

# CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging March/April 2015

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### Dear Caregiver,

While preparing this issue, we searched online for quotations about “starting hard things” and found this by Barbara Kingsolver: “Every one of us is called upon, probably many times, to start a new life.” That’s so true, and for many of us the new life is as a family caregiver. When that new life begins, whether abruptly with a crisis or gradually as our loved one slowly changes, we find ourselves in a strange new world—one that often can feel pretty scary.

This issue is for family caregivers who are just starting out—as well as for seasoned caregivers who would like to refocus and recharge. It includes a caregiver’s memories of her introduction to caregiving, a “survival guide” for new caregivers, a review of an insightful book (a feature we plan to include in each issue), and a look at self-care, which is so important for caregivers to consider from the very beginning. There’s also a list of places for new caregivers—or anyone—to learn about caregiving.

We hope you’ll find information and encouragement inside that help you start as a caregiver—or give you renewed energy and knowledge for continuing the journey.

*The Editors*



### What Are We Going to Do? A New Caregiver's Survival Guide

*by Sara Griswell*

**M**any of the families that I have spoken to over the years have agreed: caregiving is something you don’t know anything about until it falls into your lap. When your spouse, partner, or aging parent begins to need help, you’re often going into it unprepared—with the added stress of a medical crisis to complete the picture! There seem to be so many things to research, remember, and implement, and it can be quite overwhelming at first.

If you’re picking up this newsletter for the first time, you are probably in a similar situation. I know that you’re up for the challenge! While it is not going to be easy, caring for a family member can be a beautiful gift for yourself as well as that person you love. A good way to start is to ask yourself, and your family, some important questions so that you



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can approach care in a systematic and collaborative way, and advocate for your family to minimize the wear and tear to yourselves, your relationships, and your finances.

### What are our challenges? What are our strengths? What do we need?

Of course, if you're starting from a point of medical crisis, you may have a good idea of the initial challenges: the changes in ability or needs that the illness is currently bringing or will bring. If your loved one has recently been hospitalized or is in rehab, there likely is a social worker or discharge planner whom you can talk to about care needs that are immediate when returning home. But sometimes the need is more insidious—you may notice a gradual change in abilities or more frequent problems occurring. A good first step is to look at the ways in which your loved one is still independent and at the ways in which they are not currently able to manage their day-to-day life (this is called “activities of daily living” or “ADLs” in the senior care community). You will want to consider their ability to manage:

- Mobility (walking or inability to do so, risk of falls)
- Hygiene (bathing, grooming, incontinence)
- Transportation
- Nutrition
- Housekeeping and home maintenance
- Finances

There are a number of online resources that provide a list of warning signs that indicate when someone isn't safe or well alone at home, such as <http://www.agingcare.com/Articles/signs-your-parent-needs-help-143228.htm>. Reviewing a checklist like this can help you find the areas to focus on.

On the other hand, your loved one's strengths (and your family's strengths, too!) can be leveraged to improve their quality of life and make the caregiving journey much easier. For example, is your loved one stubborn and independent? That is a strength that may help them persevere in physical therapy and regain lost functioning. Other strengths may be more tangible: financial security, a sharp mind, a safe home, a strong family network. Having a good picture of all strengths can help you use them to the best advantage.

Once you've evaluated the challenges and strengths, you can see where the most obvious gaps are and how you might be able to address them. In some cases it might be easy: bring in Meals on

Wheels because Mom isn't cooking for herself. Some might be harder to address, in which case you can speak to a professional to determine actions or services that can fill the need.

### **Who is in charge? Whose voices need to be heard?**

Of course, in whatever ways they can be, the person receiving care is in charge! While their abilities or mental capacity may have changed, they are still an adult. Listening to and respecting their choices is the first priority. You will then need to have a list of all family members and friends who are intimately involved, can contribute, and have a stake in the game. Get an idea of each person's skills and availability to help out.

While cooperation is great, it's important to know starting out if there is a conflict, and to select someone who can be trusted to make the best choices for your loved one. If your loved one is still able to make decisions, now is the perfect time to speak with an elder law attorney about estate planning and advance directives. Designating someone as a financial and/or medical power of attorney will diminish potential conflicts over care. It's also important to talk about what your loved one wants in an end-of-life situation and the medical measures they do and don't want.

