

CAREConnections

Information and Inspiration for Caregivers

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Integrated Support for Your

Emotional Wellness

Dear Caregiver,

It can be tempting, as a caregiver, to keep plowing through our “to do list”, without tending to our own emotional state. No matter how many times we hear the message of the importance of self-care, often it still gets left in the backseat for too long. This issue looks at how we can make behavioral shifts, so that we are including caring for ourselves as a primary part of this journey. And, it addresses how to gauge if you, or the person you care for, might be in need of outside support. The Senior Reach program, highlighted here, provides a wonderful solution to mobility and financial obstacles that can arise in accessing counseling for older adults. Inside, you will also find guidance on the benefits of a mindfulness practice, identifying grief versus depression, non-pharmacological approaches to mental health, and more. So, sit down, have a cup of tea...and read on.

The Editors

Mindfulness – A Partner in Caregiving

By Jim Macris



In recent years a growing body of research and neuroscience has backed the benefits of mindfulness interventions. Science now knows the positive impact mindful practice can have on depression, anxiety, neuroplasticity, as well as its effects on cognitive, emotional, and psychological wellbeing. People worldwide have been embracing mindfulness to help overcome challenges and to gain greater fulfillment and happiness in daily life.

Studies consistently report higher levels of depressive symptoms and mental health problems among caregivers, compared to their non-caregiving peers (Family Caregiver Alliance, www.caregiver.org). Given these collective findings, caregivers may want to consider



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adopting a mindful practice as part of their self-care. Mindfulness practices can be utilized throughout the day, which works well for the ever busy and often time-crunched caregiver.

What exactly is mindfulness?

Simply put, Mindfulness is being in the present moment. It is the recognition of what is happening without judgement, criticism or attachment – just noticing and experiencing ‘what is’. By employing mindful activities, we consciously choose where to place our focus. We can course-correct our brain from operating on “auto-pilot”, which can often lead to unproductive mind wandering. We all have experienced an over-active mind, often focusing on repetitive ideas, thoughts, fears, or regrets; leading to sadness, anxiety, or depression. Mindful practices disrupt ineffective thought patterns and can create a bridge for our minds and bodies to reconnect in the present moment.

One practice to implement today:

Mindful Breathing is an extremely effective practice as it uses the breath to focus attention, while biologically calming the mind and body. Mindful Breathing employs Diaphragmatic Breathing, or as I will refer to it here — Belly Breathing.

Belly Breathing causes the lungs to press on the wall of the diaphragm, which then pushes on the abdominal cavity. The abdomen is then squeezed and pushes back on the spine, and in doing so, puts pressure on the longest cranial nerve – the Vagus Nerve. Responding to this pressure, the Vagus Nerve tells your body to “chill out” and activates the body’s calming system which leads to:

- Reduced blood pressure
- Slower pulse rate
- Slower rate of respirations
- Increase in alpha brain waves (those that make you calm & alert)
- Release of serotonin, “don’t worry-be happy-feel good” neurotransmitter

Editor's Note:

We found an article that identifies the 15 Best Meditation and Mindfulness Apps for 2019.

While that's clearly a subjective opinion, the editors share with you why they chose them and what might make them the right one for you.

<https://www.developgoodhabits.com/best-mindfulness-apps/>

How to implement a Mindful Breathing practice.

Mindful breathing can be used almost anytime, anywhere, and you will quickly experience the benefits. Try these few steps to get started:

- Remove all distractions (tv, phone, radio etc.)
- Sit, stand or lay in a comfortable position so that you can breathe with ease.
- Begin by slowly inhaling deep into your belly — pause briefly — slowly exhale.
- Repeat for 3 deep belly-breaths.

As you settle in, let your breath regulate on its own. Do not try to control your breath. Just let your breathing happen naturally and just notice your breathing.

- With your mouth closed, allow your inhale and exhale to pass through your nose. If you have any difficulty breathing through your nose, then simply allow your breath to pass in and out of your mouth.
- Focus all your attention solely on your breathing.

- Notice your inhale – feel the air enter your nose. Maybe notice if it is warm, cool or cold. You may also feel the inhale in the body as your abdomen rises.
- Notice your exhale – feel the air as it exits your nose. Perhaps you feel it cross your lip. Again, feel if it is warm, cool, or cold. You may also feel the exhale in the body as your abdomen falls.
- Thoughts will occur as you practice your breathing. This is not a problem. When a thought appears, simply label the thought by saying to yourself “thinking” and then return your attention to your breath. You do not need to follow your thoughts; it's okay to notice them and let them go as you return to your breathing. Do not judge your thoughts, feelings or yourself – just notice the experience.

Be patient as you begin your practice. Perhaps start with three minutes a day. As you grow more comfortable with this new relationship with your breath, you may find you will want to increase the amount of time you spend with your new-found mindful practice. Most importantly, enjoy your breathing, and the peace the present moment brings with it.

“Breathing in, I calm body and mind. Breathing out, I smile. Dwelling in the present moment I know this is the only moment.” Thich Nhat Hanh, *Father of Mindfulness*

Jim Macris is a Licensed Clinical Social worker and Owner of CarePartners Counseling, a Boulder-based practice providing counseling services to caregivers of the aging population.



