CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

July/August 2013

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Dear Caregiver,

So many family caregivers have concerns about an older loved one's driving. Getting behind the wheel of a car is a dangerous and serious business for *all* of us, and medical conditions, medication usage, and reduced physical or mental function can make it even dicier. You would think we'd voluntarily quit driving once our ability to do so safely was impaired. But driving represents freedom and independence, the ability to get out and go whenever and wherever we want, and giving it up can feel like we're losing an important part of ourselves. No wonder that some drivers stay on the road longer than they should, and that caregivers often find it challenging to have "the conversation" about driving with their older loved ones.

We hope this issue about driving helps you with that delicate conversation. Hard as it may be, it's wise not to put it off.

Take care.

The Editors



Our Own Stories

by Susan Damon, Mary Rose, Lynn Malkinson, and Emily Cooper

Several of us on the Care Connections Editorial Advisory Committee have personally dealt with the issue of elderly parents or friends who could no longer drive safely. Here are our stories:

y mother had been remarkably healthy for a woman approaching her 80th birthday. She lived independently in her own home, handled all her own affairs, and was active in the community. When she experienced a sudden, fleeting loss of consciousness while driving, she found herself in the hospital, subjected to numerous tests. The most distressing result was the decision that she shouldn't drive until three months had passed without another fainting incident.

Her first reaction was to refuse such a limitation. Driving was always an essential part of her mobility and she was not losing that freedom without a fight. Countering this rebellion was her fear of another driving blackout; doctors and her family expressed concern for her well-being and the safety of others on the road. That was the argument that ultimately kept her car keys on the hook for three months. Her daughters

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arranged schedules to drive her to doctor appointments and to run necessary errands. She also got rides to church and her volunteer work with friends.

At the end of the three months, a healthier woman gladly picked up her car keys and headed off to the grocery store by herself. Now, we are all keeping a cautious eye on her sister, as concerns grow that she may be having short-term memory problems that could begin to impair her driving. Another potential driving dilemma ...

* * * * *

In their later years my parents reacted very differently to the issue of driving. Both of them are gone now, but I remember the worry I shared with my five siblings that my father was still driving. He refused to quit, even when no one was willing to ride in the car with him. Though diagnosed with terminal cancer, and with rapidly declining health, he insisted he was okay to drive.

As his illness progressed, his doctor suggested it was time to have a family meeting and to discuss hospice care. Instead, Dad got in his car and drove to make a donation to the church he had attended for years. A few days later he was in the hospital. As he slipped into an unconscious state, my siblings gathered from around the country to say our goodbyes.

For our father's funeral mass, we gathered together a few of his possessions, symbols of his life, to display alongside his photo. These included an American flag, his wedding ring, fishing flies, the golf ball from his "hole in one," and his driver's license.

In contrast, my mother, who outlived my father by a few years, gave up driving very easily. She thought it was just fine to be driven around by other people, first by her children, and sometimes by the van of the skilled nursing facility where she lived.

At one point she shared with my sister that she had enjoyed a great outing with others from the nursing home when the van took them to a farm in the country. She talked about all the animals on the farm. My sister thought it must have been fun for Mom to relive some of her childhood memories of growing up on a farm in Idaho. But she also wondered how the convalescent home—in the middle of San Diego—could take a busload of severely disabled people, most of them in wheelchairs, to a farm.

A few days later I arrived to visit my mother, and she told me about this wonderful trip to the farm. "It sounds great, Mom. Where was this farm?" I asked.

"Hmm," she said slowly, looking a bit puzzled. "I'm not sure it really happened."



"That's okay," I said. "It sounds like you enjoyed yourself, and that is what's important."

Yes, Momknew how to travel in her imagination, long after giving up the keys to the car.

* * * * *

When there's an ill wind, we wish for a zephyr; in winter, we hope for spring. Most of us call the bad times a phase after which things will get better. When the strong evidence is otherwise, this optimism may be a denial of reality with pathological overtones, or merely a way to cope with a dire situation. Usually it's that we are experienced with transience, with things not staying the same, with things getting better—or worse. Which way a person tilts often reflects a tendency or habit of personality, background, experience, or biochemistry in one direction or the other.

