

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

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**“When you stand
and share your story
in an empowering
way, your story
will heal you and
your story will heal
somebody else.”**

— *Iyanla Vanzant*

Dear Caregiver,

Many of us are caring for a spouse or partner with a disease such as Alzheimer's or Parkinson's. Or perhaps our loved one has suffered a sudden stroke, heart attack, or accident. Whatever our partner's condition, their having it and our becoming their caregiver have certainly changed our relationship with them and our lives in general.

It's a shock when our spouse or partner experiences a debilitating health issue—especially if we're younger seniors age 60-ish or less—and it's not likely that we'll ever return to our former “normal” life. That life has changed for good. And, hopefully, we *can* find the good in it. Hopefully, the love we have for our partner, and that he or she has for us, will enable us to make the most of our altered lives together.

We start this issue on spousal/partner caregiving with a long article filled with the thoughts of experienced caregivers. Whether you're caring for a spouse, a partner, or another loved one, we hope you'll find much of value inside.

The Editors



Seven Caregivers: Thoughts on Caring for a Spouse or Partner *Care Connections Editorial Advisory Committee*

When we, the *Care Connections* Editorial Advisory Committee, chose to make spousal/partner caregiving the subject of this issue, we considered how to present the topic and decided it would be most interesting to turn to caregivers themselves. Each of us spoke to one or two caregivers, who generously agreed to share their experiences and thoughts for the benefit of our readers. We know that much of what they say will ring a familiar bell for you, especially if you're caring for a spouse or partner—which nearly half of us will do at some time in our lives. We start with introductions.

Sid, in his 80's, has been caring for his wife for four years, starting with post-surgery care then transitioning to dementia care after she developed Alzheimer's, which was diagnosed over a year ago. Now she sleeps for long periods, asks the same questions over and over, and needs help with all of her daily activities. Sid cooks their meals, makes



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Care Connections

Boulder County Area Agency

on Aging

P. O. Box 471

Boulder, CO 80306

303-678-6116 (ph)

303-678-6285 (fax)

InfoCaregiver@bouldercounty.org

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Editorial Advisory Committee

Emily Cooper

Susan Damon

Claudia Helade

Lynn Malkinson

Mary Kathleen Rose

Newsletter Design

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Newport, Oregon

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sure she eats right, watches out for her safety, picks out her clothing, plans the day's events, and schedules all of her appointments.

Mary, in her 50's, cares for her husband, Bob, in his 60's, who has multiple system atrophy, which includes cognitive decline—he's categorized as having early to moderate dementia. Bob's symptoms began in 2008, and his decline has been gradual, making Mary's segue to caregiving gradual as well. Now he uses a wheelchair, has fallen multiple times, and has become largely dependent on his wife. Mary says she has become his "voice" in dealing with healthcare providers and maintaining their home.

Jack, in his 60's, became a caregiver suddenly, when his wife, who was in "really good shape," had a massive stroke. For five months she was in hospitals and rehab centers, then she returned home, where the responsibilities for her care fell entirely to him. Several years later, he is still her caregiver.

Bill's caregiving started slowly as his wife's kidneys began to fail. At first she went to dialysis centers, then she began doing dialysis at home, which eventually became Bill's responsibility. She passed away about a year ago.

Deborah, in her 60's, is the caregiver for her husband, David, in his 80's, who has moderate dementia consistent with Alzheimer's. It's been five years since this journey began, and now, though David can still dress, feed, and bathe himself, he can't cook or drive, and he sometimes doesn't remember people he once knew well—"He didn't recognize a visiting son-in-law whom he has known for 25 years." His dementia intensified in September 2013, when the couple was evacuated by helicopter from their flooded home. Now Deborah can't leave David alone—"One time he wandered and was brought home by the sheriff"—but with in-home help several times a week, she's working to keep him with her for as long as possible.

Cindy's spouse, Frank, was diagnosed in 2000 with Parkinson's disease, though he'd been having symptoms for several years before. By 2005, because of the side effects of his medications (he was taking 56 pills every day) and other problems, he could no longer leave the house. He opted then for DBS—deep brain stimulation surgery—which Cindy says was "lifesaving." Now Frank takes no medications and no longer needs a scooter; he uses only a laser cane that helps prompt him to step forward.

