



CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

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Dear Caregiver,

Being witness to another person's suffering is painful, especially when the person is our own loved one. We want so much to spare them from suffering, to share it ourselves, or even to take it on in their place. As caregivers, we may feel responsible for rescuing our loved ones from their pain—for "fixing" their old age or illness.

This issue is, essentially, about *being with* versus *fixing* our frail older loved ones. It's about letting go—releasing control over the uncontrollable. It's not about giving up, or reducing the quality of our care, but about realizing that our beloved elders must necessarily make the journey to the end of their lives, and that there are likely to be some challenges along the way. It's scary for all of us, but we can ease the fear a little by truly being present with each other.

We hope you find something that's meaningful to you inside. Take care.

The Editors



You Can't Fix Old Age

by Emily Cooper

When we're caring for frail older loved ones, we may feel a strong desire to "fix" their pain and suffering. Seeing them in pain can feel unbearable, and it may cause us to imagine that we must be responsible for making them feel better, for keeping them happier, and for saving them from a path that leads to further suffering. That's a lot of responsibility, and the weight of it can break us.

No matter how much we want to "fix" our elder loved ones, there's nothing we can do to keep them from aging, from having their share of suffering, and from eventually dying. We know the obvious: each of us will die, and every life has its portion of pain. But when our own loved ones decline and suffer, it can feel *wrong*, and we may put up a host of emotional defenses to protect us from the reality of their mortality. It's hard to accept that our loved ones are journeying to the end of their lives and are likely to have some pain along the way. Being unwilling to accept that journey may cause us to assume more control



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and responsibility for their suffering than we should, and to feel guilty when we can't control the uncontrollable.

Caring for Your Aging Parents: When Love Is Not Enough, by Barbara Deane (who cared for her own elderly parents), reviews the feelings that may arise when caregivers realize that not even love can stop the aging process of their loved ones. Deane writes from a Christian perspective, but her insights ring true for all caregivers. Regarding guilt, she writes:

Sometimes, what caregivers call "guilt" may actually be sadness about not being able to do what they would like to do for an elderly loved one. They won't be able to "fix" old age no matter how hard they try. This causes deep distress, which is sometimes mistaken for guilt ... This distress may also be a way of saying, "My parent shouldn't be like this. This shouldn't be happening to him." ... But each person ages in his own way and in his own time, and not according to the caregiver's (or anybody else's) blueprint. Now is your parent's time to grow old and die, not yours. ... You can help your parent with the burdens of his old age, but you can't be old for him.

It's so difficult to watch someone we love suffer emotional or physical pain. It makes us extremely uncomfortable, and in an effort to lose that discomfort, we'll do about anything. We may stop going places we like because our loved one cannot leave the house. We may agree to our care recipient's demands to do more and more for them, without considering the effect on our own well-being. We may discourage our loved one's expressions of sadness or anger because they're too painful to hear. We may, in other words, become unhealthy caregivers because we can't accept that our loved one is aging and, sooner or later, will die.

When my elderly mother lived alone and was declining, I called her nightly, and each night I heard the repeated litany of her losses and fears. For a long time, I gave her a "pep talk" about the things she could still do for herself, about the treatments she could try, about anything that could help her feel better. Those pep talks were never successful, and it just frustrated me to repeat them every night. Finally, I realized that all I could really do was to listen, to validate her feelings with comments like "That must be so hard," and to tell her I admired her for going through such challenging times. I'd always been the one in my family who "fixed" Mom's feelings, and I had to relinquish that role and

realize it was condescending to assume she *needed* fixing.

Many caregivers are distressed because they can't discover the elusive thing they should be doing for their loved one. They don't know how to keep their loved one from getting older, from becoming frail, and from eventually dying, and they're exhausting themselves in the futile effort to stop the inevitable. There's a lot we can do for the people in our care, but none of it can keep them from aging. Deane explains:

Everybody is given his own life to live, and the burdens and sorrows that come with it are his alone. Others can help him, but they can't shoulder his burden along with their own. You can help your parent with the burdens of his old age, but you can't be old for him. There is a difference. Losing sight of this difference leads to inappropriate guilt and then to inappropriate behavior in an effort to avoid the guilt feelings.

Deane suggests that caregivers may need to learn new ways of showing honor that are appropriate to their loved ones' last stage of life. And part of that is giving up the need for control—and just *being* with them. She writes:

Aging is their task, not yours. You can't do it for them, and much as you might like to, you can't spare them from the inevitable pain of the struggle. Your presence says, "I care;" it says, "Your life has meaning and importance;" it says, "I love you. You are not alone." Never underestimate the importance of your just being there with them.