When a friend's husband experienced impairment of his vision while driving down the mountain from Nederland to Boulder, causing him to drive more and more slowly, his wife told him to pull over at the next turnout and he willingly switched places with her. He was as aware of the danger as she was. But, after a few hours he felt fine, regained his confidence, and took over the wheel. Since visual problems had occurred intermittently for several years with no lasting effect, they both ignored the incident. Sometime later, when the husband couldn't see while driving on a highway and amazingly got home without hurting anyone, the couple admitted the problem was much worse, and took steps to seek medical help and to modify his driving habits. Why did it take so long? Hope, fear, denial? Maybe a little of each?

Another friend's husband had complained of blurry vision for four months but ignored his wife's advice to see a doctor. When the problem worsened and he still refused medical help, she researched his symptoms online, scouted out a vision specialist, and emailed him her findings. Only then did her husband make an appointment, but by the time he saw a doctor, his retina was already partially detached. His wife told me she knew her husband would more likely respond to an email than to her wise but wifely counsel. Email was the communication medium of his work, and she knew that information presented that way was easier for him to absorb and to act on.

* * * * *

My dad was a proud and stubborn man. I don't think I ever heard him admit to having made a mistake; he'd go to sometimes illogical lengths to place any blame on someone or something else. It wasn't his most endearing quality, but it didn't become a *dangerous* one until he developed macular degeneration and the early symptoms of Alzheimer's disease and continued to insist that he was perfectly capable of driving. If there were any problems, it was the fault of the car, or other drivers, or my mother, or the weather, or

My parents lived far away from me, so it was pretty much up to Mom to persuade Dad to curtail his driving. But he wasn't convinced, and Mom didn't get far on her campaign to end, or at least limit, his driving. Though Mom could drive, Dad had always been the designated driver when they were together, and he was unwilling to let her take over. So Dad kept driving, and Mom worried and prayed a lot. On one excursion, they ended up in a ditch when Dad didn't see an oncoming car in his lane. Mom was sure he'd missed it because of his vision, and after that she tried to avoid riding with him.

Then, one morning, what we had feared could happen did. Dad was driving to his weekly Rotary meeting, came to a stop sign at the highway that passed through their town, and pulled out in front of a vehicle carrying a family of four. They broadsided him, but, amazingly, no one was badly injured. Afterward, Dad claimed that the accident was the other



driver's fault (of course), but inside he must have known he was to blame, because he never drove again after that day. The police may also have put some pressure on him, and probably there was another test of his vision, but I don't remember—or never heard. What I do recall is that Mom and the rest of us were greatly relieved that Dad hung up the car keys, whether voluntarily or not. And, before long, when his dementia became more evident, we were especially thankful that the driving issue had been laid to rest.



Getting Out with Via

by Barb Borg

A fter my father retired from many years of employment at IBM in Boulder, he developed daily rituals that gradually replaced his work routines. One such ritual was to get up early, shower, get dressed, and drive himself to a favorite donut shop in Boulder. There he would have several cups of coffee and a donut. It was around this time that he developed another routine, which repeated itself near the middle of each week. He would offer to go to the grocery store and "get a few things" that he and my mom had run short of during the week.

My mom didn't have my dad's sweet-tooth, nor did she enjoy quick trips to the grocery store. She preferred to walk through stores like JC Penney's or Foleys, looking for sales. When I could, I frequently went with her, as this became our time to talk.

These outings were an example of what my mom and dad referred to as "getting out." Sometimes they got out together, sometimes separately; it was not unusual for them to hop in the car and simply go for a drive. The purpose of their going into the community was not primarily to get coffee, or to purchase groceries. These trips

were opportunities to be a part of the community, to see something different, and to interact with other folks who might also be "getting out."

Thinking about the people we love being unable to participate in their community on a regular basis can be as discouraging to us as it likely is to them. As much as transportation links virtually all of us to necessary goods and services, I believe that being able to just "get out" regularly for purposes other than appointments is part of what keeps life stimulating and enjoyable.

