



# CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

Jan/Feb 2014

## INSIDE

1

Mutuality in Caregiving

3

Holding Hands

4

Creating a Care Partnership

6

Dad Isn't Dad Anymore!

8

Community Resources

9

How Can I Help?

10

Visit with a Caregiver

### Dear Caregiver,

Too often, we hear about family caregivers who assume that they must do *everything* for their care recipient, or they feel pressured by their care recipient or other family members to do it all. Being a caregiver is challenging enough, but feeling solely and entirely responsible for another's needs is simply too much. It's impossible to maintain a healthy relationship with another person when either we or they believe our needs are unimportant. In the long-run of caregiving, it's essential to balance—as much as possible—the needs of the caregiver and the care recipient.

This issue is about addressing the needs of the care recipient *and* the caregiver by creating a care *partnership*, which asks each person to contribute to the relationship. The partnership is negotiated for the long term well-being of each partner. It helps the caregiver, by including their needs in the picture, but it also benefits the care recipient, by respecting their capabilities, their desire for independence, and their need to be involved in their own care—to whatever degree they can. Though the give-and-take between care partners will fluctuate from day to day, and over time, the intention of working as a team will help provide needed balance over the long haul of caregiving.

We hope you'll find something to think about inside.

*The Editors*

### Mutuality in Caregiving

*by Lynn Malkinson*



**C**aregiving is often depicted as a flow of energy, attention, services, and duties that runs in one direction: from the caregiver to the care recipient. The language itself reinforces this view.

In my work over the years as a hospice social worker, as well as in my personal experience, I have often seen the movement of energy as a cycle, or an exchange, between the person requiring care and the caregiver, placing responsibility and burden on both the giver and the receiver. The relationship becomes an exchange of gifts rather than a one-way street that drains the giver and demeans the receiver.

Just a few days ago, a hospice patient who prefers to live alone commented that she couldn't do so without the numerous visits during



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### Care Connections

Boulder County Area Agency  
on Aging  
P. O. Box 471  
Boulder, CO 80306  
303-678-6116 (ph)  
303-678-6285 (fax)  
InfoCaregiver@bouldercounty.org

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Emily Cooper  
Susan Damon  
Lynn Malkinson  
Mary Kathleen Rose

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the week from hospice people: a nurse, a massage therapist, a social worker, a volunteer, and a chaplain. Without these visitors, she said, she would become depressed and might have to go to a care facility. Then she said, “I don’t want to be a burden. I can’t do anything, and I feel worthless.”

She doesn’t realize what she gives to us. She doesn’t know that it is a treat for us to see her once a week and that the simple fact of her existence has great value. Each encounter with this woman is an even exchange, for giving and receiving—at core—are the same thing. I tried to explain this notion to her and hoped she understood. Independent people like our patient seem to feel that accepting help makes them a “burden,” and being a burden is hard to bear.

The certified nursing assistants with hospice are involved in personal care such as bathing, lotioning, soaking feet, and helping people to feel as physically comfortable as possible. They love their jobs because, they always say, “We get more than we give.” It is an exchange; it is mutual.

But for family caregivers, because the care is non-stop, the care equation often becomes lopsided. They can feel that it’s all giving and no receiving. Then the care providers would be well advised to access help so that some of the mutuality can return to the relationship.

I remember when my mother needed my help two times a day, before and after my work. I became grouchy, a slave to the tasks of doctor visits, meal preparation, medicine management, and the bedtime ritual. I forgot who my wonderful mother was, and I forgot who I was. Eventually I remembered what I had told innumerable other caregivers, and hired someone to do some of the chores. This allowed my mother and me to reestablish our pleasurable conversations, exchange of ideas, and recounting of shared memories. I know she appreciated this as much as I did.

A different kind of mutuality is from a third person. When a person you are caring for is too removed or changed or irritable to give much, find support from a group or a friend who is experiencing a similar thing. (That’s actually the purpose of “CareConnections.”) I know of two young women, whose mothers are terminally ill, who exchange phone calls and meet to give and receive support.

Even if you feel that your situation is past the point of exchange or mutuality, something—in yourself or in the person you care for—may surprise you. Recently, a woman who has cared for her

husband for twenty years felt a wave of affection, love, need, and remembering. In that moment she climbed onto the arm of his recliner chair and drew him to her in a hug that she said felt wonderful—almost like the long-ago holding of this very man.

