CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging *May/June 2016*

INSIDE

Dear Caregiver,

Compassion fatigue is a recognized stress disorder that develops over time, taking weeks, sometimes years to surface. It often affects professionals who work with sick or troubled people, but family caregivers are just as vulnerable.

Compassion literally means "to suffer with," and that is what can happen to those who practice great empathy: they absorb the pain of others until they themselves become mentally, physically, and spiritually exhausted. Colleen Breen, author of *Making Changes: A Guidebook for Managing Life's Challenges* (Fairview Press, 1996), describes compassion fatigue as a kind of "soul sadness," because there is an inner, core reality that closes down when people become so overwhelmed by the needs of others that they forget to take care of themselves. One expert suggests that people who are attracted to caregiving, either professionally or personally, often come to the work already compassion fatigued, due to their strong identification with those who suffer. They may hail from a tradition of other-directed caregiving; that is, they were taught to care for the needs of others before caring for their own needs, and they lack effective self-care practices.

As a social worker, Breen says she has worked with thousands of people who have so overextended themselves in the service of others that they suffer from "care-giving shutdown." They often become withdrawn and joyless, irritable, and depressed, and feel like they're going through the motions of their lives with no sense of purpose or meaning. With emotions blunted, their ability to provide heartfelt care is profoundly impacted.

The response to compassion fatigue is self nurturing: the care of one's body, mind, and spirit. It doesn't mean turning off your empathic heart—you will still care. But it does mean focusing on self preservation. It is possible to practice healthy, ongoing self-care while successfully continuing to care for others, and this issue is filled with ways to do just that.

The Editors

> **"If your compassion does not include yourself, it is incomplete."**
> — *Jack Kornfield*

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Protecting One's Energy

by Mary Kathleen Rose

Caregiving forms a significant aspect of human interaction: a parent caring for a child, a friend helping a friend, a spouse caring for a spouse, an adult child caring for a parent. Caregiving takes many forms, as individuals change and mature. Caregiving requires time, energy, knowledge, skills, and a commitment to caring for another person. It also requires a particular sensitivity to the needs of the person you are caring for. With all of this, it is easy at times to feel vulnerable, to feel drained of one's own energy.

The challenges of caregiving can make you feel physically and emotionally exhausted at times, wondering, "How do I keep some energy for myself, when I am putting so much out there?" Maybe you have thought, "I am so overwhelmed. I can barely remember my life before being a caregiver. I don't remember what it feels like to have any time to myself for anything."

But the truth is that you do need to take care of yourself, protect your own energy, even as you provide care for another. If you are totally depleted you become less effective as a caregiver. Sometimes it is helpful just to remember the coping skills that you have developed over your life and maybe cultivate a few new ones.

Following are some suggestions. See what resonates with you. Some may be very familiar to you; others may help you to cultivate and build in more self-care to your daily routine.

Breathing and Grounding Techniques

We all know that breathing is important to health, but sometimes when we are in stressful situations, we forget to breathe fully and deeply. Here are a few simple exercises that take little time and can help you to be more fully present and aware in your body. You can do any of these at any time of the day.

Conscious breathing: One of the easiest and most effective ways to deal with stress is to become conscious of your own breathing. Slow, deep breathing helps you to cope with physical and emotional distress in the moment, as well as creates a healthy habit for every-day living. Conscious breathing is a way of *letting go* of your own discomfort—physical, emotional, or mental—and it is a way of *taking in* the life force necessary to nourish your body and enhance your sense of well-being. To become aware of your breath:

- Place a hand on your abdomen, just below the navel, and let your belly expand as you inhale to allow for a deep and full breath.
- Let the abdomen flatten as you relax and exhale.
- Repeat several times.

Practice this exercise anywhere and at any time of the day. Even a breath or two taken consciously can shift your awareness and allow a change of perspective.

Breathing with the pulse: Sit comfortably in a chair or on a cushion on the floor and close your eyes.

- Place the fingers of one hand along the radial pulse points of the opposite hand (at the wrist below the base of the thumb).
- Inhale to the count of four pulse beats, and then exhale to the count of four pulse beats.
- Continue to inhale and exhale with your pulse and enjoy the relaxation that comes with tuning into your body this way.

You may continue to hold the pulse points, or let go and just continue to relax and notice your breathing. The pulse may change or slow down in this process. (Note: The pulse can be variable, weak, or pounding. Don't be concerned about the character of the pulse; simply do the exercise as given, and notice the pulse without judging or analyzing it.) A few minutes of this practice can calm your body and mind. This exercise is particularly helpful in allowing you to get in touch with what your body needs in the moment.

Letting go: Sit comfortably, close your eyes, and begin to notice your breathing.

- Breathe normally, without trying to do or change anything in particular. Continue to breathe, letting go of each exhalation.
- As you notice bodily sensations, thoughts, or feelings, observe them and let them go, as if you were watching clouds pass by. Don't try to push them away; simply notice them, and let them go.

This practice helps you to feel at ease with the world around you without being attached to it, and therefore controlled by it.

Grounding visualization: Sit comfortably, close your eyes, and begin to feel your spine as it supports your neck and head.

