

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

May/June 2014

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Dear Caregiver,

It's spring! After the long winter, the beautiful rewards of springtime are so very welcome.

Caring for an older loved one in decline can sometimes feel like a long winter with no hope of spring. No matter how much we love our care recipient, it can be difficult to be with them as their condition worsens and any chance of improvement disappears. But this painful time with our loved one can be precious, too, and it holds gifts that may feel like a bit of springtime in the midst of winter.

This issue is about the ways that family caregivers find to make their time with declining loved ones more special. Each of us approaches caregiving in unique ways, and it's interesting to learn how some of us give it meaning, or find things to be grateful for, or simply gather the strength to do what we must. We hope you'll find something inside that speaks to *you*.

Please don't forget the Caregiving Symposium on May 22 (see page 11 for more information). To make it easier for caregivers to attend, free elder care will be offered, by reservation, at the event. We hope to see you there.

The Editors



The Illusion of Control: The Art of Being with What Is

by Claudia J. Helade, Ph.D.

There could have been no way of knowing, as I pulled away from the airport parking lot with my 90-year-old mother beside me, of how entwined we were about to become in the realities of the title of this article, which I was, perhaps synchronistically, writing at the time. I had not anticipated the extent of the effects of altitude on my fragile mother who was visiting Boulder from her new home in Texas. She'd had an uneventful trip once she was on the airplane and was excited to spend ten days with me in her former place of residence. Our journey, including this unexpected reality, became extraordinarily loving and poignant, giving us both closeness and the capacity to let go and be with what was—together, the two of us.



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As in the rest of life, so many of the events encountered in caregiving are seemingly random and cannot be planned for, avoided or otherwise controlled. Many stressful and painful events for caregiver and loved one are out of our hands, however efficient, foresighted, intelligent, conscientious and loving we may be. Events unfold in their own time and way, and we often struggle to stay above water, trying to control the process so that what we fear can be avoided and outcomes will be beneficial. How much of our lives is spent trying to control events to avoid outcomes we imagine? How can we navigate this tenuous territory most effectively for ourselves and those we serve? And what can we realistically expect in terms of preparing for what we may encounter as caregivers trying to maximize the well-being of our loved ones and ourselves? Is there anything we can or should control? The recent visit with my mother gave me a timely perspective from which to explore these questions, as did 10 prior years of giving care to my elderly and declining parents through an incredible variety of twists and turns in their circumstances—and in my own, for that matter.

Resisting the many stressful and frightening realities of caregiving, we can easily slide into attempts to control events. The stress of often unrelenting and increasing responsibilities involved can be overwhelming, along with the grief of witnessing decline, dependence and changing roles. We assume that by controlling the process more tightly, we can eliminate the real and imagined unpredictability threatening to push us over the edge of what we can manage and spare those we love from added pain and discomfort. We often fear that lack of control opens the door to ineffectiveness and potentially disastrous outcomes, threatening the stability of the carefully orchestrated systems we have established to keep everything in order and functional.

What often gets lost in this well-meaning attempt to control is the preciousness of presence and the mindfulness which allows events to unfold organically with their own meaning and purpose. The alchemy of the journey of caregiver and loved one can burn to a beautiful gem if resistance and fear are faced with the grace of simply being totally present with what is actually happening. From being perceived as a collection of problems to be managed, loved ones are experienced as the souls they are—whole, unique and courageous—a gift they have to offer if we can be present and allowing. The agendas we have designed to manage “problems”

often separate us from what we actually want to offer those in our care, which is also what they most need and want: ourselves—undistracted, present and available—the place where magic and healing happen.