These fleeting moments of contact may be brief reminders of the former mutuality of the marriage or other relationship, or perhaps they are glimpses into an almost ideal, pure form of love.

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*This article first appeared in the September/October 2001 issue. Lynn Malkinson, a retired social worker, is a member of the Care Connections Editorial Advisory Committee.*

### **Holding Hands**

*by Georgia Robertson*



**D**o you have a caregiving moment that carries you forward each day? I do.

By the time this particular moment occurred, my mother had been declining for years due to dementia. Her five adult children had passed through the daily struggle of finding ways for her to live independently at home. We had taken turns driving to see her each weekend so she was never alone, and had made sure that she had groceries, the sidewalks were shoveled in winter, the lawn was mowed in summer, the house repairs were done, and regular Sunday church visits were made. We had seen her lose her way home once or twice, watched her buy more orange juice than she could ever use so that the refrigerator was always full, seen her overwhelmed by the demands of a flower garden she insisted on keeping. We knew that she would not remember when we were coming for a visit, and would, in fact, have problems keeping up with the family calendar she had used well for so

many years, tracking birthdays and big events for all of her nine grandchildren. She would forget whose child belonged to whom. We kept adjusting. We kept getting more and more tired.

We adjusted because caring for Mom was important to us as her children. She held our history, our stories. She was the common ground we all relied upon. She helped us remember our family history, even as she forgot. As we heard her wrestle with her limitations, we faced our own limitations in what we could do for her. We learned to listen more and to judge less, just as she slowly mellowed and accepted our adult selves in ways she never could before. She was more and more available with her presence, even as she became less and less available with the ability to care for herself. She became essence of motherhood, always wanting what was best for us.

Despite our repeated suggestions, she refused to accept help at home. This was her home, and she “didn’t need” any help. It was a conversation we should have had many years earlier, when she could have made a different decision. But as time went by, she did need our help, and without her asking or perhaps even acknowledging it, one daughter took over housekeeping, a son took over bill-paying, and another daughter handled taxes. Another daughter provided an available ear when Mom was frustrated. Another drove her to medical appointments. She let us help her

**“Human life runs its course**

**in the metamorphosis**

**between receiving and giving”**

— *Johann Wolfgang von Goethe*



in those ways. We were lucky, this group of five children, that there were so many of us. But we were spread at a distance, even if we were not spread thin in caring about her. We had decisions to make about priorities: should we deny our own busy lives while helping her keep up the pretense that she could handle everything on her own?

Eventually we had to make the hard decision so many caregivers face when the caregiving becomes more than one person, or even five people, can handle. Mom wasn't eating well. She couldn't get out of the tub any longer. The basement stairs were a safety risk. This woman who had always worn lovely outfits and took pride in the drawers full of jewelry to match, no longer cared what she wore on any given day. One of us suggested it was time to get help, even if Mom didn't need it. We needed it. We began with assisted living and then later, it was a skilled nursing home. Each change was hard. Hard for us, hard for Mom. It wasn't perfect. Each time Mom asked why she couldn't go back home, we tried to provide the same answer of love and concern. Privately, we each wrestled with doubt and anxiety.

But this memory helps me each time I wonder about caregiving. Mom and I had returned to visit her home for the afternoon. We had made grilled cheese sandwiches in her kitchen and moved to sit on the back patio, in wicker chairs under the huge cottonwood trees that filled her backyard where all her children and grandchildren had played over the years. Echoes of their past laughter seemed to float in the warm sunshine. She loved those visits. The light filtered down between the leaves that were turning gold. Every so often a golden leaf, shaped like a heart, slipped and fell to land on the grass, or on our laps. Mom sat close to me.

In a gesture uncommon to both of us, I took her hand in mine, and we held hands in the fading

afternoon sun. Her hand was thin, like the fragile cottonwood leaves. She didn't resist at all, and she didn't pull away. Now, my mother had never needed a hand to hold, certainly not an adult daughter's hand! She was tough! But she let me hold her hand that day. We were united in that moment, not separate any longer, not a caregiver and a care receiver. I felt she understood the burden of my caring for her, that she knew we were all doing the best we possibly could, that she knew I would miss her. She told me, "I am ready to go anytime." And I knew she was doing the best she could, too. I was helping by what I could do, and she was helping by who she was.

Sometimes caregiving overwhelms us. Sometimes we don't know how to take care of ourselves. But if we are fortunate, we will have our moments, moments when we and our loved one meet in spirit, both of us companions in a lifelong education about what it means to live in this world and to care for one another.