Part of our reluctance to accept our loved one's aging may be that we long for them to be the person they once were. Of course, it's natural and necessary to grieve the loss of the person we knew, but eventually we must accept our loved

one as they are now, or we miss the opportunity to be with them in whatever way we can. I, too, found it hard to say goodbye to aspects of the mother I'd always known. I missed, more than I would have guessed, her remembering to send me a birthday card or her preparing a comforting meal to welcome me on my visits. Those small traditions meant "Mom" to me, and their absence was painful. And, yet, Mom was still there—a little different, but just as precious. Sitting by her side, holding her hand, and seeing the gratitude in her eyes were moments that I now remember more clearly and happily than any others in our life together. They were made more special by the knowledge that we wouldn't have them for long.

Of course, as caregivers we must do all we can to enhance our loved ones' well-being and to keep them safe, but once we give up the idea that we can—and must—control their aging and suffering, we may discover new ways of relating to them that are more meaningful in this latter stage of their lives. This is the time for a thoughtful life review, which we can help facilitate. It's the time for holding hands, giving a gentle massage, singing a familiar song, stroking a forehead, listening to worries and fears, or sharing a cookie and a cup of tea. It's the time for slowing down, setting aside our fears and guilt (as much as we can), and just *being*—responding in the moment to the deepest needs of our elders for comfort, reassurance, and love.

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





Old Age Has Value

by Rosemary Williams

Each of us—caregiver and care receiver alike—is on a journey. This journey—this life we are living—is uniquely ours. It is a journey that can never be duplicated or relived.

In simplest terms, the purpose of life is to die well. But, that's not as stark as it sounds. In order to die well, we must live well—live our life to the fullest. This includes using the gifts we have been given to enrich the lives of those with whom we share our life journey. And, it includes making the world a better place for those who come after us.

Aging gives us the opportunity to become fully human, to be who we most truly and fully are. This extended period of life invites us to live consistently with our highest values. It is a time to be filled with wonder, appreciation, gratitude, and awareness of all that has been and all that is now.

We spend the first part of life acquiring things: diplomas, titles, partners, and possessions. Then, we spend the second half of life giving things away—preparing to leave a legacy of our material possessions and our life values to others.

But, what happens when we find ourselves living someone else's life? What if, as caregivers, we lose ourselves in the life of the person we are caring for? While we are caught up in trying to meet the needs of a loved one, do we fail to meet our own needs? Indeed, how does our life as a caregiver reflect who we are at our best and what we value most? And, from another perspective, how does what we do as a caregiver encourage our loved one to be all that they can be, to share the best part of themselves with others, and to prepare to die well?

Recently, I was reading the online Canadian journal *Sage-ing, a Journal of Arts and Aging*.^{*} The editors have added a new tag line to the

journal's title that sums up the opportunities and responsibilities of aging better than anything I've ever seen:

Know yourself.

Be yourself.

Love yourself.

Share yourself.

Are these the hallmarks of your life journey? And, are they the hallmarks of the life journey of the person for whom you are caring?

**Sage-ing, a Journal of Arts and Aging can be found at www.sageing.ca. Check it out for inspiration and support on your life's journey.*

Rosemary Williams, MSW, is a Certified Sage-ing Leader with Sage-ing International and the co-creator of WisdomWork. Rosemary can be contacted at rosemary@wisdomwork.org or 720-890-8116.



My Father Finally Answers Questions

by Susan Damon

My father was always a very private man, reluctant to share much of himself. By the time I was eight, I vividly remember being frustrated that even my most mundane question was too often answered with another question, or worse, a joke. This rarely changed through the years. His early life remained a mystery, full of unanswered questions for his four children. Dad's parents had divorced when he was young, in the 1930s, and I knew that had been traumatic in that era.

One thing that wasn't a mystery was his smoking habit. He would tell you he started smoking in high school, when he was about 17. But



others whispered it was probably more like 14. Dad came of age between World War II and the Korean War. He was too young to fight in that first war, and by the time he was eligible for service in the second, he had an infant daughter (me) and a badly injured back. He may have missed serving his country, but he didn't miss picking up the glamorous, late-1940s habit of smoking.

