

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

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Dear Caregiver,

In the middle of winter, with cold weather, shorter days, and fewer opportunities to get out, family caregivers can be particularly susceptible to the twin woes of isolation and loneliness. In fact, many caregivers *are* isolated: they're primarily restricted to home because of the constant needs of their loved ones. But often, caregivers feel isolated and lonely because they imagine that no one else experiences the confusing variety of emotions that they do—and in that they're probably mistaken.

The experience of caregiving, in spite of its potential for making caregivers feel isolated and lonely, is shared by thousands in Boulder County—millions nationwide. There are many, many other caregivers who are close by and are waiting to tell each other that they understand—they “get it”—because they've been in the same place or at least they've been somewhere very similar. There are numerous ways that these caregivers can get together, especially if they're adept at using respite resources (see more inside) and are determined to protect their own welfare as carefully as they protect the welfare of their loved ones.

This issue is about isolation/loneliness and is filled with ways to learn from it and relieve it. We hope it helps you deal with any loneliness you may feel and encourages you to reach out to others in your caregiving community.

The Editors



Three Ways To Face Loneliness

by Karennia Wright

Between the time my husband was diagnosed with dementia in 2007 and the time he died in 2011, I watched him change from the kindest, sweetest, gentlest, most caring man I'd ever met into someone I didn't recognize much of the time. Throughout his illness, and sometimes in escalating frequency, he had been tortured by such horrors as night sweats, terrors, angry outbursts, bouts of weeping and carrying on, hallucinations, and delusions. These behaviors were uncharacteristic of him. This was not the man I knew, not the man I married. Often, I was enraged, confused, puzzled, frustrated, isolated, and lonely.



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When his physical and mental limitations deteriorated to the point it required a team to take care of him, he was admitted to a nursing home, and I found myself living much of my life without him, going places and doing things without him by my side. Our “together” life no longer existed. My husband and I couldn’t take long, meandering walks in nature like we used to. We couldn’t go to movies, plays, festivals, coffee shops, restaurants, gatherings of friends. We couldn’t discuss the books we’d read, or share opinions on politics, or talk about what was happening to the environment. We couldn’t toss around ideas about spirituality and existence.

We had been separated by the progressing symptoms of his disease, cut off from the life we had chosen to live together, and frequently isolated from each other. My best friend had left me, through no choice of our own, and losing him upset me to the core.

That was a number of years ago, and it was also just yesterday. In reflecting back to that time and wondering what got me through it, three guiding truths rose gradually from the ashes of my smoldering memories. I want to share what I learned from having been through what you or someone you know may be experiencing right now as you take care of your loved one, as they change before your eyes, as you become cut off from them and the life you knew.

1. Corral your love and use it. This is still the person you love. Use the power in that love. Call it into service during the times you’re emotionally isolated and on your own. When you’re unstable, drifting like an untethered balloon bobbing in the wind, being thrown high into the sky, then hitting the ground, being pushed from all sides, remember your loved one and the devotion and affection you have for him or her. Have you ever felt the emotions of love and loneliness at the same time? No, you haven’t, and that’s because love cannot exist in the now simultaneously with loneliness. Call up the love. Ultimately, it’s all there is, and it’s plentiful.

2. Play and have fun. This means recognizing, if you haven’t already, that you need help with your caregiving tasks and then getting that help. After that, use the extra time—even if it’s only ten minutes—to play and have fun! Playtime is your time to forget about caregiving chores and commitments. It’s about refueling your imagination, being free, being social in an unstructured way. It’s time set aside for grins and laughter. In play, we focus not on an end goal but on the process itself. The benefits of play are hidden within the process of doing it. Play relieves stress, calms

us, and challenges us in a relaxing way. In play we create, learn, and feel joy. It's crucial to our well-being. Go, step out, find your fun, and have as much of it as you can handle. Falling down laughing is optional.

3. Feel your emotions. This is the difficult part. Yes, losing a loved one is hard. You're sad and hurt, you'll grieve, and you'll be lonely. And it's okay, more than okay. It's normal. As my husband approached the end of his life, I confided to a close friend that nothing I did anymore eliminated my stress and sadness over losing him. I complained about my lengthy bouts of crying and my depression. His response startled me. "What?" he said, "You expect to feel good during the grieving process?" I paused, taken aback. That's exactly what I'd been trying to do, and how silly of me. Of course you won't be happy and carefree. It's perfectly normal to be a wreck. It's also normal to express those emotions safely.