If there is family conflict, or if the closest loved ones are not available, professional case managers and mediators are readily available in Boulder County. Bringing in a professional can eliminate a lot of the stress involved and help preserve relationships.

When caring for a loved one, in my experience it is best to have one person in charge of coordinating providers. Having "too many cooks in the kitchen" can make things far more difficult, and your loved one's needs can't be met when their providers are getting multiple or

conflicting messages. If the designated person becomes overwhelmed, it's a good idea to delegate other responsibilities, or completely switch over to another "point person" for a period of time, rather than have someone "help out" with pieces of the coordination.

### **What are our financial resources?**

Care for an ailing or disabled loved one can be very costly, but there are a number of ways you can find financial support. Keep in mind that health insurance and Medicare will cover medical care but not what is called "custodial care"—like home care to assist with ADLs. Other options include:

- Long-term care insurance – Insurance that specifically covers custodial care. If your loved one does not have it already, they likely can't get it, but before you get started it's a good idea to find out if they do have a policy.
- Medicaid - Government coverage for low-income individuals. Unlike Medicare, Medicaid does cover some custodial care.
- Veteran's Benefits – Ask your local VA representative if your loved one might qualify for benefits.
- Grants and Stipends – Funds may be available for respite care (substitute elder care). Contact your local Resource Specialist (see phone numbers on back page) to learn more.

Many financial advisors will offer a free initial consultation and can assess the other weapons you may have in your arsenal.

### **What are the strengths and weaknesses of the home environment?**

Evaluate the home for safety and accessibility. Making some simple changes to the home (such as adding grab bars in the bathroom, levelling uneven room barriers, removing throw rugs, or placing a ramp in the garage) can avoid injuries that could be catastrophic for your loved one's life and their finances. Evaluate the home's





accessibility from a physical mobility standpoint. There are a number of online checklists to help with the safety investigation, such as this one at <https://www.homewatchcaregivers.com/docs/default-source/senior-care-guides/guide-to-senior-safety.pdf>.

### Which providers are right for the job?

If your loved one is homebound, there are many different professionals who can help in the home for different things. Once you've pinned down your needs, you likely will be calling one or more of the following:

- Home Health Care Agencies – For medical care such as nursing visits, physical therapy, and occupational therapy
- Caregiver (Personal Care) Agencies – For non-medical help with ADLs
- Hospice – For comprehensive support of persons who are approaching the end of life
- House Call Doctors - Doctors do still make house calls! Several physician offices in our community specialize in home visits and may even be covered by Medicare.
- Home Visit Mental Health - Depression, for example, is common in seniors, and there are psychotherapists available in Boulder County who do home visits.

### Who can answer our questions?

Knowledge is power! I encourage you to take advantage of everything our beautiful community has to offer. As I mentioned, hospital social workers and discharge planners can answer many questions about help that may be available. Your next step (or first step, if there hasn't been a hospitalization) should be Aging and Disability Resources for Colorado (ADRC), at 303-441-1617 or [InfoADRC@bouldercounty.org](mailto:InfoADRC@bouldercounty.org), or the Senior Resource Specialist with your City Senior Services. I have personal experience that each of our Resource Specialists (in Boulder, Longmont, Louisville, and Lafayette) is an

incredible wealth of information, and is compassionate, non-judgmental, and always focused on the well-being of older adults.

It's also a great idea to find a primary provider you connect with—especially if you have multiple needs. For example, start by finding a non-medical home care agency that you like. Your contact person there likely will be able to answer many questions and refer you to the other providers you need.

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*Sara Griswell, Operations and Outreach Director of Homewatch CareGivers of Boulder County, has 12 years' experience in senior care administration. Her special focus is providing outreach, resources, and education for family caregivers; she has facilitated a support group for family caregivers, is a hospice volunteer, and is the coordinator and facilitator of the Boulder Interagency Network, a collaborative group of local senior care professionals. She can be contacted at [sarag@homewatchboulder.com](mailto:sarag@homewatchboulder.com) or 303-444-1133.*



### VISIT WITH A CAREGIVER

*When the following first appeared in the May/June 2003 issue of "Care Connections," author Diane Howell was on staff at the Longmont Senior Center. She wrote about her experiences as a caregiver for her mother, who went overnight from living independently to needing skilled nursing care. When Diane became a "heavy-duty" caregiver, she learned a lot about balancing the demands of caring for a loved one and caring for herself.*

It's amazing how quickly things can change, can take your orderly world and send it spiraling out of control.

