

# CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging March/April 2013



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## Dear Caregiver,

Many of us provide care for an older loved one with Alzheimer's disease or another form of dementia (memory loss), an all too common diagnosis. In addition to the normal stresses of caregiving, caring for someone with dementia adds unique challenges that can be particularly daunting.

This issue is focused on dementia care. It covers a range of topics, from caregivers' own experiences, to tips for providing comfort through touch, to dealing with stressful thoughts, to thinking about when and how to talk to someone about memory loss.

In addition, there is a wealth of classes and other resources listed in this issue's "Community Resources" section. The many classes offer excellent opportunities for learning about a variety of issues, including dementia, and for connecting with other caregivers. With dementia care, in particular, accurate information is essential, and we encourage you to use these resources for enhancing your special and much-needed caregiving skills.

Take good care.

*The Editors*



## Breaking the Silence

*by Susan Damon*

**T**hat's odd ... I just spoke to Frank, and he asked me when we were going to choose a date to go fishing again up at the lake. We had coffee yesterday and made plans to go up on Saturday, and he apparently doesn't remember any of it," says Bill, Frank's brother, to his wife. "And last week, while we were talking, he asked me to wait a minute while he found paper and a pen to make notes about when we were going to meet for coffee. I asked him why he needed to make a note about something as simple as meeting at Starbuck's!"

Bill, other family members, and friends are becoming confused by Frank's actions and are beginning to talk, hesitantly, among themselves about Frank's increasing memory lapses and sometimes erratic behavior. Since Frank has always been a very independent, competent person, they have dismissed their concerns as part of normal aging.



## CAREConnections

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Frank is such a private man that not even Bill, his closest relative, wants to think about trying to talk to him about the possibility of scheduling a doctor's visit to discuss these increasing memory lapses. Several days later, after Frank calls to say he wants to drive to Bill's house and then follow Bill to the lake for fishing because he doesn't know the way, Bill realizes he must say something to him.

While they are quietly fishing at the lake, Bill asks his brother how he has been feeling. Frank replies that he is fine but sometimes gets a bit confused—he thinks the medications prescribed after a recent shoulder surgery might be too strong. Bill asks if he has talked to his doctor and Frank says he keeps forgetting to mention it during his follow-up visits, but he will try to remember to ask at the next appointment. Bill asks his brother if he would like Bill to come with him to the next visit, and Frank asks, "Why would you do that? I can take care of myself!" Bill pauses—he can let the topic drop and see what happens in the next few months or he can push his brother just a bit. Bill recently read a list of warning signs of dementia in a pamphlet at the pharmacy and is now more concerned than before. So Bill takes a deep breath and pushes forward—"Frank, I would like to go with you to see Doc Smith soon. Your memory isn't as sharp as it usually is, so let's try to find out if there is a problem with that medication and get it fixed."

As uncomfortable as it may be, each of us may need to leave our comfort zone to help a family member or friend visit a physician when warning signs of dementia begin to appear. The person you are trying to help may resist your suggestion to visit a doctor, but the sooner the concerns are addressed, the more likely treatments may be available. Bill found it easier to talk to his brother about possible medication side effects than to suggest the possible beginning of dementia. Frank may well be suffering from a drug interaction, a vitamin deficiency, depression, or another undiagnosed medical problem, so getting medical attention promptly can quickly improve his quality of life. If it should develop that Frank has the beginning of dementia, the earlier the diagnosis, the greater the chance that new medications can help slow the progression of the disease, especially Alzheimer's, one type of dementia. Frank would also have more time to learn about the disease and plan for what may lie ahead.

Time is really not a friend in these challenging, difficult situations. Postponing making a doctor's appointment can keep the suffering individual from getting relief from a physical

problem or, if the diagnosis is dementia, delay possible treatment that can slow progression of the cognitive impairment. Information about the warning signs of dementia, including Alzheimer's disease, can be found at a number of sources, such as your doctor's office or health clinic, the library, and online at websites such as the Alzheimer's Association, [www.alz.org](http://www.alz.org), or WebMD, [www.webmd.com/alzheimers](http://www.webmd.com/alzheimers). These information sources can also offer checklists to use as you prepare for an initial physician's visit and give you an idea of the tests that the physician may use to diagnose dementia. By choosing to schedule an uncomfortable appointment now, Frank and Bill may discover a problem that can be solved immediately or begin a diagnosis that can avert a later crisis caused by ignoring today's concerns.

