

# CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

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## Dear Caregiver,

While both caring for another and traversing through older age come with gifts, a full conversation about these phases in life would not be complete without acknowledging the truths of loss and grief. As we, or those we care for, move through late life, losses accumulate. This issue of *Care Connections* shares the wisdom of grief experts who can serve as guides on caring for yourself through this part of the journey. It also looks at approaches for addressing various types of losses, as well as for moving past the isolation that can come with them. We hope this exploration is of support to you – and as we step into a new year, may you be kinder to yourself than ever.

Juliette Kershner, Editor

## Honoring Grief

By Kim Mooney



**C**aregiving is complex. It's a mixed bag of feelings, roles, relationships, education, and the need for flexibility. As caregiving begins and as it changes along the way, it continually requires new learning, new frameworks, and perhaps new attitude adjustments, as well as managing relationships with the same learning curves. And there is always a lot to do – things that take mental energy, emotional balance, and physical time. In order to do it well, you have to find new ways to continue to be healthy and thrive in your own life.

Caregivers – personal and professional – aren't always great at taking care of themselves. They're used to putting others' needs before their own ...and often people admire them for being able to do so much, for being able to give of themselves and keep on going with a smile on their faces – no matter what the journey looks like.

There is one very important part of this journey that is often ignored or downplayed: the grief of living with loss regularly. Grief is a



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natural response to loss; there's nothing to *fix*. But it is critical to recognize your own feelings and responses and respect your need to be seen and cared for. Simply naming it 'grief' can eliminate a lot of unnecessary pain and stress because it allows you to include that tenderness in your experience that is often unacknowledged. And without acknowledging your grief, you may not see enough of the whole picture to fully acknowledge your strengths and skills. The only things you should 'do' with grief are say what it is for you, respect your own process, make room for the grief needs we all have, and have someone listen to you — so that you may be seen.

What does grief look like? It come as sadness, but it can also express itself through anger, confusion, frustration, or fear. It can show up as having trouble sleeping, or in not eating well, or not having the energy you count on to get through a busy day. It can mean you're mad at God or the doctor or yourself. It's important to know what your grief looks like so that you're able to recognize that it's all a normal part of your process of loss, and reaffirm that there is nothing broken or unhealthy — and there is nothing you have to fix.

There's a wrongful assumption that if you talk about grief or feel how hard your roles can be sometimes, that it's 'thinking negatively' or counterproductive. But recognizing grief, for most caretakers, is empowering and brings relief. It means letting go of the image that you are invincible or tireless and admitting to being human, not incompetent, just human. Allowing yourself to grieve is healthy even if it feels terrible sometimes. Breathing into it instead of holding your breath is good self-care.

Some things caregivers may need to grieve are the loss of life as it was, changes in roles and relationships, and shifts in identity. With all that change taking place, they often also need to deal with a lot of concurrent stressors - such as information overload, not enough time, exhaustion, confusion, and loss of control.

As a caretaker, you do need to find ways to take actions to alleviate the challenges you face. Giving yourself permission to include your grief becomes part of how you choose to live. You give yourself permission to be fully present, to be self-compassionate, to expect support.

It's strengthening and powerful to develop skills and strategies that include your feelings and needs. When you can't see ways to take care of yourself, it can be helpful to ask yourself what a good friend would tell you or how they would see you. Sometimes honoring your grief is simply a matter of being able to look at yourself with kindness.

There's a necessary balance to honoring this deep and tender part of loss- and remembering to celebrate the gifts you get and give in your caregiving. Both are well served by naming them intentionally. One way I've worked with people is to suggest that they write a list of all the things they are challenged by and how they honestly feel about those. Share that with someone who can understand and can help validate your experience. Then make another list naming all the things you are happy about, or proud of, or grateful for. And share that also.

Acknowledging your whole experience, the challenges, the joy, and the grief, is a tremendous gift you can give to yourself. It can support you to be exactly who you are every day of this caregiving journey.

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*Kim Mooney is an end of life consultant, grief support specialist, death education provider, and owner of Practically Dying.*

## The Role of Intimacy in Caregiving

*By Jessica O'Leary*

**C**aregiving has so many demands, many of which tend to increase over time. Sharing intimacy, a need we have from cradle to grave, has a profound positive impact on our quality of life. A lack of intimacy has adverse effects on the caregiver and care recipient. We all require intimacy regardless of our age, gender, sexual orientation, disease, illness, or disability. With the caregiver dynamic, intimacy is often one of the first losses for the caregiver and/or care recipient. You, the reader may be thinking right about now, "Seriously? Out of all the things that I am juggling right now intimacy is not something I even have time to think about, let alone make time for." Yet others are starving for any attention to be paid to this topic. I hope wherever you land on that spectrum you find this article helpful.