One night my mom went to her regular Thursday night dance at the Longmont Senior Center

with her boyfriend, and the next she suffered a mini stroke, fell, and broke her shoulder.

While in the hospital, she suffered several more mini strokes and was slow to regain her strength and balance. Rather than send her back to her apartment where she lived independently, it was necessary for her to go to a skilled nursing care facility for rehab. This was huge. We had never discussed or considered nursing home care as an option. We knew it was out there, but we always hoped and prayed that we wouldn't have to use it. Maybe it's because Mom had been so independent, doing so well, that we just didn't see it coming. I guess no one ever does.

Suddenly I was thrust into a whole different level of caregiving. I went from seeing Mom weekly and managing her medications and doctors' visits to visiting her every day and having to be her advocate for everything. What an awesome responsibility. I felt I was responsible for everything that happened to her and every decision that needed to be made. The stakes instantly got higher, and the demands on me grew immensely greater.

How in the world was I going to keep it all together, let alone balance my life? I work thirty hours a week, have a husband and son, and was actively planning our daughter's upcoming wedding in Ohio. I wasn't ready for and didn't have time to think about such "heavy" things. I didn't see how I could make room for this tremendously huge job, and it wasn't long before I felt completely overwhelmed.

About the time we thought we could move Mom back to her apartment, she fell again and broke her hip. After surgery it looked as if she was going to be in a nursing home indefinitely. This opened up yet another dimension as we then had to decide what to do with Mom's apartment. We certainly couldn't afford to keep it and pay for nursing home care at the same time. This was a tremendous blow to Mom, and she felt depressed and defeated. It broke my heart to go

and see her every day, thinking, "Is this as good as it gets?" How could I begin to take care of my mom, keep my job, keep my family strong, keep myself from getting sick, maintain my faith, and help my daughter in Ohio plan a beautiful wedding in a few months?

Even though Mom didn't live with me, and I wasn't a physical caregiver 24 hours a day, I still felt the impact of caregiving throughout the day. It was truly physically, emotionally, and spiritually draining. But it's amazing where strength comes from. I realized that I could choose either to let this defeat me—as it was defeating Mom—or I could find a way to take control. My strong faith is the basis for everything in my life. I felt that things were out of my control and that my faith was the place for me to begin the journey back to where I could see the light at the end of the tunnel. I am blessed that my family was very supportive and gave me the freedom to vent and do what I had to do to take care of Mom. Also I dug deep into the bag of resources I have gained from working at the Longmont Senior Center. I had worked the past year developing a comprehensive caregiver website and co-facilitating a caregiver support group. Once I realized that I wasn't alone in my caregiving and that there were numerous tools and resources just waiting to be tapped, I started to feel less alone and more in control. I was able to set reasonable boundaries that allowed me to give time and energy to everybody, including myself.

I may never help my mother be totally independent again and able to attend her Thursday night dances, but I can make the rest of her life the best that I can. I have found that the best way I can do that is to take care of myself spiritually, physically, and emotionally. When I am my best self, I can take better care of her and enjoy our time together more.

Fortunately, we are preparing to move Mom to an assisted living facility. I'm not sure how well she will do there, but I know that she deserves a



chance to try. If she returns to a skilled nursing home, so be it. I believe I'll be better equipped to deal with it.

I'm finding that caregiving is ever-changing, but there can be peace and comfort in that change.

### **Book Review: *The Caregiver's Compass***

by *Claudia Helade, Ph.D.*

**T**he *Caregiver's Compass: How to Navigate with Balance and Effectiveness Using Mindful Caregiving*, by Holly Whittelsey Whiteside, is an invaluable user-friendly guide to the territory of caregiving, offering practical advice and deep understanding of the challenges of this significant journey. Whittelsey Whiteside, who draws from her experience as life coach and caregiver coach, has written an important and holistically oriented gift for caregivers that offers practical considerations, psychological wisdom, and realistic support for the constantly changing circumstances and often exhausting demands facing those who extend care to loved ones. She defines a caregiver as "anyone who cares deeply about the well-being of someone who is debilitated."