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



## VISIT WITH A CAREGIVER

*The following was submitted by an anonymous caregiver who preferred writing her story to being interviewed about it. After reading about her many challenges over the last year, we're amazed she had the time to write at all. We thank her for sharing.*

**M**y husband was diagnosed a year ago with cognitive dementia after having been hospitalized for a knee replacement and having a severe reaction to the medications. Since then he has had other hospitalizations for high blood pressure and low sodium. He also has sleep apnea, restless leg syndrome, epilepsy, low back

pain, and OCD. Our daughter, who has several mental health issues, is currently living with us. She is getting treatment for dental problems, helping me with her dad, and deciding what to do next with her life. I am her case manager as well as a caregiver for my husband.

I also have some challenging health issues. I have had fibromyalgia for twenty years, which results in digestive problems, frequent migraines, and chronic pain. During the past year, I had surgery on my brain for a benign tumor and had a bad fall three months later, resulting in two black eyes, a fractured hand, and a torn meniscus in my knee.

In spite of these challenges, there were some significant high points in the past year. Our two daughters came to our rescue when I had the surgery in March. Our younger daughter stayed for two months until I could drive again, then came back in August and has been with us since. Friends stepped up and brought us food and assistance before she arrived. I spent many hours making phone calls and writing letters, and in October our long-term care insurance began to pay for homecare for my husband. Now we have a CNA coming 12 hours a week, and a nurse oversees the medications.

At Christmas time, our older daughter brought her family of five and stayed in a nearby hotel for nine days. I was able to do most of the cooking while our daughters did the gift shopping and wrapping, and entertained the children. Since our daughter's family lives in New Orleans, their three children were entranced when snow began to fall on Christmas Eve! They got to go sledding, make snowmen, bake cookies, and make a gingerbread house with their aunt.

There have also been many challenges as I adjust to the new demands on my time, including driving my husband to most doctor



appointments, monitoring his blood pressure daily, overseeing the health workers, shopping for his clothes, trying to be patient with his many questions, handling the mail, paying the bills, changing the kitty litter, taking the trash out to the road, doing the income tax, looking after the yard (one acre), making appointments, and handling all emergencies.

What I have missed most this year is my painting. I am a watercolorist and love to go on junkets to workshop. There is little time for that now and little money to pay for the travel. I have to believe things will change. Each season is different, and I haven't given up hope for future adventures.

### **Becoming a More Savvy Caregiver**

*by Tina Wells*

**C**aring for someone with dementia means taking on a new role that requires special training. Family caregivers are often under an incredible amount of stress. They deal with the day-to-day reality of making sure their loved one gets safely, securely, and happily through the day. Caregivers also often struggle with their own feelings of sadness and loss. In addition, as the disease progresses, caregivers assume ever greater responsibilities both inside and outside the home. That's a lot of hats to wear in the midst of an often overwhelming and daunting situation.

For family caregivers, the Alzheimer's Association offers Savvy Caregiver, a 12-hour training program delivered in two-hour sessions over the course of six weeks, offered across the Front Range at varying times. Caregivers who have taken the course say they have improved confidence and less anxiety, and some even report a reduction in their sense of distress at being thrust into the unfamiliar role of caregiver.

Savvy Caregiver is not a support group but focuses on helping caregivers think about their situation objectively and teaches the knowledge, skills, and attitudes needed to manage stress and perform their new role effectively. A central caregiving goal of the program is the contented involvement of the person with dementia in everyday life. Practical tips and strategies are taught to help make that happen within the framework of stages of the disease. As things change for the person with dementia, a savvy caregiver can make adjustments in the environment and home to keep the person involved and content.

The Three Savvy Caregiver Mantras are: I am in Control; Don't Just Do Something, Stand There; and So What? Learn what they're all about by registering for a Savvy Caregiver course (see "Community Resources" in this issue for more information).