Intimacy can be present with or without sex. Intimacy can be found in a close friendship and can fulfill the intrinsic need for an emotional attachment. Benefits of intimacy include increased self-esteem and reductions in tension, pain, and anxiety. Intimate or sexual sensations provide one of the of the last ways some individuals can experience pleasure. A massage or a hug can have a lasting effect. Consider an individual with an illness or disease that has caused a deterioration in their communication skills — an intimate way of finding connection with that person can be holding hands or reminiscing. As caregivers, these simple expressions can be a way to maintain intimacy, that not only provide comfort to the care recipient, but to you as well.



I would like to share the story of Steve and Cheryl. Steve had middle stage dementia and was living at home with his wife Cheryl, who was his primary caregiver. Steve began to approach random women, female friends, and even his daughter, making sexual comments and advances. Behaviors are common and normal in dementia. Some are more challenging than others, but they are all expressions of unmet needs. In many cases a sex related behavior can be considered a perversion — when in truth it may be a display of the need for intimacy. In this case Steve was lacking intimacy in his own life, as dementia took away his ability to communicate. Acting out was how he expressed his unmet need. Dementia robbed him of his ability to use proper judgement. At the same time Cheryl *also* lost intimacy as she made the transition from spouse/partner/wife to full time caregiver. The dynamic of their relationship shifted, and she no longer saw her husband as her intimate partner. This is common as illness or disease progresses — and demands increase.

Often, in cases like Steve & Cheryl's, individuals are seen by their health care provider and prescribed medications to assist with the "behavior." In some cases that is appropriate- however no medication is a substitute for the intimacy Steve was needing. Cheryl made the choice to seek out support and was able to introduce non-pharmacological interventions, finding ways to maintain intimacy in their relationship without making herself feel uncomfortable. Several times a week Cheryl lit candles, played their favorite music, and danced with her husband. At other times they laid in bed holding each other. In a short period of time Steve

stopped approaching women and avoided the need for medication.

There are many barriers to intimacy. In Cheryl and Steve's case, one of them was dementia. Another significant barrier was incontinence. Cheryl no longer saw Steve as a sexual being once she began to assist him with incontinence care. Incontinence is a devastating barrier to intimacy, but there are solutions. Examples include using the bathroom before sharing intimacy, practicing good hygiene, intimacy in the bathroom, and using waterproof sheets. Additional barriers might be fatigue, shortness of breath, pain, disease or illness, medications, lack of a partner, and normal age-related changes. Normal age-related changes include erectile dysfunction and vaginal dryness, two very common barriers that have solutions your doctor can recommend.

As healthcare needs emerge, individuals find themselves frequently in hospitals, rehabilitation facilities, or long-term care facilities-all of which are often void of privacy. Communication, or signs requesting no visits during a specific time frame, can help facilitate privacy during these times.

Some of us lack a partner and may seek friends to provide that missing connection. Some may seek to reconnect and find a new partner. In relationships, keeping yourself safe is always the priority. One way to maintain safety is to ensure that you, and potential partners, are screened for sexually transmitted infections (STI's). Older adults comprise the fastest growing population with STIs — due to the removed risk of pregnancy as well as the



availability of both erectile dysfunction medicines and postmenopausal hormones.

Regardless of the barrier to intimacy or the individual situation, open communication is key. Communication with your partner and your healthcare provider — or with those in the community to address the concerns, the needs, and the solutions — can maintain or restore intimacy. As a caregiver, honoring your own needs and taking care of yourself must always be a priority, as none of us can serve others from an empty vessel.

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*Jessica O’Leary is a gerontologist, instructor of the Savvy Caregiver Course, Care Coordinator at Halcyon Hospice & Palliative Care, and member of the Care Connections Editorial Advisory Committee.*

## Silver Whiskers Program



*By Debbie Faulkner*

**I**n 2011, as owner and operator of the non-profit organization Black Canyon Animal Sanctuary, I was contacted by a cancer patient’s caregiver asking if they could borrow a dog. Ken was in hospice care and wasn’t expected to live long. His own dog had died and he was in such grief over the loss of his sole companion that he was refusing to take his medication. He had no family and his dog was what he lived for. They wanted a dog as a loaner to improve his quality of life. I took Hank, a lab-basset mix who was then eight years old, to meet Ken. I was warned that Ken had a “somewhat curmudgeonly” personality. When he answered the door, I saw what was described verified, but once he laid eyes on Hank, his scowl turned into

a glow and a grin. The two became instant friends, and when Ken moved into a care facility, he brought Hank — who slept on his bed and provided companionship for the other residents as well. Ken ended up living for two more years after this dog entered his life, much longer than anyone expected. And when he died, Hank was there, lying on his bed with his paw on Ken’s arm.