*The Caregiver's Compass* is aptly named and is organized to maximize self-awareness which can become skillful, loving care available for those who depend on the many services provided by caregivers. There are optional journaling prompts enabling the reader to personalize and deepen realizations of the caregiving experience, as well as an ample selection of resources: books, magazines, and websites. I wished to have had the comfort and wisdom of *The Caregiver's Compass* when I was in the midst of the whirlwind of caring for two elderly parents. I found the questions in the prompts to be extremely valuable reflections for all of life – self explorations guaranteed to deepen experience and bring compassion, wisdom, and the capacity

for competent, loving service.

A compass is a device for determining direction, and in this small and profound book there is both wisdom and all one needs for determining direction in the territory of caregiving. *The Caregiver's Compass* is a highly recommended read for anyone attempting to navigate the always changing, sometimes bewildering challenges of caring for a vulnerable loved one—including oneself.

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*Claudia Helade, Ph.D., is a psychotherapist, caregiver, and director of Into the Center, providing psychological services for individuals, couples, and caregivers. She is a member of the Care Connections Editorial Advisory Committee.*

### **Starting**

by *Lynn Malkinson*



**W**hen did it start? How did it start? What clues preceded the realization that something is happening with your spouse (or partner)?

When, at last, the deniable reality becomes the real reality, that's a marker. A marker of the second or third or fifteenth chapter in that book about your life with your spouse.

A new timeline begins when it becomes clear your loved one has moved into a world adjacent to, but separate from, your world together. A fork in the road. The marker is there but the paths ahead are dark, deep, and unknowable. You remember. The jolt, the ah-ha, the oh no.

Looking back, you reinterpret clues that your life partner is not him- or herself. This process of reexamining the past, reinterpreting the signals, seeing past as prologue begins the divergence. The marker stands between then and now and intimates the future; it marks the beginning, acknowledged or not, of the role change known as becoming a caregiver. The new reality breaches the surface as a

*(continued on page 7)*





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## Starting

*(continued from page 6)*

great whale erupting or with the quiet sound of dolphins stitching along: in and out, up and down, breathe, hold the breath.

Now. What to do about your spouse's changes in memory, in behavior, in weight, in appetite, in levels of pain? Changes that you, the spouse, detect before anyone else because you know him or her better than anyone else. Or perhaps you are the last one to acknowledge the meaning of what you see.

### What to do?

The urge to expose the reality behind your observations often appears at this time. There may be an ideal way to proceed, but a considered, organized, methodical approach isn't necessarily the norm, even for normally considered, organized, and methodical families. So, here are a series of steps that might help when starting to deal with this new phase of your and your spouse's lives.

1. The first step of medical inquiry is diagnosis. For example, if the issue is memory loss, consult with a neurologist and schedule recommended tests. If the issue is weight loss and a lump, consult an oncologist. Start looking for reasons for the problem, options for treatment, and prognosis.
2. Include your children and close family members in your observations, your worries and your findings (not that they have not already had their suspicions). Start sharing information.
3. If you haven't yet discussed your concerns with your spouse, open the conversation. Compare notes. Assess their capacities, their self-knowledge, their intuition, and their worries. (You might start with, "What do you think is going on?") Often, spouses protect their partners, and themselves, by

avoiding voicing worries. Because both the well and the ill spouse tend to minimize problems, the conversation may be difficult.

4. A family meeting helps to summarize observations, to share medical information, and to anticipate future needs. Discussing roles as care needs increase will begin to create working relationships that eventually become a care team. Talking about who might do what before the need arises is good practice. Who has the skills, time, and availability to help out? Who is good with finances, who is familiar with the medical world, who can communicate so everyone has the same information? Also valuable is to notice each person's attitudes about illness, levels of understanding, and desire to participate. Finally, it is important for you as the spouse to consider your role and how you think you will be able and willing to participate.
5. Remember to plan for ongoing communication. Subsequent meetings might include close friends, a nurse or doctor who can provide medical information, and anybody else who might take part in the future.
6. Check out support groups, which can be illness-specific or general, geared toward caregivers or the person with the illness, or both.

Of course, everything depends on family history, the nature of the illness, and a million unanticipated consequences that come with illness.

