



CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

Jan/Feb 2013

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Dear Caregiver,

At the beginning of the new year, it's a good idea to ask ourselves if, while taking care of a loved one, we're also paying attention to our own needs. Are we getting time off from caregiving, asking for the help we need, keeping parts of our lives just for ourselves, and receiving affection and consideration in return for all we do? We've gotten so good at measuring the well-being of our care recipients; are we as good at measuring our own?

We, the Editorial Advisory Committee of *Care Connections*, thought it could be helpful to start the year with a look at *A Caregiver's Bill of Rights*, a popular document by an unknown author that contains eight essential rights of the family caregiver. We've each selected and written about a right or two, and we offer what we've written as our gift to you for the new year. We hope it will encourage you to acknowledge your rights as a family caregiver, to assert them for your own well-being, and to speak out on behalf of *all* caregivers. You deserve it.

Happy 2013!

The Editors



Caregiver Right One by Mary Kathleen Rose

I have the right to take care of myself. I deserve it, and it helps me be a better caregiver.

“Place the oxygen mask over your face first, before placing it over your child’s.” Think of this pre-flight instruction, and ask yourself, “How often, as a caregiver, do I rush to help someone else only to run out of breath, miss a meal, or lose focus on my own needs?” The right to take care of myself is fundamental to my ability to be an effective and healthy caregiver.

Whether it involves a parent caring for a child, a friend helping a friend, or a healthcare professional providing services to a client, caregiving forms a significant aspect of human interaction. The instinct and inclination to care for others is the glue that holds families, friendships, and communities



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together. Caregiving is the outer expression of the inner need to connect with others, to belong to something larger than oneself.

Yet, the role of caregiving can be a stressful job, involving challenges that are physical, mental, and emotional. The work of hands-on caregiving often involves physical exertion, even while utilizing the mental capacities involved in making decisions and solving problems. The role of caregiver also requires openhearted communication with other people and sensitivity to their emotional state of being.

Ask yourself, "Am I taking care of myself as well as I care for others?" Through self-reflection, you can keep a balance between the role of caregiver and paying attention to your own personal needs. Self-care involves the obvious measures of nurturing yourself through good nutrition, restful sleep, and adequate exercise. But it also involves nurturing yourself in other ways. If you find yourself becoming more isolated socially because of your caregiving responsibilities, it can take a toll on your mental health. You may need to be more proactive in finding emotional support, perhaps through sharing with other caregivers. Sharing your experiences and concerns with peers who understand the challenges you are facing can validate the importance of what you are doing.

On the other hand, you may find that you thrive best, and are nurtured the most, by participating in activities that you do purely for your own enjoyment. This could include a walk in nature, reading a novel, or receiving a therapeutic massage. Or maybe you enjoy participating in a creative activity that is shared with others, such as music. Sometimes, it just helps to take a break and go see an uplifting movie, or have lunch with a friend.

Give yourself credit for all you do. Recognize the physical and emotional stresses of your caregiving and how they affect your health and your outlook on those around you. If you ask, "How can I justify taking the time and energy to take care of myself?" know that you are a *better* caregiver if you acknowledge and respond to your own needs. Yes, you do deserve to care for yourself! Put on that mask of life-giving oxygen first, then place it on those in your care. You'll all breathe easier together.

Mary Kathleen Rose is a massage therapist, the creator of Comfort Touch massage, and a member of the Care Connections Editorial Advisory Committee.



Caregiver Right Two

by Susan Damon

I have the right to seek help for my caregiving even if my care recipient or others object. I recognize the limits of my own endurance and strength.

One of the core issues of caregiving involves independence—by its very nature, caregiving involves a loss of independence for both care recipients and caregivers. Individuals once proud of their independence and ability to take care of themselves now find themselves needing assistance, often from family members and friends who have shared that same sense of pride of going their own way. Caregivers may begin by thinking they can still do it all and then find down the road that they do need help. If the care recipient then objects to involving others in this already difficult situation, a caregiver needs to keep in mind that they also have a right to assistance, recognizing the limits of their own endurance and strength.