This experience with Hank and Ken led to the formation of the Silver Whiskers program, which has a goal of matching mature animals with mature owners who might not otherwise adopt a pet — whether for financial reasons or concerns about how long they will live. In some of the Silver Whiskers Program cases it’s hard to tell who rescued who. In one case, a 75-year-old woman with a walker was matched with a young little Westie, and I was concerned that the new owner wouldn’t be able to get out and walk the dog as much as needed. Within six months I found the woman had ditched her walker — she had been getting so much exercise with the dog, she no longer needed it. It gave her a reason to get up every day.

Another client, a single lady named Bette, reached a point in her life when she realized she knew more people who had died than were still living on this earth. Sadness and loneliness set in, and she found herself trying to coax a neighborhood cat, who hung out behind her studio, home to love her — without any luck. Cats are fickle creatures, but Bette kept trying. She didn’t think she was a dog person. Dogs were messy and drooly, and they rolled in stinky things and smelled each other’s rear ends. They needed



humans too much. But then, she heard about the Silver Whiskers Program. Bette decided to give it a go, and adopted her first old dog, Ruby the miniature schnauzer. Ruby was rescued from an animal hoarder's house and she only had three legs. But they got along just fine, and Bette discovered she loved dogs after all. They lived together for a year and a half, until Ruby died. Then came Walter, another dog of the same breed, who lived for a year. And then she had Daphne for a short time. And now Bette has Cassie and Sissy.

All these old dogs brought their own quirky personalities into Bette's life, something she can't imagine not having now. She finds she is comforted by their warm, furry presence, by the sounds of their breathing at night. She has loved laughing at their antics, such as the way Sissy perpetually has bedhead in the morning and always looks grumpy. A few times a day, they go to the library or the post office and get out for short walks. Bette, 68, has met neighbors she hadn't known before, ones who lived just around the block — because the dogs got her out of the house. "It's opened my heart in a way that I might not have ever experienced," she said. Sissy is deaf, and Cassie's tongue perpetually hangs out because there are no teeth on one side of her mouth to keep it from escaping. But no one minds, and Bette just likes lavishing love on them as they nap on her settee in a sunny spot. "My part's the easy part. I just have to love them," she said. "They just need some peace and quiet and safety and love," she said. "It's such an important thing, in my mind, that these guys are not disposed of, discarded." She said the improvement in her quality of life since

she adopted the dogs is immeasurable, and it's wonderful to have another creature who needs her. "I hadn't realized I was lonely until I wasn't lonely," she says.

Matching the right pet with the right owner is critically important. You don't want to place a puppy or kitten because they are a lot of work. The client needs a house-trained pet, that is easy going and good with caregivers and visitors.

Ironically...I too am now a caregiver... my husband has Alzheimer's, a devastating disease. Our dogs are at times co-caregivers. They seem to know when he needs help and often come tell me. They are also a comfort to me, as I slowly lose the man I married.

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*Debbie Faulkner is President of the Black Canyon Animal Sanctuary, a non-profit which funds the Silver Whisker program, operating primarily in Western Colorado.*



### **Layers of Loss: Understanding Grief as a Caregiver**

*By Julie Thomas*

**A**s a hospice grief counselor, every day I work with clients who are grieving the death of someone they have cared for. They often come to my office or attend a group to find guidance, support, and an understanding of their grief. The absence of that physical being in their life may be the initial reason they seek support, but what we uncover in the process are the multiple layers of losses that can result from a long-term caregiving process.

One loss holds a multitude of other losses. Grief starts with a diagnosis and continues



throughout the caregiving process and beyond the physical loss of your loved one. Experiencing the daily losses of caregiving, as well as anticipating the loss at the end of life, can be just as painful as the loss associated with a death. Ultimately, becoming aware of these losses and experiencing anticipatory grief is a way of allowing us to prepare emotionally for the inevitable.

The following are some examples of the many losses a person may experience throughout the caregiving process and beyond the death:

### **Loss of Your Loved One**

This loss is what is usually thought of as the tangible, primary loss of a person or thing that is important to us, and consequently, considered by many to be the only loss. This is often recognized as the loss of the physical presence and being, but when caring for someone over time, we start to grieve that person long before they are physically gone. We grieve the loss of the person's "former self." Changes in mental functioning, physical capabilities, or personality can contribute to a sense that the person is no longer "the person you once knew and loved."