When my mother arrived for her recent visit, I was aware that her age dictated my simply being with her without agenda, accommodating her desires and capacities. I did have some events in mind that I knew she would enjoy, including a visit to her former assisted living residence for Friday evening “Happy Hour,” which this year fell on Valentine’s Day. She had always loved the festivity and camaraderie of these short events, and I looked forward to sharing with her this reunion with her friends. But by the time of the anticipated event, my mother was feeling dizzy, disoriented and, I later discovered, despairing, as she had come to realize that her hope of returning to Boulder was dashed by her disabling reaction to the altitude. She roused herself for the party, but it took a Herculean and exhausting effort, sad for me to witness.

As her visit progressed, my mother rapidly declined in strength, capacity and enthusiasm. There was no controlling this unexpected reality, and we exchanged our imagined curriculum for one of warm blankets by the fire, talking about life, laughing at our foibles (and especially those of others), and sharing stories I had heard so many times before but found now to be new windows into who she was and what she valued about her long and interesting life. She courageously attempted a few things we had loved to do together before she left to live with my sister in Texas, but her enjoyment was compromised by how ill she felt. We substituted doing for being together, an inevitable trajectory, and shared a sweetness that was so much more rewarding.

The memories created on what we came to acknowledge as her last trip here were made

magical by our letting go and simply being present with each other—a treasure not available if I had not learned to let go and be with. I was able to offer compassion without attempting to fix or manage the shift in her capacity – although we did venture out to buy a special toilet seat with handles she needed and a soft seat cushion for the car, which didn’t help at all as it turned out. Those were small fixes, not attempts to circumvent her reality. I realized I had come a long way from my very early caregiving days, when every event or change in her comfort level became my prowl—an unquestioned prompt for me to fix it to make her discomfort disappear. I realized that I was not being “with” her—I had allowed her to become a problem to be managed rather than a person I loved who wanted most in her declining time to be connected with and to share the often lonely and frightening experiences that left her feeling out of control as well. I learned that control didn’t always “fix,” and more importantly, I didn’t always know what outcome was designed by the soul for its own learning. Mom and I are learning about control together.

Angeles Arrien, a Basque cultural anthropologist and psychologist, offered me an off ramp on the freeway of my attempts to fix and control events which were really beyond my control. Arrien discovered, in her survey of traditional peoples, a set of four common values shared by all cultures, which encapsulate the truth of living and, when practiced faithfully, free one from the prison of the need to control. They are:

1. Show up (physically, mentally, emotionally and spiritually).
2. Pay attention (to what has heart and meaning).
3. Tell your truth (not THE truth) with love and compassion.
4. Let go of the outcome (care without attachment or control).



If the first three practices are adhered to, the fourth becomes our default reality, freeing us from rigidities which keep us separate and alienated from each other. I have found, over many years, that this exquisite reminder of right attitude—the one thing over which we do have control—not only offers freedom from the stress and futility of trying to control outcomes, but unflinching allows the unfolding of unimagined beauty—the truth of what is and how to be with it—the most precious gift we can offer and receive.

We also have an innate skill that we can substitute for the illusion of control: our intuition, a gut feeling we access when we slow down and intentionally invite the wisdom our inner being is revealing to us. When we learn to trust our intuition (and where better to learn than in the course of caregiving?), we shift from learned, rote, personality mechanisms, which usually originated as childhood survival tools, to the depth of soul where we are most deeply connected with our essence and we become effortlessly effective.

There could have been no way of knowing so much of what the gift and privilege of caregiving has taught me about letting go, being present for everything that unfolds, compassion, listening, showing up, and valuing the reality of the ultimate lack of control. It's what the Japanese call "mono no aware," the bittersweet recognition of the impermanence of things and a regret at their passing—the experience of beauty in this transience and the sadness as it fades.

Claudia Helade, Ph.D., is a caregiver, owner of Into the Center psychological services, and a member of the "Care Connections" Editorial Advisory Committee. (Claudia will present a workshop on the topic of this article at the Caregiving Symposium.)