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*Tina Wells is the Coordinator of Community Education and Support Groups for the Alzheimer's Association of Colorado.*



### **Communicating Through Touch**

*by Mary Kathleen Rose*

**T**ouch is a valuable way to communicate with people with dementia. Whether they have Alzheimer's disease, or another form of dementia or cognitive impairment, a caring, comforting touch can be enjoyable for both the giver and receiver of touch. The loss of the ability to communicate through words can be very frustrating for caregivers, but touch is a means of communicating that brings its own rewards.

I am a longtime massage therapist and have had the privilege of working in senior facilities, homecare, and hospice settings over the years. I have had the opportunity to offer massage to

many people with various levels of dementia. Sometimes I've been told that someone is "incommunicative," but then felt the most amazing sense of connection when I simply touched the person's shoulders or held their hand.

I remember one woman early in my career who made a particular impression on me. She was sitting in her wheelchair at the edge of the common room of a nursing home. As I walked by, I noticed her. She was looking down, dejectedly, wringing her hands. I stopped, pulled up a chair and began to massage her hands, holding them firmly. She looked at me, and began to massage my hands! I spent a few more minutes with her, then thanked her, and got up to go to see my scheduled client. When I came back down the hallway an hour later I saw her. She was looking around, alert and seemingly interested in what was going on around her.

There are six key principles I follow when working with the elderly and the ill, including those with dementia. I call this approach *Comfort Touch*:

- **SLOW.** Slow down. Allow yourself to breathe as you make contact with the person in your care. Touch slowly. Even if you only have a little bit of time to share, it will feel more satisfying to both of you if you are not rushing. Touching slowly gives a sense of safety and predictability that contributes to a feeling of ease and relaxation.
- **COMFORTING.** Remember that your intention is to comfort the person – not to try and “fix” or change them. Your touch can be firm and assured, communicating that you are really present with them.
- **RESPECTFUL.** This is the attitude that you have, which lets the person know that you see, feel, and accept them as they are, without judgment. It is also respectful of their physical and emotional needs.
- **INTO CENTER.** Let your touch “sink into” the part of the body you are touching. Rather

than gliding, stroking, or kneading as you might in other forms of massage, it is best with people with dementia to let your contact be perpendicular (at 90 degrees) to their skin. This makes it safe, and ...

- **BROAD.** Let the contact of your touch be broad. For example, wherever you touch, let your contact begin with the broad surface of the palms of your hands, rather than your thumbs or fingertips. This gives the greatest feeling of comfort, and avoids over-stimulating nerves or causing pain.
- **ENCOMPASSING.** This is a quality that comes as you encompass the part of the body you are touching, e.g. the hands, arms, feet. Think of a good hug. You surround the person or the part of the body you are touching, giving a sense of acceptance, wholeness, and caring.

With this approach there is no need for lotions or oils, so the person can be fully clothed. You can offer *Comfort Touch* as they sit in a chair, wheelchair, recliner, or bed. Just pull up a chair or stool, and make yourself comfortable too. As we let go of our hesitation and fears of touching, and offer the gift of touch to those in need, we are both enriched. Even a few minutes can bring profound change. The nonverbal communication offered through touch allows both giver and receiver to feel deep and lasting connection.

Kathleen, a student of mine who worked in a nursing home, shared with me her experience, “Touch is incredible. You look in the eyes of the patient, knowing you made a difference.”

---

*Mary Kathleen Rose, a member of the Care Connections Editorial Advisory Committee, is a registered massage therapist and author of the textbook Comfort Touch: Massage for the Elderly and the Ill (LWW 2009) and DVD of the same title. For more information, go to [www.comforttouch.com](http://www.comforttouch.com).*



## Change Stress to Peace with Four Simple Questions

by Jodi Patsiner

**Y**ears ago I had the opportunity to be a caregiver for elders who lived with Alzheimer's disease. I was so grateful to be of service and thought the situation would be perfect in my life. There were five elders living together in a beautiful home in your average neighborhood. I would work a 24-hour shift, go home for 24 hours, then return to work for another 24-hour shift. I was the only caregiver on duty during the shift for these five elders.