### **Loss of a Sense of Self/Identity**

Illnesses and deaths can have a deep impact on relational, professional, financial, and spiritual identities. All of these "identities" contribute to an overall sense of who we are in relationship to the world. Relational roles may change from being a spouse to a primary caregiver. Leaving a job to become a caregiver, or a dual income household becoming single income can create a financial or professional loss of identity. Spirit-

ual or religious beliefs can be questioned or even abandoned altogether.

### **Loss of Purpose/Self Worth**

It is never easy to lose a job. As a caregiver, your self-worth can become defined by the job you are doing taking care of your loved one. You are not only losing a spouse, family member, or loved one, but you're also losing your job. When caregiving ends, you have two voids: the void left by the death of your loved one, and the void left by the end of caregiving. After a death, you may, initially, have the sense that nothing seems to matter anymore or find yourself asking, "what is the purpose in living?" The loss of these defined roles may have you facing the hard task of redefining your purpose.

### **Loss of Community/Family and Friends**

Being a caregiver can be a naturally isolating experience. Feelings of separation and loneliness may result from a need to physically and energetically withdraw from previous routines, social activities, and relationships, to care for your loved one. You may experience a literal isolation when providing 24-hour care and feeling unable to leave at all. Family and friends may retreat, not knowing how to respond to your changed life and your grief. Your sense of community can feel distant or lost.

### **Loss of Physical Health**

The physical and emotional strain of caring for someone who needs full time care can put caregivers at serious risk for their own health problems. Caregivers often ignore their own health needs while they are focused on the needs of their care recipient.



It is easy to ignore these losses and just keep doing the things that need to be done. However, these losses lead to grief, and grief can lead to depression, anger, guilt, sleeplessness, and other physical and emotional problems. It is important to identify your losses, identify your feelings, and let yourself grieve the changes that have happened in your life. When you can do this, you can create a foundation for increased resilience and avoid further isolation, connecting you to deeper and stronger relationships with those going through the loss with you.

#### **Some basic ways to cope with grief and loss:**

**Face your feelings.** Let yourself be as sad as you are and accept feelings of guilt, anger, and frustration, because they are normal. Know that it is common to feel conflicting emotions.

**Talk with someone or join a support group.** Talk with someone you trust or a professional about your grief, guilt, and anger. Seek a support group where you can find a community of others who are going through something similar.

**Combat feelings of isolation and loneliness.** Make a lunch or movie date with a friend. Taking a break may help you relieve stress and grief and strengthen your support network.

**Take care of yourself.** The best thing you can do for the person you are caring for is to stay healthy. This includes taking care of your physical, mental, and emotional well-being. Do things that bring joy and comfort. And give yourself time to rest. Ask for help when you need it and accept the help that is offered.

---

*Julie Thomas is the Grief Support Director with Halcyon Hospice.*



### **Voice of a Care Recipient: On Driving Loss and Generational Differences**

*By Juliette Kershner*

**J**ane, who relocated to Longmont some years back to watch her now launched grandchildren grow up, recently talked to me about her decision to stop driving earlier this year. She is 78, has long term scoliosis, and now requires an increasing amount of medication to manage her pain. The driving issues came to light when her son Jake, who recently moved a few hours away, was in town and following her home after a tire repair to her car. During that drive, someone honked their horn at her. When they arrived at her home, Jake asked if she knew why the other driver had honked. Jane said that she was guessing that she had veered a little into the wrong lane, and Jake replied that she had veered “a lot.” He left it at that, but over the next few days Jane heard from her daughter Kathy, who lives nearby, that Jake had spoken to her about the episode. Kathy told Jane that they were concerned about her driving and had pondered between them about how hard it would be to get the car keys from her.

But they didn’t push her at that point. In fact, they never had to. If they had demanded her keys then and the change was sprung on her without warning...well, she says she can be very stubborn- and it wouldn’t have gone well. Instead, the conversations with her kids put her on alert. She paid attention to her own driving for the next month or two and noticed that her

[\(continued on page 9\)](#)