---

*Georgia Robertson, L.P.C., is a Grief Counselor with TRU Community Care.*



## Creating a Care Partnership

*by Emily Cooper*

**T**he down side of calling oneself a care-giver is that the name implies there is also a care-taker (or care receiver), and it may give the idea that the relationship between the two is a one-way street: the care-giver does all of the giving, and the care-taker does all of the taking. But every relationship, including between caregiver and care receiver, is most successful when give-and-take goes in both directions, and it's helpful for family caregivers to keep that in mind. When the caregiver and the care receiver embrace that

mutuality by becoming care partners, they increase the chances of maintaining needed balance in their relationship—and that can help everyone.

“Care Receiving: Creating Partnerships in Self-Care,” a publication of U.S. Department of Health and Human Services, Administration on Aging, offers advice to the care receiver about partnering in the care he or she requires. It begins by recognizing the emotional challenges of needing care, and suggests:

- Allow yourself to accept the assistance of others.
- Accept assistance graciously. Frequent expressions of guilt make caregiving more difficult.
- Acknowledge feelings of guilt and/or anger at having to receive care. Don’t allow these feelings to affect your relationship with your caregiver.
- Focus on the positive aspects of your life.
- Keep your sense of humor.
- Live in the present; focus on life now and what you are able to do. Celebrate your accomplishments.
- Be creative in exploring and developing interests and activities that enhance your self-esteem.
- Keep in frequent contact with friends.

A successful care partnership requires active participation and compromise to be rewarding and enduring for each partner. The care receiver is advised to:

- Do what you are able to do for yourself. Small efforts are recognized and appreciated.
- Provide moral support; listen to your caregiver.
- Have fun together. Share ideas. Be a good friend.
- Plan ahead as much as possible. Provide your caregiver as much advance notice as you can regarding doctor’s appointments, etc.

- Accept help from other sources to give your caregiver needed time off.
- Compromise and problem-solve with your caregiver.
- Look for things, small or large, that you can do for your caregiver or family.

Open, honest communication is essential to creating and maintaining a successful partnership. Current care receivers suggest the following strategies:

- Listen to your caregiver’s concerns. What are their joys, successes, and problems? What is going on in their lives?
- Be kind. Show affection. Express love.
- Express gratitude, but don’t overdo it.
- Speak up for yourself; make your needs known.
- Respect your caregiver’s scheduling and time limitations.
- Be fully involved in decision-making about your care.

The care receiver is the best source of knowledge about his or her own health. Participating in one’s self-care can be an important ingredient in maintaining positive feelings of independence. The care receiver can:

- Learn new ways to function. Use mechanical devices (assistive technology) such as walkers or wheelchairs to increase mobility.
- Learn as much as you can about your own emotional/physical condition.
- Participate in care by taking an active role with healthcare providers.
- Exercise and follow diet recommendations.
- Learn about service agencies and how to use them.
- Become an advocate for yourself and for others in the same situation.

Sometimes, especially if the care receiver’s needs are extreme, the most he or she may



contribute to the partnership is a thank-you or a grateful smile—if that. At some point, what he or she brings to the partnership may simply be the opportunity for the caregiver to feel the satisfaction of doing one's best in a very difficult situation.

---

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

**“It’s really important  
to be able to receive love  
and to receive compassion.**

**It is as important  
as being able to give it.”**

— Pema Chodron

### **Dad Isn’t Dad Anymore!**

*by Jyoti Sharp*

**“D**ad isn’t Dad anymore!” or “Mom is like a child!” are familiar cries of adult children of aging parents. While the aging process can and often does lead to increasing peace and acceptance, it can also bring to the surface difficult and unresolved interpersonal issues.

These issues can become more exaggerated as a parent’s cognitive and physical abilities diminish, especially when dementia is a factor. What appears to be childlike behavior creates tension in parent/child relationships and challenges the

adult child to develop new ways of relating to their aging parent.

Overlaying these developmental and cognitive changes in the parent is the complexity of family history between the parent and child. Given the richness of human development and relationships over a lifetime, the parent/child relationship is perhaps most rife with challenge as parents age. Whether the movement in the aging parent is toward relaxation and ease on one end of the spectrum or tightness and struggle on the other (more than likely somewhere in between), the parent/child relationship is destined for change.