- At the base of your spine, imagine a cord of light that goes all the way into the center of the earth. This is your connection to the earth, your "grounding cord" into the earth.
- Let anything you wish to let go of — any tension, pain, or physical or emotional discomfort — be released through this grounding cord into the earth. Trust that the earth can take whatever is released and transform and purify it.
- Now bring your awareness to your feet and feel the energy of the earth come into your body through the soles of your feet. Feel this energy as it moves up through your legs and into the whole torso of your body. Let it fill your neck, face, and head. Let it flow into your arms and hands. Let the life force nourish your whole body. You can visualize it as a color of light or stream of water.

Begin by imagining this process. With practice you will come to know when you are "grounded," and you will feel the peacefulness and confidence that come with this awareness. As a caregiver, you will also be able to convey this sense of grounding to the ones in your care.

Other Considerations for Self-Care

Lifestyle choices: Remember to eat well, drink fluids, and get some regular exercise. Enjoy some time in nature. Engage in an activity that is relaxing for you, such as a hot bath or a nourishing session of massage therapy.

Time management: Caregiving takes time. You have probably already let go of other activities in your life. Be careful in making choices about what to do or not do. It is okay to say "no" to people and to activities that are not necessary, or that you don't really have the time or interest to do.

Social time vs. time alone: Respect your need to prioritize your time, allowing for social time with others when it feels supportive to you. Individual people have different sensitivities and needs in relationship to others. Some are more energized by being with other people or groups of people. Others feel more need for time alone or with a trusted and supportive friend. Notice that your needs can vary over time.

Professional support: Reach out to professionals who can help you address your needs as a caregiver. It may be you need help to address a caregiving issue, or you need help with your own physical and emotional well-being.

Caregiving often involves the stress you feel about the uncertainties of the future, both for yourself and for the ones in your care. I have often been comforted by a Mexican proverb I learned as a child:

“If you can solve a problem, why worry?
If you cannot solve problem, why worry?”

Know that as a caregiver, you are doing the best you can do. And you do have limits. Yes, it is important to protect your energy. It is, after all, the best gift you have to give to those in your care.

Mary Kathleen Rose (www.comforttouch.com) is a licensed massage therapist, health educator, and author of the several books, including Comfort Touch of the Hands & Feet: A Guide for Family Caregivers.

The Long-Term Caregiver

by David Chernikoff, M.Div., LCSW

“I *feel so guilty,” says Jean as she looks at me, tears forming in the corners of her sky blue eyes. “No matter what I do, I never feel like it’s enough.” I hold her gaze, silently beckoning her to continue. I know the place of guilt in my own heart, and I can feel our common humanity as she speaks. “And even worse is the resentment. How can I resent him for being sick? It’s not like he wanted to get cancer. It’s the last thing either one of us wanted—seeing him so helpless month after month. And, yet, to be really honest, a part of me is really mad at him for being sick.”*

Jean’s predicament is a familiar one to me. Having worked extensively with hospice families and having counseled many people in the caregiver role, I have heard words like these before; and while working in a residential retreat center for dying people, I did my share of hands-on caregiving, experiencing such feelings myself. It became clear to me, during that time, that emotions, by definition, are not rational.

For those of us who find ourselves in the role of long-term caregiver, the challenges we face are numerous and difficult. This is especially true for those who function as the primary caregiver for a loved one. One spiritual teacher put it bluntly when he said, “How do we keep our hearts open in hell?” How do we continue to do what needs to be done, to feel what needs to be felt, to give of ourselves when the inner well seems to be running dry? How do we keep from becoming bitter, angry, and resentful as days turn into weeks, weeks into months, months into years?

We begin by acknowledging that it’s human and natural to experience a wide range of emotions in such a situation. The Taoist philosophers of ancient China talked about “the ten thousand joys and the ten thousand sorrows.” There were times while doing hospice work that I felt as if I were seeing all ten thousand of the sorrows and few, if any, of the joys. To handle ongoing caregiving with skill and an attitude of loving service requires that we extend great compassion to ourselves as well as to the person we care for. We must accept the circumstances and recognize that we are human and have limitations, but those limitations must be acknowledged and fully embraced. We must not just “tolerate” them or view them as personal defeats. Self-judgment has a way of sneaking into so many aspects of life.

A key question is so obvious that people simply don’t ask it. What am I, as a caregiver, going to do to support myself when it’s the patient who is clearly the center of attention and the one who needs the greatest efforts to be healed and comforted? The primary caregiver is also experiencing a powerful and often life-changing process. Who supports the caregiver? Support can come from many places.

First are the inner spiritual resources of the caregiver. Whatever one's religious or philosophical perspective, this is a time to draw upon it through prayer, meditation, journal writing, gardening, music, art, poetry, walks in nature. We each have the "still small voice within" to guide us in choosing the rituals and practices that quiet our thinking minds and soften our human hearts. In this way, we remind ourselves of the impermanence in life. We remember that "this too shall pass," and we return to the present moment with an appreciation for life as it is.

Second is the support that comes from other people. A period of respite, for example, whether a few hours or a few weeks, enables a friend or family member to pitch in while the caregiver gets much needed rest and renewal. Close friends and family members are helpful, but the most skillful support is provided by those who can receive what we need to share without needing to fix the situation or take the pain away. True listening is one of the most loving acts we can ever offer to another. Rather than expecting people to be there, though, we must be willing to make our needs known. We have to ask clearly and directly for what we want or need.

Third, counseling and psychotherapy can be supportive in allowing caregivers to let their hair down and speak of feelings they see as awkward or inappropriate to discuss in other social settings. The therapeutic setting provides a safe container, a special context in which important personal growth issues can be addressed, like the difference between healthy interdependence and unhealthy dependence.