One thing everyone can do—and should—is cry. Cry! Sob, weep, carry on until you're dry. You may think that if you start, you'll never stop. This isn't true. Set a timer for ten minutes, then cry until the timer sounds. My guess is you'll stop crying after three or four minutes. If you don't, keep going until the timer goes off. If you need to cry more, set the timer for another ten, and another ten until you're cried out. Don't rush it. Just cry. Then repeat as often as necessary.

Crying releases toxins and stress hormones from the body. A good crying session will give you relief even as your circumstances remain the same or worsen. The only way out of your grief and loneliness is to pass through it. Winston Churchill said, "If you're going through hell, keep going." Eventually you'll come out the other side, and you'll be happier and stronger. And that new strength will remain a pillar of your character.

Connecting with and being connected to others is a natural aspect of our lives, and so it follows that loneliness is a logical result of separating from your spouse or partner throughout their illness. But loneliness also gives us the opportunity to reflect, to heal, and to grow. It's the hero's path and the warrior's stance. Call up the love, play and have fun, feel your emotions. You can do it. You have to.

Karena Wright writes memoirs about her insights and experiences as a caregiver for her late husband, who was diagnosed with dementia nine months after they were married. Follow her blog and connect with her at www.WrightingLife.com.



VISIT WITH A CAREGIVER

Roger and Ann were married in 1960 and have three grown children. Roger, a retired psychologist, began showing signs of memory loss in 2008, and after a series of neurological tests was diagnosed with Alzheimer's Disease in 2012. His wife, Ann, has been his primary caregiver through the gradual and inevitable progression of the disease. Ann spoke with us about the isolation and loneliness so common in caregiving.

Care Connections: When did that gradual shift from partner/wife to caregiver begin?

Ann: Looking back, I realize that the illness had started several years before the actual diagnosis. In 2008, I began to realize that things were not altogether right. I had to intervene in practical matters like helping him find tools for yard work, which he had always known. I saw that he could not understand spoken directions when he asked me how to get to familiar places in town in the car. His driving safety was still good at that time. His personality started to change: flares of temper would be followed by periods of



sullenness and/or silence. For some time, we managed his increasing dependence on me with occasional help. A friend would take him for walks or to a museum, which gave me time to get work done.

Then he fell and was hospitalized to treat a brain hemorrhage. He needed 24-hour care when he came home. A great many people were in the house, coming and going: bath aides, physical therapists, and other helpers. I was constantly organizing and scheduling and interacting with these people. Managing his care. But I was “alone in myself.”

CC: Surrounded by people—but alone.

Ann: Yes. My husband wasn’t there to talk to in any meaningful way; there was less conversation, less mutuality. His body was present, but there was no sense of our being a couple. I had to figure out what was in his mind and respond to that; it was all about him and his needs. We slept together until we had caregivers staying through the night. He needed help and I wasn’t getting any sleep, so I moved into another bedroom.

CC: Another loss?

Ann: Yes. And after four months of in-home care, he went to an assisted living/ memory care facility. Roger and all his helpers were gone. I was here at home alone. The sense of loss was strong when I realized he was not returning home. He never talked about coming home, and I became sad being at home without him. I couldn’t relax, and I filled my time with things that might distract me. Busy work, physical activity, was better than reading. I particularly missed having him around at the end of the day, and I still do. Eventually, I started seeking out old and new friends and activities. The computer helps; I often email or have phone chats with friends in the evening.

CC: Roger has been in a facility for about seven months. What is it like for you now?

Ann: Several months ago, his need for more care prompted a move from assisted living to a nursing home. He’s in bed most of the time. I’m in a state of emotional suspension and don’t know where I’ll land. Generally, I haven’t ever minded being alone for short times, but now in this case, it is mixed with sadness. I’m not sure if this is grief, or if grief will come when he dies. When I visit him, he recognizes me, he smiles at me as usual, we hold hands, he is still witty and “in the moment.” He’s still Roger. He’s gone, but in some ways he’s still himself. One day at home I took some of his clothes out of his closet and put mine in their place. Then, I drove right over to the nursing home and held his hand.

CC: What a vivid picture of the two realities you live in. How have you coped with these many years of gradual separation from your husband?