Caregivers: Depression or Grief

By Reva Tift

A broken heart is also an open heart. Your vulnerability is also your strength. Do not run from your openness.” David Kessler

Caring for and loving our parents, partners, children, friends, and clients can be a huge opportunity for growth, openness, and fulfillment. Caregiving also brings up the age-old question of how to balance one’s own needs with those who we care for. In caregiving relationships, much like other relationships, keeping one’s heart open may at times feel like an enormous challenge. It’s important to experience, be open to, and be kind to, the full range of our feelings — both positive and negative. An open heart is necessary so that we don’t burn out, become resentful, or shut down. Being open to one’s vulnerability may actually prevent one’s difficult feelings from turning into depression.

As a psychotherapist I work with both grief and depression, and I find that often people confuse the two. Grief can be understood as a very natural experience, usually characterized by intense emotional pain following a significant loss. There is an initial deep sadness, sometimes overwhelming, which is then followed by waves of emotions that get triggered by thoughts, memories, particular dates, or familiar activities.

There are a number of reasons why a caregiver might be especially likely to experience grief, including loss of mental and physical capacities of a loved one; death of a loved one; isolation if doing the caregiving alone; long distance caregiving; loss of one’s own lifestyle; and less time for play, romance, exercise, contemplation or sleep.

Depression is characterized by severe symptoms that impact how one may feel, think, and experience daily activities such as sleeping, eating and working. Caregivers with depression may experience persistent sadness or anxiety as well as feelings of hopelessness, guilt, worthlessness, or helplessness. There may be a decrease in energy, feelings of restlessness, or difficulty concentrating. There may be other physical symptoms such as unexplainable pains. One may notice intrusive thoughts about death or suicide. Some combination of these experiences is common when one is depressed. <https://www.Psychologytoday.com/us/tests/health/depression-test>

Recently I had a vivid experience of the relationship between grief and depression. My partner of over 40 years was diagnosed in 2012 with a rare form of a basal cell cancer, which is not currently curable. Since that diagnosis, life has felt precious. The ups and downs from diagnosis, to treatment, to remission, to the most recent reoccurrence, have impacted us both.

**‘Hope’ is the thing with feathers—
That perches in the soul—
And sings the tune without the words—
And never stops—at all—**

-- Emily Dickinson



In November 2017, I began to experience intense angina at the same time my partner decided to take a break from the medication that was keeping his cancer in remission; it was beginning to cause him great discomfort. I had several weeks of intense episodic chest pain that I kept to myself. As I have a history of heart disease, I wondered if I was having a heart attack. This was ruled out with lab work. My cardiologist diagnosed my distress as “broken heart syndrome”.

This syndrome was an expression of my not being fully open to my grief, of holding my pain inside me. This suppression of grief, if continued, could have turned into depression. Instead, my pain became a reminder to open to my fear, sadness and powerlessness. Even as a psychotherapist, I hadn't considered my own mind-body connection in what I was experiencing. My grief was potentially on the way to turning into depression, but thankfully the angina got my attention and I was able to address my grief directly. Being a better caregiver for myself helped me be a better caregiver for my partner. <https://www.mayoclinic.org/diseases-conditions/broken-heart-syndrome/symptoms-causes/syc-20354617>.

As a caregiver, a first step for better self-care is an honest assessment of how you are doing. If you are feeling emotionally overwhelmed, irritable, consistently tired or anxious, then this is the time to start talking with others. You can begin by risking some vulnerability with your friends and colleagues. If it seems appropriate, make an appointment with your favorite medical professional, and/or psychotherapist. If you don't ask for help, it's unlikely that you will get any. This

might be challenging for those of us who are used to taking care of everything ourselves. Do it anyway! As they say, put your own oxygen mask on first, before trying to help others.

In Boulder County we are fortunate to have many resources for caregivers. We have psychotherapists who specialize in issues of loss and grief, as well as depression. We have bereavement support groups, and Death Cafes. Our senior centers and the Boulder County Area Agency on Aging have resource specialists that can help us find the resources we need to make caregiving more manageable. Whether it's mental health resources, in-home supports, adult day care, or respite, they can help you find what you need.

Caregivers provide an incredible service and must deal with incredible challenges. At the emotional level, our work is to return, over and over again, to the intense vulnerability that we step into every day. Open heartedness, however difficult, is also our best protection.

Reva Tift MA is a psychotherapist in private practice for 40 years. She specializes in working with mid-life and older adults.



Finding the Right Support

By David Remmert

The bootstrap generation is aging! The old adages that served so well in youth seem not to work as effectively as they used to. The physical, cognitive, and emotional changes that come with aging, usher in a need for new solutions to new challenges. ‘Pick yourself up and dust yourself off’, ‘Put your nose to the grindstone’, ‘What doesn't kill me makes me stronger’: All useful quotes in the halcyon days of youth, but their wisdom fades in the twilight of advancing age.



As a caregiver for an older adult, you've likely witnessed the frustration and sorrow of your loved one trying to solve new challenges with those old proverbs. But when the familiar 'tough it out' solutions fail because of health, financial, and relationship struggles, feelings of despair and helplessness can arise. Depression and anxiety can manifest in anger, resentment, retreat, and fear. And, because of the unique challenges older adults face, like retirement, relocation, health changes, and loss of friends and loved ones, their risk for depression, anxiety, and other behavioral health concerns, increases.