This leads me to talk about the role that Via Mobility Services can have in an older adult's life. Based in Boulder County, Via is a non-profit organization that recognizes the important role that transportation and mobility play in daily life. Via serves as a resource for older adults and people with disabilities, providing customers with low-cost transportation as well as offering information about other local mobility options.

Via's primary service is a flexible mode of transportation known as paratransit. Unlike public buses that follow a fixed route and fixed schedule, Via's paratransit is an on-demand, doorto-door, often shared-ride service from any origin to any destination in its service area. Customers or their caregivers can call from one to seven days ahead of the desired ride. Since trips are scheduled on a first come, first served basis, riders are advised to call well ahead to request rides to scheduled events or appointments. If there is flexibility in their time, trips requested with shorter notice can often be arranged.

Now, riding with Via may not be as convenient as hopping in one's own car, but it has its special perks. Drivers will offer assistance in accordance with the rider's needs. Most of Via's vehicles are wheelchair accessible, although Via also uses hybrid sedans. Customers who have been used to driving themselves may find that it's relaxing to sit back and take in the scenery. One of our



riders in Estes Park recently told us that riding with Via is how he stays in touch with his friends, who also ride with Via. When he takes trips with us, his goal is to be the last, not the first, to arrive at his destination.

Becoming a rider with Via requires only a phone call to 303-447-2848. This call can be made by the new rider, or by a friend, family member, or The caller will speak with Via's caregiver. Mobility Specialist who will obtain the rider's demographic information and will also ask about the rider's transportation needs. The Mobility Specialist can answer questions about Via as well as recommend transportation alternatives that suit the rider's individual circumstances. When calling for an aging parent or for oneself, it's quite alright to let Via know that the reason for a requested trip is primarily to "get out." There is no requirement that rides with Via be only for socalled necessary trips. Riders may want to schedule outings to favorite hangouts: the mall, a local restaurant, a park, an afternoon with the grandchildren, or a recreation center.

As part of helping customers broaden their repertoire of transportation alternatives, Via also offers travel training. This service is designed to provide older adults and people with disabilities with the skills to safely and confidently use public transportation. Both English-speaking and Spanish-speaking travel trainers are available. The really nice thing about using public transportation is that it enables customers to make spontaneous decisions to get up and go.

Via enables many older adults to comfortably go where they'd like to, and offers many ways for that to happen. Here's to "getting out!"

Barb Borg is Customer & Community Services Coordinator for Via Mobility Services.

Having the Conversation about Driving

by Julia Spigarelli

here are many adjectives to describe the topic of giving up the car keys as it brings out a range of emotions both on the part of the senior who is asked to stop driving as well as the family member or professional who is doing the asking. Many people find this subject too sensitive or challenging to discuss, and, as a result, the conversation either never happens or happens too late.

When asked to give up driving, an older driver may feel:

- Angry "What gives you the right to tell me what to do?"
- Frustrated "There's nothing wrong with my driving. I've been driving since I was 13 years old."
- Resentful "I've given up everything. Now you're taking my car away?"
- Sad "Now I have to depend on others. I feel so useless."

And family members may experience:

- Frustration "I don't know what to say or how to say it."
- Guilt "I'm depriving Dad of the one thing that he really loves. Will he resent me for this?"
- Fear "If I don't do this, I'm afraid Mom will be injured or will injure others."

For many older seniors, driving may represent the last bit of independence that they can hold on to. They do not want to feel like they are giving up control or are having to depend on others. They want the freedom to come and go as they wish, even if it means just a short trip to church, to the doctor, or to the grocery store. They may also be in the role of a caregiver for friends and enjoy offering transportation to them as well.

If you consider that an older person may have already experienced the loss of family, spouse, home, health, and more, you can understand why the conversation about driving must be handled in a caring, compassionate, and respectful manner. However, though this challenging interaction may be uncomfortable, it should not be avoided!