And if Mom isn’t Mom anymore, and Dad isn’t Dad anymore, then the adult child may ask, “Who am I?” Confusion, uncertainty, and anxiety accompany this question. Not only is the parent/child relationship changing, but the adult child is faced with deeper questions about who they are and their new place in the world. How can this be an opportunity? How can being shaken loose from old roles lead to an opening of the heart and mind rather than to a closing?

One of the most difficult and confusing experiences parents and adult children encounter with aging is the perceived reversal of roles. This dynamic has much potential for crisis, which means it also has the potential for opportunity. The dynamic can become even more pronounced when a parent has dementia, and contains all the seeds of upset to the natural order of parent/child roles.

The impulse is to attempt to resist this change, because it feels as though the lifelong parent/child relationship is being turned upside down. It’s most comfortable to remain in familiar roles, to delay the shifts in caregiving and decision-making and to avoid disturbing the lifelong homeostasis of the family relationship.

*(continued on page 7)*



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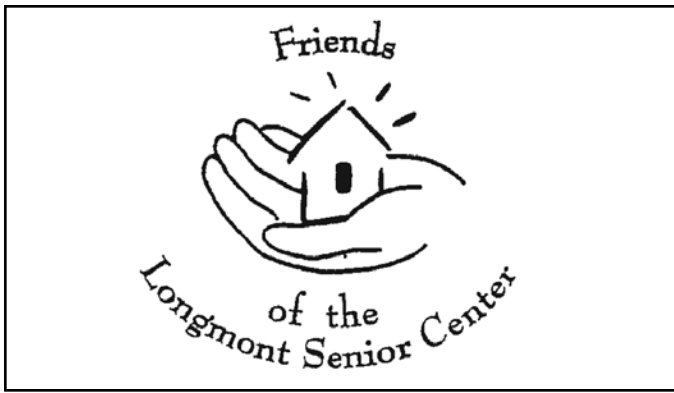
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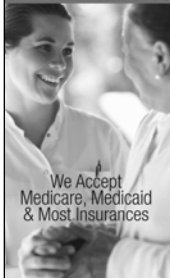
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## Dad Isn't Dad Anymore!

*(continued from page 6)*

But what happens when these new roles are approached with openness, curiosity, and most importantly, kindness to self? What if, instead of using familiar words to describe these roles, the aging parent is seen as an *individual* needing care and understanding rather than as a child. Of course, this person is not really a child. This is a person who has lived an entire life and who is more than likely struggling to let anyone care for them, especially their own child.

And though it can feel like parenting to care for an aging person who is losing or has lost the ability to care for him/herself, what if the adult child is simply a person able and willing to provide this care for someone they love? Does this make the adult child the parent? Of course it doesn't. But while it seems so obvious on the surface, it often seems easier to ignore the obvious and conform to the roles we know.

If the adult child sees him/herself as a "parent," the tendency will be to "mother/father" rather than to support; to take over as the parent declines rather than to allow for as much autonomy and independence as possible. But if the adult child sees him/herself as a person caring for someone they love, and begins by having patience and kindness for him/herself, the possibilities open and there is much more flexibility and relaxation in the relationship.

It's challenging to open our hearts when situations become unfamiliar and even painful. It's also challenging to develop, navigate, and maintain new relationships with parents that allow for mutuality, give and take, and self-care. Cultivating openness, curiosity, and compassion is always easier said than done. It almost always begins with gentleness and kindness to self.

By remaining open and curious about new roles and the feelings that come with them, adult children and their parents can enjoy a new level of intimacy.

When we care for another person, we draw close to them. This closeness is the opportunity. In drawing close to others, we learn about ourselves. We also establish a legacy of caregiving that our children will inherit and that we will benefit from as we age. In families, what goes around comes around. We can make caregiving a family activity, using elder care as an opportunity to teach compassion to the next generation.

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*Jyoti Sharp, M.A., is Owner/Director of Windhorse Family & Elder Care ([www.windhorsecare.com](http://www.windhorsecare.com)), which has provided in-home care for seniors in Boulder County since 2000.*



**“The reality of all life is interdependence.**

**We need to compose our lives in such**

**a way that we both give and receive,**

**learning to do both with grace, seeing**

**both as parts of a single pattern rather**

**than as antithetical alternatives.”**

— *Mary Catherine Bateson*



## 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.*

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 January 9 or February 6, 2:00 – 4:00 p.m., at East Boulder Senior Center, 5660 Sioux Drive (call 303-441-1546 to register); on January 21 or February 18, 10:00 a.m. – noon, at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); and on February 21, 1:30 – 3:30 p.m., at Lafayette Senior Center, 103 W. Iowa Avenue (call 303-665-9052 to register). There is no charge, but donations are appreciated.