Watch for the following signs that could indicate that an older adult needs help:

- Mental State: Confusion, disorientation, memory loss, repetitiveness
- Physical: Difficulty in seeing, hearing, walking, or alcohol, or substance abuse
- Emotional: Recent loss of spouse, appears depressed, anxious or withdrawn, loss of appetite
- Social: Isolated, possible victim of abuse, neglect or exploitation
- Appearance: Unkempt, dirty clothes, weight loss
- Environment: Home needs repair, trash or debris in yard, neglected pets.
- Economic: Confused about money matters, and an inability to afford necessities.

These, and more, are signs that an older adult may need formal psychiatric and therapeutic intervention. Unfortunately, research demonstrates that seniors under-utilize behavioral health services for many reasons, including lack of access, stigma, and shame. If an older adult in your orbit is showing signs of depression and/or anxiety, don't wait to get them the help they need: There are options.

**“we are for each other: then
laugh, leaning back in my arms
for life's not a paragraph
And death I think is no parenthesis.”**

-- e.e. cummings

While it's true that some psychiatric medications can be contraindicated with older adults, and there may be concerns about interactions with other medication, a competent psychiatric professional can help find alternatives and interventions that work and are safe. But medication isn't always the magic bullet that clears everything up. After all, many older adults have lived full lives without needing psychiatric medication, and their struggles may not be solved with a chemistry set. Many well-intentioned medical professionals will be happy to add an antidepressant to the list of medications, only to scratch their head when it doesn't work as well as advertised, or the symptoms worsen. In fact, therapy is often superior to medication with older adults. But where do you turn for therapy? There may be transportation or mobility concerns; after all, the traditional model for therapy is once a week, one-hour appointments. This can be an insurmountable barrier to getting help.



Senior Reach may be the solution you're looking for. Through grants and outside funding from the Department of Health and Human Services, Mental Health Partners in Boulder County, and Jefferson Center for Mental Health, Senior Reach is able to provide in home therapy services to older adults with Medicare. They see clients in Boulder, Jefferson, Clear Creek, Gilpin, and Broomfield counties. Therapists, specializing in working with older adults, serve clients in their home and provide meaningful intervention for a range of therapeutic needs. Senior Reach has achieved proven clinical outcomes that include reductions in depression, anxiety, and social isolation, ultimately increasing overall recovery.

Senior Reach also provides outreach and education, behavioral health, care management, and access to other critical community-based services, to older adults (aged 60 and older) who are isolated, frail, or in need of support. This community-based, collaborative program helps identify older adults who may need emotional support and/or connection to community services who are not seeking support on their own behalf.

The entry process is simple. If you have an older adult in your life who might need some help and support, simply call 866-217-5808 to speak with an intake coordinator at the Senior Resource Center. Following this process, the case will be referred to a Senior Reach clinician who will schedule an assessment and follow up appointments in the home. The best news, the grants and outside funding allow Senior Reach to provide services free of charge. What Medicare

doesn't pay, can be funded by the Senior Reach program. (this is the case for Boulder County, but may not be for Jefferson Center clients).

David Remmert, PsyD, is a Licensed Clinical Psychologist and the Longmont Adult Outpatient Program Manager with Mental Health Partners.

Non-pharmacological Approaches for Treating Depression

By Barbra Cohn

According to statistics from the National Institute of Mental Health, an estimated 16.2 million adults in the U.S. had a least one major depressive episode in 2016. But, according to a 2003 Harvard Medical School study, many patients do not have good results with mainstream treatments such as pharmaceutical drugs. (If you or a loved one are taking an anti-depressant, it is important that you do not stop taking it without first talking to your health care provider.) Fortunately, other non-pharmacological treatment avenues are available.

Natural alternatives to drugs

St. John's wort

St. John's wort extract—also known as hypericum — has been recognized for its ability to help balance mood, often caused by low levels of the neurotransmitters serotonin and norepinephrine. Although it is not approved by the FDA, numerous studies have shown it to be safe and beneficial in treating depression. An important caveat is that you do not take it along with an SSRI or other anti-depressant medication.



(Always speak with your health care provider about any supplements you want to take.)

A meta-analysis (an analysis of many studies) that was published in 2005 in the *British Journal of Psychiatry*, summarized the results of 37 studies that were conducted on 5,000 subjects, comparing St. John's wort to placebo and other antidepressants. The authors concluded that St. John's wort products are effective in the treatment of mild to moderate depression, with fewer side effects compared to traditional antidepressants. In cases of severe depression, insufficient evidence was found on St. John's wort efficacy.

Two other recent studies showed similar results. A study published in the *Journal of Cellular Physiology* (Nov 21, 2018) found that several antidepressant-controlled trials demonstrated that the active ingredients in St. John's wort, possess antidepressant properties like those of tricyclic antidepressants and SSRIs, but with fewer and milder side effects. A study published in the *Journal of Psychopharmacology* (Nov 28, 2018), investigated the effect of St. John's wort on 48 participants. The herbal supplement produced similar changes to other antidepressants without side effects.