Melanie's caregiving started when her husband, Dan, was only 61. He quit his job suddenly after others noticed that he could no longer do his work, then he came home, sat in his chair, and did nothing but watch TV. Melanie knew that something was wrong, but she decided to give him a year before confronting the issue. When the year was up and Dan was still just sitting, she persuaded him to see a doctor, who diagnosed him with frontotemporal dementia. Looking back, she recognizes earlier clues of the dementia, like his going shopping and returning home with the wrong items. Since the diagnosis, Dan has developed Parkinson's-like symptoms of slowness, tremor, and slurred speech, and his dementia has advanced as well. Today he lives in an assisted living home just a few blocks from their house.

When one person in a marriage or partnership becomes ill and the other person becomes their caregiver, many aspects of their relationship and lives together are affected and changed. Roles (whether "traditional" or not) will alter or completely switch, losses will be sustained, grief will be felt, and day to day life will be very different. It's a new world in many ways. Sid says, "My wife was the homemaker, and I was the breadwinner. Our roles were very traditional. Now I do everything." It can be difficult to accept the many changes, and grieving them is an inevitable response. Deborah explains, "Recently, David's agitated sleeping led us to decide to sleep separately. After 30 years of sleeping together, he told me, 'Deborah, maybe it is time you have your own room. I'll miss your company.' Now sometimes he complains about the arrangement, but I remind him that it was his idea. I do get up early and go in to greet him." Together Deborah and her husband are experiencing multiple losses and grief: the flood, losing their home, moving, Alzheimer's. They

always shared a love of nature and walking, and now much of that is gone too. Wisely, Deborah acknowledged the need for help with her grief and turned to a therapist and other supports.

Mary says that her husband, Bob, was resentful at first as she took over the details of their lives. "I am resentful too. This was supposed to be *our* time, now that the kids are gone." She says, "We do talk about it. I tell him there's something I need to take over, and he's happy to let me do things. Around the house, I can pick his brains and he can still figure things out—just not as quickly and efficiently as he once did." She misses another part of their marriage too. "Physical intimacy always worked well between us, so when it's gone, it's sad. Sad for him too." And she acknowledges the loss of other things they once enjoyed doing together. "We used to camp and fish together. Recently we had a big discussion about things we used to enjoy and that are difficult to do anymore, like backgammon and scribbage. He just can't compute as the games require."

When illness brings changes to a couple's lives, both can experience denial—the disbelief that life is now different and will never return to "normal." Melanie says that denial is something that goes on and on. "Dan will do things that are so bizarre, and it's like a needle to my heart every time. I'll think, 'Oh, there's the dementia,' and I grieve again." And Jack explains, "There was the initial shock at what happened [the stroke], since it was a specific event, unlike dementia. It was a radical shock rather than a gradual change. There is a huge amount of denial and that keeps you going as a sort of defense mechanism. I wasn't ready to hear that life had changed. Even now, I don't really know if I am coming or going. We don't know if she is at a steady state or if she will keep healing, and that is part of what keeps us going—the hope of more healing." In sum,



he says, “Our lives are radically different.”

It can be particularly painful for the caregiver to realize their partner’s sense of loss. Mary says of Bob, “He feels frustrated that he can’t help with the family business I work for at home. He says, ‘Yep, I have to give up one more thing now.’” Sid adds, “My wife is aware of the changes. She who was always optimistic now experiences periods of depression. She asks, ‘What’s happening to me?’ ‘Why is it happening to me?’ ‘Why am I being punished?’” Deborah’s husband, David, “recognizes that there are changes, saying, ‘I can tell I’m losing ground.’” And Mary adds, “Bob was always an artsy-craftsy person. He can still do projects, but he gets frustrated because it is not as easy as it once was. He does talk about what he has lost.”

Sometimes the changes can have a positive effect on the couple’s relationship. Jack explains, “In some ways we are a lot closer now than before, partly because we have to be and partly just because of the dynamics. With more dependence, it makes you closer. There is a sense of intimacy that is just different.” Cindy adds, “Parkinson’s forced us to deal with our issues as a couple and move in a different direction, get quiet, sit with each other as a married couple. We sacrificed our own agenda—lost our mutual and individual plans and dreams for life. But after 44 years of marriage, we are stronger than ever in a good marriage. We were forced to shed excess accumulation of ‘stuff’—and emotional excess as well.”