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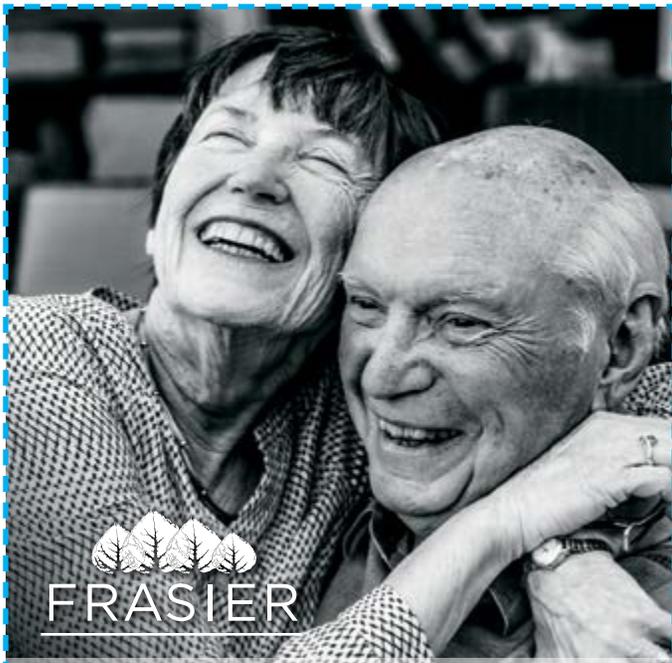
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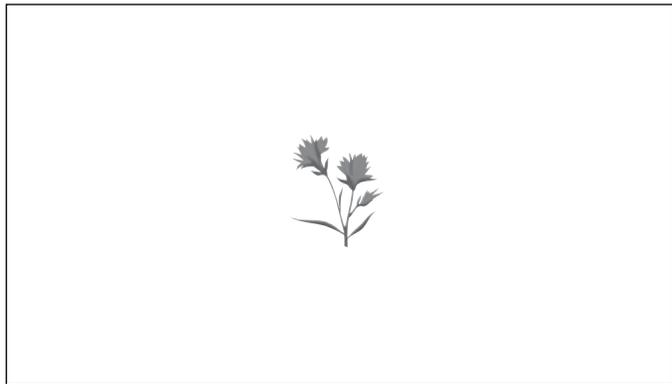


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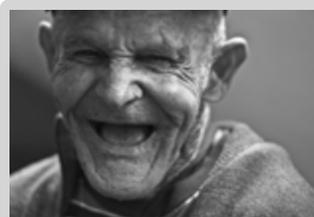
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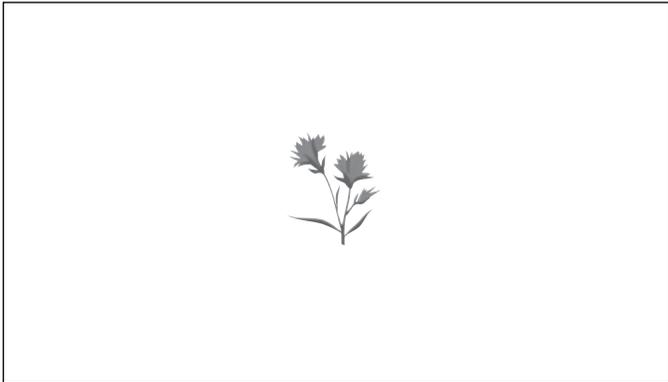
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([continued on from page 8](#))

reflexes were slower; she might think to put the break on, but the action stayed in her head and didn't translate to her foot. Meanwhile, she invited a friend over, who worked in aging services, to explain available transportation programs to her, such as Via Mobility (<https://viacolorado.org>) and Gogograndparent (<https://gogograndparent.com>). Jane also took advantage of a useful skill possessed by her renter, Luke (who occupies the lower level of her house): he is an Uber driver. While Luke works in the wee hours and she doesn't want to grocery shop at 3 a.m., he did serve as a back-up while she practiced using the app. (If she didn't have his app lessons, she may have enlisted the services of Gogograndparent, which provides access to Uber through very simple phone calls, along with helpful information about your driver, and five minute reminders.)

Her one Uber ride was effective to get her back and forth, but she hit a few snags, which have kept her from wanting to use the service since then. When she asked if she could bring a walker, she says that this particular driver was curt and simply told her "no." The driver also didn't make conversation. While others have had very good experiences with Uber, for Jane, from the mid-west and born in the 1940s, this interaction was unacceptable. So, despite Luke's efforts, at that point, this wasn't a solution she wanted to count on. Still, with knowledge of door through door Via services (meaning that Via drivers will come in to get you and bring you and your packages all the way into your house) she made the decision to let go of driving. Between Via for appointments and family for Friday afternoon last min-

ute prescription pick-ups, she says she is managing well enough. While she says it actually felt like a relief to have reached a decision after watching her own driving and worrying about "killing someone," she also expresses the frustration of loss in not being able to just go to the store when she wants to. She now must grab the opportunity to shop with others when she can, buy things in triplicate, and ask for fresh veggies if someone comes over.