Statistically, many older adults are safe drivers who wear their seat belts, observe speed limits, have fewer incidences of alcohol-related charges, and do not talk or text while driving. So why is the risk of accident and injury increased?

- Age Drivers over the age of 75 are at higher risk for collision.
- Medical Conditions Diminished vision, hearing, cognition, and motor skills
- Medication use May be taking many medications for complex issues
- Reduced Reaction Time Reflexes are not what they used to be.

Hearing sensitive information from the right person can also make a difference. Selecting the right person, not necessarily a family member, can be instrumental in achieving success. Some non-family choices may be a doctor, close friend, social worker, therapist, police officer, or faith community leader.

Conversation openers may include:

- •"I almost had an accident today. Thank goodness I reacted quickly enough to avoid a collision."
- •"Dad, what did the doctor say yesterday during your eye examination?"
- "I'm concerned about your safety, Mom."
- "You said that new medication makes you dizzy at times. Let's talk with your doctor about this."

Once again, the conversation about limiting driving or giving up the keys should never be delayed. Ideally, it should begin before driving becomes a problem, but it definitely must take place when a problem arises:

• An actual accident – "I had a fender-bender

- today, but I don't think it was my fault." *Response:* "Even if you were not at fault, you could have been seriously injured."
- A near miss "I nearly got hit today in the grocery store parking lot." *Response:* "It's nearly time for your regular doctor appointment. Let's get a good checkup. I know you would feel awful if you got hurt or injured someone else."
- Health changes "I don't seem to see so well at night." *Response:* "Let's make an eye appointment and get those eyes checked out."
- Signs of confusion—"I got lost going to church this morning. I guess I wasn't paying attention." *Response:* "Why don't we go together to church next week? You can drive and pick me up."

In order to prepare for this "Courageous Conversation," you should always have your facts straight. Do not assume something just because the driver is older. Try to drive with them as a passenger on several occasions and observe. You may want to accompany your loved one to a medical appointment and have the physician administer tests for hearing, vision, cognition, reflexes, and flexibility. Investigate alternative transportation options and be supportive, open, and honest. And ask yourself this question: "If I couldn't drive, what would I do and how would I feel?" Someday, someone is likely to have the difficult conversation about driving with us, and we'll probably find it hard to deal with too.

Julia Spigarelli, with Centura Health – The Villas at Sunny Acres Senior Living Community, offers free educational seminars for seniors and their families (call 303-255-4153).





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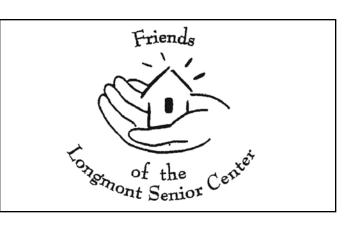
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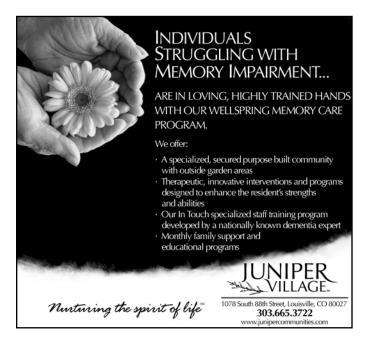
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Dear Friend: July 2013

Boulder County Area Agency on Aging offers a number of programs for family caregivers through the *Caregiver Initiative* (*CAREConnections* newsletter, Information and Assistance, National Caregiver Training Program, Powerful Tools for Caregivers, Caregiver Library, Caregiving Symposium, caregiver appreciation events, and other services) and through *Respite Services* (Respite and Companion Volunteer Program and Respite Assistance Program).

The Aging Services Foundation is pleased that these programs offer support, education, and relief to family caregivers. Boulder County caregivers give so much to their loved ones, and the Area Agency on Aging is committed to honoring their dedication by providing these programs for assistance.