At first it worked out perfectly. I loved being with them, had energy to be present, could intuitively understand what they needed, and had a life outside of work. But after months of being there, it started to shift. I noticed I was beginning to feel anxious on my drive to the house. I wasn't getting good sleep between shifts, and I was getting sick easily. I found myself having stressful thoughts like these: I'm only one person, there isn't enough time, how can I tell if she is in pain, I'm scared he will fall when I am not in the room, how will I get the laundry done, she's so anxious today, what am I doing wrong?! Here I was with my big heart, living a dream to be of service to those who helped create our communities, and yet I had these stressful thoughts. Believing these thoughts made me feel terrible about myself. I was frustrated and depressed, and felt a million other emotions at any given time. I was *stressed*. At that time in my life I didn't have the tools to handle stress that I do today ... so I quit.

I tell you this story to share how I got from that moment in my life to the drastically different experience I have today as a caregiver. I came to find out it was my thoughts about the situation that were causing my stress, not the situation itself. I realized these are universal thoughts, saw how I came to attach to them and, through a grand journey of self-discovery, let them go ...

or have learned to accept where I am when they come to visit. Shortly after I quit that job, I started school at Naropa and learned meditation. I learned how to be still, notice my thoughts, be with them, and see where I attached to them. This practice planted the seed in me for what would totally change my life later. In 2002, I met a wonderful woman who shared a process with me called The Work® of Byron Katie. It is called "inquiry," a treasure hunt of sorts, and consists of four questions and turnarounds. This is a simple process and I'd love to share it with you. Here is an example of how it works:

First, **choose a thought that creates suffering, frustration, anger, or confusion.** From my own story, I choose a stressful thought: There isn't enough time. The situation was that I was assisting an elder to get ready before her daughter came to pick her up for a visit. Now, remember a situation when you, too, believed the thought "There isn't enough time." We'll each hold our situations in our minds as we ask ourselves, or have someone else ask us, the following questions about the specific thought "There isn't enough time."

**1. Is it true** that there isn't enough time? We're looking only for the truth of a yes or no; no explanation needed. My answer: Yes (if it were No, I'd go to Question 3).

**2. Can you absolutely know that it's true** that there isn't enough time? Again, we're looking only for the truth of a yes or no. My answer: Yes.

**3. How do you react when you believe that thought?** Relax and go inside and see the picture in your mind of the situation and what is happening from the stressful thought. My answer: I am anxious, scattered, talking fast, totally in the next moment, confusing her because we do not usually rush, worried about the others I need to help, my body is tight, I notice I am hardly breathing. (Notice how all these thoughts cause stress and separation.)

(continued on page 7)



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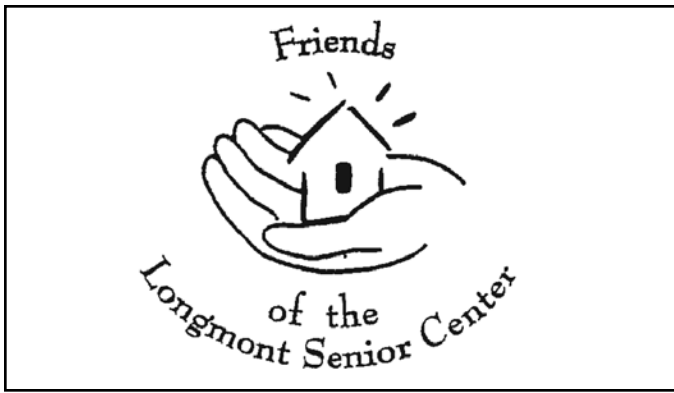
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call 303-678-6116 or email [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org).

**Change Stress to Peace  
with Four Simple Questions**  
(continued from page 6)

**4. Who would you be without the thought?**

Relax, go inside, and see the picture in your mind of the situation and what would happen if you did not have that stressful thought. My answer: I feel relaxed, my voice is gentle, we are playfully getting ready, I am listening to her stories with delight, I calmly check in on the others, I have choices now. (Notice how a sense of peace comes from reading this answer.)