Antidepressant foods

You've heard the adage 'Let food be thy medicine'. That is exactly what Canadian researchers Laura R. LaChance and Drew Ramsey set out to prove. They found that a diet consisting of "whole foods" significantly correlates with a reduction of, and prevention of, depressive disorders or symptoms. Here is a shortened list of the most beneficial foods: Seafood including shellfish, tuna, Rainbow trout, salmon, her-

ring, and snapper. The only other animal food that was included is goat. Plant foods include watercress, which ranked #1, all leafy greens, peppers, pumpkin, cauliflower, red cabbage, broccoli, Brussels sprouts, butternut squash, papaya, lemon, and strawberry. For the article and a detailed list visit: *The World Journal of Psychiatry*, September 20, 2018, <https://www.wjgnet.com/2220-3206/full/v8/i3/97-T2.htm>

Aromatherapy

Aromatherapy refers to the inhalation and topical application of essential oils obtained from aromatic plants to maintain health and well-being, and to restore imbalances on the physical, emotional, mental, and spiritual levels. The oils can be used topically by adding them to lotions, spraying them in a mist bottle, or in a diffuser. They can also be added to a bath. Citrus oils such as lemon, orange, bergamot, and grapefruit are uplifting for the mind and emotions, and relieve stress and anxiety. Floral oils are useful for relieving anxiety and depression. Consider: clary sage, geranium, lavender, rose, and ylang ylang.

Devise a Plan that Works for You

Making a plan to help you get through the day helps you think more clearly and act from a calm, centered place. That plan should include a good diet, and excellent nutritional support with nutrients that enhance relaxation. Establish a daily routine that includes plenty of quality sleep, exercise and a stress-reducing or relaxation technique. Just keep in mind that even though it's impossible not to have some stress in your life, you can strengthen and nourish yourself

([continued on page 9](#))



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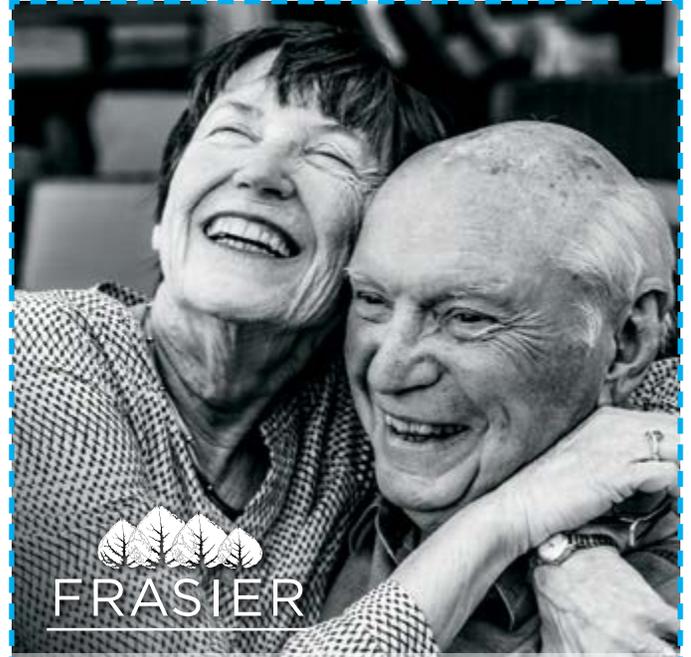
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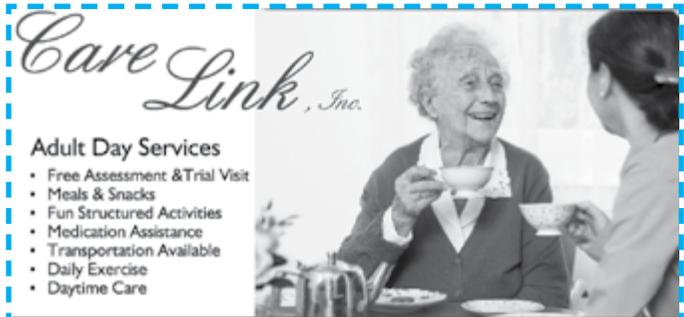


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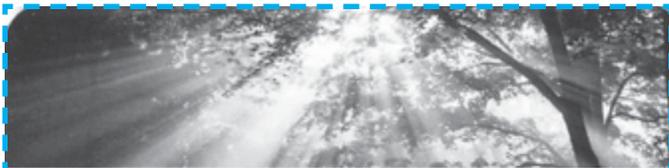
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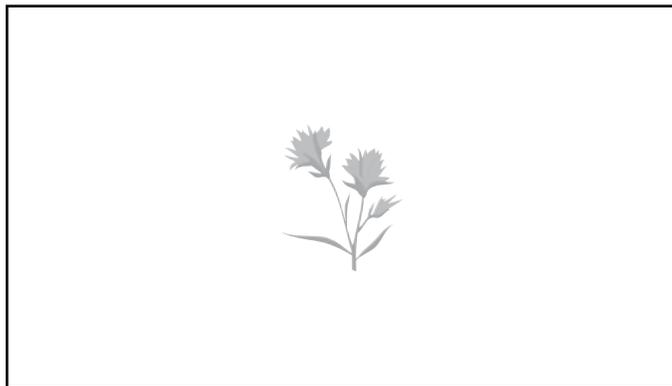
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([continued from page 8](#))

on a daily basis so that you're better prepared to deal with the next challenge life has to offer.