By the time the surgeon general made the first announcement that smoking was dangerous for your health and could lead to cancer, I was old enough to see and feel my father's fear. He struggled with quitting then and again several times over the coming years—usually when the surgeon general made new announcements about the dangers of smoking. By the time I was married and starting my own family, my father would put off going to the doctor because he feared the pronouncement that he had lung cancer. When he finally could wait no longer and made the appointment, his relief upon not hearing those dreaded words was palpable. A lung cancer diagnosis was the sword that hung over his head from that first government announcement. It finally fell when he was 71 years old.

And oddly enough, once it fell, a weight seemed to fall from his shoulders. Oh, he certainly fought against that diagnosis and underwent chemotherapy and radiation treatments until his body finally protested to the point he had to withdraw from that battlefield. But he did start thinking about his family, especially my mom, and how we would go on without him. He started putting his affairs in order. He sold his pickup and bought Mom a small SUV he thought would be suitable for her once she was living alone. He spent time with his grandchildren, talking to them more directly and letting them know he loved them rather than spilling his customary line of wisecracks and jokes. He started just answering questions and sharing more of himself.

It became a time of transition for all of us. Before the cancer diagnosis, we knew that he would go alone to his doctor appointments and disparage any offer of assistance. Now, when he had to have his lung drained, there was the automatic family assumption that he would go into the procedure room alone. But when we asked if he wanted someone with him, he surprised us by choosing to have one of his children present to help navigate this unknown territory and for simple comfort.

We had to learn not to make the automatic assumptions about what we thought Dad would want to do and instead to take a breath and ask him. Often, he was still his usual stubborn self, but increasingly he let his guard down and in the process became more open to us, actually sharing some of his thoughts and concerns.

One morning, I sat with my father while my mother ran errands. He was now very weak but still alert. I had started working on a family cookbook, collecting recipes and stories to share with all his grandkids. I had made a list of questions to ask Dad about Gram, his grandmother, who was a wonderful cook. We began discussing some of his early memories of favorite foods and that led to a discussion of friends and family, and for the next hour or so he told me about his childhood and the people who were important to him, something he had never done so openly before. He spoke briefly of his father, a man I had never met, and explained why he had been estranged from him. I took notes and kept asking questions. He finally got tired, my mother came home for lunch, and my questions ended for the day.

I went home and typed my notes and sent them to my sisters. My youngest sister, who was especially close to our father, was so excited about what I had learned that she wanted me to go right back and ask him for more information on specific topics. I never got that opportunity.



Dad immediately took an unexpected turn for the worse and died just a week later. In retrospect, I wish I had realized that he might finally be willing to talk about his past, and that I had tried to broach the subject earlier. But maybe it was just that one February morning that was his time to open up and share some of the pains and pleasures of his early life. I am so thankful that I got that one hour to really talk to my father and have questions answered honestly and without reservation. Thanks, Dad.

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.

Fixing My Mother

by Jan Arney

Caregiver Jan Arney shared this story with her faith community on “Gratitude Sunday,” a day when members speak about the things in their lives for which they are grateful. She agreed to share it with our readers too.

I have always been awed by the talks that church members give on Gratitude Sunday, and I have thought that I might volunteer to talk about myself someday ... *after* my mother died. I didn’t think I would be able to talk about my experiences with her in terms of gratitude while she was living. Well, my mother is 93, and she is still very much alive. And when I was asked to talk today, I said yes.

My father died five years ago. My parents had been married for 67 years. My mother stayed in their home for three years after my father died until my brother, sister, and I decided that it was too difficult to manage my mother, her round-the-clock staff, and her large house when none of us lived in the same area. So I emailed my

sister and brother and said, “I want Mom to come to Boulder and live in assisted living.” They both jumped at my offer. I’m sure they were puzzled by it since I am the one who, as an adult, has gotten along the worst with our mother.

I wanted my mother to come live in Boulder ... so that I could *fix* her. I thought that if she took the right medication, ate the right food, went to the right psychiatrist, and lived in a controlled environment where she could not manipulate the staff, she would become the mother I had always wanted. I thought that she would stop complaining and being critical and that her suspiciousness and prejudices would go away. I thought that she would become a happy person and make friends at the assisted living facility. I expected that she would share her feelings with me (which she had never done before), and that we would have wonderful experiences together. So I quit my paying job and began the most difficult journey in my life: fixing my mother.

The journey took me many places. I took my mother to urologists and internists, psychologists and psychiatrists. I hired home health agency workers and sitters, and took her for walks, and shopping, and out to dinner. I read her the newspaper and even *Dear Abby* ... and my mother still wasn’t fixed.