The act of caregiving is a journey into the unknown for most of us. Even if we have been a caregiver before, each care recipient is a unique individual facing new obstacles in their lives. Receiving care can be especially tough here in the American West, where “rugged individualism” is a motto we have lived by our entire lives. A family intent on caring for a loved one by itself may soon find the physical demands are too much, the isolation creates its own burden, or even that transportation during the day is unexpectedly difficult. Seeking extra help for activities of daily living may be met with much resistance by the care recipient, already struggling with loss of privacy and dignity. But a spouse who fears a fall in the shower or simply is losing the strength to physically manage these activities has the right to seek help to preserve

his or her own health and to have the energy to deal with all the other daily issues. Similarly, looking at transportation alternatives can allow a caregiver to maintain their previous level of job performance.

A care recipient’s anger and anguish over the need for assistance can’t override another person’s right to seek help, when help is needed. It is a tough situation and patience is required all around. If the initial reluctance to receive more assistance can be overcome, the care recipient may find that they, too, are benefiting from a wider social network. Deep friendships have been formed from what may seem initially to be unlikely circumstances. And even if the objections to assistance do continue, the care recipient has the right to persist with this new plan if that is what is needed to safeguard their own endurance and strength.

Susan Damon is a volunteer Long-Term Care Ombudsman for Boulder County Area Agency on Aging and a member of the Care Connections Editorial Advisory Committee.

Caregiver Right Three

by Lynn Malkinson

I have the right to maintain parts of my life that do not include the person in my care. I do everything I reasonably can for my care recipient, and I need to do some things just for myself.

Some people naturally lean toward more loosely constructed relationships. They create, and foster, air space between themselves and others. The others can be first-order relations, such as parents, children, spouses, and partners, as well as colleagues, clients, friends, and acquaintances. When such people assume a caregiving role, they likely structure time to keep



up with friends, family, exercise, work, and even travel. This can take a good deal of planning and effort, but if you are a person of this ilk, you probably see its importance in maintaining balance, sanity, and sense of self.

Before he became ill, my husband, Al, and I maintained separate work lives, enjoyed different activities, and had non-mutual, as well as mutual, friends. It suited us both and made our time together interesting because we could tell stories about our “other” lives and thereby double our experience. Thus Al understood when three girlfriends and I cooked up a trip to Italy. His illness was a chronic, long-lasting, and slowly debilitating one, so the trip seemed like a good idea for both of our sakes.

When Al became severely ill, he needed me to be home more. We agreed we both would be happier if I continued to work part-time, to see friends, and to hike and exercise as before. I’m sure I was a sweeter, more helpful companion and caregiver than I would have been if I had not woven breaks into our increasingly intimate lives. As he became quieter and more fatigued, and was clearly moving deeper into himself, I felt an urgency to spend more time with him. I took a leave of absence from work. I bought expensive travel insurance so I could cancel my trip to Italy if needed. Our time together felt both quieter and more intense. Our conversations were honest, bittersweet, and, on my part, tinged with a sense of dread. I remember hugging him when we passed in the kitchen and kissing him on the forehead while he rested on the couch. But since we still didn’t expect his death to be soon, we started arranging for someone to check in on him while I was in Italy.

As it turned out, he died a month and a half before the trip.

Chronic and acute illnesses require different responses. For three years, Al and I treated his

condition as a long haul where both of us had continually to readjust to the “new normal.” We were coping with a slow process. That we were wrong and had a much shorter time together than expected struck me most powerfully when I started writing this article.

I was looking through his 2011 appointment book and noticed, scattered throughout, the words *Lynn out*. Those words have haunted me, and, looking back, I wonder if he was lonely? Should I have stayed home more?

Hindsight is a tricky thing. But we only live in one direction, from not knowing the future to looking back at the past we can’t change. So I think about our life together for the past three years and force myself to picture the tender times, the funny conversations, the deadly serious talks, and the heightened awareness of change coming, of love growing.