But we need your help. Will you consider making a donation to help ensure the continuation of these programs for caregivers? The number of family caregivers in Boulder County is growing daily, and it's important that every caregiver has the chance to get the support that these programs offer. One *CAREConnections* reader wrote, "I felt all alone in this process [of caregiving], but your newsletter really helped give me support and the knowledge that there are many services and lots of caring people out there!" We want *every* caregiver to feel that kind of support, whether it's from reading *CAREConnections* or from having a respite volunteer, attending an event, taking a training course, or just talking with someone who understands.

If you choose to help with a gift, please make your check payable to **Aging Services Foundation** and **address your envelope to Boulder County AAA**, **PO Box 471**, **Boulder**, **CO 80306**, **Attn: Alan Castle**. Please note on the memo section of your check whether you want your donation to go to the <u>Caregiver Initiative</u> or to <u>Respite Services</u>. You can also use a credit card to make your donation online at <u>www.agingfoundation.org</u>. Contributions are tax-deductible and go directly to our caregiver and respite programs. Thank you.

Sincerely,

Dean Newman, ASF Board President

Donn & . Newman

Please feel free to contact any of these Boulder County Area Agency on Aging staff with any program questions:

- Emily Cooper, Information & Assistance Specialist Caregiver Programs: 303-678-6116
- Olga Jacoby, Financial Assistance Programs Coordinator: 303-678-6284
- Rachael Oyer, Respite and Companion Volunteer Program Coordinator: 303-441-1543



COMMUNITY RESOURCES

This column provides information about coming events and classes, services, and other resources that may be 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.

PrestigePLUS offers **Advance Directives**, a class about considering and clarifying one's wishes for medical treatment in the event of incapacitation, with Peggy Arnold, on Fridays, June 14, July 12, or August 9, each 9:30 – 11:00 a.m., at Longmont Senior Center, 910 Longs Peak Avenue. Pre-registration is required, at 303-651-8411. There is a \$5.00 fee for Longmont residents; \$6.00 for non-residents.

Boulder County Area Agency on Aging offers each of its two caregiver training courses twice more this year. Powerful Tools for Caregivers, a 15-hour course that gives family caregivers the skills to ensure they take care of themselves while caring for older loved ones, will be held Tuesdays, July 9 – August 13, 1:30 – 4:00 p.m., in Boulder; and Thursdays, October 3 – November 7, 1:30 – 4:00 p.m., in Louisville. National Caregiver Training Program, a 21hour course, taught by a registered nurse, that helps family caregivers acquire the skills needed to provide safe, confident home care for frail older loved ones, will be held Thursdays, July 11 – August 22, 1:30 – 4:30 p.m., in Lafayette; and Wednesdays, September 25 – November 6, 1:30 – 4:30 p.m., in Boulder. There is no charge, but donations are appreciated. Financial assistance for respite care (substitute elder care) during class periods is available. For more information, or to register, call 303-678-6116 or email *InfoCaregiver@bouldercounty.org*.

Medicare Counselors with Boulder County Area Agency on Aging offer **Medicare Basics Classes**, for anyone wanting to learn more about enrollment, benefits, costs, and choices under Medicare, on July 11 or August 1, 2:00 – 4:00 p.m., at East Boulder Senior Center, 5660 Sioux Drive (call 303-441-1546 to register); on July 15 or August 19, 10:00 a.m. – noon, at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); and on August 16, 1:30 – 3:30 p.m., at Lafayette Senior Center, 103 S. Iowa Avenue (call 303-665-9052 to register). There is no charge, but donations are appreciated.

TRU Community Care offers to caregivers and those grieving a loss the **Step by Step Boulder Hiking Group**, a safe place to get some gentle exercise and have quiet time with supportive companions, on Wednesdays, July – September, 5:30 – 7:00 p.m., meeting at Boulder Montessori School, 3300 Redstone Road, Boulder. To register or for more information, call Julie Thomas, at 303-604-5213.

