

CAREConnections

Information and Inspiration for Caregivers

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INSIDE

1

Tough Conversations:
The Ones Worth Having

2

Visit with a Caregiver

5

Please, Call Her Pat

6

When S**t Happens

7

When You Can't
Care Anymore

8

Community Resources

11

When To Say "No"

Dear Caregiver,

In life, we can choose to stay safely in our comfort zones, or we can push ourselves to try something that makes us step across our established boundaries into uncharted territory.

In caregiving, there are plenty of opportunities to stretch ourselves to try something that's new and challenging, and that's what this issue is about. Whether it's having a tough conversation with our parents, advocating for a loved one with dementia, dealing with the delicate issues of personal care, having to place a loved one in a long-term care facility, or saying no, when needed, to our care recipients, it's all stuff that can push our buttons (and our loved ones' buttons) and can require a good dose of courage.

We hope you find some encouragement inside. Take care.

The Editors



Tough Conversations: The Ones Worth Having

by Bettsee Gotwald

Many conversation topics can make us uncomfortable: “that” talk with our teenage child, laying off a long-time employee, or suggesting Dad gives up his driver’s license. As we begin a caregiving or guidance role with our parents, the list of topics continues to grow. And the dread only increases if we already find most conversations with our parents to be difficult. So, why bother?

A topic that may seem insurmountable now doesn't get any easier with age, illness, or other complications. If a health crisis occurs, or end-of-life creeps up, additional emotions and stress can take over. Without earlier planning, the resulting decisions can be at best ill-advised and at worst made by someone who doesn't even know your family.

Regardless of the level of care you currently provide, there's no better time than the present to broach certain subjects. Opening up these conversations now offers the opportunity to be present with your family

(continued on page 4)



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VISIT WITH A CAREGIVER

David (not his real name) is the 71-year-old caregiver of his wife, Alice, who suffered a stroke several years ago. David doesn't see himself as a "caregiver;" he's just a husband doing what he can for his wife. Between the cooking, shopping, cleaning, visits to doctors, and everything else he does, he's trying to take care of himself too.

Care Connections: David, how did your life change after Alice's stroke?

David: An awful lot. Before the stroke, though her health wasn't good, she was still walking, cooking, shopping. Now I can't leave her unless someone is here—or only for a very short time. She's paralyzed on one side and can barely walk, so someone has to be right here with her. I'm a lot more adept at shopping and cooking now. I could read a recipe before, but I didn't pull meals together on a daily basis. I'm still not too great at shopping; I tend to buy too much and then it sits around. And, luckily, the house doesn't get very dirty with just the two of us, so cleaning isn't too bad.

CC: Do you ever get any breaks from caregiving?

David: In the last few months I've hired a couple of ladies who stay with Alice a few days from 10 to 5. In fact, today I'm going to Denver for a lecture. But at \$15 an hour, it's pretty tough on the budget, so I can't do that very often. Usually I schedule my dental or doctor appointments for when they're here.

CC: How is your health?

David: I didn't do too well on my last treadmill test. I've already had heart surgery, and I don't want to have more, so I'm trying to make lifestyle changes. I've gained 30 pounds since Alice had the stroke. Now I'm exercising more and eating a lower-fat diet. I pedal on my indoor bike, and I do stretches before I get out of bed every morning.

CC: And what about stress?

David: I watch out for it. The stretching helps, and I've got signs posted around the house, like "Find something beautiful to notice" or "Breathe deeply," that I read throughout the day. But nights are hard. Alice wakes up every hour or half-hour and feels she needs to go to the bathroom, or is

hallucinating, or has other needs. I don't sleep much until she quiets down about 3 a.m., then I sleep in till about 9.

CC: What is the biggest challenge for you?