14 uplifting strategies to nourish your body, mind, and soul

Daytime

- 1) Get proper nutritional support and eat a balanced diet. For depression EFAs (essential fatty acids) are particularly important. Take a fish oil or flax seed oil supplement with two to three grams of omega fatty acids per day. Vitamin B complex is important for stress reduction. It is found in whole grains, nutritional yeast, fresh fruits, dark leafy greens and protein-rich foods, and nutritional supplements.
- 2) Exercise! It lowers stress hormones and gives you more energy. Choose an activity that you enjoy and is appropriate for your age and condition. And do it regularly! Even a 10-minute walk around the block helps clear the head and steady the nerves.
- 3) Get outside! A little sunlight every day will enhance your body's natural rhythms and provide you with vitamin D, which boosts immunity and reduces depression.
- 4) Learn a relaxation technique such as meditation or yoga. Research has shown they both lower blood pressure, relieve anxiety, enhance overall health, and improve sleep. They also restore your sense of clarity and purpose.
- 5) Laughter is real medicine. It's a tension tamer, and your body produces endorphins ("feel good" chemicals) when you laugh.

Watch a funny movie or a you tube video of animals or babies.

- 6) Avoid stimulants such as tobacco, caffeine, sugar, or coping-solutions that involve alcohol or drugs. Using a chemical means of reducing your stress leads to addiction and increases your problems.
- 7) If you are a caregiver or have another job, take regular breaks. Get up and stretch, roll your neck, and breathe.
- 8) Drink at least 6-8 glasses of water a day or other healthy liquids such as mineral broth, bone broth, herbal teas, fresh vegetable and fruit juices.
- 9) Try to spend time with people you can confide in and laugh with.
- 10) Break up large tasks into ones that are manageable. Get help with house cleaning, dog walking, grocery shopping, etc., if you feel overwhelmed.

Nighttime

- 11) A warm bath helps increase circulation to the skin and relax the muscles. Add a few drops of lavender oil for a soothing effect.
- 12) Take five minutes at the end of each day to prepare for the next. Don't make long lists. Rather, prioritize. It will help you feel more in control.
- 13) Go to bed earlier. Research shows that the hours of sleep before 2 a.m. are more rejuvenating than the hours after 2 a.m. Sleeping from 10 p.m. to 5 a.m. is better for you than sleeping from midnight to 7 a.m. Relax with an inspirational book, soft music and a cup of herbal tea or warm milk.
- 14) Put a sachet filled with lavender flowers under your pillow for sweet dreams.

Keep in mind that natural supplements can take longer than pharmaceutical drugs to exhibit an



effect. Please consult with your health care provider if you have any questions or concerns.

All the best to you and your health!

Barbra Cohn is a member of Care Connections' editorial board, and is the author of Calmer Waters: The Caregiver's Journey Through Alzheimer's and Dementia.

VISIT WITH A CAREGIVER

Care Connections recently sat down with caregiver BK, who graciously shared her journey caring for her husband; making adjustments as his care needs changed, and navigating the inevitable emotional challenges that came along the way.

Care Connections: Hi. I understand that you've been taking care of your husband for several years.

BK: That's right. I was able to keep him here, at home, until last October when he moved to a care facility. We chose the place because it's only 10 minutes away, and I can visit him twice a day.

CC: What prompted you to take that step?

BK: I had managed for years to care for him, but as problems of cognition, physical ability, and incontinence increased, I couldn't do it safely. I couldn't lift him. I lacked the physical strength to provide the care he needed and that I wanted for him.

CC: Had you considered hiring home help?

BK: Yes, but at that point it would have needed to be full-time, 24/7, because he was incontinent, and I could no longer lift him. Also, he's

private and wouldn't have liked other people always in our house.

CC: Can you tell us something about your husband and your life together?

BK: We met at college when I was an undergraduate and he was doing post-graduate research in physics; I was 20 and he was 27 when we married. We have 3 children, 3 grandchildren, and one more expected in July.

CC: Where did you raise your family?

BK: We lived and worked in suburban DC for 40 years. When he retired at 60, we moved to Longmont; we've been here about 17 years.

CC: Was it hard to leave that life behind?

BK: Yes. We had a large and varied community of friends and were involved in numerous organizations, as well as our jobs. It was a good life, but my husband loved the time he had spent working in Colorado, so we relocated.

CC: Was he the main instigator of the move?

BK: Yes. My husband was an incredible athlete. He did everything: he skied, biked long distances (he owned 8 bikes), he played tennis.

**“we are for each other: then
laugh, leaning back in my arms
for life's not a paragraph
And death I think is no parenthesis.”**

-- e.e. cummings



He loved the outdoors. That was the principle attraction to Colorado. I went along.

CC: How was that move for you?

BK: I had many friends and other connections in Maryland, and I knew only one person here. I was worried, but I knew what to do. I started volunteering, I joined several book clubs, and I became involved in local organizations.

CC: I asked about your adjustment to the move because adapting to life as a caregiver presents similar problems and emotions. Both life-changing situations involve grief and loss: loneliness, isolation, and even depression. Does that ring true at all? I'm guessing that your ways of coping 17 years ago have come into play.

BK: The emotions you just described surfaced noticeably when my husband moved to the nursing home. I had never lived alone until that day. Now, I eat alone, sleep alone, and deal with maintaining the house. I believe I'm adapting to this new way of life, but gradually. I'm thinking of going back to my volunteer work and of travelling more. I also want to be with him as much as I can. We speak on the phone when I can't make it, such as last week when it was too snowy/icy to visit.