Communication—when it’s good—can make a great difference for couples dealing with illness and caregiving. After his wife’s diagnosis, Sid says, “We started communicating more than we ever had in our earlier life together.” Bill recalls, “We were able to communicate until the very end,” and Cindy adds, “We talk a lot, communicate well and often. We resolve issues quickly—what

works and what doesn’t.” Jack offers this insight: “We’re very lucky in that we can communicate. We can joke and share a lot of things, and we may share more because we value it more now.”

When dementia is an issue, communication can be more of a challenge. Melanie says, “It’s been hard. This morning I explained how much I need free days, and Dan was mad at me. He didn’t want to accept that I need free time—doesn’t want to acknowledge that his illness affects me.” Deborah adds, “It is a challenge. I can’t always tell David what I am doing—for example, visiting care facilities or taking an overnight meditation retreat. He understands my need to do something by myself, but he’s not so understanding if I am with others. I think it is his fear of being left behind—jealousy. He is a social creature and was always well known in his community.”

Communication between the couple and their friends and family is another matter. Deborah does what she can to ease that communication. “I am honest with the family. I introduce David to others by saying, ‘David, this is ---,’ and I advise friends to say, ‘Hello, David, I am ---.’ It never hurts for family and friends to introduce themselves. It is important for them not to take his memory loss personally. It’s hard to deal with family members who say, ‘He doesn’t even recognize me.’” She adds, about another way to communicate, “Touch is so important. We have a very physically touching relationship. Ongoing touch helps with adapting well to changes.” And she’s especially pleased when David communicates his thanks. “A few months ago he began to express gratitude, saying to me, ‘Thank you for taking care of me.’ He does this several times a day, and this is very helpful to me.” Mary says her husband also expresses appreciation, but mostly indirectly. “He tells the doctor, ‘I wouldn’t be here without her.’”

One of the changes often experienced when a couple is dealing with illness is the loss of friends, whether because it's difficult for the couple to get out to socialize or because friends are uncomfortable with the couple's situation. Bill says, "There came a point when we couldn't get out anymore to gatherings with friends, and we became homebound." And Cindy shares, "There was no opportunity to meet new friends. I find that people fear and avoid those with illness or disability. The avoidance is painful. Many of our friends fell away after the diagnosis and symptoms, and that hurt. But then we found real friends."

It can be hard for the caregiver of a spouse or partner to know when to give and when to let go. The caregiver tries to balance the desire to keep their partner safe with the acknowledgement that their partner wants—and has the right—to be as independent as possible. Sid says, "I try to let her do what she is able to do, but at the same time, I try to make her safe. I don't leave her alone." Jack adds, "This is a difficult question. She is very dependent on me, but she has some things she does. I probably hover a bit, afraid she will fall. She feels my frustration at times, but I want to be sure she is okay. It's a tough line to walk." Bill remembers taking over his wife's home dialysis when his concern about keeping the materials sterile overrode her desire to manage the procedure herself. And Melanie explains, "Our philosophy has always been that quality is more important than quantity. When Dan walks the six blocks to our house [from the assisted living home], it can overwhelm him, and I'm not comfortable with that, but it's his choice. It's a difficult dance. Eventually I'll have to be stricter, but not yet. You have to sometimes bite your lip and keep your fingers crossed."

Regardless of their commitment to their spouse or partner, each of the caregivers has emotional

challenges. Sid says, "We've been married for 64 years, and my love for her hasn't changed. My problem is maintaining patience, tolerance, and understanding for the changes." Jack wryly adds, "I am not an angel by any means, and I sometimes get angry and frustrated." Melanie admits, "He was kind of a loner, so he doesn't have friends, and it's a huge burden on me to be his only entertainment." She adds, "The thing that never goes away is waiting for the other shoe to drop." And Mary poignantly says, "Some days are good, others are really frustrating. I don't know which guy I am going to have from day to day." She also notes that caring for a spouse or partner has unique emotional challenges that make it different from caring for a parent. "It's hard when someone says, 'I know what you're feeling. I went through that with my mom.' I want to shout, 'It is not the same!'"