David: Her dementia is the hardest part. It came on strong after her recent surgery. There was a little bit before but nothing like this. It seems to be cyclical, but I can't pin it to anything. For a while, I kept a log, and when she would call me during the night, I'd write it down and try to connect it with her medications, or what she ate, or how much she slept, but it didn't make any sense. Sometimes I think it would be easier to care for someone who is physically disabled but is rational and can talk. Incontinence control is hard too. I'm not sure when we should move to catheters and bags. Even the best diapers soak through to the bed pads, and I do a lot of laundry.

CC: Have you felt grief over the loss of the wife you knew?

David: If I have, I haven't recognized it as that. I feel sorry for her; she didn't deserve this. Sometimes I feel sorry for myself too. You know, I don't mind the work, but I do miss

other things. I miss being able to go hunting and fishing. I'd love to have somebody stay with her at 4 a.m. so I could go hunting. Isn't that funny? I used to do a lot of gardening, but now I can't monitor her well enough if I'm outside, and it's too difficult to get her out there with me. Besides, she doesn't seem interested in going out, though she used to love it.

CC: How do you feel about your abilities as a caregiver?

David: I feel pretty good about myself, though I'm disappointed that I haven't been able to help her improve. She needs to get up more, and I try to encourage her, but maybe not enough. I've read about mothers with disabled children who do exercises with them many times a day, and I think that I should do that, but I guess I just can't. And I've been unable to control her weight. She used to be disciplined about what she ate, but now she's hungry all the time and doesn't have the same self-regulation, and I give in too. I let the caregivers bathe her now. I used to do it myself, but it was always contentious. And I wish I could be more patient. When I ask her to do something or ask her a question, it takes a

long time for her to process the information, and I get impatient. But, yes, overall I think I do a good job.

CC: David, you do a very good job. Thank you.

This interview first appeared in the November/December 2002 issue.



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good job for others,
you heal yourself
at the same time,
because a dose of joy
is a spiritual cure.
It transcends
all barriers.”**

— Ed Sullivan



Tough Conversations: The Ones Worth Having *(continued from page 1)*

member through the potential challenges and crises in the future. Celebrate life with loved ones and save time, money, and distress along the way.

Some conversations worth having:

Your parent's financial situation. Transparency about your parent's finances may come in stages or not at all. However, having even a basic picture can be extremely helpful. Encourage your parent(s) to summarize their assets and liabilities even if they don't want to share it with you. If the time comes when they need some assistance with their finances, you need to know who their advisors are or where to find documentation of their assets. And, of course, know who they designate as power of attorney should that need to be activated.

Long-term care preferences. If your parents want to stay in their home at any cost, knowing this will save some tough conversations. That's not to say, however, that the topic won't come up again if their health and/or financial situation changes. On the other hand, if they would prefer to transition to long-term care at some point, find out some scenarios that might move them to that decision. When looking at different facilities, you'll also need to take into consideration if your parents have long-term care insurance.

End of life planning. Depending on your family dynamics and culture, this may be a major taboo. However, most people have strong feelings about a number of issues related to level of care and their passing. Having the conversations and/or the appropriate documentation, such as an Advance Directive, can ensure your parent's wishes are followed to every degree possible.

Driver's license. Should it stay or should it go? A driver's license is often seen as a badge of independence and control. Few aging adults willingly give up their license. Observing your family member while driving and discussing alternative transportation options lays some groundwork. Ultimately, the safety of your family and other drivers will dictate when it's time to get serious about this sensitive topic. Resources can be found on the AARP website to help you evaluate the situation and plan the conversation.

Certainly these conversations present challenges. Yet great rewards are possible when you get to spend precious moments with family without the threat of needing to make last minute decisions. So, how best to move past the stress, difficult dynamics, or avoidance to talk about these topics? You may be surprised to find out your parents have been meaning to talk about one of these subjects. You may both feel relieved to finally have your concerns out in the open. And if that's not your experience, keep these points in mind:

Start early. Starting the conversation sooner rather than later gives you the greatest opportunity to make decisions that best serve your family. With the decisions under your belt, more time is left to enjoy the celebrations, traditions, and sweet moments together.