Fourth, many caregivers find support groups to be particularly beneficial. Other caregivers, whose stories may differ from ours but who know the experience from the inside, are often highly sensitive and intuitive when it comes to knowing what we need to put our best self forward and keep going.

It's of no use to avoid the emotional realities of a difficult caregiving situation. Rather, what's needed is to look with open eyes at the challenges and to view them as potential opportunities for growth. With proper inner and outer support, this is truly possible.

I think of a friend I knew years ago in New Mexico. John took care of his aging mother, Betty, for seven years, a long and difficult experience. John emerged as if a butterfly from a cocoon. Day by day, as he cooked his mother's oatmeal and made her tea and brushed her hair, he ever so slowly transformed into a man of great patience, kindness, and compassion. I spoke to John after Betty's funeral. He explained that his sorrow intertwined with feelings of relief, exuberance, and satisfaction, because he knew he had done his best to express love for his mother, and his work felt complete.

What John learned is what we all need to learn. In the words of T. S. Eliot, "Teach us to care and not to care." We do what we can, within the limits of our humanness, and we offer the fruits of our actions to Life, to God, to the great mystery of which we are all a part. In the end, however strange it may seem, we often find ourselves giving thanks for the incredible richness of the ten thousand joys and the ten thousand sorrows that are so much a part of what it means to be human.

David Chernikoff is a psychotherapist with a private practice in Boulder. This article first appeared in the May/June 1996 issue of Care Connections.

Caregiver Support Groups

Support groups offer the camaraderie of fellow caregivers, shared tips, education, and connection to resources. Led by skilled facilitators, caregiver support groups are a safe place for expressing feelings with others on a similar path. The following groups, for general caregivers and for caregivers of persons with dementia, meet regularly in Boulder County. (Please confirm the information by calling or emailing as directed.)

Caregiver Support Group (Boulder)

- For caregivers of older adults
- Facilitated by Ina Rifkin and Don Dick, Peer Counselors
- Meets every Tuesday, 4 – 6 p.m., at Golden West, 1055 Adams Circle, Boulder
- For information: Ina, 303-554-5668, or Dick, 303-444-0743 or 303-570-6375

Caregiver Support Group (Boulder)

- For Boulder County residents concerned about or caring for aging parents
- Sponsored by Boulder County Area Agency on Aging, Boulder Jewish Family Service, and City of Boulder Senior Services
- Facilitated by Andrew Bunin, LPC, and Jodi Ansell, MSW
- Meets second Thursday of each month, 5:30 – 7 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder
- For information: Jodi, 303-415-1025 or *jansell@jewishfamilyservice.org*

Caregiver Support Group (Boulder)

- For spouses and partners of older adults
- Facilitated by Ellen Knapp, LPC, and George Ramsey, LPC
- Meets every other Monday, 2:30 – 4 p.m.
- For location and other information: Ellen, 720-217-9614 or *ellen@ellenknapp.com*

Caregiver Support Group (Longmont)

- For caregivers of older adults
- Facilitated by Brandy Queen, LPC, and Sara Beery, Peer Counselor
- Meets first Monday of each month, 6 – 7:30 p.m. (if the first Monday is a holiday, meets on second Monday), at Longmont Senior Center, 910 Longs Peak Avenue, Longmont
- Light dinner provided
- For information: Brandy, 303-651-8414

Coping with Change and Loss while Caregiving for Someone with Dementia Support Group (Boulder)

- For caregivers of persons with Alzheimer's disease or a related dementia
- Sponsored by Alzheimer's Association of Colorado
- Meets second Wednesday of each month, 10:00 – 11:30 a.m., at Unitarian Universalist Church of Boulder, 5001 Pennsylvania Ave., Boulder
- For information: Alzheimer's Association Helpline, 1-800-272-3900, or *coloradosupportgroups@alz.org*

Dementia Caregiver Support Group (Boulder)

- For caregivers of persons with Alzheimer's disease or a related dementia
- Sponsored by Alzheimer's Association of Colorado
- Meets first Thursday of each month, 12 – 1:30 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder
- For information: Alzheimer's Association Helpline, 1-800-272-3900, or *coloradosupportgroups@alz.org*

Dementia Caregiver Support Group (Boulder)

- For caregivers of persons with Alzheimer's disease or a related dementia
- Sponsored by Alzheimer's Association of Colorado

- Meets second Tuesday of each month, 11 a.m. – 12:30 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder
- For information: Alzheimer's Association Helpline, 1-800-272-3900, or *coloradosupportgroups@alz.org*

Dementia Caregiver Support Group (Erie)

- For caregivers of persons with Alzheimer's disease or a related dementia
- Sponsored by Alzheimer's Association of Colorado
- Meets first Thursday of each month, 4 – 5:30 p.m., at Erie Community Center, 450 Powers Street, Erie
- For information: Alzheimer's Association Helpline, 1-800-272-3900, or *coloradosupportgroups@alz.org*

Dementia Caregiver Support Group (Longmont)

- For caregivers of persons with Alzheimer's disease or a related dementia
- Sponsored by Alzheimer's Association of Colorado
- Facilitated by Brandy Queen, LPC, and June Sullivan, Peer Counselor
- Meets second Tuesday of each month, 12 – 1:30 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont
- Light lunch provided
- For information: Alzheimer's Association Helpline, 1-800-272-3900, or *coloradosupportgroups@alz.org*

Dementia Caregiver Support Group (Louisville)

- For caregivers of persons with Alzheimer's disease or a related dementia
- Sponsored by Alzheimer's Association of Colorado
- Meets second Thursday of each month, 6 – 7:30 p.m., at Louisville Senior Center, 900 W. Via Appia, Louisville
- For information: Alzheimer's Association Helpline, 1-800-272-3900, or *coloradosupportgroups@alz.org*

Caring for Mary

by David Steiner

When Mary had a stroke she was 66. I was not completely surprised. She was being treated for high blood pressure, and she had breathing problems from years of smoking. But I was not—and I don't think anyone can be—prepared for the job that was ahead of me in caring for her.