Finally, you **turn the thought around**. You find genuine examples of how the turnaround is as true or truer in your life. Doing the turnaround enables me to see the truth, to communicate from a place of clarity, and to gain deeper insights—or “gems”—about myself that I didn’t know prior to investigating the thought. Here are examples of turnarounds of “There isn’t enough time:”

- To the opposite: There is enough time. When I sat with this, I could see we did have plenty of time since we woke up earlier to make sure she would be ready. And she was ready in time for her daughter.
- To the self: There isn’t enough time for me. When I believed the thought “There isn’t enough time,” I noticed it was all about me and whether I was going to get everything done. I was totally self-absorbed. This showed me I was not taking care of myself outside of work.
- To the other: There isn’t enough time for her. This felt so true. I was running around making sure we would be on time and totally missed being present with her. I was more concerned with getting her clothes and make-up on than anything else.

This practice brings me home to myself. Emotions like sadness and confusion have been replaced with peace and clarity. When a new stressful thought appears, instead of attaching to it, I question it, giving me the opportunity to take

a breath and not react in my old patterned ways. I’ve even found that some of those thoughts no longer enter my mind after I’ve investigated them. That’s freedom, for sure.

*Jodi Patsiner, M.A., Gerontology and Long-term Health Care, is a member of the Care Connections Editorial Advisory Committee, a practitioner of The Work® of Byron Katie, and founder/owner of Radiant Heart Services ([www.radiant-heart.com](http://www.radiant-heart.com)), which specializes in caregiver support.*

**“The major block to compassion  
is the judgment in our minds.**

**Judgment is the mind’s primary tool  
of separation.”**

— Diane Berke

**Morning with Mom**

*by Anonymous*

*The following is by a caregiver who journals about her mother’s aging process (and dementia) and periodically sends entries to her family to keep them up to date.*

**H**i, All,

Today is the first anniversary of Mom’s stroke. This morning I cracked three eggs into a bowl for scrambled eggs. The fourth one I cracked and put neatly down the disposal as my mind wandered to the first 40 minutes of my time with her today.

I come into the bedroom. She is sitting on the edge of her bed in her underpants and turtleneck. I greet her and put two pairs of clean underwear in the drawer.

(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.)*

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 March 7 and April 4, 2:00 – 4:00 p.m., at West Boulder Senior Center, 909 Arapahoe (call 303-441-1546 to register); on March 18 and April 15, 10:00 a.m. – noon, at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); and on March 14, 10:00 a.m. – noon, at Louisville Senior Center, 900 W. Via Appia (call 303-666-7400 to register). There is no charge, but donations are appreciated.

PrestigePLUS offers **Navigating the Health Care Maze ... and Making the System Work for You!**, a 3-part series that explores the changes in the health care system and helps participants become more empowered and proactive medical consumers, with **Accessing Health Care When We Are Well**, on Monday, March 11; **Accessing Health Care in an Emergency Situation**, on Monday, April 8; and **Accessing Health Care in the Hospital**, on Monday, May 13; all 9:30 – 11:00 a.m., at Longmont Senior Center. There is no charge, but pre-registration is required; call 303-651-8411. PrestigePLUS also presents classes on **Advance Directives**, about considering and clarifying one's wishes for medical treatment in the event of incapacitation, with Peggy Arnold, PrestigePLUS Program Coordinator, on Friday, March 8, or

Friday, April 12, both 9:30 – 10:30 a.m. There is a fee of \$5.00 for Longmont residents, \$6.00 for non-residents. Pre-register at 303-651-8411.

Louisville Senior Services offers a series on Consumer Education, including: **Recognize and Prevent Identity Theft and Fraud**, about the types of identity theft, fraud, and scams, what to do if one is a victim, and ways to reduce the risk, with the Boulder County DA's Community Protection Division, on Thursday, March 14, 1:00 – 2:30 p.m.; **The Use of Mediation and Family Facilitation to Resolve Conflict between Elders and Those Who Love Them**, about strategies for addressing disputes without destroying family relationships and resorting to expensive legal options, with Martha L. Ridgway, P.C., on Thursday, March 21, 1:00 – 2:30 p.m.; **Advance Medical Directives: How to Ensure Your Healthcare Wishes Are Followed**, about setting forth one's wishes regarding medical care and treatment and designating a person to enforce those decisions if one cannot, with Sharon L. Svendsen, P.C., on Thursday, April 4, 2:00 – 3:30 p.m.; and **Medicaid Planning – Myths & Mysteries: How to Find, Get, and Pay for Good Care**, about the challenges and possibilities of finding, accessing, and paying for long-term care, including through Medicaid, with Sandy Tobin, geriatric social worker with Vincent, Romeo & Rodriguez, LLC, on Thursday, April 11, 1:00 – 2:30 p.m. All sessions are at Louisville Recreation/Senior Center, 900 W. Via Appia. There is no fee, but registration is required, online at [www.louisvillerecreation.com](http://www.louisvillerecreation.com) or at the Recreation Center front desk.