VISIT WITH A CAREGIVER

Yvonne Panapuanani Siu-Runyan, Professor Emerita at the University of Northern Colorado and a Past President of the National Council of Teachers of English, spent a large part of this century as a long-distance caregiver. When her mother's long-time partner became ill, Yvonne assumed responsibility for his care and thus began many years of shuttling between Boulder and Honolulu, where her mother's side of the family has lived for four generations and her father's side has lived forever. Eventually, after caring for her mother's partner, Yvonne also became the caregiver for her mother.

Care Connections: What happened to your mother after her partner died?

Yvonne: She was okay for about four years until dementia set in. She didn't drive, so she walked or took the bus. One day, she found herself in Honolulu's business district, having walked there all the way from Chinatown. She had no clue where she was. But then, she told me, something went "pack!" in her head, and her memory came back. Because of my mother's many falls, and for a variety of reasons, two of my three brothers decided to live with her. It was a win-win situation for them, as well as for my mother. They had a place to stay, and she had company in her old age.

Eventually, my brothers moved out. When my youngest brother moved to another country because of his work, my mother went into a deep depression. I knew this would happen, so I dutifully went back to Honolulu to help my mother and thought I would make the pain of her loss easier.

On that trip, I encountered a huge mess. Her entire apartment smelled. The kitchen, the refrigerator, the bathroom and her bed were filthy. I *had* to clean her apartment; I couldn't let

my mother live in filth. The second day I was with her, I determined what needed immediate attention and started to clean. Instead of being grateful, my mother became upset with me. She unplugged the vacuum and even turned off the one fan she owned while I cleaned. The temperature of her apartment was in the 90's. It was gross, and I was hot.

In retrospect, rather than cleaning, I should have spent more time talking to my mother about her emotional well-being and her feelings. But I was in a quandary: my mother didn't talk about her feelings, and her place was a disaster area primed for a fire. There was even a filled butane tank under her couch. I could put up with the roaches, the smell and the grime, but when I discovered that tank, I fell apart and started crying uncontrollably. All my mother could do was tell me, "Stop being a baby. Stop crying." My mother did not cry—I think because she had experienced so much hardship in her own life and had to suck it up!

After two days and nights of enmity from my mother, roaches galore and that awful heat, I had to escape. I was at my weakest moment and did something I truly regret. I sneaked out of her apartment at

2:00 a.m., called one of my aunts, and asked if I could stay with her. My aunty took me in. She let me sleep, fed me and comforted me so I could go back to my mother's apartment while there to do more cleaning and spend time with my mother.

CC: Please tell us more about what your mother was like.

Yvonne: She was a traditional wife and mother. She wasn't independent and felt most comfortable when someone was with her all the time. She treated her three sons and her one daughter, me, very differently. The classic gender roles were assigned to us: she confided in me and complained to me, and yet she ended all of our phone conversations with "I live for my three boys." That was her mantra.

CC: What happened after the apartment-cleaning episode?

Yvonne: In February 2010, my mother became very ill. Thankfully, I was able to be with her in a couple of days. While I was in Hawai'i, my mother went into the hospital for a gall bladder operation. She was released, and two days later she was back in the hospital. From there, she went to live in a care home as recommended by her physician. The staff at the care center was excellent, and I called my mother frequently—as did my youngest

brother. When I visited, we'd go out for excursions and to see relatives and friends. When she turned 90, her last birthday, I had a party at a restaurant for her and invited family and friends. My mother was very happy and wore her favorite red mu'u mu'u.

CC: What was the hardest part of those last years?

Yvonne: I never knew what to expect on my next visit. The visits were tough; there was always something to deal with. It was difficult watching my mother decline both mentally and physically. It was joyful to visit and be with her at the care home, but it was also heartbreaking. It was sweet and sour. I spent a lot of time crying under the Plumeria tree.

CC: What kind of support did you have?

Yvonne: The other people who visited residents at the care home became my support group. We cried together. We would talk story under the Plumeria tree or in the gardens in front of the care center.

CC: You used the expression "talk story," from Hawaiian Pidgin English. Were there other cultural factors at play?