Her right leg no longer worked, her right arm lost its ability to write, and her speech was often halting as she searched for words, but there was never any question about my ability to care for her, or my resolve. I took "for better, for worse, in sickness and in health" as seriously as any vow I ever made.

The first year after an event like this is full of hope. We weren't quick enough getting Mary to the medications that might have improved her recovery, even using a helicopter. I was unaware of how crucial the time element was. I learned too late. For six months she was diligent in working with therapists, and like everyone in this situation, we hoped for a recovery that would include the ability to walk. But as time passed, it became obvious that wasn't going to happen. As the months and years went by, I learned my new job as a 24/7 caregiver. I was fortunate in many ways: I was retired and had a good income. I had shared in household chores. I knew how to cook and clean, to make beds, grocery shop, do laundry, and I enjoyed ironing, as Mary did not. While I did not write the checks to pay bills (in those days, we still wrote checks), I was aware of our finances and investment and insurance situation.

I had my own health problems and while not severe, they were chronic and I became acutely aware of the importance of my remaining healthy. A bad cold made caregiving much more difficult. I learned to take much more interest in staying as healthy as possible. I knew that if I became ill, Mary would have to be in a nursing home. She had been a registered nurse, briefly in the Air Force and then in labor and delivery for many years, and had retired just two years before the stroke. When she retired she served on the Allenspark Senior Advisory Committee and was appointed by the governor to serve two terms on the Colorado State Commission on Aging. She served on and chaired the Boulder County Aging Advisory Council and was the first president of the Aging Services Foundation serving Boulder County. She knew she didn't want to be in a nursing home. My primary goal became ensuring that she would have the best quality of life possible, at home.

Every caregiving situation is unique. I cannot think of a single piece of advice that would cover every situation. I found that I had very little time for myself and that the time I did have was precious. I tried not to waste it. I found ways to increase the time by using as many labor-saving devices as I could afford, and having better cleaning tools, more wastebaskets, and organized work spaces, drawers, cupboards, and closets. I kept the most-used things close at hand, as I found I did the walking for two people. I learned to use the computer better and as the technology improved, I used email and especially Skype much more as we kept in touch with family and friends we could no longer visit in person. Holding a book was a problem for Mary and e-readers seemed to solve that problem, but eventually keeping track of characters and plots in books became too difficult for her. For someone who had read a mystery book almost every week for 40 years, that was a difficult moment.

When it became clear that Mary wasn't going to be able to walk, the VA provided a powered chair, first a generic model and then a chair fitted to her. We moved to a handicap-accessible condominium near open space and cement paths where she could go in her chair and enjoy a little independence. She took along a walkie-talkie in case she needed help. I learned to look for things that would allow her time without my hovering: pockets on the side of her chair for tissues, a folding cup holder, a wrap for her shoulders she could remove. I found some things simply by imagining what I would want if I had to be in a wheelchair.

It was all too easy to become routine bound. I had a van with a wheelchair lift and we were able to go to many places, always making sure of their accessibility. Taking advantage of the mobility available was a challenge, but it was important.

Mary's inability to walk took its toll, and as her health began to fail, she became more dependent on oxygen, which limited her mobility even further. In the twelve years I cared for her, she never complained and until the end enjoyed every moment watching her children grow and prosper. She was determined to die at home, in her own bed, and after only a few days of home hospice care, she died peacefully. It was my privilege to care for her in those twelve years, and I am so grateful for the time we had and the help I had from all of the health care professionals over those years: her physician, her therapists, her CNAs, and social workers. I learned from her and them how very precious life is.

> **"Self-care is not selfish or self-indulgent. We cannot nurture others from a dry well. We need to take care of our own needs first, so that we can give from our surplus, our abundance. When we nurture others from a place of fullness, we feel renewed instead of taken advantage of."**
>
> *— Jennifer Lourden,*
> *The Woman's Comfort Book*