There are, of course, challenges and frustrations regarding practical matters too. Jack says, "I would like to see more support for caregivers of persons who have suffered a stroke. My biggest frustration is that we don't have a 'stroke' doctor who can coordinate everything. It falls to me. There is not one person who I can say is looking out for my wife, and that is kind of frightening."

When asked if the couples still have joint activities—or have found new activities—that bring them pleasure, Mary answers, "You take what you can and still try to make things work. We have fun with Wii; it's an enjoyable activity." Cindy adds, "We've given up on restaurants because of Frank's soft voice and difficulties, so now we entertain friends at home. We play golf—differently now—and meet people at the same tee time. And we're planning trips to mountain venues. We've missed being in the mountains." Melanie says, "We both like to eat out. I take him out to breakfast. We enjoy our time together. We chat in the car on the way to



appointments, or he comes to the house where we walk the dogs and make lunch.”

It’s not surprising that asking the caregivers about self-care brings up the usual challenges of honoring one’s own needs while focusing on another’s. Sid says, “I’ve given up things I like to do. My time is taken up with doing business, activities of daily living—in short, caregiving. I used to rush to leave time for myself, but that was too stressful, so I dropped out of most things. With my daughter’s encouragement, I do hire regular help so I can have a little time for myself. Support groups have also been good for me.” Deborah is clear about her need to have time for herself but admits it’s still a challenge. “I know it’s important to get out by myself. I have a ‘room of my own,’ a studio space in our home. Solitude is essential to me. I get massage, exercise, and see friends. In our working days, David had his own business and was okay with my having an independent schedule as well. He always understood my need to get out with others, travel, or just enjoy my solitude, but now he sometimes says, ‘You’re leaving me all alone.’ This is a big shift.” Mary says, “It’s not about me anymore,” but she does work hard to find some time for herself. “I make a point to do things. Exercise is huge for me—I need stamina to take care of me and him. I get away, sometimes for an afternoon with my sister or friends. It’s easy to close myself in—simply to not call. I notice this tendency and make the choice to just call a friend. Recently, I took an 8-day vacation, and Bob’s granddaughter stayed with him. She made sure that he ate, took meds, and so on. I have the good support of friends who popped in to check on him. It took a lot of planning (lists, meal planning, etc.) for me to get away.” She adds that local resources have also been helpful. “I have taken multiple classes on caregiving and dementia. It’s important to get educated and be

with other people. In one class for caregivers, we each made a goal regarding self-care and reported on it the next week. I still meet monthly with some of the women I met in that class.” And she attends a caregiver support group. “In the support group, we can say anything. No one is going to judge you. We have laughed and cried together.”

About self-care, Jack says, “My life is intense in that it’s focused mostly on my wife. There is no focus for other things, and I miss that time for myself.” But he’s endeavoring to include favorite activities in his life again. “We are thinking of putting in a small gym downstairs—I hate not exercising. I have started reading again. I enjoy drinking wine in the evening, cooking, and having friends and family over.” Bill, whose wife passed away a year ago, says, “I realized how much I had stopped doing in the last year or so of caregiving. My wife didn’t have the strength to go out, and she wanted me home with her because she wasn’t confident being home alone. I kept finding excuses to stay home with her, to take care of things around the house to keep busy. I dropped some of the things I had been doing, like going to the gym.” He advises, “If you can arrange for someone to stay with your care recipient, that is a very good thing. The more the caregiver can get out, the better. It is easy to get so caught up in caregiving that nothing else is happening but that.”

Cindy thoughtfully reflects, “We were always independent individually, and we kept that. I wonder now whether that independence was mostly busyness and was unnecessary. I never expected the confinement as a caregiver—it’s been difficult. I’ve sometimes resented the personal sacrifices, but now I’m okay with them, though it can still be hard. I read a lot, am

(continued on page 7)