After Al died, I did take the trip to Italy and was glad that I did. But that’s another story.

Tying it up ... I believe we have a right to be ourselves and to follow our best instincts. We also have a responsibility to be kind, thoughtful, and to do no harm to the people we encounter. In an intimate setting, such as caring for someone who is ill, these rights and responsibilities must be mutually negotiable, if possible. This said, taking time away from caregiving duties is a healthy and mutually beneficial choice. It’s a right when it’s right for both of you.

Lynn Malkinson is a social worker and a member of the Care Connections Editorial Advisory Committee.

**“The real mystery of life
is not a problem to be solved;
it is a reality to be experienced.”**

— J. J. Van der Leeuw

Caregiver Right Four

by Phyllis Kaplan Guthrie

I have the right to occasionally get angry, be sad, and express other difficult feelings.

Decades ago, before there was hospice in Boulder, I learned quickly that being the caregiver for a loved one includes a palette of difficult and often conflicting feelings. It took much longer for me to learn that I had the right to express these feelings—to myself, as well as to others.

My mother-in-law lived in Los Angeles. Her cancer had metastasized and she couldn't manage living alone. My sister-in-law, who lived nearby, had two young children and a full-time job. My husband and I had recently moved to Boulder. I had neither children nor full-time work, so I was able to fly to L.A. and stay with my mother-in-law as her primary caregiver. I was very glad that I could go and be with her.

My first and dominant feeling was sadness to see Mom so sick and weak. Then, of course, there were moments of anger at her suffering. And also some anger at the decision of her children not to tell Mom about her cancer diagnosis, and the poor prognosis. That was especially difficult for me when she asked what was wrong with her and I had to skirt the truth.

As the weeks went by, it became more and more difficult to take care of Mom by ourselves in her small apartment, or at least I definitely felt it was. I was clearly in uncharted territory.

Standing in the darkened kitchen late one evening, looking out at the night, I found myself silently screaming about the sadness and anger I felt, but most especially about the confusing and conflicting feelings of choosing to be here with Mom, wanting to help take care of her but also feeling unable to continue as her primary caregiver, and maybe even resenting that

responsibility. I was exhausted physically and emotionally but did not want to admit it. I slowly realized that I was not only caregiving for my mother-in-law, but also for the rest of the family. I wanted to protect them, and in so doing I was failing to take care of myself, often a problem for caregivers as I subsequently learned.

I stayed in the kitchen for a long time, looking at the night sky and thinking about that silent-scream moment. When I finally went to bed, I knew I could and would stay as long as was necessary. I also realized it was okay to have the many feelings I was experiencing. Maybe even more important, having expressed these feelings to myself, I determined to share them with the rest of the family. When I did, it led to a good and meaningful expression of our individual feelings. Acknowledging and talking about our feelings was difficult, but it did make things easier for us all.

I guess we could call it a Bill of Rights for the whole family of caregivers.

Phyllis Kaplan Guthrie is an attorney and a member of the Care Connections Editorial Advisory Committee.

Caregiver Right Five

by Janie Peterson

I have the right to reject any attempts by my care recipient, either conscious or unconscious, to manipulate me through guilt.

So, now let's really talk about trying to help Mom. She has been manipulating us since we were born, most often benignly, but not always so. Mom knows how to push our buttons and pull our strings, and decades into this complicated relationship she can still trip us up and catch us off guard. Let's consider a relatively simple caregiving issue of not being able to drive for just three months.



Mom will soon celebrate her 80th birthday, is in relatively good health, lives independently, and is active in the community. Driving home after a busy Saturday morning, she said she “woke up” to find herself in the middle of a busy intersection with cars honking at her—she had run a red light. Fortunately, no one was injured and Mom, quite shaken, went home. The next day, Mom finally told her daughter who lives nearby what had happened. Mom soon found herself at the hospital, having a variety of tests done to try to determine the cause of the driving incident. Mom was embarrassed by the attention. She just wanted to go home.