Start small. As you broach one of these delicate subjects, don't feel like you have to solve everything in one conversation. Just opening the door to the subject a little more each time allows the process to be more collaborative.

Practice empathy. The aging process challenges our sense of independence. Consider your parent's point of view and experience. You may not agree with their current choice, but unless there's a safety concern, ponder whether this is a battle you want to fight.

Take steps. Come away from these conversations with an action item. This could be anything from committing to talk about it more next week or researching retirement communities or estate attorneys. Without clear next steps, you may wonder if you actually made any progress.

The “tough conversations” held early and often are worth any discomfort so you can celebrate life with your parents, regardless of what the coming years have in store.

Bettsee Gotwald, founder of Wisdom to Health, serves caregivers and their families as a caregiver consultant and patient advocate.



Please, Call Her Pat by Lori Guthrie

The ophthalmologist’s office slowly came to life as patients and caregivers vied for the plastic seats lined against the walls. There was one empty chair everyone seemed to avoid. Mom sat next to the empty chair. Groomed and smiling, her almost vacant look nullified her otherwise normal appearance. Mom has Alzheimer’s, and the majority of the public is uncomfortable in her presence. A few people attempt to engage her but simply do not know how to respond to her garbled response. So, they speak past her and address me. I understand; I truly do. Despite understanding, I want to say, “Look at her. Her name is Pat. She was an artist who owned a business. Please, call her Pat.” Unfortunately, she is no longer Pat, the artist. She is Pat, Alzheimer’s victim.

My frustration over the public’s response to Alzheimer’s lies mainly in guilt. I want to avoid the empty chair, too. Mom thinks I am stealing her clothes, her food, and her money. With arms stiffly folded across her chest, she ignores me because I have taken something of hers. She is

right. I hold her car keys in my hands and her medical decisions in my heart. Her freedom and independence turn on those decisions. This distrust percolated in our relationship during the doctor’s visit.

She waited anxiously for her husband’s appointment to end. Frowning, she grew confused. I asked, “What is wrong?” She responded, “Where is he?” I explained the situation. She nodded her head and grimaced. Again, she grew confused and shifted impatiently. I explained once more. She snapped, “I know that” and glared. She became agitated. I asked her, “Are you okay?” She pointed at nothing in particular and said, “Well, I guess we have to wait while the turtles cross the road.” She waved her hand at imaginary turtles and settled down, smiling. Then, we started the cycle anew. It was an exhausting 1½ hours.

At several points during the discussion, Mom whispered loudly, “I have to go to the bathroom.” I led her to the ladies room. Once inside, she unzipped her pants and began to pull them down. She stopped and pulled them back up. I instructed her on her next move. She unzipped her pants and paused. After one more reminder, she nodded. She lifted the toilet seat, and I made a joke while lowering it. She was prompted to throw the used paper into the toilet. Instead, the paper ended in the trash. Hands washed and dried, we finally left. I guided her to the waiting room. We repeated this process three to four times. She grew frustrated when reminded of something she suddenly remembered. In those moments, she fixed a steady glare, sighed deeply, and indicated my complete idiocy. A small part of me asked, “Is this Alzheimer’s, or has she always considered me incompetent? Is this our truth?”

Sometime during the wait, I took off my shoe and rubbed a sore spot on my foot. A few minutes



later, Mom took her shoe off and rubbed her toe. The lady forced to take the chair next to her complained loudly about her hair. Mom's hand crept to her head, and she tugged a silvery white strand. She absorbed social cues but had no framework for integrating those cues into her environment. Courageously, she tried to blend into the moment but could not. Mimicking was new, and I wondered, "How will this behavior impact us in the future?"