Ann: For a few years, I’ve seen a therapist and am being treated for depression. That and support groups help me understand how I can best handle the process he is going through. Alzheimer’s support groups have helped. For example, someone spoke about the relief of “coming out.” In the early stages of the illness, it is easy for the person affected to cover up the changes in memory and competence, and it is common for the caregiver to protect his or her partner by covering for them. A critical feature of the support groups is to find I’m not the only one going through this. If one person says, “I can’t stand this anymore,” almost everyone can identify similar thoughts. Eventually, the burden of trying to keep up the appearance of normalcy becomes heavy. Our children knew as early as 2010 that something was wrong, and they and I decided it would be better if people knew about it.

CC: Ann, thank you for talking with us. Many of our readers will find common ground in what you have told us.



“Yet it is in this loneliness that the deepest activities begin. It is here that you discover act without motion, labor that is profound repose, vision in obscurity, and, beyond all desire, a fulfillment whose limits extend to infinity.”

— *Thomas Merton*



Losing and Finding One’s Self in Caregiving by *Claudia Helade, Ph.D.*

One of the many personal challenges often encountered in the process of caregiving is the feeling that one’s “self” becomes lost in the tasks of providing care to another, a loss that can be profound and may include sadness, loss of enthusiasm for life, and even depression. Often the “old self” resists all attempts to reassert itself into consciousness, resulting in the feeling of being a stranger to one’s own being. In fact, the “self” we are looking to restore resists attempts to find it because it no longer really exists.

What we think of as our self is actually a set of fluid, mobile qualities and experiences that we use to define who we are, which can be either limiting or expansive. This self is always changing and transforming to include every experience of life and is never static or solid, despite our frequent attempts to make it so. We attempt to solidify our sense of self to take control, define and name who we are, establish boundaries, create the reassurance of familiarity, and forestall the fear of change and its resulting

disorder. These reasons may seem especially important during crises and the stress of caring for the needs of others over an extended period of time.

When I was caring for my parents at the end of my father’s life and the last years of my mother’s stay with me, I found myself, like most caregivers, being overwhelmed and exhausted and feeling vulnerable, lost, and invisible. I wanted my old self back, and it took quite a while to understand that it wasn’t coming back. I later realized this self wasn’t lost, just underground in order to transform. In its place, after a time of great difficulty, was a new sense of self that included more resources than I knew I had and a greater capacity for staying present, not just for my parents, but most especially for myself. I understood that I had entered into a profoundly deep part of myself rather than a temporary time of difficulty from which I could return untouched to my familiar frame of reference. I ultimately felt expanded; latent qualities in myself that I admired in others gradually became a larger part of who I was.

Caregiving gave me a means to more deeply develop understanding, compassion, patience, and strength. The responsibilities of caring for those two souls I loved allowed me to expand my sense of who I was to include a more open and loving part of myself I could have touched in no other way. Reaching in deeply to bring forth capacities necessary to give the best of one’s self to another who needs what we have to give is a precious opportunity we can also give to our own self. I learned to stop being primarily focused on doing and to be present for what was happening in the hearts as well as the bodies of my parents. I was able to enter into states that included and even welcomed the unknown, resulting in a feeling of unity with a larger reality that was profoundly expanding to my sense of self.



These new realizations were fleeting in the beginning and of course were interspersed with times of impatience, frustration, and longing for reunion with who I “was.” I thought that after this time was over I would somehow be able to recover what I had lost. The truth, however, is that who I was, was less than who I was becoming—a slow and labored insight and one of the great gifts of personal sacrifice. As the tight boundaries and constructs of my self-imposed identity relaxed, I was often able to enter into the mysteries of life that caregiving gave access to if I did not grasp as tightly to who I thought I was. Moments of sweet grace softened the harder self I was seeking to restore, and I found a newly developing self much more steeped in the beauty of the heart. In that way, I found my self, not new, but rather larger, more encompassing, and able to hold more love, pain, sadness, joy, and grace.

Some of these hard won understandings came long after the fact, and I bless the particular aspects of caregiving and the integration of them into my awareness, honed and whittled not into a new self, but a self closer to the one I am always in the process of becoming. All of life is cyclic: what is lost is found; what is found is lost again. The secret to self is a deep entering into life and its mysteries, accepting the blessings of its challenges, joys, and sorrows. The self is always much more than we imagine, something we lose and find continually, not a “thing” but a process. As the thirteenth century Persian poet Rumi wrote, “Don’t grieve. Anything you lose comes round in another form.” I learned to welcome the inevitable losing and finding. Continually dying to one’s self renews and expands what yearns to come through us—the reason we are here—our authentic, true Self.