The Alzheimer's Association of Colorado offers **Savvy Caregiver**, a 12-hour course for family



caregivers of persons with Alzheimer's or another dementia (see page 4 for more information), on Fridays, March 15 – April 19, 9:00 – 11:00 a.m., at West Boulder Senior Center; and on Wednesdays, April 10 – May 15, 6:00 – 8:00 p.m., at Longmont Senior Center. Pre-registration is required, at 303-813-1669 or [www.alz.org/co](http://www.alz.org/co) (select Calendar). Learn about the many other classes the Alzheimer's Association offers at the website too.

Boulder County Area Agency on Aging offers two wellness courses: **Be Well Colorado: Put Life Back in Your Life**, a 6-week course (2 ½ hours per week) for older adults with ongoing health conditions and their caregivers, on Tuesdays, April 9 – May 14, 1:30 – 4:00 p.m., at East Boulder Senior Center, 5660 Sioux Drive; and **A Matter of Balance**, an 8-week course (2 hours per week) for older adults, designed to help manage falls and increase activity levels, on Tuesdays, March 19 – May 7, 2:00 – 4:00 p.m., at Longmont Senior Center, 910 Longs Peak Avenue. There is no fee for persons 60+; donations are appreciated. Pre-registration is required; to register or for more information, call 303-441-3599 or email [mp Pruitt@bouldercounty.org](mailto:mp Pruitt@bouldercounty.org).

Boulder County Area Agency on Aging offers its two **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 Wednesdays, April 10 – May 15, 1:30 – 3:30 p.m. (a shortened version), in Longmont; 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. 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 Thursdays, April 4 – May 16, in Boulder; Thursdays, July 11 – August 22, in Lafayette; and Wednesdays, September 25 – November 6, in Boulder; all 1:30 – 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 (substitute elder care) during class periods is available. For more information or to register, call 303-678-6116 or email [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org).

Boulder Senior Services presents **3 D's: Depression, Dementia, and Delirium**, on how to differentiate between these common disorders in older adults, and why it is important to know the difference and get the right diagnosis, with Dr. Haleh Nekoora-Long, Geriatric Psychiatrist and Medical Director of AltaVita Memory Care Centre, on Monday, April 22, 12:30 – 2:00 p.m., at West Boulder Senior Center, 909 Arapahoe. Register by calling 303-300-3700.

A new **caregiver support group** meets on the third Wednesday of each month, 6:30 – 8:30 p.m., at Long's Peak United Methodist Church, 1421 Elmhurst Drive, in Longmont. For more information, call facilitator Ginny Walker, at 303-775-1629.

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

**To share information about a resource for family caregivers, email [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org) or call 303-678-6116. The deadline for the May/June 2013 issue is March 25.**



### Morning with Mom

(continued from page 7)

“What are you doing?” she queries.

I tell her and she says she wants to see them. I hand them to her.

“Why are you putting those in the drawer?”

“Because they are yours, they are clean, and you keep them in your drawer.”

“So!” she responds.

It is that kind of morning, I realize. Her hearing aids are a great mystery today. I pop in her right one while she contemplates the left one as if it is a device never before seen by humankind. Of course, for her that is true. The next trick is putting on a pair of pants.

“I have my underpants on,” she states.

“Yes, I see that.”

“Well, what are these then?”

“These are pants that go over your underwear.”

She chuckles briefly. “Oh.”

She needs to examine the labels on two pairs of pants. She looks at the three labels on each pair of pants over and over again.

“What does this say?”

“It is just a bunch of numbers. I don’t know what they mean.”

“What does this say?”