Finally, her husband walked past the doorway. She pointed at him and exclaimed, "There!" Silence descended on the room, and everyone glanced in our direction. She noticed and curled into herself. Briefly, she realized she had breached some sort of social dictate. I hated the fleeting moment of recognition and wanted to defend her from the invisible plaque destroying her brain and social presence. I wanted to shout into the waiting room and to the world, "It is not her fault! Acknowledge her. Her name is Pat. You do not have to converse with her. Smile at her, and she will smile back. One day, she won't. One day, her chair will be empty. Until then, please call her Pat."

Lori Guthrie, mother of BCAA's Katie Wade, is a family caregiver and a legal administrator living in Louisiana.



When St Happens**

by Stuart Feinhor

Oh, my God. That first night. Marilyn is sleeping in what had been my bed, layered like some human Napoleon pastry, and as sweetly: mattress, plastic sheet, fitted sheet, bed pad (for wetness), plastic tablecloth over her body (also for wetness), flat sheet, blanket, good night kiss.

This is still fairly new to me. The bed is situated next to the wall so that she doesn't fall off. Or at least the odds are halved; she barely moves during

the night anyway, going to sleep on her back, waking the same, ankles crossed. She is also wearing Depends. (Unlike many people who face incontinence, Marilyn agreed willingly to use them; it might even have been her idea. I think it came as a relief to her; I know it did to me. For many caregivers this adjustment often results in a long, painful, drawn out struggle, like turning over car keys—something, thankfully, that I did not have to deal with either, because as a person with a developmental disability, Marilyn never learned to drive.)

I am on an old, inherited futon on the floor next to her. She's been with me in San Francisco for a few days now and hasn't had a bowel movement since we left Dayton. I know this can't be comfortable for her, but it has been a sort of perverse relief to me. And although we have learned to deal with her bathroom needs when it comes to peeing, I don't know how long before ... all I know is that it's inevitable. It's the middle of the night when I am awakened by something in the air.

At first, during those initial, discombobulated seconds that greet you upon being aroused out of a deep sleep, and which feel endless when they do, I try to figure out where that smell is coming from. Is there a dead mouse in the room? Is something going on outside? I sniff around. It is definitely coming from inside. It is coming from her corner of the room. I hope it is only gas, but I know that it is not. The inevitable has arrived. I get up off the floor and turn on the light. "Marilyn," I whisper. "Marilyn, is that you? Did you poop?"

"Yes."

S**t.

"Why didn't you wake me up so we could go to the bathroom?"

"I don't know."

"You don't know? Great."

(continued on page 7)



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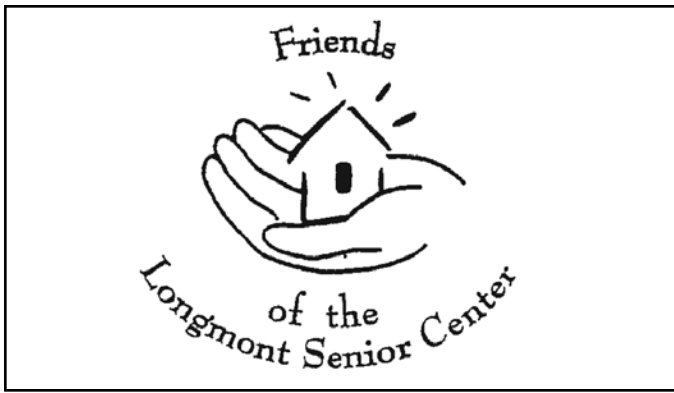
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When S**t Happens (continued from page 6)

Oh, my God. What am I going to do? I find myself pacing back and forth across the floor, which with my futon unrolled does not allow for much free movement. I am stalling. What am I going to do? Back and forth. What am I going to do? I am saying this out loud, my hands gripping the sides of my head. What am I going to do? It's the middle of the night and my roommate is sleeping only a few feet away, on the other side of the bathroom. I am worried about waking him up, which is stupid. I am worried about being too loud, which is stupid. I am worried about his hearing us, which is equally stupid. Finally, after what feels like a long time, I say to myself, okay, I have to deal with it. I just have to deal with it. This is when s**t is not a metaphor.