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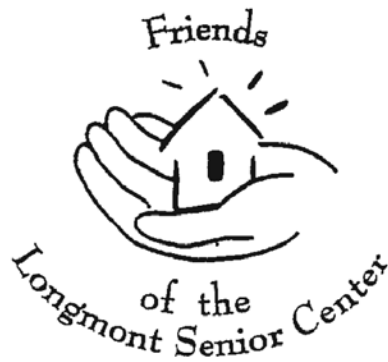
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DANIEL P. KAPSAK
MICHELLE M. STOLL
Attorneys and Counselors at Law

ph: 303-651-9330

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Seven Caregivers (continued from page 6)

curious, explore many different interests. The Internet opens many doors. I socialize with a few close friends; I find that avenues for meeting people are reduced. I also take online classes.” Melanie adds, “I feel like ‘me’ in the relationship is set aside in a sense. I try to get two days a week without Dan, but things come up that interfere. I call these free days, and I write on his whiteboard what’s happening on those days. But today, which was supposed to be a free day, I was out with the dogs and heard him shuffling up the driveway. I didn’t want to fight with him, but I really need these days! I’ve been so focused on him that a lot of things have gone by the wayside. I appreciate the time to just let my brain float. Otherwise, I’m scrambling to keep my head above water.” When asked if she has someone to talk to, Melanie replies, “I have a great group of friends and neighbors who are super supportive. I do volunteer work and have friends there. And I have a long-term girlfriend who trained caregivers of people with dementia, so she’s been really helpful.”

None of the caregivers can know what lies ahead for them and their partners, but certainly their futures will be different than those they anticipated or planned for before illness became a part of their lives. They look toward the future with questions and concerns—but also with pragmatism and even a bit of optimism. Jack says, “I try to envision how things can be and work toward it one step at a time. I need to see things on the horizon, to dream that things can get better.” Deborah says, “Right now we are in a stable place, but as things change it seems wise to explore other housing options for David. I haven’t been able to talk about this with him. When I told him it could cost \$5000 a month, he responded, ‘No way!’ He refers to his later days

by saying, ‘I’m going to go on a walkabout,’ to imply that he will disappear into the wilderness when his time is up.” Melanie and her husband had planned to retire at age 65 and “splurge on a trip to Italy and France—to eat!” It was going to be their big reward. That trip is no longer possible for the two of them, but Melanie wonders if she might someday manage it on her own. Mary’s husband was in hospice care for two years, until his prognosis improved, and she knows they will return to hospice when he declines again. “Hospice was amazing. They made things easier for Bob and for me. If an issue arose, they were right on it to fix the problem. He would plateau, then take a downhill dip to a new normal, and they helped us with those dips. But eventually his situation wasn’t declining, so he ‘graduated’ when he didn’t fit the criteria to remain with them. It was devastating to lose that support, but they reassured us that they will pick up the care when he is eligible again.” And Bill, whose wife has already passed, simply acknowledges, “Now I have to build another kind of life.”

Sid sums up the commitment that is evident in each of these caregivers when he says, “A week or two after my wife’s diagnosis of Alzheimer’s, we discussed what might happen in the future. I told her, ‘We will do it *together*.’” When a spouse or partner becomes ill or disabled, a journey begins that belongs to both the care recipient and the caregiver. Though each has their own unique experience, they share much of the pain, the losses and grief, the daily challenges, the hidden gifts, and the questions and concerns about the future. We thank each of the caregivers featured in this article for sharing their complicated journeys with all of us.

Care Connections Editorial Advisory Committee members Susan Damon, Mary Rose, Claudia Helade, Lynn Malkinson, and Emily Cooper each contributed to this article.



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 July/August 2015 issue is May 20.)

The **2015 Caregiving Symposium** is Tuesday, May 12, 9:30 a.m. – 5 p.m., at the Plaza Convention Center, in Longmont. Please see page 11 for more information.

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 7 or June 4, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive (call 303-441-1546 to register); Mondays, May 18 or June 15, 10 a.m. – 12 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont (call 303-651-8411 to register); Friday, May 15, 1:30 – 3:30 p.m., at Lafayette GO Services, 103 S. Iowa Avenue, Lafayette (call 303-665-9052 to register); and Wednesday, June 17, 1:30 – 3:30 p.m., at Louisville Senior Center, 900 W. Via Appia, Louisville (call 303-666-7400 to register). There is no charge, but donations are appreciated.