Claudia Helade, Ph.D., is a psychotherapist, caregiver, director of Into the Center, and member of the Care Connections Editorial Advisory Committee.

No One Wants to Feel Like a Pancake!

by Katie Wade

For most caregivers, it is an honor to care for their loved one. I’ve heard many caregivers say, “I wouldn’t do it any other way.” In addition to the joys of caregiving, leaning into this love also creates an intensity which often leads to feelings of loneliness or isolation. The to-do list of a caregiver is long and somehow replenishes itself each night while you sleep. (Do you ever wonder if there is some kind of anti-elf who slinks into your home at night, adding to your to-do list instead of leaving gifts or doing good works?) Not only is there much to do, there are many tough emotions to work through. It’s no wonder that caregivers often feel disconnected from their friends and family, and from who they once were.

If you feel lonely or isolated, you are not alone. Statistics show that a large percentage of family caregivers have clinically significant symptoms of depression (*Family Caregiver Alliance, Caregiver.org, 2012*), which we know is related to feeling disconnected from our friends, hobbies, and community.

I once heard someone speak about feeling depleted after handling a tough caregiving situation: “I felt like a pancake, a one-dimensional thing. I went to a four day spa and could feel myself puffing back up into a three-dimensional being.” Ideally, all caregivers would take time for themselves throughout the caregiving journey so they are in touch with their vitality. No one wants to feel like a pancake! And your loved one certainly wants you to feel full and vibrant. How do you stay connected to whatever it is that helps you feel vital?

First, I encourage you to take a few moments to consider what it is that helps you feel full, energized, and vibrant. You could even keep

(continued on page 7)



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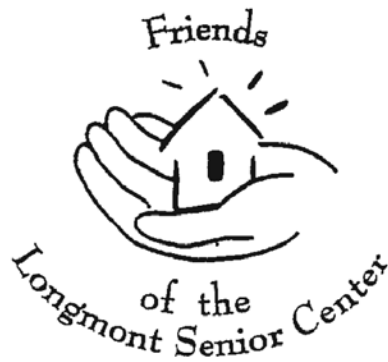
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No One Wants to Feel Like a Pancake!

(continued from page 6)

a list for a few days; as things come to mind, make a note. This list can include small and big things: flowers, caring for animals, meditation, music, work, dance, reading, therapy, exercising, volunteering, art, support groups, and more. If you feel a flicker of energy or vibrancy when thinking of or doing an activity, write it down!

Now that you have a list of what keeps you feeling full and alive, how can you make time to introduce more of that into your life? The way to do that is to discover respite resources. Respite means taking a break, and there are many ways to do that. Let's discuss some ways to create space for rejuvenation:

- **Family and friends.** “What? I have to ask for help?” Yes, you do! And guess what, you probably have family or friends who are willing to stay with your loved one while you take a break. The only way to find out is to ask.
- **Boulder County Area Agency on Aging (BCAAA) programs.** BCAA offers two programs to help with respite: the Respite Assistance Program provides some financial reimbursement to help caregivers pay for respite care, and the Respite and Companion Volunteer Program provides volunteers to visit for two hours each week while you take a break. To learn more, call the number listed below.
- **Hospice.** Many hospice agencies utilize volunteers to provide respite for hospice-eligible clients; find local agencies by searching the website listed below.
- **Medicaid.** Some individuals qualify for in-home care through Medicaid. To find out more, contact the phone number listed below.
- **Adult Day Programs.** Check the website listed below for “Adult Day Program Centers.” Keep in mind what type of activities or companionship would be a good fit for your loved one and ask the programs about those considerations.
- **Long-Term Care Facility.** Most nursing or assisted living facilities offer short-term, overnight respite care. You can find facility information by visiting the website listed below.
- **Woodward Respite Fund.** This fund provides one-time respite grants of up to \$1000 for caregivers of loved ones with dementia. Check out WoodwardRespiteCare.org for more information. (BCAAA has been told that Woodward's funds are running low.)
- **Alzheimer's and Dementia Care Relief Grant Program.** This program of the Alzheimer's Association, supported by Home Instead Senior Care network and Hilarity for Charity, is for caregivers of persons living at home with Alzheimer's disease or a related dementia. It offers two types of grants: “Year Long,” which consist of 25 hours of home care per week for 52 weeks, and “Short Term Relief,” which consist of a one-time 25-hour grant to be used in hourly increments agreed upon by you and your local home care provider. For more information and the application, go to: <http://www.helpforalzheimersfamilies.com/dementia-support-network/alzheimers-care-grant-program/>
- **Colorado Respite Care Program - Respite Voucher Program.** This program offers a resource for unserved and underserved family caregivers with limited access to respite care and/or other supports through current systems. It's designed as a Payer of Last Resort, so applicants cannot be receiving any other funding for respite care. The respite voucher must be used within 90 days of its receipt, with authorized Respite Provider Agencies.