She is a mess. Her Depends are a mess. The bed pad is a mess. Her nightgown is a mess. The sheets are a mess. It's been more than a week, so you can imagine. I am anxious and afraid. I am trying not to be a mess, but I don't know how well I'm succeeding. And in this moment of grave desperation, I don't consider how embarrassed and ashamed and scared she must feel, which is the most stupid thing of all. I am not proud of this coil of selfishness, but it won't turn out to be the last time that I am not proud of how I handle a situation with Marilyn.

It's gross, but I deal with it (with rubber gloves, you can touch almost anything). I roll her back and forth across the bed, as nurses and hospital aides do, to get her cleaned up and into a new pair of Depends. We are talking all the while, and I am telling her that it is all right. It is all right. I sit her up so that I can put a fresh nightgown on her small, bony frame. I manage to change the sheets without knocking her onto the floor, another minor miracle. By the time we are done we have crossed another boundary of the private domain that is Marilyn's

body. We are both exhausted. We have survived. Because I am responsible for her. Because I love her. Another good night kiss and back to sleep.

In the light of morning we will face the shower.

Stuart Feinhor is a former caregiver and was a member of the Care Connections Editorial Advisory Committee when this article first appeared in the July/August 2006 issue.



When You Can't Care Anymore by Amy K. Mann

Sometimes letting go and giving in is our best option for those we love.

As caregivers, making the decision to place a loved one in any type of care facility is one of the most heart-wrenching choices we are ever forced to make. The guilt can be overwhelming, and the grief can be as powerful as death. Sharing stories with one another can be helpful, as is remembering that sometimes caring *about* someone means not caring *for* them. Norman, Shirley, and Sharon have all been there. Their stories are not unlike the many others in the U.S. who must place their loved ones out of the home.

Norman's Story: I knew I couldn't do it anymore. My back was killing me, and I was frustrated and angry all the time. My family was beginning to resent me for never having any time. "Mom needs me," I said. However, my family needed me too. My grandkids didn't understand why Grandpa was so tired and sad. I hoped I could manage my mother's care at home, but I couldn't. The final straw: when I came back home from the grocery store and found her on the floor. She had hit her head and was bleeding all over. It scared me. I had only been

(continued on page 10)



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.

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, July 10 or August 7, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive (call 303-441-1546 to register); on Mondays, July 21 or August 18, 10 a.m. – noon, at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); and on Friday, August 15, 1:30 – 3:30 p.m., at Lafayette Senior Center, 103 S. Iowa Avenue (call 303-665-9052 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, July 10 or August 14, 9:30 – 11 a.m. (\$5 fee for Longmont residents, \$6 for non-residents); and **Say Aaaah**, an informative session about common oral ailments that affect older adults and products and tips that can improve oral health, with dental hygienist Debra Rocchi, on Thursday, July 24, 9:30 – 11 a.m. (no charge); both at Longmont Senior Center. Age Well also

sponsors a **Chronic Pain Support Group**, for anyone suffering from the stress or discomfort of chronic pain, on the first Tuesday of each month at Longmont Senior Center, and on the third Saturday of each month at Longmont United Hospital, both 1 – 2:30 p.m. To register or for more information about these programs, 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 the skills needed to provide safe, confident home care for frail older loved ones, on Wednesdays, August 6 – September 17, 1:30 – 4:30 p.m., in Lafayette; 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 Tuesdays, August 5 – September 9, 2 – 4:30 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 periods) is available. For more information or to register, call 303-678-6116 or email InfoCaregiver@bouldercounty.org. Each course will be offered once again in 2014.

TRU Community Care offers its **Step by Step Boulder Hiking Group**, for family caregivers or those who have experienced a death loss, each Wednesday through September, 5:30 p.m., meeting at Boulder Montessori School, 3300 Redstone Road, in Boulder. This group is designed to be a safe place to get some gentle exercise and have quiet time with supportive

companions. To register, contact Julie Thomas, at 303-604-5213.