I have a wonderful group of friends and neighbors who are invariably helpful when I need them and always good company when things are calm. I try not to be too needy/dependent.

CC: There's certainly a sense of security and comfort when people know you and your situation.

BK: Yes, yet my life, my attention, and my emotions are, and have been, with my husband. The

sadness of his situation is with me, underlying everything. This is a guy who regularly biked Left Hand Canyon and now he can't walk without help. And our grandchildren: he's missing out on parts of their lives.

CC: When did you start noticing something wasn't right?

BK: Looking back, I think a knee replacement in 2016 marked the beginning of his decline. He didn't recover as expected. He got worse. He wasn't cooperative. Then, looking further back, he had had several strokes between 2008 and 2013. We saw a neurologist, in 2017, who diagnosed Lewy Body Disease. Later, it was thought to be Parkinson's; now they're not sure. The series of cognitive tests frustrated him. He sensed he was declining and he couldn't do what he did before. Incontinence began in 2017 (**CC:** hence the neurologist) and weakness and other physical problems persisted. The neurologist told us that whatever the actual diagnosis was, it was not curable, not reversible, and would get worse. He went down fast.

It was then I decided to keep him home as long as possible. He slept downstairs and had all the available adaptors: bed railings, shower bars, and high toilet seats.

CC: So, you became a full-time caregiver.

BK: Yes, I can't remember exactly when we stopped having real conversations. As I said before, looking back at our lives together, the changes were gradual and confusing because he was unpredictable: good days and bad days. Retrospectively, it was strange. Things were just

[\(continued on page 14\)](#)



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 or call 303-678-6116. The deadline for the July/August 2019 issue is May 23.)

The Annual Caregiving Symposium is just around the corner, on Wednesday, May 22, at the Jewish Community Center, 6007 Oreg Avenue, Boulder. Registration is required by May 12 (or until spots are filled) for either the morning session, 8:30 a.m. – 12:15 p.m., the afternoon session (when workshop topics are repeated), 12:30 – 4:15 p.m., or for workshops in Spanish, 9:30 a.m. – 2:30 p.m. Walk-in registration may be allowed, space permitting. Financial assistance for respite care is available. For more information, see page 14 in this issue, go to the event website at <https://2019CaregivingSymposium.eventbrite.com>, or contact Juliette Kershner at 303-678-6116 or InfoCaregiver@bouldercounty.org.

Boulder County Area Agency on Aging offers **National Caregiver Training Program**, an 18-hour course, taught by a registered nurse, that helps family caregivers acquire the practical skills needed to provide safe, confident care for frail older loved ones, on Thursdays, May 2 – June 6, 5:30 – 8:30 p.m., in Lafayette; and **Powerful Tools for Caregivers**, a 15-hour course that gives family caregivers the tools to help them take care of themselves, reduce their stress,

communicate effectively, and thrive, rather than just survive, while caring for an older loved one, on Thursdays, May 16 – June 20 1:30 – 4 p.m., in Louisville. The courses are open to Boulder County residents who provide any level of care for a relative, partner, or friend who is 60 or over, or of any age if the person has dementia. (The courses are not open to professional caregivers.) There is no charge, but donations are appreciated. Financial assistance for respite care (substitute elder care during class periods) is available. Pre-registration is required, at 303-678-6116 or InfoCaregiver@bouldercounty.org.

Held at the Lafayette Senior Center, TRU PACE is sponsoring **Understanding Medicaid**, with a panel of experts from Boulder County Area Agency on Aging, Boulder County Health and Human Services, TRU PACE, and Adult Care Management Inc., coming together to help you understand the difference between Medicaid and Medicare, how they can complement each other, how to qualify for various benefits such as home-based services or long-term care, the application and recertification process, and more, on Tuesday, June 11, 10:30 a.m. -12 p.m., at Lafayette Library, 775 W. Baseline Road, Lafayette. This event is free but requires pre-registration at 303-661-1492.

Medicare Counselors with Boulder County Area Agency on Aging hold **Medicare Basics Classes** for anyone wanting to learn more about Original Medicare, Medicare Advantage, Medicare Supplement (Medigap) plans, prescription drug coverage, and available resources in Boulder County, on Thursdays, May 2 and June 6, 2 – 4 p.m., at East Boulder Senior Center, 5660 Sioux Drive, Boulder (call 303-441-4150 to pre-register); on Mondays, May 20 and June 17, 10 a.m. – 12 p.m., Monday, April 29, 5:30 – 7:30 p.m., and Thursday,



May 23, 5:30 – 7:30 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont (call 303-651-8411 to pre-register); on Friday, May 17, 1:30 – 3:30 p.m., at Lafayette Senior Center, 775 Baseline Road (call 303-661-1492 to pre-register); on Wednesday, June 19, 1:30 – 3:30 p.m., at Louisville Senior Center, 900 Via W Via Appia Way (call 303-666-7400). There is no charge, but donations are appreciated.