Boulder County Senior Law Day, a free event sponsored by Colorado Bar Association CLE and local agencies, is on Saturday, August 10, 8:00 a.m. – 1:00 p.m., at Plaza Conference Center, 1850 Industrial Circle, Longmont. Get expert answers to seniors' legal, financial, medical, and mental well-being questions presented by local professionals; choose from two dozen educational seminars, plus personal Ask-A-Lawyer sessions; visit nearly 40 exhibitors offering advice for living well during the senior years; and get a free copy of the 2013 Senior Law Handbook, with over 400 pages of advice



on key legal subjects. A complimentary continental breakfast is available after check-in at 7:15 a.m. Register at http://seniorlaw.annual cle.com/boulder/.

The Old Age Pension Dental Assistance Program provides dental services for low-income seniors in Colorado. Boulder County Area Agency on Aging facilitates dental services through this program for residents of Boulder County. To qualify, one must be 60 or older and must receive monthly Old Age Pension or Medicaid benefits from the State. To learn more, contact your local Resource Specialist (see back page for phone numbers).

Adult Day Programs offer participants the opportunity to socialize, enjoy peer support, and receive nutritional, health, and social services in a well-supervised, safe, and familiar environment one to five days a week. To learn about the programs offered in Boulder County, go to www. BoulderCountyHelp.org, select Seniors & People with Disabilities, Service Directory, and Adult Day Care Programs.

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.

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 for family caregivers, email *InfoCaregiver@bouldercounty.org* or call 303-678-6116. The deadline for the September/October 2013 issue is July 25.

Driving and Dementia

tudies suggest that older drivers with dementia are at greater risk for accidents compared to other drivers. On-road tests of driving skills have shown that drivers with mild dementia were more prone to errors than a control group. Other surveys note that drivers with dementia had twice as many "close calls" as other drivers, perhaps because they have significant problems, for example, in processing visual information.

Almost all studies point to the same general conclusion: drivers with dementia should undergo regular, on-road testing of skills to ensure safety of the driver, passengers, and others. When should a person with dementia due to Alzheimer's disease stop driving? Is a diagnosis of Alzheimer's an automatic signal that a driver's license should be surrendered?

While there are no "right" answers to these questions, recent studies suggest that a diagnosis of mild or early-stage Alzheimer's disease is not necessarily the moment that a driver's license should be forfeited. People with mild dementia sometimes can continue driving safely, but their caregivers should monitor driving closely, because the progressive nature of dementia will eventually affect driving ability. In addition to the normal process of aging and its effects on driving, dementia slowly erodes cognitive functions critical to driving, including attention, judgment, reaction time, spatial skills, and problem-solving abilities.

Once a diagnosis of dementia has been made, regular assessments of driving capability should be conducted by trained staff at the State motor vehicle department. Even if the person with dementia demonstrates safe driving, driving should gradually be limited to avoid more challenging situations, such as heavy traffic, unfamiliar roads, night driving, or long distance highway driving.



Warning Signs

Many of the general symptoms of Alzheimer's disease affect driving ability, including:

- loss of memory, particularly for recent events
- loss of alertness and diminished attention span
- loss of coordination
- difficulty judging distance and space
- becoming lost or disoriented in familiar places
- inability to perform routine tasks and difficulty doing multiple tasks
- mood swings, confusion, irritability
- difficulty processing information
- difficulty with decision-making and problem solving

Symptoms of dementia can lead to the following dangerous driving situations, which could cause a serious accident, fender bender, or near miss:

- driving too slowly
- stopping for no reason
- failing to observe traffic signs or signals
- becoming lost in familiar territory
- lacking good judgment or not anticipating dangerous situations
- having trouble navigating turns (particularly unprotected left turns), lane changes, or highway exits
- drifting into other lanes or driving on the wrong side of the street
- signaling improperly or not signaling at all
- difficulty seeing pedestrians, objects, or other vehicles
- falling asleep while driving or becoming drowsy
- parking incorrectly

Guidance for Caregivers

Doctors are perceived as authority figures whose opinions may be taken more seriously than those of a caregiver or family member by the person with dementia. During an appointment, a physician should evaluate the patient's physical condition, cognitive skills, and medication use, and should take a thorough driving history, including:

- how often the patient drives, where, when, and why
- familiarity with, and types of roads used
- types of traffic conditions
- caregivers' observations of driving skills
- accidents, near misses, traffic tickets

If patients are clearly a risk to themselves and others, the physician should take action to "prescribe" that driving cease, using the prescription pad. The discussion should be open and sensitive to the issues involved, particularly the perceived threat to independence. The discussion should be noted in the patient's medical record. The physician should be prepared to offer advice on available alternative forms of transportation and counsel the patient on ways to cope without a car. It's also a good idea for the doctor to follow-up with the caregiver to see if his or her advice is being followed.