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COMMUNITY RESOURCES

This column provides information about 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. (To share information about a resource for family caregivers, email InfoCaregiver@bouldercounty.org or call 303-678-6116. The deadline for the March/April 2016 issue is January 25.)

Medicare Counselors with Boulder County Area Agency on Aging hold **Medicare Basics Classes** for anyone wanting to learn more about enrollment, benefits, costs, and choices under Medicare, on Thursdays, January 7 or February 4, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder (call 303-441-1546 to register); on Tuesday, January 19 or Monday, February 22, 10 a.m. – 12 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont (call 303-651-8411 to register); and on Friday, February 19, 1:30 – 3:30 p.m., at Lafayette Senior Services, 103 S. Iowa Avenue, Lafayette (call 303-665-9052 to register). Free; donations appreciated.

AgeWell, a program of Longmont United Hospital, offers **Advance Directives workshops**, about considering and clarifying one's wishes for medical treatment in the event of incapacitation, with Program Coordinator Peggy Arnold, MA, on Thursdays, January 14 or February 11, 9:30 – 11 a.m. (\$5 fee for Longmont residents, \$6 for non-residents); and **Good Z-z-z-z's**, about dealing with sleep problems that seriously affect one's daily functioning, with Dr. David E. McCarty, Medical Director of the Colorado Sleep Institute, on Thursday,

January 28, 9:30 – 11 a.m. (free); both at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Pre-registration is required; call 303-651-8411.

The Alzheimer's Association Colorado Chapter offers **Healthy Habits for a Healthier You**, for persons without memory loss, on Thursday, January 14, 9:30 – 11:30 a.m., at West Boulder Senior Center (Creekside Room), 900 Arapahoe, Boulder, and on Friday, January 22, 10 – 11:30 a.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont; **The Basics: Memory Loss, Dementia, and Alzheimer's**, on Monday, January 11, 10 – 11:30 a.m. (in Spanish), at Longmont Senior Center, and on Thursday, February 18, 4 – 6 p.m. (in English), at Sunrise of Boulder, 3955 28th Street, Boulder; **Know the 10 Signs: Early Detection Matters**, on Wednesday, January 20, 2 – 4 p.m., at Kaiser Baseline Clinic, 580 Mohawk Drive, Boulder; **Research Update**, on Wednesday, January 20, 3:30 – 4:30 p.m., at West Boulder Senior Center; and **Understanding and Responding to Dementia-Related Behaviors**, for persons without memory loss, on Wednesday, February 3, 1 – 3 p.m., at West Boulder Senior Center, and on Friday, February 12, 4 – 6 p.m., at Longmont Senior Center (Room A). Pre-registration is required. Register for classes at Longmont Senior Center at 303-651-8411; register for all other classes at 800-272-3900.

Longmont Senior Center hosts **Basic Disaster Preparedness**, a training for seniors and family caregivers of seniors, presented by BeReady Longmont, on Thursday, January 28, 3 – 4 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont; and **Uncovering the Goldmine of Local Resources**, presented by Boulder County Aging & Disability Resources for Colorado (ADRC) with Boulder County Area

Agency on Aging, on Wednesday, January 27, 10 – 11 a.m.. The programs are free, but pre-registration is required, at 303-651-8411.

Summit Rehab at Life Care Center of Longmont offers **complimentary balance and fall screens**, which take 30 minutes and include a few tests and measures designed to determine one's risk for falls based on health age-matched norms, anytime Monday – Friday, 8 a.m. – 4:30 p.m., at Life Care Center, 2451 Pratt Street, Longmont. Make an appointment by calling 303-684-5755.