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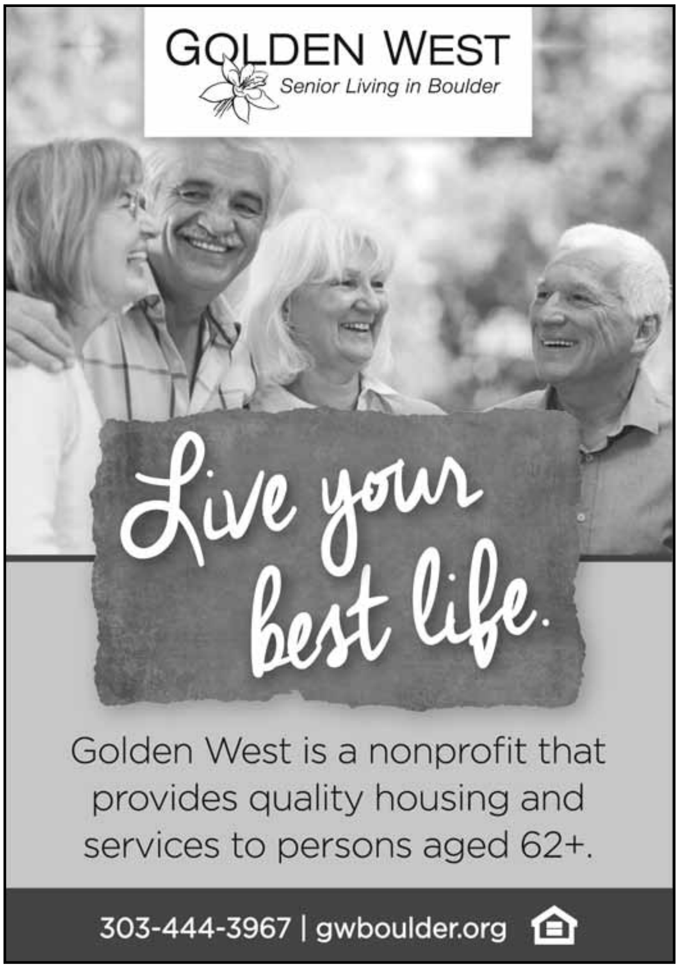

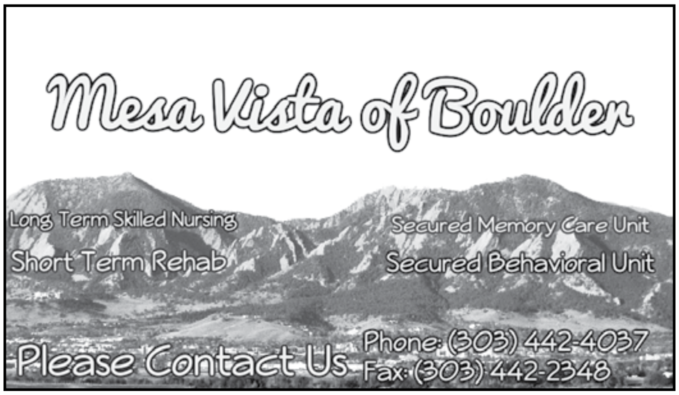
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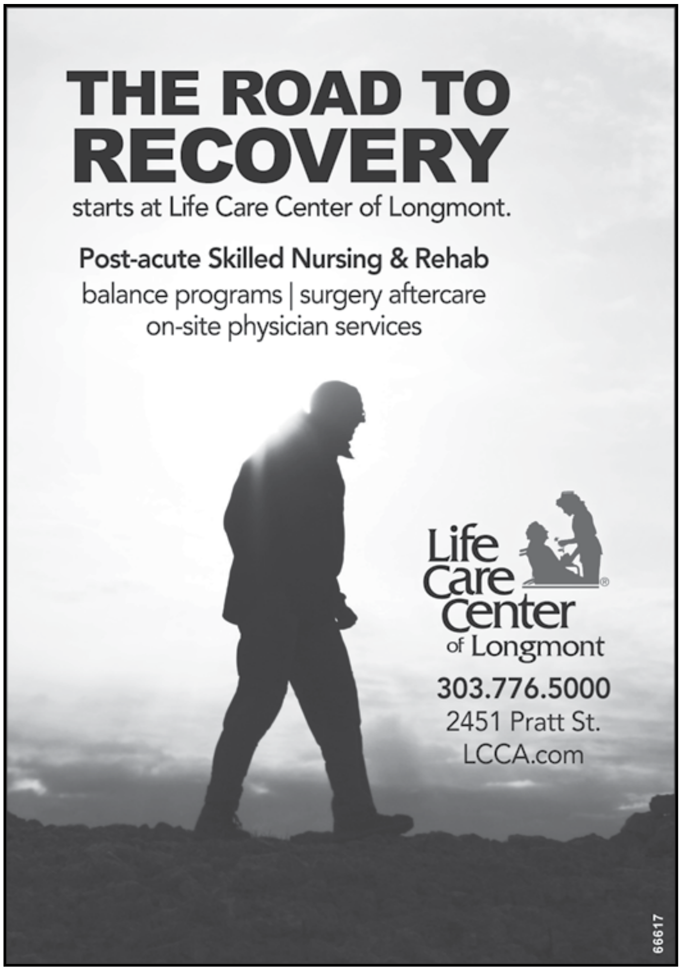

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The Caregiver's Spirituality: Rediscovering the Meaning

by Chris Griffin-Wehr

You are a caregiver. You are doing good and important work. While you may not feel as though you have many options, chances are on some level you want to be the one caring for your loved one, wishing genuinely to help ease their journey through aging and illness. Occasionally someone even mentions that you are a wonderful caregiver doing that hard work well—and sometimes you actually believe them.

But if all that's true, why do you feel so bad? Or, if not downright bad, why do you regularly feel tidal waves of sadness, anger, frustration, fear, loneliness. . . (you complete the list for yourself) washing over you and threatening to drown all your good will and effort?

For one thing, you're exhausted! The relentlessness of your physical tasks, the constancy of the mental strain of searching for (often nonexistent) solutions and resources, and the unending emotional concern for your care recipient leave you working too hard to sleep and too tired to work. Nothing, not even you, can run on empty for long.