Then I remembered the rule: “You can change yourself or you can change the situation, but you can’t change another person.” So I set about to change *myself*, thinking that maybe my mom would change too. (I know that last bit is not part of the rule, but I was hopeful.) So I found my own therapist whom I visited week after week and month after month. I took history classes at CU, traveled to Spain, volunteered at the hospice thrift shop, and went on a medical mission to Haiti. I spoke up every time my

(continued on page 7)



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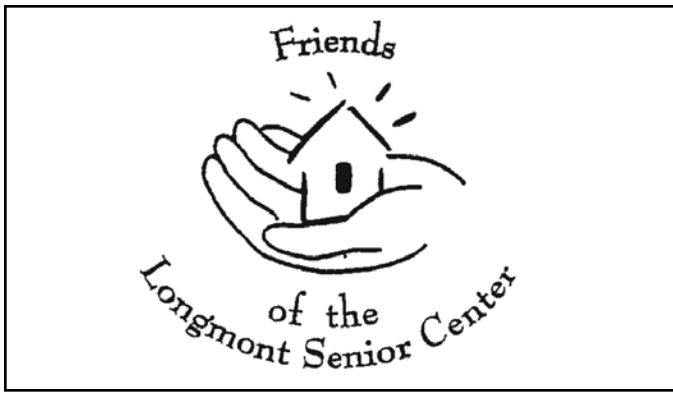
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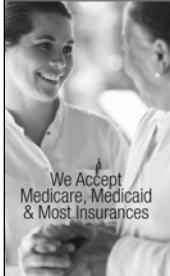
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Fixing My Mother

(continued from page 6)

mother said a racist remark, and I asked my siblings for the support that I wanted from them. *Still* my mother wasn't fixed.

Finally I was emotionally exhausted. So I decided it was time to change the *situation*. I emailed my brother and sister and told them that it was their turn to take care of Mom, and that I would pack her up and bring her to live in one of their cities. However, they did not move my mother to San Francisco or to Houston; they moved her to a facility in Louisville. My sister took over managing my mother's care by telephone, and she and I became estranged.

And where was God in my life during this time? I feel God showed up through the people in my life. Through my daughter, Kate, who has gone with me every week for two years to take my mom out to dinner, has left her dinner to get cold, and has helped me take my mom to the bathroom and held open the non-handicapped door to the handicapped bathroom, and has waited there with me in case I needed her. Through my husband, Tom, who at least once a week recites all of his activities in response to my mother's incessant questions on how he spends his time, and then he repeats it all again when my mother says, "And what else did you do this week, Tom?"

God showed up through the people in my prayer group who asked about my mother every week for one and a half years, and then listened to me complain, and then prayed for us both. God was working through [our pastor] Martie when I met with her last spring because of my concern about my mother's care in the facility to which my siblings had moved her. Martie said that it sounded like my mother was receiving "adequate" care, and her choice of words eased my concern.

Is my mother fixed? After much trial and error, she is on drugs that have eliminated her suspiciousness, somewhat reducing her complaining and criticism, but which have done nothing to eliminate her prejudices. Did she make friends? No, not one in two years. Does she share her feelings? There was an entire month when she didn't get out of bed, and she shared some of her feelings and stories with me then. She told me that she never lived up to the expectations of her mother, who didn't have time for her when she was a child because her mother either stayed in bed or went to club meetings. Have my mother and I shared wonderful experiences together? No.

By the beginning of last summer, I realized that even though I still visited my mother, I had stopped complaining about her. (I'm sure the prayer group members gave their own silent prayers of gratitude.)

It has been an incredible journey during the last two years. I am so grateful for all of the people in my life. And I am grateful for the opportunity to get to know my mother a little bit better.

This article first appeared in the January / February 2007 issue.

“We need in love to practice only this:

letting each other go.

For holding on comes easily—

we do not need to learn it.”

— Rainer Maria Rilke



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.

The Alzheimer's Association of Colorado presents **Caregiving Tips: Successful Communication**, a class about interacting positively with persons with dementia using effective communication techniques and appropriate responses to behaviors, on Monday, November 4, 2:00 – 4:00 p.m., at Frasier Meadows, 350 Ponca Place, Boulder; and **Basics: Memory Loss, Dementia, and Alzheimer's Disease**, a class that looks at memory changes that are typical of aging and those that are not, at the different types of dementia, at leading research and possible treatments, and at planning for dementia care, on Tuesday, November 5, 10:00 a.m. – noon, at Kaiser Baseline Clinic, 580 Mohawk Drive, in Boulder. Both are free; pre-registration is required, at 303-813-1669 or www.alz.org/co (Classes and Workshops, Calendar).