Yvonne: Yes. One was the traditional view my mother had of gender roles. Another was the way she was treated by the nurses. I once overheard a nurse



at the care home training a new hire. She said, “Remember, there is no one-size-fits-all. All our residents are different. They have their own needs, interests and desires. Our job is to meet them.” That attitude expressed a value held strongly by Hawaiian Islanders: they have respect and high regard for “kupunas” (elders) and “kumus” (teachers). And, each meal at the care home was served with rice!

CC: What was the end of your mother’s life like?

Yvonne: My mother died in October 2012. I knew she was near the end because her voice was weaker each time we spoke. The day before she died, I called the care home to speak with her. My calls always went through a nurse, and on this day the nurse said, “I shouldn’t tell you this, but your brother declined hospice care.” One of my brothers had Medical Power of Attorney for my mother, and I didn’t, but the nurse did the right thing in telling me. I knew what hospice meant, so I called my mother the next day, and we spoke while the nurse held the phone to her ear. I was struck that, for the first time, she didn’t end the conversation with “I live for my three boys.” I vividly remember yelling into the phone, “I love you, Mama. I love you! Remember that I love you!” Those were the last words she heard. She died two hours later.

CC: How do you think of your mother now?

Yvonne: My mother was a good person. I truly miss her. What I don’t miss is watching her decline—the many almost fatal falls, her dementia, her inability to care for herself. However, I take solace in knowing that she died peacefully in her sleep, just two and a half months before she would have turned 91. Her heart just gave out. I take solace in knowing that the last words she heard were those of love. And, yes, I still talk with her in my own way.

CC: Thank you, Yvonne.

My Hospice Story

by Donna Koehler

I had always been told that hospice care was only for critically ill patients who had a prognosis of six months or less to live. My father had been diagnosed with emphysema years ago, and he did pretty well for a long time. But as time went on, the visits to the ER via ambulance in the middle of the night became more and more frequent, and the demands on my mother for his care were almost more than she could handle. I had read about a new hospice program called Palliative Care, and my husband and I made an appointment with a hospice to find out more about it. We were greeted with open arms, and the counselor we met with explained the new palliative care that they provided. Dad qualified for hospice care at that time, but it wasn’t until months later that we actually called them in. It took a while for it to soak in and for me to talk with my four siblings about it. We didn’t know what Dad’s prognosis was—he could have lived several more years, or one bad cold could have taken his life.

Having hospice take Dad as a patient was a good decision, but the problem now was getting him to agree to meet with the nurse who would perform the assessment. Because Dad was from the “old school,” starting hospice care meant to him that he was dying. My sister and I talked with him and Mom about the new palliative care that hospice offered for people which chronic illnesses like him, and we asked him just to consider having them help with his care to take some of the burden off of Mom. To our amazement, he said “Okay.”

An angel in disguise—that’s what the nurse was who came to do the assessment with Dad. I had an opportunity ahead of time to talk with her so that she would know his hesitation, his emotional state, and his attitude towards hospice. He didn’t

(continued on page 7)



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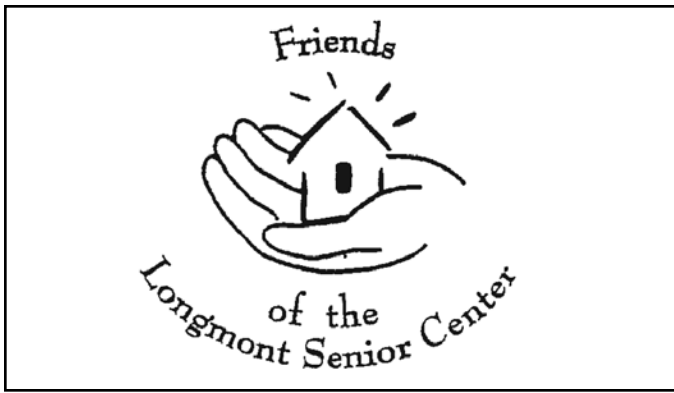
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My Hospice Story