And if that weren't bad enough, Malcolm Gladwell (*Outliers: the Story of Success*, 2008) promotes the idea that, "Meaningful work has autonomy and complexity with connection between effort and reward." Call me out if I'm wrong here, but the last time I tried to calm my mom's terror by hoisting her back into the bed she'd fallen out of in frantic search of her own mother, I certainly did not feel any control or choice in how/when I engaged in my work. And while my caregiving in its ever-changing presentation of needs may have been complex—to put it mildly—it was nearly impossible to find any structure or routine that allowed for permanent problem solving. You already know that caregiving services are not financially compensated. But perhaps worst of all, since by its nature long-term, critical illness seldom allows us to look to the future for growth, health, or improvement, little in the phenomenal effort we expend is inherently rewarding.

Unless, that is, we find a way to assign meaning to this invaluable labor of caregiving in *ourselves*. Our own Spirit may well be the fountain to ease our thirst . . . *if* we can remember how to prime the pump.

So how can we be saved from this fatigue draining us and instead reconnect to our life-giving spiritual source? According to Kathleen Norris (*Amazing Grace*, 1998), the Hebrew root of our word 'salvation' literally means "to make wide." During the rigors of caregiving, necessity further and further constricts our world to not only meeting, but actually seeing only the desperate needs immediately at hand. Once we begin, however, the practice of opening ourselves and our experiences to the spiritual energy available without and within, healing can begin. And yes, it is a *practice* requiring conscious effort. But it gets easier. And it just might make your caregiving journey more rewarding and meaningful. So consider intentionally practicing the steps below:

1. Look more closely. Somewhat like missing the forest for the trees, at times we, too, need to take another look. It's not as obvious as it sounds. But in order to see, we first have to take the time to look. Remember Moses, the great example of someone faithfully heeding the call to lead his people to a better place? He was rewarded for his work with an ungrateful rag-tag crew of complainers, and he never lived to see the Promised Land. But even he didn't just have that flaming bush thrown in his path. No, the text actually says that he had to make the decision to respond. As he caught sight of a light flickering out of the corner of his eye, he said to himself, "I will turn aside and see this great sight." (*Exodus 3:3*). He chose to stop, go over, and further explore the directive that would turn out to be the task to give meaning to his own life, and life itself to his people.

What made Moses *Moses*, as it turns out, is the same thing that makes you caregivers. You've also taken on the journey, and are well on your way. But is there any part of your work and perception that you can step toward, examine more closely, and see anew? In the help of a friend, the gift of a memory, a moment of connection, or the sharing of a stranger? In a deep breath or truly hearing a bird song, are there any hints of light just barely visible 'out there' that might prove the opening to a tiny miracle capable of saving the moment? Practice looking for them, and the light just might become more easily recognizable.

2. Chop wood, carry water. You are doing a lot of that. And if Buddhism is correct, then by simply doing your work you should be well on your way to Enlightenment. The trick, though, to this seemingly straightforward message is that it is just that: simple. And in its simplicity, unbearably difficult. Because we get ourselves all tangled up in old messages. We doubt our abilities and wonder about our efficacy. Angry, frightened, and sad (appropriately so), we forget to care for the moment while anxiously looking to fix a future that isn't ours to control.

And because we can't do it all, we despair of doing anything. We forget to be and trust the authority we've long ago earned by virtue of already doing the caregiving well with just the love and knowledge we possess. It's hard to remember. But practice intentionally to reclaim the act of putting one foot in front of the other; no more, no less. For in it you might rediscover that Thich Nhat Hanh is right in his observation that, "The miracle is not walking on water, but on the earth." This seemingly simple task—chopping wood and carrying water—is one of the toughest things you'll ever have to do. In recognizing that, you too can come to the awareness that the spirituality and meaning in your caregiving are already inherently present in the amazing fact that you are doing it. It is up to you only to embrace that miracle.

3. Welcome the Stranger. This one's personal. Hospitality, which translates into the practice of loving the stranger, was my mom's forte. She had been a warm and wonderful homemaker, who made her heart, gifts, and meals available to family, friends, and newcomers alike. And I wondered what I could learn from that lifelong part of my mom as traditional roles and identities quickly gave way to confusion and loss of self.

And you know what I mean, right? One of the first questions folks asked when they heard about my mom's illness and our changing relationship was, "Does she still recognize you?" To which I, somewhat grandiosely replied, "Doesn't matter. I'll always recognize her." In fact, I made that promise to my mother every time she got frightened of losing me (whoever I was to her at the time), or was lost to herself: "Don't worry, Mom. I'll always find you." Brave words, to be sure.

But the truth, often enough, was that I had no idea who I was going to find the next time I encountered my mom. Or, for that matter, who the stranger was in our relationship. Certainly my mom was a stranger not only to me, but worse, to herself. And how do we deal with the strangers in our world?

It matters that we learn. Theologian Miroslav Volf goes so far as to assert that, "It may not be too much to claim that the future of the world depends on how we deal with identity and difference." Already in the Hebrew Bible we are told, over and over again, to "love the stranger." Long before the age of self-sufficient nuclear families, folks had to rely on each other for survival. You didn't make it out there on your own. You had to

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COMMUNITY RESOURCES

This column provides information about events and classes, services, and other resources that may be of interest to family caregivers in Boulder County. Please remember that it is each person's right and responsibility to research a service provider or event before taking action. See "Information and Assistance in Boulder County" on the back page for ways to learn more about these and other resources. (To share information about a resource for family caregivers, email InfoCaregiver@bouldercounty.org or call 303-678-6116. The deadline for the July/August 2016 issue is May 23.)