LiveWell, Age Well (formerly PrestigePLUS) offers **Advance Directives Workshops**, on considering and clarifying one's wishes for medical treatment in the event of incapacitation, with Program Coordinator Peggy Arnold, on Friday, January 10, or Friday, February 14, 9:30 – 11:00 a.m. (\$5.00 fee for Longmont residents; \$6.00 for non-residents); and **Hardly Hearing**, a free presentation by Longmont audiologists about how we hear and communicate, the causes of hearing loss, and new technology in hearing recovery, on Monday, February 24, 9:30 – 11:00 a.m. All presentations are at Longmont Senior

Center, 910 Longs Peak Avenue. Pre-registration is required; call 303-651-8411.

Boulder County Area Agency on Aging offers each of its two **caregiver training programs** several times in 2014. 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. It will be held on Wednesdays, February 5 – March 26 (skips February 19), 1:30 – 4:30 p.m., in Longmont. **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. It will be held on Tuesdays, February 11 – March 18, 1:30 – 4:00 p.m., in Boulder. 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 or to register, call 303-678-6116 or email [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org).

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

The Alzheimer's Association Colorado Chapter offers **Savvy Caregiver**, its course for family caregivers that helps them assess the abilities of

their loved one with Alzheimer's (or another dementia), and teaches caregiving skills that allow them to feel more confident throughout the stages of the disease, on Wednesdays, March 5 – April 9, 6:00 – 8:00 p.m., at Longmont Senior Center. Register at [www.alz.org/co](http://www.alz.org/co) (Classes and Workshops, Calendar) or by calling 303-813-1669. There is a suggested donation of \$25 for the course.

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

For the fascinating perspective of a person with early Alzheimer's disease, check out the blog **Watching the Lights Go Out**, at [www.davidhilfiker.blogspot.com](http://www.davidhilfiker.blogspot.com).

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 March/April 2014 issue is January 23.**



## How Can I Help?

by Mary Kathleen Rose

**T**he floodwaters this September in Colorado certainly compounded the needs for caregiving and community service in our mountain towns and cities along the Front Range. The disastrous events of this unprecedented storm also brought out the best in people who showed up at neighbors' homes and emergency centers, asking, "How can I help?" The offers of help ranged from providing food and shelter, to helping with cleanup, to assisting those affected by the flood fill out paperwork to get governmental aid.

In the midst of this, I reread a book by Ram Dass and Paul Gorman, called How Can I Help? Stories and Reflections on Service. (Alfred Knopf 1985) The authors talk about the innate desire of people to help others, and the important function of service in a healthy society. We help each other within our families and personal circles, caring for our children, our elders, and our friends in times of need. Or we help others through the many volunteer opportunities that arise to meet the needs for short-term or long-term service in the community.

Yet sometimes we feel inadequate to the job. We wonder: "What can I do to really make a difference?" "Where do I start?" "Do I have enough energy?" "I'm afraid to say 'yes,' because I might not know when to say 'no.'" These questions relate to our sense of self-worth and concern our boundaries of time, energy, and other resources.

And here's another: "I know how I want to help, but no one is interested in what I have to give." This question also relates to identity. Who is the person who wants to help? What is the motivation behind the desire to serve? What personal needs are served by offering help?



Are we motivated by compassion and caring for others, by our own need for community connection and support, or maybe even by a need to prove our own value as a helper or healer?

I remember a playful children's song called "Helping," by Shel Silverstein, made popular on the children's recording "Free to Be You and Me," produced by Marlo Thomas in the early 1970s. Here are a couple of lines from that song: "Some kinda help is the kinda help that helping's all about. Some kinda help is the kinda help we all can do without."

The song takes a humorous look at children, who sometimes in their eagerness to help actually make more work for the parent who has to pick up the pieces of broken dishes after the kids have "helped" in the kitchen. Of course, as parents we can put up with spilled milk or a broken dish as we teach the value of helping with household chores. But I remember one time when I was recovering at home from surgery. A couple of friends came over and cooked a nice meal for me. The food and the company were great, but after they left, I realized that the kitchen was a mess, particularly the floor. Because of the surgery, I wasn't able to bend over to sweep it. Hmm ... "Some kinda help..."