(continued from page 6)

feel he needed hospice care, because he didn't believe he was dying. The nurse came to do the assessment, but instead of talking about hospice, she sat down in a chair up close to his recliner, and she started asking him about where he grew up. Dad was more than willing to share his life on a South Dakota homestead, then on to his living on a farm in Iowa and being in the Navy during World War II. Her husband had been in the Navy too, so they formed an immediate bond. She started to explain palliative care, and by the time this wonderful nurse was done, Dad was like putty in her hands and he said, "Sign me up!" The rest is history.

Dad only lived a few months after that. The care that hospice provided to him was excellent. He was able to stay in his home, and Mom got some relief as a caregiver (as did the rest of the family). Our entire family, including grandkids, spent Dad's last day with him at home. Mom was holding his hand the whole time. It's what they both wanted.

Thank you to the hospices that help people like Dad and their families through such difficult times. Since then, my husband and I had to bring in hospice care for my mother and for both his parents. I don't know what we would have done without them!

Donna Koehler is a Senior Move Manager and owner of Senior Care for Mom, Inc.

**"How lucky I am to have something
that makes saying goodbye so hard."**

— Winnie the Pooh

Inspiring Rewards of Caregiving

by Nancy Dutton

The most noticeable reward of caregiving is the people who inspire me. My mother is the most inspiring person I have met. With her declining health from liver and breast cancer, COPD, and a deep leg wound, her strong survival spirit makes me think I can get through my day with a positive attitude. She lives in a skilled nursing facility. I live in another state and fly in often to sit with her day and night for a couple of weeks at a time.

The highlight of the day is mealtime. The kitchen prepares delicious food. When I feed Mom, I think about the many times she lovingly fed me, the doctor visits she took me to, and the excellent home care she gave me after surgeries. When Mom goes outside for a ride in her wheelchair to get fresh air, the joy in her face lifts my spirits. We sing songs together that Mom taught me, and my feelings soar when she smiles. At night I tuck her into bed and gently rub my fingers through her hair, to soothe and reassure her that all is well and it is time to rest. Giving back to Mom brings a special reward to me.

Another inspiring person is my sister, who lives in the same state as Mom. My sister updates me with the details of Mom's care, and we work as a team to provide the best care for Mom. We consult with the doctors, nurses, staff, and dieticians, research all the medical reports, ask questions and get answers as Mom's advocates, and keep a daily journal.

Then there's the amazing medical staff I have met along the way. They work long hours on their feet, compassionately help their residents through all kinds of difficulties, and make strenuous tasks look simple. I am grateful they are trained to do the things I do not have the

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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.

Boulder County Area Agency on Aging offers the **National Caregiver Training Program**, 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, on Thursdays, May 1 – June 19 (no class on May 22), 1:30 – 4:30 p.m., in Boulder; and **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, May 7 – June 11, 1:30 – 4 p.m., in Louisville. 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. Each course will be offered twice again in 2014.

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, May 1 or June 5, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive (call 303-441-1546 to register); on

Mondays, May 19 or June 16, 10 a.m. – noon, at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); on Friday, May 16, 1:30 – 3:30 p.m., at Lafayette Senior Center, 103 S. Iowa (call 303-665-9052 to register); and on Wednesday, June 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.

Age Well (formerly PrestigePLUS) 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, May 8 or June 12, 9:30 – 11 a.m. (\$5 fee for Longmont residents, \$6 for non-residents); and **Hospital Terms and Your Bottomline**, about understanding hospital terminology and advocating for yourself or a loved one during a hospital stay, with Longmont United Hospital staff, on Thursday, June 5, 9:30 – 11 a.m. (free); all at Longmont Senior Center, 910 Longs Peak Avenue. Pre-registration is required; call 303-651-8411. Age Well also offers a **Chronic Pain Support Group**, for persons suffering from the stress or discomfort of chronic pain who are interested in seeking alternative and collaborative methods for healing and relief, on the first Tuesday of each month, 1 – 2:30 p.m., at Longmont Senior Center, and the third Saturday of each month, 1 – 2:30 p.m., at Longmont United Hospital. For more information, call facilitator Jen Radke, RN, at 303-678-4910.