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 5 and June 2, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder (call 303-441-1546 to register); on Mondays, May 16 and June 20, 10 a.m. – 12 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont (call 303-651-8411 to register); on Friday, May 20, 1:30 – 3:30 p.m., at Lafayette Senior Center, 103 S. Iowa Avenue, Lafayette (call 303-665-9052 to register); and on Wednesday, June 15, 1:30 – 3:30 p.m., at Louisville Senior Center, 900 W. Via Appia, Louisville (call 303-666-7400 to register). These classes are free, but donations are appreciated.

AgeWell, a program of Longmont United Hospital, holds an **Advance Directives workshop**, about considering and clarifying one's wishes for medical treatment in the event of incapacitation, with Program Coordinator Peggy Arnold, MA, on Thursday, May 5, 9:30 – 11 a.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. There is a $5 fee for Longmont residents, $6 for non-residents. Pre-registration is required, at 303-651-8411.

The **Respite Assistance Program**, of Boulder County Area Agency on Aging, offers financial assistance for respite care to Boulder County residents caring for loved ones age 60 and over (or of any age if they have dementia). The program provides up to $500 per calendar year in reimbursement for the costs of hiring a substitute caregiver so the primary caregiver can take a needed break—or respite. The substitute care can be provided by a friend, relative, home health care agency, adult day program, or long-term care facility. To apply, contact your local Resource Specialist (see back page for phone numbers) or the ADRC Helpline, at 303-441-1617.

Alzheimer's Association Colorado Chapter presents **Effective Communication Strategies**, on Thursday, May 12, 10 a.m. – 12 p.m., at East Boulder Senior Center (Eldorado Room), 5660 Sioux Drive, Boulder; and **The Basics: Memory Loss, Dementia, and Alzheimer's Disease**, on Wednesday, June 19, 2:30 – 4 p.m., at Erie Community Center, 450 Powers Street, Erie. To register for either class, call 1-800-272-3900.

Alzheimer's Association Colorado Chapter offers these programs for people with early memory loss: **Boulder Memory Café**, a welcoming gathering place where people living with memory loss and their partners can socialize with others while enjoying coffee and an activity or presentation, on the second Friday of each month, 10:30 a.m. – 12 p.m., at Boulder Public Library, 1001 Arapahoe Avenue, Boulder; **Boulder Nature Walk**, a multi-sensory nature walk with a Boulder Open Space and Mountain Parks naturalist, on Tuesday, May 24, 10:00 a.m. – 12 p.m., location to be announced; **Boulder Museum of Natural History Visit**, a guided tour focused on the impact of butterflies on our environment, and our impact on them, on Sunday, June 12; 2 – 3 p.m., at 1030 Broadway, Boulder; and **Louisville Memory Café** (see description above), on the first Monday of each month, 10 – 11:30 a.m., at Louisville Recreation Center, 900 Via Appia Way, Louisville. These programs are free. To register or for more information, call 303-813-1669 or email Kera at *kmagarill@alz.org* .

Boulder County Area Agency on Aging offers *Powerful Tools for Caregivers*, a 15-hour course (meets once a week for 2 ½ hours) that gives family caregivers the tools to help ensure they take care of themselves while caring for older loved ones, on Tuesdays, June 7 – July 19 (no class June 21), 1:30 – 4 p.m., in Boulder; and the **National Caregiver Training Program**, an 18-hour course (meets once a week for 3 hours), taught by a registered nurse, that helps family caregivers acquire skills needed to provide safe, confident home care for frail older loved ones, on Thursdays, starting July 21 (time to be announced), in Longmont. 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* .

Longmont Senior Center presents **Stress Management for Caregivers**, which teaches the top 12 skills for successfully coping with the challenges of caring for an older loved one, with Sherri Klotz of AccentCare (home health care agency), on Wednesday, June 15, 10:30 – 11:30 a.m., at the senior center, 910 Longs Peak Avenue, Longmont. The presentation is free, but pre-registration is required, at 303-651-8411.

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be aware of and nurture the stranger because soon enough you'd be the one who's lost and is having to rely on someone else's kindness.

But how to love *this* stranger? The one searching your face from the seat across from you, or the one looking back at you from the mirror. Whether you encounter the stranger in your care recipient or yourself, how can you offer them hospitality in your own home and heart?

How about refusing the label? No one is a stranger if you choose to recognize them. No matter how unfamiliar we appear to one another, or to what degree we fail to live up to each other's expectations of who we were or ought now to be, we invariably have far more in common in our shared humanity than we have differences. We all feel anger and fear, exhaustion, and outrage at injustice. We all need love and comfort and experience joy and sadness. If you look closely for the commonalities and *practice* refusing to let someone be a stranger to you, occasionally there's a spiritual connection: a tiny glimmer of shared light, laughter, and even comfort. Perhaps the language isn't the same, but no doubt the existential questions are. Ask them! And someone who mere moments ago seemed a stranger has, despite lingering confusion, become a friend.