The tests were negative—nothing seemed abnormal. Because no cause of the brief loss of consciousness could be determined, the hospitalist, a neurologist, and her family physician all advised Mom not to drive for at least three months, assuming no further incident occurred. Mom wasn’t happy about this restriction on her freedom. Her children created a plan for getting Mom out of the house to run her errands and make her appointments for the next several months. Mom grumbled that she should never have told anyone about “the incident,” a manipulation that caused anxiety in her children, concerned about her future actions and choices.

The children thought they were all in agreement about who was going to come over and drive her to appointments and errands. Mom didn’t like all the plans. For instance, she told her oldest, who lives an hour away, that she didn’t have to drive over on her scheduled day next week because the nearby daughter is so close and can run the errands—it isn’t any trouble for her (this sibling has a full-time job that involves travel and has already asked for help). This daughter has to go to the grocery store on Saturday anyway, so what’s the problem? And so it begins, telling each child something differ-

ent, manipulating sometimes just by omission, or changing the facts, just a little. The adult children have reminded themselves to communicate with each other, even over the simplest things.

Mom is understandably angry about her loss of independence and having to rely on others for transportation. And much of what she is doing is not new, and it often isn’t blatant, but it creates misunderstandings, frustration, and hurt feelings. There is nothing new about Mom’s lifelong manipulation of the information she shares, trying to reach a goal she won’t state outright. The new safety concerns create an increased awareness for her children to constantly keep in mind this habit of changing her story to suit her purpose. Everyone involved has the right not to be manipulated—each of them deserves to be treated with dignity and respect.

Janie Peterson is an occasional contributor to Care Connections.



Caregiver Right Six *by Lynn Malkinson*

I have the right to receive consideration, affection, forgiveness, and acceptance from my care recipient for what I do, for as long as I offer these in return.

When I read this right, I immediately thought of the Golden Rule, which, according to Wikipedia, is recommended in one form or another as far back as Confucius, circa 500 BC. It makes a lot of sense that the way to go through life is to “do unto others as you would have others do unto you.” Right Six is a specific example of how this might be useful for caregivers.

(continued on page 7)



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Caregiver Right Six

(continued from page 6)

This right isn't constitutionalized or legislated, yet it has been promoted by good people of influence throughout the ages. Mothers, clerics, psychologists, and teachers like it. Its message rings true because it is simple, practical, and often works for all concerned (a "win/win"). We recognize its wisdom as a way to smooth out and improve everyday interactions with other people.

The most successful practitioners of this philosophy achieve a mutually agreed upon way of interacting that leads to a pleasant day. Unfortunately, the opposite ways in which we have learned to interact seem quite popular. Powerful and irrational feelings and habitual behaviors often step in front of the kinder, healthier, and more functional ones. We are all familiar with a range of feelings, from grouchiness and irritability to resentment, anger, and dislike. These may lead to meanness of spirit and negative behaviors in our dealings with those we care for. When these inform daily interactions between care receiver and caregiver on an ongoing basis, whatever their root cause, it is time to remember that as human beings we do have a right to something better. And the responsibility to *be* someone better.

So, what do we do if we weren't naturally given the wherewithal to be the person described above? Or, if the person we are caring for hasn't achieved a totally evolved set of personal traits, as outlined above. What do these imperfect beings do?

There is no answer, except that everybody must do the best they can, given the circumstances. If one member of the dynamic caregiving duo, which may also be a trio, quartet, or symphony, depending on the size of the caregiving group, has an inkling about how to operate in a sad and stressful and exhausting

situation, he or she may set a standard or model for others, either by example or by actually talking about "helpful" or "acceptable" modes of being/acting. This goes for the care recipient too. And maybe, just maybe, things will begin to lean in a more favorable direction.

Lynn Malkinson is a social worker and a member of the Care Connections Editorial Advisory Committee.

Caregiver Right Seven

by Emily Cooper

I have the right to take pride in what I am accomplishing and to applaud the courage it takes to meet the needs of my care recipient.