The Alzheimer's Association Colorado Chapter offers **Caregiver Tips: Successful Communication with the Memory Impaired**, about



creating opportunities for positive interaction by using effective communication techniques, on Wednesday, May 21, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive. There is no charge, but pre-registration is required, at www.alz.org/co (under Classes) or by calling 303-813-1669.

The **2014 Caregiving Symposium**, presented by Boulder County Area Agency on Aging and its co-sponsors, is on Thursday, May 22, 10 a.m. – 5 p.m., at the Plaza Convention Center, in Longmont. See page 11 for more information.

The Homestead Adult Day Program (of Longmont United Hospital) holds its **30th Annual Golf Tournament** fundraiser at Fox Hill Club on Thursday, June 19, at 12:30 p.m. For more information, call 303-772-9152.

Audio Information Network of Colorado (AINC) provides **free audio services** for persons with lost vision or a print disability to assist them in maintaining their independence and connection to community. Programming is broadcast 24 hours a day, seven days a week. Listeners have independent access to nearly 100 Colorado newspapers, grocery/discount ads, magazines and other local publications, all read and recorded by volunteers and accessed via a pre-tuned receiver, internet radio, telephone or the AINC website. There is no fee, and AINC is happy to assist with registration and equipment setup. For more information, call 303-786-7777 or go to www.aincolorado.org.

Longmont Senior Services offers the **Lunch Bunch**, a free weekly support group for persons in the early to moderate stages of memory loss and their caregivers, that provides an opportunity for engaging in conversation, socializing and

participating in fun activities, and includes a complimentary lunch, on the first and third Mondays of each month, 11 a.m. – 1 p.m., at Atria Longmont, 2310 9th Avenue, and on the second and fourth Mondays, 11 a.m. – 1 p.m., at The Bridge Assisted Living, 2444 Pratt Street, in Longmont. Pre-registration is required, at 303-651-8414.

Boulder County Area Agency on Aging sponsors a **Caregiver Support Group**, facilitated by Joanne Neiman, M.A., L.P.C., on the first Thursday of each month, 5:30 – 7 p.m., at Calvary Bible Church, 3245 Kalmia Avenue - Room 108, in Boulder. The group is open to Boulder County residents caring for a relative, partner, or friend who is 60 or over, or of any age if the person has dementia. There is no charge. For more information, contact Emily Cooper, BCAA, at 303-678-6116 or InfoCaregiver@bouldercounty.org.

For a list of all **Caregiver Support Groups** that meet in Boulder County, email InfoCaregiver@bouldercounty.org or call 303-678-6116.

To share information about a resource for family caregivers, email InfoCaregiver@bouldercounty.org or call 303-678-6116. The deadline for the July/August 2014 issue is May 26.

**“Life is too deep for words,
so don’t try to describe it.**

Just live it.”

– C. S. Lewis



Inspiring Rewards of Caregiving

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ability or energy to do. After they help Mom, she looks at them with a grin and says, “I really appreciate what you are doing for me.” How wonderful she is to be grateful! This encourages me to give thanks in all circumstances.

Some of the nurses and aides touch Mom on the shoulder and say in a happy tone, “Hey, Mama, how ya doing, Mama?” These tender words, kindly spoken in a soft, Southern tone, give an upbeat feeling to the situations at hand, including the dispensing of medications and assistance with her wheelchair.