Still, Jane reports that she had already stopped driving to Boulder a while back and she is grateful for supportive kids who help her out when they can. She also reports that she is a very solitary person and that she sees people as much (if not more) than she wants to, so the issues for her are more about the need to be patient, and maneuver practical challenges, than about social losses that many others contend with. Harder losses for her? Not having the energy to work on her sewing projects. She has a room full of fabric, but she can't spend the day on a project like she used to. She is an avid sports fan, and she will try to do a bit of sewing during the commercial breaks of the Green Bay Packers game, but this is not ideal either, as it takes five minutes just to figure out where she left off. She says though, that one thing on her side is the fact that she refuses to spend a lot of time worrying, so she schedules time for this. "You schedule worrying?" I ask. "Well... problem solving," she tells me.

Before we parted, I asked Jane, as an early stage care-recipient, what advice she has for caregivers. She shared that many caregivers (professionals, such as drivers, *and* family) don't really know what's been going on with your day, ([continued on page 12](#))



## COMMUNITY RESOURCES

*This column provides information about events, classes, services, and other resources of interest to family caregivers in Boulder County. Please remember that it is each person's right and responsibility to research a service provider 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, please email [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org) or call 303-678-6116. The deadline for the March-April 2020 issue is January 17).*

Boulder County Area Agency on Aging will be offering **Be Your Own Nutrition Navigator**, with presentations on Brain Health, Food Resources, and Eating Healthy on a Budget, Wednesday, March 18, 9 a.m. – 12 p.m. Call 303-441-4995 for registration information; and the **2020 Caregiving Symposium**, on Wednesday, April 8, 8:30 – 4 p.m., featuring a large resource fair, an inspirational introductory session for all, educational workshops throughout the day, complimentary lunch, free massage (first come, first served), an opportunity to win gifts, and more. Pre-registration is required for admission with lunch. Beginning Feb. 1, register online at [www.2020CaregivingSymposium.eventbrite.com](http://www.2020CaregivingSymposium.eventbrite.com) or by calling 303-441-1685. The full agenda will be posted on the event website by March 1. Both of these events will be held at the Jewish Community Center, 6007 Oreg Ave, Boulder.

The Longmont Senior Center offers **The ABCs of Alzheimer's**, presented by Todd Ballantine, an environmental scientist, author, illustrator, and musician, who's own diagnosis of Alzheimer's inspires him to share a mes-

sage of hope, Thursday, Jan. 9, 3 – 4:30 p.m.; **Healthy Living for Your Brain and Body: Tips from the Latest Research**, presented by the Alzheimer's Association, Tuesday, Jan. 14, 3 – 4:30 p.m.; **Guardianships and Capacity Evaluations**, presented by David Kalis, LCSW, Ph.D and Brandon Fields Esq., Thursday, January 16, 10 – 11:30 a.m.; **Adjusting to Life's Changes**, about finding a 'new normal' when experiencing changes such as retirement, beginning or ending a caregiver role, decreased independence, changes in your abilities, or an accumulation of losses over the years, facilitated by Nancy Beaudrot and Deborah Holmes, Thursdays, Jan. 16 – Mar. 5, 3:30 – 5 p.m., requires appointment prior to joining the group; **Everyday Mindfulness**, an experiential workshop and introduction to mindfulness practice, presented by Jim Macris, LCSW, Tuesday, Jan. 21, 1 – 2:30 p.m.; **Early Stage Dementia Support Group**, providing an opportunity to discuss topics such as receiving and disclosing a diagnosis, changing relationships, future planning, and more, sometimes the entire group meets together, other times caregivers meet separately from those with the diagnosis, presented by the Alzheimer's Association, Mondays, January 27 – March 23, 10 – 11:30 a.m., requires pre-registration and consultation with Ralph Patrick at 303-913-1669 x362 or [rpatrick@alz.org](mailto:rpatrick@alz.org); and **Understanding and Responding to Dementia Related Behaviors**. All programs are free, but pre-registration is required, at 910 Longs Peak Ave, Longmont, call 303-651-8411, unless otherwise indicated.