For the last ten years of my mother's life, I was her long-distance caregiver. But my older brother, who lived only thirty miles away, was Mom's primary caregiver. If someone had asked me twenty years ago if that could ever happen, I would have answered, "No."

My brother was the "black sheep" of the family, and as we were growing up, our family life centered on his problems. He repeatedly ran away from home, dropped out of school, had terrible fights with our parents, and was hateful to my sister and me. And as an adult, he continued to have a troubled life.

Despite this sad history, when our father died my brother became more attentive to Mom. By that time, he was the only one of our family still living near her, but his attention was about more than that. I think he wanted to take care of Mom because he loved her, because he knew it was what Dad would have wanted, and perhaps because he hoped to make up for the pain he had caused her.

(continued on page 10)



COMMUNITY RESOURCES

This column provides information about coming events and classes, helpful services, and other resources of special interest to family caregivers in Boulder County. (See “Information and Assistance in Boulder County” on the back page for ways to learn more about local resources.)

AltaVita Assisted Living Memory Care Centre offers a free presentation, **Parkinson’s and Dementia**, with Cheryl Siefert of the Parkinson’s Association of the Rockies, on Tuesday, January 8, 6:00 p.m. (doors open at 5:30), at AltaVita, 800 S. Fordham, Longmont. To register or for more information, call 303-300-3700.

Among other presentations, PrestigePLUS offers **Advance Directives**, about considering and clarifying one’s wishes for medical treatment in the event of incapacitation, with Peggy Arnold, M.A., PrestigePLUS Program Coordinator, on Friday, January 11, or Friday, February 8, 9:30 – 10:30 a.m. (\$5.00 for Longmont residents; \$6.00 for non-residents); and **Medications and You: Take Charge!**, about the potential problems of taking multiple medications for various conditions, and becoming better managers of the medications one chooses to take, with a pharmacist and a physician, on Monday, February 25, 9:30 – 11:00 a.m.. Both presentations are at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Pre-register for either at 303-651-8411.

Louisville Senior Services presents **Fall Prevention: Winter Challenges**, with a physical therapist who will share ideas on how to maneuver safely during the winter months, on Thursday, January 17, 1:00 – 2:00 p.m., at Louisville Senior Center, 900 W. Via Appia,

Louisville. There is no charge. Register at 303-666-7400 (code #18012-1).

Boulder County Area Agency on Aging continues its popular **caregiver training courses** throughout 2013. **Powerful Tools for Caregivers**, a 15-hour course (meets once a week for 6 weeks) that gives family caregivers the skills to ensure they take care of themselves while caring for older loved ones, will be held on Thursdays, January 31 – March 7, in Boulder; Wednesdays, April 10 – May 15, in Longmont; Tuesdays, July 9 – August 13, in Boulder; and Thursdays, October 3, - November 7, in Louisville; all 1:30 – 4:00 p.m.. **The National Caregiver Training Program**, a 21-hour course (meets once a week for 7 weeks) that helps family caregivers acquire the skills needed to provide safe, confident home care for frail older loved ones, will be held Wednesdays, January 23 – March 6, in Longmont; Thursdays, April 4 – May 16, in Boulder; Thursdays, July 11 – August 22, in Lafayette; and Wednesdays, September 25 – November 6, in Boulder; all 1:00 – 4:30 p.m.. Each course 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. There is no charge, but donations are appreciated. Financial assistance for respite care during class periods is available. For more information or to register, call 303-678-6116 or email InfoCaregiver@bouldercounty.org.

Boulder Senior Services and multiple co-sponsors present the **Thriving Independently at Home Resource Fair**, for seniors, people with disabilities, and their family members, on Tuesday, February 26, 3:00 – 6:30

p.m., at East Boulder Senior Center, 5660 Sioux Drive. Browse over 45 information tables on local services, speak with agency and business representatives, and learn from panels on legal issues, in-home services, financial assistance, home safety and modifications, volunteer visitor programs, and wellness programs in the home. There is no charge. Pre-register, if desired, by calling Paulette Foss, at 303-443-1665. For general information, call 303-441-4150.