Alzheimer's Association of Colorado offers **10 Warning Signs of Alzheimer's**, May 22, 6:30 – 8 p.m., Rocky Mountain Christian Church, 9447 Niwot Road, Niwot, Room: Rapids, and Thursday, May 23, 5:30 – 7 p.m., Gebhardt BMW, 4740 Valmont Road, Boulder, Room: Service Center; **Understanding Alzheimer's and Dementia**, Wednesday, June 12, 2:30 – 4 p.m., Alta Vita Assisted Living, 1001 Alta Vita Court, Longmont, Community Room; **Lo Basico: La Perdida De Memoria, La Demencia, Y La Enfermedad de Alzheimer**, Lunes, 13 de Mayo, Espanol, 6 – 7:30 p.m., Immaculate Conception Church, 715 Cabrini Drive, Lafayette, Sala: Nuoci Hall; **Understanding and Responding to Dementia Related Behavior**, Tuesday, May 14, 3 – 4:30 p.m., Longmont Senior Center, 910 Longs Peak Ave, Longmont, Room A; **Legal and Financial Planning for Alzheimer's Disease**, Wednesday, June 5, 6 – 8:30 p.m., TRU PACE, 2593 Park Lane, Lafayette; **Effective Communication Strategies**, Tuesday May 21, 3:30 – 5 p.m., Alta Vita Memory Care Centre, 800 S Fordham St, Longmont, Room: Media/Community, Tuesday, June 18, 1 – 2:30 p.m., Brookdale Senior Living, 2240 Pratt St, Longmont; **Healthy Living for Your Brain and Body: Tips From the Latest Research**, Tuesday, May 7, 6 – 7:30 p.m., Sacred Heart of Mary Church, 6739 S Boulder Road, Road, Boulder, Room: St. Bernard Hall, and Thursday, June

13, 1:30 – 3 p.m., Louisville Senior Center, 900 W Via Appia Way, Louisville. Pre-registration *required at alz.org/co* or 800-272-3900.

The Conversation Project in Boulder provides free coaching and education for individuals and families who want to talk about future healthcare decisions and end-of-life care. Visit www.theconversationprojectinboulder.org or call 303-442-0436, ext. 133, for more information.

Cultivate (formerly Boulder County CareConnect) provides no-cost services to Boulder County residents age 60 and over. All of the services are provided by volunteers and include grocery shopping and delivery, minor home repairs, yard cleanup, and snow shoveling. For more information, call 303-443-1933 or visit www.cultivate.ngo.

For persons who have difficulty reading, Audio Information Network of Colorado (AINC) provides **free audio access to publications** such as magazines, grocery ads, calendars of events, public service announcements, and nearly 100 Colorado newspapers, both in English and Spanish. For more information, call 303-786-7777.

SPARK! is a free program of the Alzheimer's Association for people experiencing mild memory loss, early stage Alzheimer's, or a related dementia, and their family, friends, and guests. Trained educators and guides engage participants in lively discussions, art-making, social engagement, and other hands-on multi-sensory activities. For more information about the program and upcoming events, call 800-272-3900.

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



[\(continued from page 11\)](#)

do buttons, then I had to help with shoes, and eventually I dressed him completely, AM and PM. Now, he can't hold his head up and can't walk without help. It's rare to see an emotional response though he knows who I am and talks to his brother and our children on the phone.

CC: How have you been since he went to a care center?

BK: Being there is difficult for both of us. I didn't think I was depressed but I experienced this dramatic change with such intensity that I met with a counselor to check on myself.

CC: How did that work out?

BK: It was clear to both of us that I was sad and angry watching him change. His essence had been taken away a little bit at a time. And why? The counselor felt that my emotional reaction was natural and that I was coping. The low spirits, the emotional ups and downs, were logical responses to the situation at hand. Situational sadness. So, I haven't seen her again.

CC: It seems to have been important to get that reassurance. Now what?

BK: I'm going to a caregiver support group at the Senior Center. I listen to everybody's stories and find I'm not alone. I don't want caregiving to be the focus of my life; I don't want that to be my sole identity. I'm thinking about resuming volunteer work and traveling more. This issue of identity reminds me of being a mother of three children under the age of four.

CC: Did you discuss this with the counselor?

BK: Yes, and she validated my thinking. You're trying to make a life for yourself as best you can. You're making an effort to be a person in your own right.

a little off in 2014, 15. He made mistakes with batteries and remote controls that were completely uncharacteristic; he also lost interest in things he had cared about. At first, he couldn't do buttons, then I had to help with shoes, and eventually I dressed him completely, AM and PM. Now, he can't hold his head up and can't walk without help. It's rare to see an emotional response though he knows who I am and talks to his brother and our children on the phone.

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**“You can do anything,
but not everything.”**

-- David Allen

trying to make a life for yourself as best you can. You’re making an effort to be a person in your own right.

CC: You said earlier that you’ve never lived alone; married at 20, you went from parents to husband. I see you are beginning to sort out who you are now, always an interesting exploration. Is there anything else you would like to convey to our readers? Many of our readers are isolated and are unable to attend support groups. They may be interested in thoughts from another caregiver.

BK: It’s important to carve out some time and space for yourself. When my husband was still home, I had a caregiver come in for 3 to 4 hours about once a week; that way, I could leave the house and meet friends for conversation and lunch or just do things I wanted to do. That was my time to be me; and, since someone was here, I didn’t have to worry about him. It’s very easy to get “sucked” into non-stop caregiving, but you have to look after your own physical, mental, and emotional health, too, or there will be two ill people!

CC: Thank you for that, and thanks for speaking with us.