"Hope is not about believing that we can change things. Hope is about believing that what we do makes a difference." (Václav Havel)

As you do your caregiving and practice opening your heart wide to the wonder, work, and welcome of the spirit in it, may you always know that what you do, and who you are, are making a difference!

Chris Griffin-Wehr is a former caregiver and author of the book Travels in Place: A Journey into Memory Loss. She continues to lead workshops on caregiving and spirituality.

VISIT WITH A CAREGIVER

Glenda cared for her husband, Louis, who was 14 years her senior, for over two years before he died of heart disease. At the time of this interview, which first appeared in the November/December 2003 issue, Glenda had just moved to a new home and was starting the process of picking up the pieces of her life and carrying on.

Care Connections: How did you become a caregiver?

Glenda: Louis had quintuple bypass surgery in 1991, but he was soon able to go back to work. A few years later he needed a knee replacement, and when they checked his heart before surgery, they discovered that all of his arteries were closing down, so they put in stints. But he soon was bowling again, which he loved. By 1999, though, he had worsened, and his doctor said he had only two months to live. I became his full-time caregiver at that point. He surprised everyone by living much longer than expected. He was a hospice patient for 18 months, and he died at the care center in May 2002.

CC: It must have been very difficult for you.

Glenda: The hands-on care was hard. I didn't know if I was doing the right thing. I remember that when the hospital said he could come home after heart surgery, I thought, "What?! I don't know what to do!" I never dreamed I'd be the one to shower him and clean him—he was such a big, strong man. But he sure liked being the center of attention and, at some point, I became his security. I've always taken care of other people—and they let me!—and I even cared for elderly neighbors when I was a child.

CC: Were you able to take care of yourself or get any time off while you were caring for Louis?

Glenda: I had a hard time thinking about taking any time off. I knew his heart could stop at any moment, and I wanted to be there with him. Plus I thought I could handle it, and it was difficult to let someone else take care of him. I did go away a couple of times, but I just couldn't relax. I kept thinking of all the "what-ifs." But, actually, things went okay. Our church friends helped out. They would come in and do anything—and still do—but I've never really gotten used to letting them help me.

CC: Is there something you'd like to share with other caregivers?

Glenda: In the midst of caregiving, it's hard to see that you're burned out. You come second, and though part of you knows that you need to take a break, it just doesn't sink in. Louis didn't think I needed to stay home to take care of him; I worried more than he did. It's so hard to balance caring for someone with allowing them to do things for themselves and be as independent as they can be. I had to let Louis do what he needed to do, and I know he was happier when I did, but it was so hard just to sit by and not try to control things. You have to love someone enough to let them go.

CC: How was it for you after Louis died?

Glenda: I felt like I had lost my purpose. I still don't know how long it will be before I leave the house without feeling like I need to call and check on him. I think I need to just be still right now, but it's hard. I'm the kind of person who likes to get things done. Wendy, a hospice volunteer, visited with me for a year after Louis died. It was hard to call her at first, but I really needed to tell my story to someone, and she was a great help. Now I'm taking a course in counseling, and I hope eventually to become a bereavement volunteer myself. I'd like to give to someone what Wendy gave to me.

CC: Thank you, Glenda.

2016 Caregiving Symposium

An educational event for family and friends of older adults

Thursday, May 19
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
Complimentary Lunch (for pre-registered guests)

WORKSHOP TOPICS

(exact titles to be announced)

10:30 – 11:30 a.m.

Know the 10 Signs: Early Detection of Alzheimer's/Dementia
The Challenges and Gifts of Caregiving (former caregiver panel)
In-Home Health Care Services
Medication Management and Review

1 – 2 p.m.

Financial and Legal Issues
The Power of Touch
End-of-Life Issues and Persons with Dementia
Communicating with a Listening Heart

2:30 – 3:30 p.m.

Safety Issues of Dementia
Respite Needs and Resources
Caregiving from a Spiritual Perspective
Nutrition Issues

4 – 5 p.m.

Creative Arts and Alzheimer's/Dementia
Consumer Fraud and Older Adults
Vision Impairment/Adaptations

General Admission is FREE. Pre-registration by May 12 is required, at 303-441-1685 or *www.caregivingsymposium2016.eventbrite.com* .

(Walk-in registration at the event is permissible, but will not include lunch.)

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

Sponsored by Boulder County Area Agency on Aging with co-sponsors Aging Services Foundation, Life Care Center of Longmont, The Peaks at Old Laramie Trail, HomeCare of the Rockies, Hover Senior Community, Allegiance Home Care, 50 Plus Marketplace News, The Peaks Care Center & Frontier Therapy, Via Mobility Services, Meals on Wheels of Boulder, PASCO, Professional Home Health Care / Care Link Adult Day Program, Synergy HomeCare, and Windhorse Family and ElderCare

CARE Connections
Boulder County Area Agency on Aging
P. O. Box 471
Boulder, CO 80306

INFORMATION AND ASSISTANCE IN BOULDER COUNTY

Within Boulder County, there are several ways to access information and assistance about resources and services for older adults and their family caregivers:

- Check out **Network of Care for Seniors and People with Disabilities**, a comprehensive online service directory, at *www.BoulderCountyHelp.org*
- Call the **ADRC Help Line**, at 303-441-1617, and Boulder County Area Agency on Aging staff will respond to your message.
- Call the **resource specialist** in your community (numbers below). Services vary by community but include identifying needs, exploring options, finding solutions, and providing in-depth assistance.

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