“That label has the washing instructions.”

“Why did you bring me this pair of pants?”

“Because I thought you might want to put them on and go eat breakfast.”

“Someone is selling me a bill of goods. Where did these come from?”

“They hang in your closet and you have worn them for maybe fifteen years.”

She reads the label for the tenth time. We get the pants on.

“Shall we put your shoes on?”

“No, I want to take these pants off,” she responds, unbuttoning and unzipping her pants.

“Mama, don’t you want to wear pants for breakfast?”

“I don’t know, but I might faint before I get there.”

We make it to breakfast, and she looks out at the squirrels and settles down.

“I have to hurry, hurry, hurry,” she says. I ask her why. “I am talking to the squirrel.”

So it goes. She is too tired for lunch today. I will see how she is in an hour or so....

Love to you all.



### Letter From a New Alzheimer’s Nurse

by Diana Mapes

**I** am on a new job on the Alzheimer’s unit at a nursing home. I have fifteen patients. It’s a wonderful place! Isn’t that crazy? This epiphany reminds me of the first moment I ever saw my babies. In that first glance, I realized with surprise that they were already whole people, with their own spirits and personalities, fully human, and complete as they were. They were sacred beings separate from all of my expectations.

To their families, I suppose my patients are the tragic ghosts of their former selves. But just as my babies were not merely ghosts of their future selves, but whole and sacred beings, my patients here on the unit live their days in the present, relating to each other in their home, finding momentary daily comforts and routines. Like babies, they stay entirely in the moment, beyond the control of and unconcerned with their families’ illusions of who they should be, will be, or once were. Just as I was surprised by all the unanticipated blessings of a year spent volunteering at hospice, I am surprised by the beauty of the community here in the nursing home, as they support and witness each other in the painful challenges of this disease.

## Activities and Alzheimer's: What's the Big To Do?

by Patricia Holley

**T**hroughout our lives we are defined by what we “do.” Children may become involved in sports, dance, or scouting at a young age. As adults, we tend to identify ourselves by the field of work we have chosen. The question “What do you do for a living?” is considered a polite conversation starter in many circles. As we grow older and retire, many folks participate in social clubs, travel, hobbies, or other leisure activities. These endeavors enrich our lives and increase the quality of our daily existence.

When a person develops Alzheimer's disease, or another form of dementia, many of the skills and cognitive abilities necessary to successfully participate in former activities are diminished or absent. The previously active person may decline to participate in once favorite activities when invited or stare blankly at a television screen for hours on end. Caregivers are sometimes frustrated by what they view as disinterest and stubborn refusal, but what they may, in fact, be witnessing is the person's inability to participate due to the brain changes that have occurred as a result of the illness.

An activity that may at one time have been simple and pleasurable can become an arduous task, too frustrating and difficult even to attempt. Unfortunately, when this occurs the person is left with a void where that enjoyment once was and a diminished quality of life. The keys to providing enjoyable activities to a person with dementia are recognizing the intact strengths in the person and understanding the person's interests and preferences. For example, a formerly avid fly fisherman may no longer be physically or cognitively able to stand in a river and cast for trout, but perhaps he would enjoy flipping through a photo

album with snapshots of prized past catches or looking at a fly fishing video or magazine. A person with Alzheimer's may lack the initiative to instigate an activity; however, if the caregiver helps to get them started, they may jump right in with a smile.

Activities are beneficial to both the person with Alzheimer's and the caregiver. When a person with dementia has had a busy day full of meaningful activities, they will be less restless and may sleep better at night. Behaviors which may be challenging to caregivers can be alleviated by providing activities to distract and/or comfort the fearful or confused person with dementia. Activities can be as simple as assisting with household chores or listening to a favorite piece of music. By providing interesting and ability-appropriate activities, caregivers decrease anxiety and increase quality of life for both the person with dementia and themselves, and that is a very good thing to “do.”

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*This article first appeared in the July/August 2007 issue of Care Connections, when Patricia Holley was the Family Services Director for the Alzheimer's Association Colorado Chapter.*



**“Wake at dawn with a winged heart**

**and give thanks**

**for another day of loving.”**

— *Kahlil Gibran*

**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](http://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.

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