Paradoxes abound. The poets talk about bright darkness. You may experience contrasting thoughts and emotions: an intimate distance, a strange knowing, a dread joy, a loving release. Or, you may merely (merely?) put one foot in front of the other and do what is necessary.

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*Lynn Malkinson is a retired hospice social worker and a member of the Care Connections Editorial Advisory Committee.*





## 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](mailto:InfoCaregiver@bouldercounty.org) or call 303-678-6116. The deadline for the May/June 2015 issue is March 25.)*

Alzheimer's Association Colorado Chapter sponsors numerous classes for dementia caregivers: **Living with Alzheimer's for Late Stage Caregivers, Part 1**, on Tuesday, March 3, 9 a.m. – noon, and **Living with Alzheimer's for Late Stage Caregivers, Part 2**, on Monday, March 9, 9 a.m. – noon, both at Longmont Senior Center, 910 Longs Peak Avenue; **Living with Alzheimer's for Late Stage Caregivers, Part 1**, on Thursday, March 5, 9 a.m. – noon, and **Living with Alzheimer's for Late Stage Caregivers, Part 2**, on Thursday, March 12, 9 a.m. – noon, both at Care Link Adult Day Program, 3434 47th Street, Boulder; **The Basics: Memory Loss, Dementia, and Alzheimer's**, on Wednesday, March 18, 10 a.m. – noon, at Kaiser Permanente – Chautauqua Room, 580 Mohawk Drive, Boulder; **Legal and Financial Planning for Alzheimer's Disease**, on Thursday, March 26, 5:30 – 8:30 p.m., at Alfalfa's Market – Community Room, 1651 Broadway, Boulder; **Living with Alzheimer's for Middle Stage Caregivers, Part 1**, on Wednesday, April 8, 1 – 4 p.m., and **Living with Alzheimer's for Middle Stage Caregivers, Part 2**, on Wednesday, April 15, 1 – 4 p.m., both at East Boulder Senior Center – Flagstaff Room, 5660 Sioux Drive, Boulder; **Know the 10 Signs:**

**Early Detection Matters**, on Thursday, April 9, 1 – 2 p.m., at Broomfield Community Center – Bronze Room, 280 Spader Way, Broomfield; and **Effective Communication**, on Tuesday, April 28, 1 – 3 p.m., at Care Link Adult Day Program, 3434 47th Street, Boulder. Register online at [www.alz.org/co](http://www.alz.org/co) (Classes & Workshops, Calendar, then scroll down to Denver Metro classes) or by calling 1-800-272-3900.

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, March 5 or April 2, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive (call 303-441-1546 to register); on Mondays, March 16 or April 20, 10 a.m. – noon, at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); and on Wednesday, March 18, 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.

AgeWell, a service 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, M.A., on Thursdays, March 12 or April 9 (\$5 for Longmont residents, \$6 for non-residents); **Go Wish**, about a card game created (by representatives from hospices, hospitals, faith communities, and other elder care organizations) to give players an easy, entertaining way to think and talk about what's important to them if they become seriously ill, on Monday, March 16; and **Sugar Is Sweet ... but Diabetes Isn't!**, a presentation by a LUH internist and a nurse on the myths and facts of diabetes, on Thursday, March 26. All presentations

are 9:30 – 11 a.m., at Longmont Senior Center, 910 Longs Peak Avenue. Pre-registration is required; call 303-651-8411.

**You Can Become a Savvy Caregiver**, a course for family caregivers of persons with dementia (Alzheimer's or another form), is on Wednesdays, March 25 – April 29, 6 – 8 p.m., at Longmont Senior Center, 910 Longs Peak Avenue. This training program provides caregivers with a better understanding of dementia, increases their caregiving skills and knowledge, and helps them learn how to manage and care for themselves day to day. It is taught by Jessica O'Leary, M.A., C.V.W, a gerontologist and specialist in dementia. Attendance at all classes is required (barring emergencies); class size is limited. A donation of \$15 to cover materials is requested. To register, call 303-651-8411.