Then there are the physical, occupational and speech therapists who motivate Mom to improve. They are devoted to training Mom to recover physical skills she has lost. When Mom first arrived at the facility, the speech therapist and her Maltipoo dog welcomed Mom to her new room. The dog jumped onto the bed, and Mom’s eyes lit up with delight as she pet him. Now the little curly-haired, white dog jumps on her as she sits in the wheelchair and falls asleep in her lap.

The friendly owner and the business team are ready to answer questions and guide us with options for Mom’s current and future care. They simplify difficult and time-consuming tasks that make my life easier.

In spite of feeling exhausted, sad and frustrated, I am revitalized by the love and caring of everyone involved in Mom’s care. The facility’s caregivers look pleased when Mom likes what they do for her. And nothing is more rewarding than my mother looking up at me and saying, “Thank you for helping me.”

Nancy Dutton is a writer, caregiver and cat lover.

5 AM

by Kaelin Kelly

Who knows why
The wee hours are the best?
You have a lightness
The old sparkle
A lilt in your voice
Just like you used to be

After the bedpan
The drying, the powder
“I smell like a baby”
The association is pleasant
A smile lights your face

You drink juice with relish
Right down to the bottom
The noise cuts the silence
“I slurped it down,” you say

Then laugh
The thought connecting
With an internal lightness
The perfect formula
For a giggle of pleasure

I join you in levity
Flush with the pleasure
Of laughter between us
So simple
So normal

So rare

*From “A Caregiver’s Journey:
Poetry by Kaelin Kelly”*



2014 Caregiving Symposium

*An educational event for families and friends of elders
or for anyone interested in caregiving issues*

Thursday, May 22

10 a.m. – 5 p.m. (come for all or part)

Plaza Convention Center, 1850 Industrial Circle, Longmont

Resource Fair (10 a.m. – 4 p.m.) • Caregiver Focus Group (10:15 – 10:55 a.m.)

Educational Materials • Complimentary Lunch

WORKSHOPS

11 a.m. – Noon

Caregivers' Guide to Mental Health Issues in Later Life

What Caregivers Need to Know About Medicare

The Conversation Project: Honoring Our Loved Ones' End-of-Life Wishes

1 – 2 p.m.

Simple Strategies for Caregiver Self-Care That Work!

Legal Basics for Seniors and their Family Caregivers

Successful Communication for Persons with Dementia

2:30 – 3:30 p.m.

The Illusion of Control: Resistance, Fear and Grace in Caregiving

Choosing, Managing and Coordinating In-Home Providers

Latino Caregiving: Challenges and Solutions

4 – 5 p.m.

Different Types of Dementia: Not Everyone Has Alzheimer's Disease

Keeping Your Loved One Safe from Falls: Therapeutic and Community Approaches

Geriatric Care Management: What's It All About?

GENERAL ADMISSION IS FREE. Register at:

www.caregivingsymposium2014.eventbrite.com, 303-441-1685, or the door.

(To reserve free on-site elder care, call 303-441-1543.)

For more information, go to the website above or call 303-678-6116.

**Sponsored by Boulder County Area Agency on Aging,
Aging Services Foundation, Meals on Wheels of Boulder, Balfour Senior Living,
Boulder County Care Connect, 50 Plus Marketplace News
and**

AltaVita Assisted Living Memory Care Centre, Broomfield Skilled Nursing and Rehabilitation Center, Frasier Meadows Retirement Community, Golden West Communities, HomeCare of the Rockies, Hover Community, Juniper Village at Louisville, The Kapsak Law Firm, Life Care Center of Longmont, Mesa Vista of Boulder, Plan B Home Care Services, TRU Community Care, and Vincent, Romeo & Rodriguez, LLC

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.
- Call the **ADRC Information and Assistance Line**, at 303-441-1617, and Boulder County Area Agency on Aging staff will respond to your message.
- Call the **Resource Specialist** in your community (numbers below). Services vary by community but include identifying needs, finding solutions, exploring options, and providing in-depth assistance.

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