As we care for our loved ones, whether older or younger, or offer help to those in our community, we can keep these thoughts in mind:

- I do have something valuable to offer; it might even be something I take for granted, like cooking a meal or balancing a checkbook.
- I can be myself and be present for others.
- I am in control of my time and space, and can offer help while still having time to take care of me.
- I don't need to "fix" the other person or situation.
- I need to ask, "How can I help?" rather than saying, "Here's what I think you need."

A respectful attitude is key. We help others best when we accept them as they are, letting go of judgments and preconceptions about what they need. Opportunities for service are everywhere. Sometimes even a word of kindness or a simple touch can make another person's day happier. And, in the giving we receive. What we give comes back to us, sometimes in the most delightful and unexpected ways.

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

**"The doors we open and close each day**

**decide the lives we live."**

— *Flora Whittemore*

## VISIT WITH A CAREGIVER

*Robert Edward Gerhardt was born in Queens, New York in 1919. He married, had five children, and worked for General Motors. In his final years, he lived with his daughter Deb Walker and her husband, Bob, in Lafayette, with another daughter, Chris Gerhardt-Jewell, and her husband nearby. With his family around him, Robert died early in 2013.*

**Care Connections:** Deb and Chris, can you round out this bare bones account of your father's life?

**Deb:** He was always enthusiastic, vigorous, and social—sometimes bigger than life. He was a salesman. He loved to go out, loved interacting with people. He was engaged, fun, and loved jokes.

**Chris:** We adored him and he drove us crazy. He was exuberant and loved life; he was also demanding and expected attention. That's why we called him, fondly, the "Baby King."

**CC:** Deb, I understand he lived with you for three years before he died. How did you foster your dad's independent spirit?

**Deb:** He could be on his own the first two years. He participated in family life with his characteristic energy and enthusiasm. We went to Costco where he'd buy seafood; if he had clams, we'd go home and cook his favorite chowder together. He had a golf cart and drove around the neighborhood meeting people; we put a gate in the fence so he could explore the adjacent open space. We made a sign for the cart: "CAUTION: Former WWII Fighter Pilot Flying This Vehicle."

**CC:** As he needed more help, how did you foster and maintain his dignity?

**Deb:** He had full mental capacity before his final decline. He emailed a joke to friends 48 hours before he died. He was very much himself, and then declined sharply. He got quiet and went fast. He loved being spiffy, and we kept him clean. I remember the first time I helped him shower—it was weird even though I am a nurse. We always respected his dignity.

**CC:** How did you make it through this period in your life?

**Deb:** Everyone in the family did their part to keep him happy and healthy. My husband, Bob, helped a lot and often spent time with him first thing in the morning. Chris's husband, Buddy, enjoyed talking with him, as did the grandchildren. There was always somebody to help him with finances, computers, and caregiving. Yes, I was the Queen Caregiver, but it never would have happened without family support. Taking care of Dad also brought the family closer together.

**CC:** What did you learn, and what would you have done differently?

**Deb:** I learned you can't do it alone. I would have asked for more help and set up a schedule for family respite. Chris offered that, but I usually refused. Bob and I did go to Hawaii, and the family cared for Dad just fine. I would have also explained to Dad that I needed a break; I needed to break his dependence on me. I needed to admit to him and to myself that caregiving is *hard*.

**Chris:** Deb and Dad were an impenetrable duo and wouldn't let anyone else in—even family. The burden for caregivers is so huge that the stress becomes emotionally and physically dangerous.

**CC:** How did that happen?

**Deb:** I felt nobody could do it like me; I felt I knew Dad best and we became hyper-dependent on each other. I felt I needed to do everything, and the results were that I lost a lot of my hair and twenty pounds.

**Chris:** Deb became exhausted. She felt she should be in charge of everything. She still feels she should have done more.

**CC:** Do you have any advice for a family at the outset of providing care?

**Deb:** Here's a list: Have a family conversation early on, start sharing the care early so the caregiver isn't so stressed and so the care recipient is used to other people, take [Boulder County Area Agency on Aging's] Powerful Tools for Caregivers course, seek counseling for the caregivers and the care recipient, meet with hospice even if it seems too early, and keep communicating.

**CC:** Deb and Chris, thank you for your time and insights.



**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