**Project Visibility** is a dynamic cultural competency training developed by Boulder County Area Agency on Aging that features a film highlighting the experiences of local lesbian, gay, bisexual, and transgender (LGBT) older adults. The training is offered in two parts: Part 1, on Thursday, March 26, 10 a.m. – noon, at Boulder County Parks and Open Space, 5201 St. Vrain Road, Longmont, is for service providers and others who are new to the material; Part 2, 1 – 3 p.m., same date and location, is for those who want to delve deeper into the concepts. Participants are welcome to attend either or both sessions; there is no charge. Registration is required at least two days prior to the trainings; contact Leslie McCormick at 303-441-4518 or [lmccormick@bouldercounty.org](mailto:lmccormick@bouldercounty.org).

A new **Men's Support Group for Dementia Caregivers**, sponsored by Alzheimer's Association Colorado Chapter, meets on the fourth Tuesday of every month, 1 – 2:30 p.m., at Lafayette GO Services (senior center), 103 S. Iowa Avenue, in Lafayette. Pre-registration is

required; call 303-661-1492. There is no charge to attend.

Lafayette GO Services also hosts **Caring Conversations / The Conversation Project**, a presentation about paving the way to talk with loved ones about their wishes for end-of-life care, with Richard Smith, R.N., with The Conversation Project, on Thursday, April 9, 4 – 6 p.m., at 103 S. Iowa, in Lafayette. Pre-registration is required; call 303-661-1492.

Mark your calendar now! The annual **Caregiving Symposium** is on Tuesday, May 12, 9:30 a.m. – 5 p.m. (come for all or part), at the Plaza Convention Center, in Longmont. This popular event features a large resource fair of local service providers, twelve workshops on caregiving topics, informational handouts, complimentary lunch, and more. Pre-registration is required for admission with lunch; register online at [www.caregivingsymposium2015.eventbrite.com](http://www.caregivingsymposium2015.eventbrite.com) (see the full agenda there) or by calling 303-441-1685. Walk-in registration, without lunch, is permitted. Free on-site respite care (elder care) is available by reservation; call 303-441-1543. (Resource Fair Exhibitors must register on the event webpage by May 1.) The Caregiving Symposium is sponsored by Boulder County Area Agency on Aging with co-sponsors Aging Services Foundation, Meals on Wheels of Boulder, Always Best Care of Boulder County, Boulder County CareConnect, 50 Plus Marketplace News, Prudential Financial, Shield HealthCare, Synergy Home Care, Accent Care, Hallmark Home Care, Homewatch CareGivers of Boulder County, HomeWell Senior Care, Longmont Senior Services, Vincent, Romeo & Rodriguez, and Visiting Angels of Boulder County, as well as Level Two "CareConnections" sponsors (see their large ads in the Sponsor pages in this issue). Many thanks to them all.





## Caring for Yourself

by Reba Chaplin and Kim Yuskis, LCSW

**I**f you are reading this article, it is likely that you see yourself as a caregiver. It also is likely that you've heard about the importance of attending to your own physical and emotional needs. How you do that is unique to you and your personal situation. We invite you to look deeply inside and ask, "How can I truly nourish myself?"

As a caregiver, you move through moments of satisfaction, frustration, joy, sadness, and more. Pay attention, as much as possible, to the individual moments. Being in the moment—whether it is one of touch and tenderness or frustration and anger—can bring you back to your center in an intense situation. It is the intensity that breaks down the layers of coal and reveals the diamond of your essence. Coming back to the moment can lighten the burden of caregiving and offer spiritual support as you break through your own pain and suffering.

Balance arises from the awareness that we are not separate from the one we care for. We help and *are* helped in the process, and the one we care for actually becomes our teacher, guiding us through our pain and fear. In *How Can I Help?*, Ram Dass and Paul Gorman remind us of the importance of loosening the grip on our perceived roles of "helper" and "the one being helped," so that we are free to simply be.

This shift of perspective can help us to remember the importance of giving care to ourselves. Being kind to yourself extends into everything you do. You may wonder, "How can I find the time to be kind to myself when I am always caring for another?" Following are some simple ideas for self-care that can be integrated into your caregiving experience:

**Humor** – Laughter is a wonderful way to bond through the intensity of your joint experience. When things feel really serious, try to take a step back and get some perspective through humor.