Alzheimer's Association Colorado Chapter sponsors numerous classes for dementia caregivers: **The Basics: Memory Loss, Dementia and Alzheimer's**, Thursday, May 14, 1 – 3 p.m., at Broomfield Community Center – Bronze Room,

280 Spader Way, Broomfield; **Effective Communication Strategies**, on Monday, May 11, 9 – 11 a.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont; Friday, May 15, 2:30 – 4:30 p.m., at Frasier Meadows Assisted Living – Living Room, 4950 Thunderbird Drive, Boulder; Wednesday, May 20, 10 a.m. – 12 p.m., at Kaiser Baseline Clinic – Chautauqua Room, 580 Mohawk Drive, Boulder; Wednesday, May 27, 2 – 4 p.m., at East Boulder Senior Center – Ballroom, 5660 Sioux Drive, Boulder; and Thursday, June 11, 1 – 3 p.m., at Broomfield Community Center – Bronze Room (see above); **Dementia Conversations**, on Wednesday, May 13, 2 – 4 p.m., at East Boulder Senior Center (see above); **Understanding and Responding to Dementia-Related Behavior**, on Friday, June 19, 2:30 – 4:30 p.m., at Frasier Meadows Assisted Living – Living Room (see above); **Living with Alzheimer's, Middle Stage – For Caregivers (2 part series)**, on Mondays, June 1 and June 8, 9 a.m. – 12 p.m., at Care Link Adult Day Program, 3434 47th Street, Boulder; and **Legal and Financial Planning for Alzheimer's**, on Saturday, May 16, 9 a.m. – 12 p.m., at Alfalfa's Market – Community Room, 1651 Broadway, Boulder. Registration is required. For more information or to register, call 1-800-272-3900, visit www.alz.org/co, or email kmoravec@alz.org.

A new **Men's Support Group for Dementia Caregivers**, sponsored by Alzheimer's Association Colorado Chapter, meets on the fourth Tuesday of each 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.

Caring for Your Aging Parent, a new 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, L.P.C., and Jodi Ansell, M.S.W., and is free and open to Boulder County residents. For more information, contact Jodi at 303-415-1025 or jansell@jewishfamilyservice.org. This group is co-sponsored by Boulder County Area Agency on Aging, City of Boulder Human Services, and Jewish Family Service.

AgeWell, a service of Longmont United Hospital, offers an **Advance Directives workshop**, about considering and clarifying one's wishes for medical treatment in the event of incapacitation, with Program Coordinator Peggy Arnold, M.A., on Thursday, May 14, 9:30 – 11 a.m., at Longmont Senior Center, 910 Longs Peak Avenue, in Longmont. Pre-registration is required; call 303-651-8411.

In celebration of Older Americans Month, Longmont Senior Center presents **Yes I Can!**, a **resource fair to support healthy and independent living**, on Tuesday, May 19, 3 – 7 p.m., at the senior center, 910 Longs Peak Avenue, Longmont. Whether you're an older adult or a family caregiver, learn about the resources available to help us all age well, remain independent, and live our best lives as older adults. At 3:30 and 5:30, Resource Specialist Veronica Garcia will provide an overview of costs, arrangements, and monitoring related to making the best use of available resources. For more information, call 303-651-8411.

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 skills needed to provide safe, confident home care for frail older loved ones, on Thursdays, June 18 – July 30, 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, June 24 – July 29, 1:30 – 4 p.m., in Longmont. 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. Each course will be offered once more in 2015.

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

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

**“Sometimes our light goes out,
but is blown again into instant flame
by an encounter with another
human being.”**

— *Albert Schweitzer*



Book Review: *The Widow's Handbook*
by Lynn Malkinson

This issue's book review is in the form of an interview, with author Lisa Menn, CU linguistics professor. After Lisa's husband died, she and fellow poet Jacqueline Lapidus edited *The Widow's Handbook: Poetic Reflections on Grief and Survival* (Kent State University Press, 2014), a collection of poems about grief that are by and for widows—and others faced with the loss of a love.

Care Connections: Lisa, how did the two of you decide to do a book like this?

Lisa: I've written poetry all my life, and when I met my future husband, Bill, we were living in different cities and I started writing poems to him. We married and were together 20 years until he died in 2006. I was paralyzed by grief for about nine months, and then the words started to come. My first poem was "Solving an Astronomy Problem:"

It's certain, as I had always suspected:
You were my sun and moon and stars;
Not one of them rises anymore.