The Alzheimer's Association Colorado Chapter offers **Savvy Caregiver**, a 12-hour course (meets once a week for 6 weeks) that trains family caregivers in how to assess the abilities of a person with dementia and feel more confident in the skills of caregiving at the various stages of the disease, on Fridays, March 15 – April 19, 9:00 – 11:00 a.m., at West Boulder Senior Center, 909 Arapahoe, Boulder. Attendance at all classes is strongly recommended. For more information or to register, call 303-813-1669 or go to www.alzco.org/calendar. To learn about other classes offered by the Alzheimer's Association, call 800-272-3900 or visit the website above.

The Alzheimer's Association Colorado Chapter also offers **free one-on-one consultations** for families wanting to make a plan of care for their loved one with dementia. Appointments are available in the Association's Denver office, or by phone or email. For more information, contact Amy Miller, at 303-813-1669, ext. 235.

Boulder County Sheriff's Office offers a **secure drug drop box for safe disposal of unwanted prescription drugs**, available to the public Monday – Friday, 7:30 a.m. to 5:30 p.m., in the vestibule of the sheriff's headquarters, at 5600

Flatiron Parkway, in Boulder. (Prescription drugs should never be disposed of by flushing or by putting down the drain.)

Project Homecoming is a short-term meal delivery program designed to help patients make the transition from hospital to home. The service is free for five days and is offered by Meals on Wheels agencies in Boulder County. Call 303-441-3908 to learn more.

The **Respite Assistance Program**, of Boulder County Area Agency on Aging, offers up to \$500 per calendar year in reimbursement for the costs of respite care (substitute elder care) provided by a friend, relative, adult day program, long-term care facility, or home health care agency. To apply, contact the Resource Specialist in your community (see back page for phone numbers).

If your care recipient is a veteran, he or she may qualify for **veterans' benefits** such as service-connected disability, non-service connected disability pension, or health care. Widows/widowers of veterans may also qualify for benefits which could include assistance for home health care, assisted living, or nursing home placement. To learn more, contact a Boulder County Veteran's Services Officer: Karen Townsend, 303-776-8502, in Longmont, or Michael Holliday, 303-441-3890, in Boulder.

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

To share information about a resource or coming event for family caregivers, email InfoCaregiver@bouldercounty.org or call 303-678-6116. The deadline for the March/April 2013 issue is January 24.





Caregiver Right Seven

(continued from page 7)

I had always been and continued to be very involved in Mom's life, but the physical distance between us limited what I could do for her. After having been the "responsible, nurturing one" my whole life, I found myself in the unusual situation of being the *secondary* caregiver, with my brother in charge. Did that make me feel uncomfortable? You bet.

As Mom got older and frailer, eventually losing much of her short-term memory, my brother stepped up to the plate in a remarkable way. He had no experience in taking care of someone, and everything that had happened in his life excused him from even trying, but he did it. He took care of Mom, and that included visiting several times a week, buying her groceries, hiring home care assistance, maintaining her house, handling emergencies, taking her to appointments, keeping her safe during severe winter storms, and so much more.

Not surprisingly, I was stunned to see this side of my brother. And, thankfully, I had the good sense to get over (most of) my discomfort at being the #2 caregiver and to realize that he was getting a special chance to become someone different through his care of Mom. I made a point of telling him every time we talked that I knew how much he was doing for Mom and that I was proud of him. He never acknowledged what I said, but I hope he stored those good words away somewhere and that he knows he did something to be proud of. Primarily because of him, our mother was able to stay in her home, as she wished, until her passing at 96. Being a mom, she *always* thought my brother was wonderful, and I truly hope he knows that.

Emily Cooper is Information and Assistance Specialist for Caregiver Programs and Editor of Care Connections for Boulder County Area Agency on Aging.