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 November 7 or December 5, 2:00 – 4:00 p.m., at East Boulder Senior Center, 5660 Sioux Drive (call 303-441-1546 to register); on November 19 or December 16, 10:00 a.m. – noon, at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); on

November 15, 1:30 – 3:30 p.m., at Lafayette Senior Center, 103 S. Iowa Avenue (call 303-665-9052 to register); and on December 12, 1:30 – 3:30 p.m., at Louisville Senior Center, 900 W. Via Appia (call 303-666-7400 to register). There is no charge, but donations are appreciated.

Medicare Open Enrollment Period, the time to review and make changes to your Medicare Part D (Prescription Drug) or Medicare Advantage/Health Plan, is **October 15 - December 7**. A review is important because plans and pricing can change, you may be taking different medications, and new drugs or generic options may be available. Call the senior center nearest you to schedule an appointment to meet with a Medicare Counselor, from Boulder County Area Agency on Aging, for an individual review of your plan.

After losing its home at Frasier Meadows to flooding, **Care Link Adult Day Program** has temporarily reopened in space at First Presbyterian Church, 1820 15th Street, in Boulder. Care Link's new phone number is 303-532-2477.

Lafayette Senior Services presents **Monthly Legal Q & A**, a time to get answers to simple legal questions from an elder law attorney, on the second Tuesday of each month (November 12, December 10), 11:00 – 11:45 a.m., at Lafayette Senior Center, 103 S. Iowa Avenue. To register for a 15-minute appointment, call 303-665-9052, ext. 0 (registration code 349800-4). There is no charge. (If more in-depth legal assistance is required, the attorney will make an appropriate referral.)

Balfour Cherrywood Village concludes its fall lecture series with **Alzheimer's Care: Companions on the Journey – Understanding the Stages of Alzheimer's Disease**, an in-depth view of developmental theory as it pertains to the progression of Alzheimer's and ways for caregivers to adjust to their loved ones' changing communication and behavioral needs, with Executive Director Megan Carnarius, on Thursday, November 14, 6:30 – 8:00 p.m., at Balfour Cherrywood Village, 282 McCaslin Blvd., Louisville. Pre-registration is required; call 303-604-2700.

The **13th Annual Lavender Gala**, a celebration for the Boulder County LGBT (lesbian/gay/bisexual/transgender) community age 60 and better and their friends, families, and allies, is on Sunday, December 8, 1:00 – 4:00 p.m., at Nissi's Bistro, 2675 North Park Drive, Lafayette. The event features Ms. Eda Bagel (Jeffrey Kash) as emcee, dance tunes by Su-Z, hors d'oeuvres, cash bar, and door prizes. Register by November 29 at <http://lavendergala13.eventbrite.com> or by calling 303-441-1585. A donation of \$15 at the door is suggested. This event is hosted by Boulder County Area Agency on Aging, and is sponsored by Aging Services Foundation and its community partners.

LiveWell, AgeWell (formerly PrestigePLUS) offers **Advance Directives Workshop**, on considering and clarifying one's wishes for medical treatment in the event of incapacitation, with Peggy Arnold, on Friday, December 13, 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.

A **caregiver support group** for spouses and partners of people needing care meets for pizza and camaraderie on Mondays, 5:15 p.m., at DaGabi Cucina, 3970 N. Broadway (behind Lucky's), in Boulder. Facilitated by Ellen Knapp, LPC, the group addresses the issues of couples whose lives have changed from having a common future to being patient and caregiver. For more information, contact Ellen at 720-217-9614 or elhenknapp@gmail.com. There is a \$15 charge per meeting.

Boulder County Area Agency on Aging will offer each of its two **caregiver training programs** several times in 2014. **Powerful Tools for Caregivers** is a 15-hour course (meets once a week for 2 ½ hours) that gives family caregivers the skills to help ensure they take care of themselves while caring for their older loved ones. The **National Caregiver Training Program** is a 21-hour course (meets once a week for 3 hours), taught by a registered nurse, that helps family caregivers acquire the skills needed to provide safe, confident home care for frail older loved ones. There is no charge for either course, but donations are appreciated. Financial assistance for respite care (substitute elder care) during class periods is available. For more information on 2014 course dates, or to register, call 303-678-6116 or email InfoCaregiver@bouldercounty.org.

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 January/February 2014 issue is November 26.