So then, what is that yellow light that heats my skin
And which occasionally warms me for a moment?
It must be someone else's sun that I can see.

It must be someone else's moon that changes shape.
And those must be their stars: faint, blinking, useless.

I started writing more and more and would give my psychiatrist several poems before each session. I needed to tell him about my emotional state, and since poetry is so intense and condensed, this was an efficient way to start our discussions. "It'll save time," I told him. It worked. The sessions helped me live with my loss.

After some time, I ran into a friend from college, Jacqueline, a professional writer who had also been writing poetry about the loss of her lover/partner. We shared our poetry and our

experiences and decided to get other women involved. She said, "Leave it to me," started soliciting poems, and received about 450 through ads in literary publications. She also found about 50 already published poems on the subject.

CC: Why do you think you and the other women chose poetry to describe your experience of loss?

Lisa: The nature of poems is to distill emotion; poems are concise. This is helpful because in deep grief you can't concentrate worth a damn; you lack focus. Most poems in the book are one page, which is about all either reader or writer can handle. It was hard for *me*. I could only read a few at a time and then I'd have to do something else. Also, we were both reading with a critical and emotional eye—were the emotions authentic, did they ring true? Was it good writing, was it clichéd or too theoretical?

CC: Please tell us how you decided to organize the collection into four sections: Bereft, Mourning; Memories, Ghosts, Dreams; Coping (more or less); and A Different Life.

Lisa: It was a gut feeling. We worked together on it. Some poems were from the depths of depression and despair. Others were memories, dreams, remembered conversations, and the like. Others dealt with coping with living alone, dealing with home repairs, finances, furnaces. Still others were about starting to feel again, to find new ways to live. Natural groupings emerged.

CC: How do you see this book being used?

Lisa: I believe it helps bereaved people validate their feelings. It also can be used to communicate to someone else about feelings, which are so hard to put into words. Mental health professionals will benefit from the depth, range, and variety of feelings associated with loss.

CC: Thank you for speaking with us—and for this valuable book.

2015 Caregiving Symposium

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

Tuesday, May 12

9:30 a.m. – 5 p.m. (come for all or part)

Plaza Convention Center, 1850 Industrial Circle, Longmont

Resource Fair (9:30 a.m. – 4 p.m.) • Educational Materials and Books
Complimentary Lunch (for pre-registered guests)

WORKSHOPS

10:30 – 11:30 a.m.

The Basics: Memory Loss, Dementia and Alzheimer's
S.T.A.M.P. of Care: Being an Advocate for Others and Self in Today's Healthcare System
Put On Your Own Oxygen Mask First: Taking Responsibility for Self-Care
Where to Turn: Learning about Local Resources (repeats at 1 and 2:30)

1 – 2 p.m.

Legal and Financial Issues for Family Caregivers
The Validation Method: Enhancing Communication with the Person with Dementia
Assistive Technology for Older Adults and their Family Caregivers

2:30 – 3:30 p.m.

Family Meetings, Facilitation and Mediation: Resolving Tough Caregiving Issues
Helping Your Loved One Stay Safe by Keeping Strong
When Caregiving Hits Early: Issues of Younger (60-ish) Couples Facing Illness

4 – 5 p.m.

Taking a Break: Resources and Tips for Making Respite Happen
A Passage in Caregiving: The Transition to Assisted Living or Nursing Home Care
The Caregiver's Role in Healing the Soul Wounds of Veterans

**GENERAL ADMISSION IS FREE. Pre-registration by May 5* is required,
at 303-441-1685 or www.caregivingsymposium2015.eventbrite.com .**

(*After May 5, call 303-678-6116; we may still be able to register you.
Registration at the event is permissible, but will not include lunch.)

Call 303-441-1543 to reserve free on-site elder care!

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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	303-665-9052, ext. 2
City of Longmont	303-651-8716 (bilingüe), 303-774-4372
City of Louisville	303-335-4919
Erie	303-926-2795
Lyons area	303-823-9016
Nederland area	303-258-3068
Niwot area	303-652-3850
Superior	303-441-1617