The Lafayette Senior Services offer **Strengthen your Assertiveness Skills**, bringing an opportunity to gain and practice the skills necessary to identify and set boundaries



and express your needs within a supportive environment, facilitated by Shen Hollcraft, Safehouse Progressive Alliance for Non-Violence and Dinah Pollard, Lafayette Senior Services, Thursdays, 2 – 4:15 p.m., Jan. 2 – Feb. 6.; **Colorado Talking Book Demo**, providing an opportunity to learn about this free, bilingual library for people who cannot read standard print (more info at <http://www.myctbl.org>), Tuesday Jan. 28, 11 a.m. – 12 p.m.; **Talking about the Hard Stuff**, providing support to navigate tough conversations and situations that you may face with loved ones as you or they age, facilitated by Dinah Pollard, Resource Coordinator, register for one or all three sessions, Thursdays, 3 – 4:15 p.m., Feb. 13, **Hoarding and Accumulating**, Feb. 20, **Hygiene and Cleanliness**, and Feb. 27, **Driving and Transportation**.

Erie Senior Services offers **Thursday Lunch**, with social hour beginning at 11 a.m. and lunch provided at 12 p.m., \$4 suggested donation for those 60 and over, \$12 fee for under 60, reservations required by Tuesday evening and are available by calling 303-925-2569; **Alzheimer's Association Caregiver Support Group**, providing a safe place for former or current caregivers, family, and friends of persons with dementia to exchange practical tips, talk through issues, and learn about community resources, led by trained facilitators, the first Thursday of the month, 4 p.m., registration at 303-813-1669; **Lock Box Program**, expediting access to homes during medical or other emergencies, free to Erie residents who are 65 or older and live alone, who live alone and have a major medical issue, or who are caregivers of someone with a major medical issue living in the residence, more information at 303-926-2795; and **Legal and Financial Planning for Alzheimer's Disease**, about legal and finan-

cial issues to consider and how to put plans in place, presented by an attorney who volunteers for the Alzheimer's Association, program is free, Thursday, Feb. 6, 2 – 4 p.m.

AgeWell – Longmont United Hospital offers **Advanced Directives workshops**, about considering and clarifying one's wishes for medical treatment in the event of incapacitation, on Thursdays January 9, and February 13, 9:30 -11 a.m. (\$5 for residents, \$6 for non-residents); and **Finding Light in the Midst of Grief**, a panel discussion about finding hope amidst the various causes of grief including loss, death, suicide, and major life transitions, when you may be struggling during these post-holiday, cold months, with Julie Thomas, Halcyon Hospice Grief Support Director, Jay Valusek, Suicide Grief counselor, and Brandy Queen, Seniors Counselor.

Medicare Counselors with Boulder County Area Agency on Aging hold **Medicare Basics Classes** for anyone wanting to learn about Original Medicare, Medicare Advantage, Medicare Supplement (Medigap) plans, prescription drug coverage, and available resources in Boulder County, on Thursdays, January 9, February 6, and March 5, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder (call 303-441-4150 to pre-register); on Monday, January 21 and Tuesday, February 19, 10 a.m. – 12 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont (call 303-651-8411 to pre-register); and on Friday, February 14, 1:30 – 3:30 p.m., at Lafayette Senior Center, 775 Baseline Road (call 303-661-1492 to pre-register). There is no charge, but donations are appreciated.

For a complete list of caregiver support groups that meet in Boulder County, call 303-678-6116 or email [InfoCaregiver@bouldercounty.org](mailto:InfoCaregiver@bouldercounty.org).



or in your head, when they come over. “Someone close to you could have just died, maybe medication is impacting you, or you are having sleep or pain issues.” If she is tired, cranky, or weepy, she worries they may take it personally. This adds another layer of stress - for both parties. She acknowledged that it is helpful if she shares what is going on with her, but that in her generation “we don’t talk about money or feelings.” Yes, these are two subjects that will likely come up in caregiving, but the suggestion that caregivers recognize these generational differences and that they try not to take moods, which often come with various types of losses, personally, seems like sage advice for making caregiving smoother on both sides.

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*Juliette Kershner, MA Gerontology, is Caregiver Initiative Coordinator with Boulder County Area Agency on Aging, and Editor of Care Connections.*

## **Isolation: Challenges and Solutions for Elders and Caregivers**



*By Ellen Knapp*

**I**solation is not inevitable with growing older, but there is a higher likelihood that older people may feel separate and lonely. We all hope that in this stage of life we will be enjoying natural, suitable support. Though there are some cultural causes to consider, in contemplating the isolation of increasing numbers of older people.

American society is told to take pride in individuality and heroic independence. Independence was valued on the American frontier, and it is still valued today in young adults tasked with leaving the nest and striking out on their own. In our times of technological advance-

ment and familial dispersing, older people easily feel relegated to the edges of life. Many older people still feel strongly that being alone and independent will be fine in their later years. Still, we know that this is a vulnerable time... and not a life passage during which independence works like it does in younger years.