Although physicians may find themselves in an ethical dilemma about whether to maintain patient confidentiality or report driver impairment to legal authorities, their overall goal should be to prevent injury. In some states, physicians are even required to report patients who are no longer capable of driving. If a patient refuses to stop driving despite advice from the physician, the physician can consider a referral for further testing or additional opinions. An on-road test administered by trained personnel is considered the best overall method to evaluate driving abilities.

Condensed from a publication of the National Institutes of Health, National Institute on Aging.

Requesting a Driver Re-examination

he State Department of Motor Vehicles (DMV) can request that a driver take a reexamination (including a medical evaluation, written test, and driving test) in the following circumstances:

• If a driver has two accidents on record within three years of each other, he or she will be required to take a re-examination.



- A law enforcement officer can file an incident report to the DMV which leads to a driver's re-examination within a short period of time.
- A medical doctor can contact the DMV to request that an individual be reevaluated or that the license be revoked. The physician will complete a medical report form and send it to the DMV office. The driver's license will be cancelled or denied, or the individual will be scheduled for a re-examination depending on the physician's answers on the form.
- A family member can request an evaluation from the DMV. The person should contact the DMV in writing, expressing his or her concerns and providing concrete examples, if possible. The driver most likely will be requested to take a re-examination.

The driver is notified by mail that he or she has twenty days from the date of the correspondence to take a re-examination. The letter informs the driver that he or she must contact the nearest full service office of the DMV. The driver has the right to know why he or she is being required to take a re-examination. With proof of identification and a fee, the driver may get a copy of the written information used by the DMV to require the re-examination.

Local DMV Offices:

- 3850 Iris Avenue, Unit F, Boulder, 80301; Open Monday – Friday, 8:00 a.m. – 5:00 p.m.; 303-442-3006
- 917 S. Main Street, #600, Longmont, 80501; Open Monday – Friday, 8:00 a.m. – 5:00 p.m.; 303-776-4073

Condensed from "Am I a Safe Driver?," a handout prepared by Boulder County Adult Protective Services, Boulder County Area Agency on Aging, SALT, City Senior Services of Boulder, Lafayette, and Louisville, Golden West Senior Residences, Boulder County DA's office, Care Connect, and Mental Health Partners

Tip-Offs of Possibly Unsafe Driving

- I get lost while driving.
- Friends and family say they're worried about my driving.
- Other cars seem to appear out of nowhere.
- I have trouble seeing signs in time to respond to them.
- Other drivers drive too fast.
- Other drivers often honk at me.
- Driving stresses me out.
- After driving, I feel tired.
- I have had more "near misses" lately.
- Busy intersections bother me.
- Left-hand turns make me nervous.
- The glare from oncoming headlights bothers me.
- My medication makes me dizzy or drowsy.
- I have trouble turning the steering wheel.
- I have trouble looking over my shoulder when I back up.
- I have difficulty working the pedals or other controls.
- I have been stopped by police for my driving recently.
- I rely on the mirrors rather than turning my head fully to check blind spots over my shoulder.
- People will no longer accept rides from me.
- I don't like to drive at night.
- I have more trouble parking lately.
- I have been issued two or more traffic tickets or warnings in the past two years.
- I have been involved in two or more collisions or near-misses in the past two years.
- I have trouble seeing other vehicles, cyclists, or pedestrians, especially at night.
- I get lost or disoriented easily, even in familiar places.
- I cannot read the road signs.

From "Am I a Safe Driver?"

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 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