Longmont Senior Services presents **What Is Your Brain Thinking?**, about different types of memory loss including reversible conditions and age-related deficits, with John Dean, known for his work on Parkinson's disease, on Friday, August 8, 2:30 – 4 p.m.; and an **Evening Parkinson's Support Group**, on Mondays, July 14 and August 18, 6:30 – 8 p.m.; both at Longmont Senior Center, 910 Longs Peak Avenue. For more information or to register, call 303-651-8414.

Boulder County Senior Law Day 2014, an event for seniors, their loved ones, and caregivers, is on Saturday, August 9, starting at 8 a.m., at Calvary Bible Church, 3245 Kalmia Avenue, in Boulder. The event features a keynote address by Colorado Supreme Court Justice Nancy E. Rice, educational presentations by local senior services experts, 15-minute "Ask a Lawyer" sessions, complimentary lunch and musical entertainment, and 50 resource fair exhibitors. Each person attending receives the 2014 Colorado Senior Law Handbook. Registration is free to Boulder County residents (\$5 to others, collected at check-in) but required, at www.seniorlawday.org or 303-441-1685.

Project Homecoming is a special project created by Meals on Wheels programs in Boulder County in partnership with all area hospitals, clinics, and health facilities. For any patient being discharged from a health facility to the Boulder, Longmont, or East Boulder County areas, who is unable to provide a hot, nutritious meal at least once a day for the first five days after discharge, the program offers five free days of meal delivery (11:30 a.m. - 12:30 p.m., Monday – Friday; frozen meals available for weekends). Call the Meals on Wheels

program that serves your community: Boulder – 303-441-3908, Longmont – 303-772-0540, or East Boulder County – 303-665-0566.

Longmont Senior Services sponsors 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 of each month, 11 a.m. – 1 p.m., at The Bridge Assisted Living, 2444 Pratt Street, in Longmont. Pre-registration is required, at 303-651-8414.

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 September/October 2014 issue is July 25.

“Love recognizes no barriers.

It jumps hurdles,

leaps fences, penetrates walls

to arrive at its destination

full of hope.”

– *Maya Angelou*



When You Can't Care Anymore

(continued from page 7)

gone for an hour; I realized I couldn't even leave her for a minute. It was time to do something.

My wife started calling assisted living and nursing homes; I just couldn't make those calls. I couldn't bear to think of my wonderful Mom being treated like a number, like a patient. I knew that she wasn't getting the best care at home, but it was still home. I couldn't change her as much as I should have, I couldn't get her up to walk every day, and we were lucky if we could get a bath done once a week. Mom stayed alone a lot. She didn't have the social life she used to. Yet I, like so many people, made the promise years ago: "Mom, I'll never put you in a nursing home." Breaking that promise was the hardest thing I ever had to do. I knew Mom understood, but as I listened to my wife call each different facility, I cried like a baby. I couldn't believe I was giving up.

Shirley's Story: When Mom was diagnosed with Alzheimer's disease, we were all devastated. Dad knew she was sick, but he didn't know just how sick. She was beyond forgetful and was bordering on dangerous. He tried so hard to take care of her, but at 92 he wasn't in shape to take care of anyone. As a family, we decided to place Mom in a nursing home just across the street from the house. We knew Dad would be there all the time, but we also knew this would allow him to continue living his life.

Mom deteriorated slowly. She didn't talk anymore; she didn't recognize anyone, even Dad. But she "hung in there." Her medical condition remained stable, while Dad began to fade away. On his 98th birthday, we all gathered to celebrate. We all felt this would be our last celebration, and it was. He died just a few months later, his mind and soul intact.

