercounty.org (attendance at both sessions is required). Financial assistance for respite care is available.

Alzheimer's Association Colorado Chapter presents **"Recuerdos" con Pan y Cafecito**, a presentation in Spanish for family caregivers of persons with Alzheimer's or another form of

dementia, on January 9, 10 – 11:30 a.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont; **Know the 10 Signs: Early Detection Matters**, on January 17, 10 – 11:30 a.m., at TRU PACE, 2593 Park Lane, Lafayette; on January 22, 10:45 – 11:45 a.m., at First Presbyterian Church, 1820 15th Street, Boulder; on February 21, 9 – 10:30 a.m., at Kaiser Permanente, 280 Exempla Circle, Lafayette; on February 23, 12 – 1:30 p.m., at the YMCA, 2800 Dagny Way, Lafayette; and on March 7, 10 – 11:30 a.m., at First United Methodist Church, 1255 Centaur Village Drive, Lafayette; **The Basics: Memory Loss, Dementia and Alzheimer's**, on January 3, 10 – 11:30 a.m., at First United Methodist Church, 1255 Centaur Village Drive, Lafayette; on January 19, 7 – 8:30 p.m., at Niwot United Methodist Church, 7405 Lookout Road, Niwot; on January 24, 2 – 3:30 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont; on January 26, 6 – 7:30 p.m., at MorningStar Assisted Living, 575 Tantra Drive, Boulder; and on March 8, 2 – 3:30 p.m., at The Peaks at Old Laramie Trail, 660 Old Laramie Trail, Lafayette; **Understanding and Responding to Dementia Related Behaviors**, on January 25, 10 a.m. – 12 p.m., at Landmark Memory Care Community, 1744 S. Public Road, Lafayette; **Effective Communication Strategies**, on January 10, 2 – 3:30 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont; on February 7, 10 – 11:30 a.m., at First United Methodist Church, 1255 Centaur Village Drive, Lafayette; and on February 16, 7 – 8:30 p.m., at Niwot United Methodist Church, 7405 Lookout Road, Longmont; **Living with Alzheimer's for Middle Stage Caregivers (3-part)**, on February 9, 16 and 23, 6 – 7:30 p.m., at Balfour Cherrywood Village, 282 McCaslin Boulevard, Louisville;

Legal and Financial Planning, on February 2, 1:30 – 3:30 p.m., at West Boulder Senior Center, 909 Arapahoe Avenue, Boulder; and **Healthy Living for Your Brain and Body: Tips from the Latest Research**, on February 7, 10 – 11:30 a.m., at Natural Grocers (Vitamin Cottage), 100 W. South Boulder Road, Lafayette; and on February 27, 2 – 3:30 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. The classes are free, but pre-registration is required at least one week prior to the start of class, at 1-800-272-3900. Class descriptions are available at www.alz.org/co (Classes and Workshops, Calendar, Boulder).

Boulder County Area Agency on Aging offers **Powerful Tools for Caregivers**, a 15-hour course that gives family caregivers the tools to help them take care of themselves, reduce their stress, communicate effectively, and thrive—not just survive—while caring for an older loved one, on Wednesdays, February 15 – March 22, 1:30 – 4 p.m. (tentatively), in Boulder. The course is open to Boulder County residents who provide care for a relative, partner, or friend who is 60 or over, or of any age if the person has dementia. There is no charge, but donations are appreciated. Financial assistance for respite care (substitute elder care during class periods) is available. Pre-registration is required, at 303-678-6116 or InfoCaregiver@bouldercounty.org.

Boulder County Area Agency on Aging offers **Pain Self-Management (Stanford University's Chronic Pain Self-Management Program)**, a 15-hour course that helps participants learn techniques and tips for living as successfully as possible with chronic pain, on Thursdays, January 19 – February 23, 1 – 3:30 p.m., at the Elks Lodge, 3975 28th Street, Boulder; **Matter of Balance**, a 16-hour health education class designed to help participants reduce their fear of falling and increase their physical activity levels

(classes include gentle exercise), on Tuesdays, January 24 – March 14, 1:30 – 3:30 p.m., at Village Place Apartments, 600 Coffman Street, Longmont; and **Walk with Ease**, a six-week program developed by the Arthritis Foundation that meets three times a week for stretching, a health education lesson, and walking, for novice or intermediate walkers, on Mondays, Wednesdays, and Fridays, February 6 – March 17, 1 – 2 p.m., at Louisville Senior Center, 900 Via Appia Way, Louisville.

Longmont Senior Services offers **Driving Retirement with Support**, about the warning signs of unsafe driving and steps to take to help a loved one retire from driving, with Marlis Lane, OTR/L, of Covell Care and Rehabilitation, on Wednesday, January 11, 9:30 – 10:30 a.m. (free, but pre-registration required at 303-651-8411); and **Longmont Parkinson's Support Group – Evening Discussion Series**, with discussion of recent events related to Parkinson's disease as well as research and review materials on the Internet, on Mondays, January 23 and February 13, 6 – 7 p.m. (an online component also is available via Google Hangouts; contact Tom Hubner at 303-678-7089 or thub321@yahoo.com); both at Longmont Senior Center, 910 Longs Peak Avenue, Longmont,

Longmont Senior Services also co-sponsors **Lunch Bunch**, a weekly supportive group for those in the early to middle stages of memory loss, and their caregivers, for socializing and enjoying stimulating activities, on each Monday, 11 a.m. – 1 p.m., or each Wednesday, 11 a.m. – 1 p.m. There is no charge, but potential participants are asked to call Brandy Queen, at 303-651-8414.

For a full list of **Caregiver Support Groups** that meet in Boulder County, call 303-678-6116 or email InfoCaregiver@bouldercounty.org.

CARE Connections
Boulder County Area Agency on Aging
P. O. Box 471
Boulder, CO 80306



INFORMATION AND ASSISTANCE IN BOULDER COUNTY

Within Boulder County, there are several ways to access information and assistance about resources and services for older adults and their family caregivers:

- Check out **Network of Care for Seniors and People with Disabilities**, a comprehensive online service directory, at www.BoulderCountyHelp.org
- Call the **ADRC Help Line**, at 303-441-1617, and Boulder County Area Agency on Aging staff will respond to your message.
- Call the **resource specialist** in your community (numbers below). Services vary by community but include identifying needs, exploring options, finding solutions, and providing in-depth assistance.

Allenspark area	303-747-2592
City of Boulder	303-441-4388/303-413-7494 (bilingüe)
City of Lafayette	303-661-1499
City of Longmont	303-774-4372/303-651-8716 (bilingüe)
City of Louisville	303-335-4919
Erie	303-441-1617
Lyons area	303-823-9016
Nederland area	303-258-3068
Niwot area	303-441-1617
Superior	303-441-1617