Boulder County Area Agency on Aging offers **Matter of Balance**, an 8-week health education class designed to help people reduce their fear of falling and increase their physical activity levels, on Fridays, January 15 – March 4, 11 a.m. – 1 p.m., at Longmont United Hospital Health Ambitions, 1950 Mountain View Avenue, Longmont; **Healthier Living**, a chronic disease self-management program, developed by Stanford University, that helps put participants back in control of their health, on Thursdays, January 21 – February 25, 1:30 – 4 p.m., at Villa del Prado Apartments, 635 Mohawk Drive, Boulder; and **Talk: Staying Active During the Winter Months**, with tips on staying safe and avoiding falls, on Tuesday, January 19, 1:30 – 3:30 p.m., at co-sponsor Summit Rehab Center at Lifecare Center of Longmont, 2451 Pratt Street, Longmont. For additional information or to register, contact Melissa Pruitt, 303-441-3599 or mpruitt@bouldercounty.org.

Boulder County Area Agency on Aging offers **Powerful Tools for Caregivers**, a 15-hour course (meets once a week for 2 ½ hours) that gives family caregivers the tools to help ensure they take care of themselves while caring for older loved ones, on Wednesdays, February 17 – March 23, 2 – 4:30 p.m., in Longmont; and the **National Caregiver Training Program**, an 18-hour course (meets once a week for 3 hours), taught by a registered nurse,

that helps family caregivers acquire skills needed to provide safe, confident home care for frail older loved ones, starting in April (dates to be announced), in Boulder. There is no charge for either course, but donations are appreciated. Financial assistance for respite care (substitute elder care during class sessions) is available. For more information or to register, call 303-678-6116 or email InfoCaregiver@bouldercounty.org.

Caring for Your Aging Parent, a drop-in support group for adult children caring for aging parents, meets on the second Thursday of each month, 5:30 – 7 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder. The group is facilitated by Andrew Bunin, LPC, and Jodi Ansell, MSW, and is free and open to Boulder County residents. For more information, contact Jodi at 303-415-1025 or at jansell@jewishfamilyservice.org. This group is co-sponsored by Boulder County Area Agency on Aging, City of Boulder Human Services, and Jewish Family Service.

Lunch Bunch, a free, weekly supportive group for those in the early to moderate stages of memory loss and their family caregivers, provides opportunities for engaging in conversation, socializing, and completing stimulating activities, and is held each Monday, 11 a.m. – 1 p.m., at Atria Senior Living, 2310 9th Avenue, Longmont, and each Wednesday, 11 a.m. – 1 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Participants attend only one of the groups and must first visit with Brandy Queen, 303-651-8414. Lunch Bunch is co-sponsored by Atria Longmont, HomeCare of the Rockies, Home-Well Senior Care, Longmont Senior Services, and the Longmont Peer Counseling program.

For a list of **caregiver support groups** that meet in Boulder County, call 303-678-6116 or email InfoCaregiver@bouldercounty.org.



No One Wants to Feel Like a Pancake!

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For more information and an application, go to www.coloradorespitecoalition.org or contact Megan Baskett at 303-233-1666, ext. 257. Applications will be accepted until April 15, 2016.

- **Private Pay.** There are many home care agencies that offer private pay, in-home companionship care. To find out about local agencies, see the website listed below.

For more information about any of these options, contact Aging & Disability Resources for Colorado at 303-441-1617 or visit www.bouldercountyhelp.org.

Go forth and find the respite options that work for you. Put together a respite plan so you don't end up as emotionally flat as a pancake!

Katie Wade is the Respite and Companion Volunteer Program Coordinator with Boulder County Area Agency on Aging.



Unexpected Friendships Found through Caregiving

by Sandi McCann

Change becomes part of the regular landscape when you take on the role of caregiver to a loved one. There are schedule adjustments, shifts in the daily routine, and changes to the living environment and to the types of things that must be accomplished each day. And, while it's not often talked about, caregiving means big changes to friendships too.

It can be hard to even feel like connecting to others when your world has changed so dramatically. When your main priority is to care for your loved one, socializing can feel unimportant or simply too exhausting to keep up. Yet social connections are part of living

an active, healthy, and satisfying life and are an essential part of staying healthy as a caregiver.

And, while our friendships may change when we take on the role of caregiver, there doesn't have to be an end to the social support and interaction that buoy us. In fact, you might find friendship in some of the most unexpected places—like right in your own home.