**Nutrition** – It is easy to eat quickly and carelessly when you're a caregiver, but remember that processed foods are loaded with additives, fat, and sugar and are low in nutritional value. It is difficult to share your energy when you're running on empty. Increase your reserves with soul-filling whole foods like colorful seasonal produce, dark leafy greens, and tasty grains.

**Exercise** – Moving is an integral part of being, and anything you can do to increase your movement is beneficial. If you can get out and take a walk, it will help awaken your senses and relax your mind. If you can't get outside, try a DVD of T'ai chi or yoga.

**Rest** – It can be a challenge to get a good night's sleep when you're a caregiver. If your care recipient is restless, consider an occasional respite break. A friend, family member, or volunteer may take over duties for a few hours or a few days. It may also be helpful to learn the breathing techniques of meditation, listen to soothing music, or try natural remedies for sleep.

**Reaching out** – It is normal to have times when you feel overwhelmed, frustrated, or angry. A trusted friend or family member can provide a listening ear or hug. Support groups and counselors often are available at little or no cost to offer education and understanding. And telephone helplines, online chat rooms, and caregiver websites offer assistance that can be accessed without leaving home.

**Communication** – Make a list of all that you do as a caregiver and note the things that someone else could do. Have a gentle conversation with your care recipient about ways to support and help each other. Are there things your care recipient would let others do if it meant taking the burden off of you? It may be hard to ask for assistance, but asking gives others the opportunity to help and teaches them that they too can ask for help when it is needed.

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*This article first appeared in the November/December 2002 issue.*



## Starting Places for Learning about Caregiving

### **Aging and Disability Resources for Colorado – ADRC** (Staffed by Boulder County Area Agency on Aging – BCAA)

- General Helpline: 303-441-1617, or [InfoADRC@bouldercounty.org](mailto:InfoADRC@bouldercounty.org)
- Information and referral for family caregivers: 303-678-6116, or [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org)
- Online directory of local services: [www.BoulderCountyHelp.org](http://www.BoulderCountyHelp.org) (Select Seniors & People with Disabilities, Services, then any service category)

### **Community Resource Specialists –** Phone numbers on back page

**Caregiver Support Groups** - 303-678-6116 or [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org) for a full list

### **A Few Recommended Websites:**

- [www.caregiveraction.org](http://www.caregiveraction.org) (Caregiver Action Network)
- [www.alz.org](http://www.alz.org) (Alzheimer's Association)
- [www.caregiver.org](http://www.caregiver.org) (Family Caregiver Alliance)
- [www.eldercare.gov](http://www.eldercare.gov) (Eldercare Locator, U.S. Dept. of Health and Human Services) - to connect with services in other locales

### **A Few Recommended Publications:**

- *Taking Care of Aging Family Members: A Practical Guide* - Nancy R. Hooyman and Wendy Lustbader
- *And Thou Shalt Honor: The Caregiver's Companion* – Edited by Beth Witrogen McLeod

- *There's Still a Person In There: The Complete Guide to Treating and Coping with Alzheimer's* – Michael Castleman, Dolores Gallagher-Thompson, Ph.D., and Matthew Naythons, M.D.
- *Care Connections* newsletter (BCAAA, 303-678-6116 or [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org); by mail or email)
- *Today's Caregiver* free e-newsletter ([www.caregiver.com](http://www.caregiver.com))

### **Caregiver Training Courses, Classes, and Events:**

- *National Caregiver Training Program* – Practical caregiving skills (BCAAA, 303-678-6116, [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org))
- *Powerful Tools for Caregivers* – Self-care skills (same contact info as above)
- *You Can Become a Savvy Caregiver* – Caregiving skills for persons caring for a loved one with Alzheimer's or another dementia (Longmont Senior Services, 303-651-8411)
- Classes on Alzheimer's/dementia care (Alzheimer's Association, [www.alz.org/co](http://www.alz.org/co) – Select Classes & Workshops, then Calendar; or 1-800-272-3900)
- *Caregiving Symposium* – Annual educational event for family caregivers of older adults, with resource fair, workshops, handouts, lunch, and more (BCAAA, 303-678-6116, or [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org))



**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](http://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.

<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>Erie</b>	303-926-2795
<b>Lyons area</b>	303-823-9016
<b>Nederland area</b>	303-258-3068
<b>Niwot area</b>	303-652-3850
<b>Superior</b>	303-441-1617