This interview was conducted by Lynn Malkinson, a member of the Care Connections Editorial Advisory Committee.

Integrated Support for Your Emotional Wellness

By Jeff Brew



There are times for each of us when the problems life puts in our path seem overwhelming. This can be especially true for those of us either in a care giving role or requiring care. Despite our earnest faith, we encounter struggles that can seem to be too much to bear. Grief and loss, stress, anxiety, depression, and many other mental and emotional issues impact many of us each year, and there are cases when the treatments people try first don’t seem to help as much as they might like. During these tough times it’s easy to overlook some of the complimentary resources available to help. Acupuncture, for example, has a long history of helping people navigate these challenges.

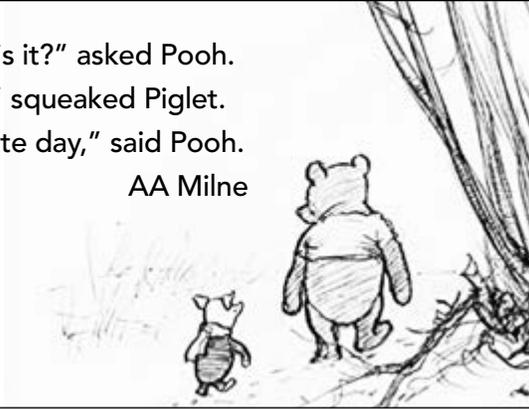
In the classic texts of Chinese Medicine, emotions are repeatedly cited as one of the major causes of disease. The doctors of the era recognized the importance of addressing emotional wellbeing as a cornerstone of good health and developed a broad array of techniques for supporting people. Today the impact of stress on our health has been well documented. Often the first suggestion that’s made to people is to talk to a therapist or counselor and consider using a medication as a stepping stone to working things out. Acupuncture is a fantastic additional support for people who are either already in this process or don’t feel like talk therapy or medication is an appropriate choice for them.

In terms of acupuncture itself (the practice of placing fine needles into specific points in the body based on theories of Traditional East



"What day is it?" asked Pooh.
 "It's today," squeaked Piglet.
 "My favourite day," said Pooh.

AA Milne



Asian Medicine), it effects the body in a surprising number of ways. It's a great partner to talk therapy because it's not based in language, but something that is experienced. The areas of the brain that experience emotion and the areas that process language are distinct from one another (which can be why sometimes it's so tough to put our feelings into words!). When needles are placed into the body we've been able to measure their impact on the brain and on our physical reaction to being under stress.

There have been many articles published in medical journals that document acupuncture's benefits, such as:

- Attenuating psychological distress and promoting the immune response
- Decreasing the perception of stress
- Quickly reducing the "Fear Response" to traumatic memories in cases of PTSD
- Improving outcomes for people with depression, compared to therapy and medication alone.

Acupuncture also has a way of helping to manage the physical symptoms of our emotional stress such as: calming the heart pounding feeling that comes with anxiety, helping to achieve and maintain restful sleep patterns during times of distress, easing stress headaches,

calming digestive issues related to emotional upset, and giving an energy boost when the body needs it.

Another benefit of acupuncture treatment for emotional problems is the ability to specially design a treatment plan for each individual and tailor our approach for that person. Every mind is as unique as the body it occupies, so the approach to healing must be designed specifically for that patient to be able to treat the body, mind, and spirit. It's also good to remember that Acupuncturists do more than poke people with needles. They are trained in mindfulness and meditation techniques, dietary and nutritional counseling, and movement practices, which are all a great additional support.

The biggest lesson that can be gained from acupuncture treatment is to be kind to yourself as you go through your process. Regardless of the root cause, emotional distress is a profoundly unpleasant experience that has no one solution or right answer. The struggles that come up are real and should be honored and respected instead of minimized or ignored. Though acupuncture will not solve the problem that's causing your distress, it can change the way you experience what's going on, and provide some tools to help get to a better place.

Jeff Brew is a Licensed Acupuncturist and practices in the Integrative Medicine Department of Longmont United Hospital, St. Anthony North Health Campus, and several other Centura Health Community Acupuncture clinics. Patients with questions about the treatment process or how they might benefit from acupuncture can contact him at JeffreyBrew@Centura.org or 303-651-5188.



Caregiving Symposium

Providing Support and Education for family and friends of older adults

WEDNESDAY, MAY 22

Jewish Community Center, 6007 Oreg Avenue, Boulder

Register for either: Morning Session at 8:30 a.m. – 12:15 p.m.,

Afternoon Session at 12:30 – 4:15 p.m. (when topics are repeated),

Or Workshops in Spanish: 9:30 a.m. – 2:30 p.m.

WORKSHOPS

Finding Joy & Resilience in the Caregiving Journey / How Technology Can Support Caregivers / Role With It: Family Dynamics in Caregiving / Substitute Decision Making and the Caregiver / Understanding and Responding to Dementia -Related Behaviors / How to Be a Caregiver for Someone in Long Term Care / Mindfulness Practice for Caregiving / ¿Cómo lo hace nuestra familia? / And More

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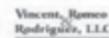
Complimentary Snacks.

Register at 303-441-1685 or www.2019CaregivingSymposium.eventbrite.com by May 12.

Walk-in registration may be allowed, space permitting.

Financial assistance for respite care is available; call 303-678-6284.

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