Friendships Between Caregivers

Important friendships often develop between in-home, paid caregivers and family caregivers, and those relationships can become a valuable source of support and encouragement for those who have little energy or interest left over after caregiving to socialize.

Professional caregivers may be the only people who truly understand what a family caregiver is dealing with each day. When the caregiver comes to the home, then, they not only provide care for the family member but they also can offer respite, peace of mind, and validation, as well as care tips and techniques to make the experience easier for everyone in the household. Their regular attendance in the home makes for a comfortable and familiar connection, and they can also become a safe sounding board and a compassionate ear for family members who don't usually talk about their experience with others. Often, it is during these conversations that both the professional caregiver and the family members find they have much in common.

Common Interests

At my agency, and at other reputable caregiving agencies, managers work hard to match the caregiver's expertise, abilities, and interests to the care needs and interests of the client. We want our caregivers to have things in common with the individual and family they serve because this makes for a better, less stressful, more compassionate experience for the client and caregivers. It also means friendships develop naturally.

Yet, a friendship with a professional caregiver shouldn't be demanding or even expected. When it happens spontaneously, the friendship can be convenient, supportive, and comfortable, providing a welcome contrast to the challenges of caregiving.

Care Boundaries

A professional caregiver should require nothing from the client and family members other than a safe and respectful environment in which to work. For caregivers from licensed agencies, the agency usually handles the billing, payments, and scheduling directly, so there is never a need for the client and the caregiver to exchange money or conduct business.

This takes pressure off the friendship and working relationship. And, professional boundaries and standards mean a caregiver hired to help in the home should not drop in unexpectedly or promote any interaction with the client outside of work. Instead, the caregiver can be there in the home, serving as a supportive listener and offering a friendly face, without obligation.

For family caregivers this kind of low-maintenance friendship is a nice break and a relief from family relationships and friendships that sometimes can become complicated when a family member falls ill. This kind of open, available, non-judgmental relationship between professional and family caregivers can help ease feelings of loneliness and isolation and can be a fun and encouraging source of friendship as they work together to provide care.

Sandi McCann is the owner and President of Longmont-based HomeCare of the Rockies, Inc. (720-204-6083), which provides professional, in-home caregivers to families along the northern Front Range. She is an expert in caregiver self-care and a resource for families navigating the senior care process.

Spending Time with Other Caregivers

Caregiver support groups provide a confidential place for sharing feelings, asking questions, learning about resources, and encouraging each other. For a list of support groups, email InfoCaregiver@bouldercounty.org or call 303-678-6116.

Online support groups on reputable caregiving websites can be helpful for caregivers who find it difficult to attend an in-person group or who prefer anonymity. Check out www.alzconnected.org, www.caregiver.org, or www.caregiveraction.org.

Caregiver training courses sponsored by Boulder County Area Agency on Aging enable family caregivers to learn practical caregiving skills and attend to their own self-care, in a fun and supportive setting. To learn more, call 303-678-6116 or email InfoCaregiver@bouldercounty.org.

Classes and courses for caregivers of persons with Alzheimer's disease or a related dementia offered by the Alzheimer's Association Colorado Chapter are filled with caregivers who understand the unique challenges of dementia care. For more information, see "Community Resources" in this issue, go to www.alz.org/co (Classes and Workshops), or call 1-800-272-3900. In addition, Longmont Senior Services offers the Savvy Caregiver course for family caregivers of persons with dementia. Call 303-651-8411 for more information.

Community presentations. Senior centers, long-term care homes, and others offer various presentations on caregiving topics. Pick up your local senior center's magazine of activities and classes, and watch for announcements in your local newspaper. Some are listed in *Care Connections*, as well.

Community events. Events such as the Caregiving Symposium (May 19) and Boulder County Senior Law Day (August) bring together family caregivers and others for resource fairs, workshops, and sharing with each other. Watch *Care Connections* for information on these and other events.

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 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 **ADRC Help 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, exploring options, finding solutions, and providing in-depth assistance.

Allenspark area	303-747-2592
City of Boulder	303-441-4388 (bilingüe: 303-441-3918)
City of Lafayette	303-661-1499
City of Longmont	303-651-8716 (bilingüe), 303-774-4372
City of Louisville	303-335-4919
Erie	303-441-1617
Lyons area	303-823-9016
Nederland area	303-258-3068
Niwot area	303-441-1617
Superior	303-441-1617