Communicating with People with Dementia

by Mary Kathleen Rose

Often caregivers become frustrated when trying to communicate with loved ones or those in their care who suffer from dementia. Maybe the person has lost the ability to communicate suddenly, as with a debilitating stroke. Or maybe the loss of the ability to communicate has happened over time, as with Alzheimer's or other forms of dementia. In any case, the caregiver can feel at a loss as to how to carry on a conversation or even to communicate about basic needs.

It is important to understand that communication—whether through words, nonverbal cues, or touch—is a basic human need. The person who has lost the ability to communicate in what we consider “normal” ways still has that need to connect. It is up to the caregiver to figure out how. There are a couple of things I have found helpful in communicating with people with dementia. First, I need to be willing to be present, open to what can happen in the moment. Second, I need to let go of preconceived notions of what I should expect from the other person.

Communication is a bridge that allows us to connect with another person. We don't always know what is on the other side of that bridge. It is important to have a respectful attitude, free of judgment based on first impressions. My own mother, in her later years, shared something with me that has guided me as I communicate with others. After suffering from a stroke that left her unable to speak, she found herself at a loss to communicate what she was thinking. After a time of rehabilitation, she recovered her ability to speak. She told me, “When I couldn't speak, people treated me like I was dumb, without a thought in my head. But I always knew what I wanted to say; I just couldn't figure out how to get the words out.”

Likewise, the person labeled as having dementia or cognitive dysfunction may be thinking more than we give them credit for. We can never really know, especially if we assume that they have nothing to tell us. We can be much more helpful by acknowledging the need to communicate and validating the person's experience. It is okay for a caregiver to say, “I'm having some difficulty understanding you, but I know you have so much to share with me.”

Here are a few more tips that can help you communicate with someone with dementia. These apply to communication with the elderly or ill in general.

- Introduce yourself. Let the person know who you are, rather than assume they know. Also let him or her know your intention in being present.
- Speak slowly and clearly, looking directly at the person. Speaking slowly gives the individual time to adjust to your presence, as well as to process the words you are speaking.
- Speak loudly enough. Remember that many elderly people have some degree of hearing loss.
- Use individuals' names when addressing them. The common practice is to use their first names, but you may ask how they prefer to be addressed. For example, Anne Smith may prefer to be addressed as Mrs. Smith, as Anne, or as Annie. Avoid terms of endearment, such as Dear. Respectfully using a person's name of choice gets their attention and assures the greatest level of response from them in the moment.
- Don't make assumptions about what they do or do not understand. Just because someone does not answer you directly does not mean they do not understand what you are saying.
- Give the person time to respond, before continuing to speak. Remember that the person affected by age, disease processes, dementia,

or medication may need more time to mentally process what you have said, and to formulate a verbal or nonverbal response.

- Choose language appropriately. Be mindful to use language that is familiar to the person. Avoid using slang, jargon, or overcomplicated explanations of what you are doing.

With these tips in mind, know that your intention to communicate reflects your interest in the person in your care. Relax in the moment, and you just might be delighted and surprised with what comes back to you.

Mary Kathleen Rose (www.comforttouch.com) is a registered massage therapist, author of the textbook “Comfort Touch: Massage for the Elderly and the Ill” (LWW 2009) and DVD of the same title, and a member of the Care Connections Editorial Advisory Committee.

Pondering Death

by Kaelin Kelly

Two days ago
You showed some new symptoms
And I thought this might be
The beginning of the end

What will it be like?
Even in the knowing
That you came here to die
It’s still unreal



I try to picture
Abruptly stopping
This constant awareness of you
Your breathing
Your eating
Your pooping
Your moods
The little rituals we’ve set up

That bond us in their predictability
That’s it—bond—that’s the word
I’ve never known such a bond before
What is it like when that ends?

Oh, now the grief is showing itself
I’ve been wondering when it would
The heaviness of this moment
Feels like a deep respect
I’m glad to experience this grief
It washes over me
For once I let it be
Just what it is
Unafraid of its power
It deserves to be overwhelming
That’s the right proportion
To the loss

I see that I’m loving unconditionally
I love you for who you are
Unchanged by what you do
Or—more important—
Did or didn’t do
When I was in your care
So what?
What matters is now
Making all we can of
Each precious moment
While you’re still here

From A Caregiver’s Journey: Poetry by Kaelin Kelly

**“We must be willing to let go
of the life we have planned,
so as to accept the life
that is waiting for us.”**

— Joseph Campbell

CARE Connections
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