Mom is still with us—physically, that is. Sometimes I pray she'll just fall asleep at the nursing home and quietly die in her sleep. I want so much to have her back—not just her body, but her. In a sense, we lost her five years ago. Looking back, I know we made the right decision, whatever the guilt. The admission that we weren't physically or emotionally able to take care of the mother who took care of us as children was difficult. We aren't that young ourselves, and there comes a time when you have to realize that placing the ones you love in the hands of experts may be the best for everyone involved. I don't have regrets. I know we did the best we could.

Sharon's Story: After I had a stroke, I couldn't get around in my home anymore. I couldn't clean, cook, or take care of myself. My husband, Jerry, tried everything he could: home health, friends, neighbors. But my condition got worse. I had two more severe strokes and lost my ability to walk. As a family, my son, my husband, and I decided that I needed to be in a place where I could get round-the-clock care. The hardest part was watching Jerry go through so much. He wanted to be a good husband, but he also knew what was best for us both. He was helpless. He no longer had a wife at home; he had a patient. I know he still feels guilty, and I try to explain to him that I am okay and that he made the right choice. Yet, being apart as husband and wife is the hardest thing I've ever experienced.

I won't lie. At 63, being in a nursing home is tough. I still have my mind, and at times I wish I didn't. I try to be kind to all of the other people here and to smile as much as possible. Jerry comes to see me as much as he can, but I know it's hard. He has to live his life too. I don't resent Jerry, or my son, or myself. I am not thrilled with the situation, but I know that I am in the safest place possible and am getting good care.

Amy Mann was the Admissions Director of a local nursing home and a member of the Care Connections Editorial Advisory Committee when this article first appeared in the January/February 2000 issue.



When To Say “No”

by Lynn Osterkamp

Anne’s mother, who lives alone, insists that Anne call her every evening. Anne is busy many evenings and often finds it difficult to make the nightly phone call. When she learned about a program that offers volunteer phone calls, she was delighted and immediately signed her mother up.

“I thought this would be a great solution,” Anne said. “I can still call mother most evenings, but when I can’t, someone will still be checking on her. It also gives her someone to talk to. But Mother is furious. She says if I really cared about her, I’d make time to call her and not rely on strangers. Maybe she’s right. I don’t know what to do now.”

Anne’s dilemma is one that adult children often face. How can they decide whether a parent’s (or other care recipient’s) demands are unreasonable, and how can they say “no” to such requests.

Experts suggest these guidelines:

Evaluate your parent’s limitations and the other resources (friends, neighbors, community services, etc.) she/he has available. If you find your parent’s requests burdensome, ask yourself how much your help is really needed.

Consider the long-range effects on your parents if you allow them to become unnecessarily dependent on you. Maintaining independence and involvement is strongly related to health and happiness in old age.

Accept your limitations. Although you may sincerely want to provide for your parent’s every need, it is unlikely you can do so. If you burn yourself out providing unnecessary services, you may not be able to help when your assistance is really needed.

Respect the dignity of your parents when you respond to their requests. Help them find and arrange for needed services for themselves, rather than taking over and making plans for them.

Agree to provide only those services you can manage gracefully and with good humor. Help provided grudgingly or in the spirit of a martyr will leave both you and your parent feeling angry and frustrated.

Stick to your decisions. If you consider a request unreasonable or more than you can manage, explain your position and make alternative suggestions. Don’t feel you must continually justify your position.

Realize you are not responsible for your parent’s happiness. Sometimes people have trouble accepting the losses of old age, and they look for someone to blame for their distress. Accepting this blame and feeling guilty about your parent’s dissatisfaction doesn’t help you or your parent.

Let your parent know you care, even though you may not always fulfill all requests. Show your affection by spontaneously sharing special times, touching and hugging, calling to share good news, etc.

Lynn Osterkamp was a member of the Care Connections Editorial Advisory Committee when this article first appeared in the July/August 1999 issue.



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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. 3
City of Longmont	303-651-8716 (bilingüe)
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