There are common triggers of unhealthy loneliness for older people. A prime example? The dreaded day when a person gives up driving. We are a car-oriented society. Driving allows us to be spontaneous and autonomous; not driving highlights dependency and inconvenience.

Another profound transition that often leads to isolation is the loss of a partner. The remaining partner now faces many decisions. “Should I move? Should I find a housemate? Do I still have the same friends? Should I move to a senior community or nearer to my children?” As moving can be stressful, such decisions are often put off and the person remains alone. Perhaps this is workable at first, but as time goes by, it is usually less and less optimal to live alone.

Consider, too, that people age at different paces. Some are blessed with vigorous constitutions and the freedom to be engaged, while others may develop cognitive or physical problems even though their peers are still active. Those who have health complications may begin to avoid socializing or going out, fearing that their vulnerabilities will be perceived as tiresome to others. The social network for elders can also be a shifting scene as friends pass away or relocate nearer to family or warmer weather.

Retirement can be a time of groundlessness resulting from diminished social life and a challenged sense of meaning and identity. People



can find themselves surprisingly nostalgic for the camaraderie, routine, and sense of participation that work provided. Yes, aging in our modern world can be challenging.

A longside these predicaments is an unseen phenomenon: the isolation of caregivers. Spousal caregivers may feel the grief, loneliness, and frustration of less rewarding relationships with their partners. Facing the loss of a future together, they may become angry and exhausted, and no longer in sync with their friends. And there are lots of family caregivers who invest significant time and energy into the support of a relative with a long-term impairment.

Caregivers have their own overwhelm to contend with. Without the energy to ask for help for themselves, their burdens often go unappreciated. Sometimes their stressors can lead to ill health. Some even die before the person they were attending does. We must “care for the caregiver.”

We may feel unprepared for the reality of aging or the caregiver role, yet there are wonderful remedies available. Innovative people around the world are finding creative ways to make later life more workable and enjoyable. The following resources are examples of support for an isolated elder or ways to provide relief to a tired caregiver.

One beautiful example is the new approach to senior housing. Remember when “nursing homes” were the only option? Now the housing dialogue includes such ideas as skilled daily companionship while still at home; Continuum of Care communities being designed with bright elements such as gardens, more collaboration between residents and management, and open style architecture (<https://drbillthomas.org/>);

there is an increase in older people creating their own intentional senior communities with shared activities and chores.

Regarding the loss of driving, Uber and Lyft are refining user-friendly systems for older people who may not like using a cell phone. One approach is developing a relationship with one specific driver whom a person can call for transportation needs. Our public bus system also offers affordable transportation ([www.rtd-denver.com/services/access-a-ride](http://www.rtd-denver.com/services/access-a-ride)).

For those in post-retirement who still long for society and purpose, the Encore organization ([www.encore.org/](http://www.encore.org/)) allows qualified older people to bring their life skills into new settings. Many people thrive as volunteers. Some love book groups focused on age-related topics. Excellent resources include *The Art of Dying Well* by Kay Butler, *Natural Causes* by Barbara Ehrenreich, and the blogs [www.nytimes.com/column/the-new-old-age](http://www.nytimes.com/column/the-new-old-age) and [www.nextavenue.org/](http://www.nextavenue.org/).

Some communities have set up programs which include intergenerational support, such as the Respite and Companion Volunteer Program (<https://www.bouldercounty.org/families/seniors/services/>), which pairs up volunteers of any age with older adults for companionship visits, inside or outside of home. We are fortunate in Boulder County to have resources and interest in this topic. The isolation of our older generation and their caregivers is difficult, but there is a rising tide—an impulse to return to natural support and practical inclusion of our older community members and their needs.

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*Ellen Knapp, MA, LPC, is a Geriatric Care Manager, working in Boulder County.*

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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](http://www.BoulderCountyHelp.org).
- Call the **ADRC Help Line**, at 303-441-1617, and Boulder County Area Agency on Aging staff will respond to your message.
- Call the **resource specialist** in your community (numbers below). Services vary by community but include identifying needs, exploring options, finding solutions, and providing in-depth assistance.

<b>Allenspark area</b>	303-747-2592
<b>City of Boulder</b>	303-441-4388/303-413-7494 (bilingüe)
<b>City of Lafayette</b>	303-661-1499
<b>City of Longmont</b>	303-774-4372/303-651-8716 (bilingüe)
<b>City of Louisville</b>	303-335-4919
<b>Erie</b>	303-926-2795
<b>Lyons area</b>	303-823-9016
<b>Nederland area</b>	303-258-3068
<b>Niwot area</b>	303-441-1617