Taking Care of Myself

by Kaelin Kelly

"Take care of yourself, caregiver!"

"Gotta take care of yourself."

Hearing it, I cringe

Sounds so easy

But takes so much

Starting with the challenge

Of knowing what it means

To think of me

While immersed in you

My husband helps me see

"This conference is your work."

"This conference is your stimulation."

"This conference is your connection."

"Do it for yourself."

"Do it for me."

"Do it for Mom."

Yes.

Of course.

We all benefit

When I reconnect with myself

When you find out I'm going

I watch your eyes harden

Your body tense up

"Why? Why are you going?"

Explanation, reassurance

The appeal to your fairness

Nothing penetrates your fears

You pull out the big guns

"Anyway, I'll be dead then."

I gasp

"Why do you say that, Mom?"

"That's the way I feel."

Great.

So now here's the guilt

Knowing I'm guiltless

A whole new challenge

To regain perspective

I gave you my all, Mom,

When you were dying

You got used to it
And now expect it
When you've chosen to live

I see I've been dying
From giving up too much
So I'm choosing to live now
To take care of myself
And go on my sojourn
You'll do just fine

"Take care of yourself"
I'm working on it
It isn't easy
To rise from the dead

*From A Caregiver's Journey:
Poetry by Kaelin Kelly*

Caregiver Right Eight

by Emily Cooper



I have the right to expect and demand that as our country makes strides in providing resources for persons with physical or mental impairments, it makes similar strides in aiding and supporting their caregivers.

Family caregivers often complain of feeling “invisible,” and I’ve felt that way myself. For instance, in the many dozens of times that I’ve been in a doctor’s office or other healthcare setting with my care recipients, I’ve only rarely been acknowledged as the caregiver, or even by name. Many healthcare providers haven’t quite figured out what to do with us family caregivers, and that means they’re missing important opportunities to formally involve us in their patients’ care.

Thankfully, our local communities and the country are, in general, becoming more aware of family caregiving issues. After all, most of us will be family caregivers, or will need a care-

giver, at some time in our lives—or at several times in our lives. For nearly every person who needs care, there is at least one family caregiver who is helping to provide it. Thus, the National Family Caregiver Support Program (part of the Older Americans Act) was created to provide basic services, such as information, counseling, support groups, training, and respite care, to our country’s family caregivers. And, almost every day now, we see stories about caregivers in newspapers, magazines, on TV, and elsewhere in the media. As a society, we’re finally “getting” that caregiving is *big*—and getting bigger!

We think there are, in the U.S., *65 million* family caregivers taking care of older loved ones, children with disabilities, and beloved friends. But it’s impossible to arrive at an accurate number because so many individuals providing care for a loved one don’t identify themselves as a “family caregiver.” They’re just a relative, a partner, a friend who’s doing what needs to be done. But not identifying as a family caregiver means that these folks are inflicting some of that invisibility on themselves. If they don’t claim the title of “family caregiver,” they won’t be counted as one, and they won’t realize they’re eligible for local services that have been created to support them.

To help ensure that caregiving gets the recognition it deserves, and to promote the expansion of funding for caregiver services, let yourself be heard! Proudly call yourself a family caregiver and start educating others about the important role you play. By doing so, you’ll help yourself, and you’ll also bring needed attention to those 64,999,999 other caregivers too!

Emily Cooper is Information and Assistance Specialist for Caregiver Programs and Editor of Care Connections for Boulder County Area Agency on Aging.



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INFORMATION AND ASSISTANCE IN BOULDER COUNTY

Within Boulder County, there are several key 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 **ARCH Information and Assistance 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, finding solutions, exploring options, and providing in-depth assistance.

Allenspark area	303-747-2592
City of Boulder	303-441-4388 (bilingüe: 303-441-3918)
City of Lafayette	303-665-9052, ext. 3
City of Longmont	303-651-8716 (bilingüe)
City of Louisville	303-335-4919
Lyons area	303-823-9016
Nederland area	303-258-3068
Niwot area	303-652-3850

