

# CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

July/Aug 2018

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## Dear Caregiver,

We left off last time with our writers sharing about seven of Virginia Morris’s “ten survival tips” for caregivers, from her book *How to Care for Aging Parents*. In this issue, we start with articles on the three remaining tasks from this list: get help, show respect, and be spontaneous. Our hope is that these will provide some guidance and ease your journey as a caregiver. We then turn to another subject of importance not only for caregivers, but really for all of us: boundaries. We answer the question “What are boundaries?” and look at how to acquire and maintain appropriate boundaries for ourselves. We interview a caregiver who shares about having had to set boundaries with a care recipient, who happened to be her father—not an easy task. In addition, we address the art of saying “no” and the reality that caregivers may wind up taking care of people that they don’t particularly like. This may occur due to past history together, current dynamics, personality conflicts, or some combination of these. Regardless of the reason, it is a circumstance that often calls loudly for relief by maintaining good boundaries.

Please take what is useful here, so that you may walk the healthiest path for yourself and your care recipient.

*The Editors*

## Get Help

*by Juliette Jonjak Kershner*

**W**hile there are precious gifts that come with caregiving, it can be incredibly demanding, and there can be a toll on your health and well-being. It’s important to recognize that your loved one isn’t the only one who needs care. Conveniently, it works out that it is to their advantage for you to take care of yourself. As a well-cared for person, you are emotionally and energetically more available when you are with them and you will be able to function as a caregiver, for longer. A key way to take care of yourself is by finding and embracing help.

But where to turn? The good news is there are lots of places. And it’s a good idea to tap into as many as you can. You can always get a little help





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from each to start so that you'll have multiple faucets you can turn up later. Family, friends, and neighbors may be able and even glad to help. A family meeting to talk about what's going on can really improve communication and cooperation (Skype, FaceTime, or just the phone can bring everyone together, near or far). Those nearby may be able to help with socializing, managing appointments, tracking medications, or finding equipment and supplies. Those who live far away could research online about products, medications, conditions, and supportive organizations. If isolation is a problem, others may be able to help with making more visits or phone calls. Maybe they can come stay for a weekend or a week (or longer!) in order to give you a little time to just be you. You won't know if you don't ask. These are just ideas. Every situation is unique, but think about what would give you a break, and ask. That said, if holding a family meeting, it can really help to start with everyone having a chance to talk about how they see and feel about what's going on. With that as the first goal, people may be more open to finding solutions.

Community agencies and organizations are another source of help. Area Agencies on Aging (AAA), senior centers, and many other organizations are well worth looking into (see the March/April 2018 issue of *Care Connections* for local volunteer programs). If you live somewhere in the U.S., there is an AAA that covers your region. Here in Boulder County, the AAA offers caregiver classes, respite information and support, a respite and companion volunteer program, and more. Grocery stores may be able to deliver, Meals on Wheels brings low-cost prepared meals, and there are other programs that provide a volunteer to shop with, or for, an older adult. If depression is taking hold, there are peer and professional counselors, some with free or low-cost services, that can help. If you really just need help figuring out what you need, or how to navigate some hard challenges, you can call the AAA Aging and Disability Resources for Colorado line and someone can help you with a plan.

If you could use the help of someone to care for your loved one at home, there are lots of home care agencies you can check out. And it may be well worth learning what qualifies your care recipient for long-term care Medicaid services, as these can be used not only for skilled nursing and assisted living facilities that accept Medicaid, but also for home health care and sometimes adult day care. Even if you feel like you aren't quite at the point of needing personal

care help, it can be valuable to figure out the costs, resources, and agencies you would like to use ahead of time. Then, if a crisis or change comes along unexpectedly (which they tend to), you are ready to tap this resource right away and without the added stress of figuring it out when things are hard. It also may be nice for both of you to try out the smallest amount of care possible early on, so the care worker can become familiar to you while things are a little more relaxed.

Consider what would most support you and try out some help. You deserve it!

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*Juliette Jonjak Kershner is Caregiver Initiative Coordinator for Boulder County Area Agency on Aging and Editor of Care Connections.*

## Respect

by Lynn Malkinson



**I** have two memories about respect. One is about lack of respect, which stars me. The other is about straight-up respect—regular, old fashioned, good guy respect. That stars my brother.

The first one. Our mother was a strong, dignified, independent woman. After our dad died, she moved to Boulder, lived alone, and thrived for eight years. Then, one day during the last year of her life, I came upon her unexpectedly near Ideal Market. She was my mother, but she was old. Her leg wasn't right. She was slow. She was tired. I hadn't noticed.

Months later, a visiting nurse suggested it was time for her to move to senior housing where there would be more help and more people. When I broached this subject with her, she said she hoped she could stay where she was or move in with me. Her voice was unfamiliar. Weak. Needy. Not her.

“Mom, you're sounding querulous.”

I didn't listen. I didn't want to be her primary caregiver as she declined. I didn't want to talk about it. I thought the move to senior housing would take pressure off me.

Eventually, but not immediately, I did the right thing and said, “No problem, Mom. You're fine here for now. We'll phone and tell them you're not ready.”

Accusing my mother of being querulous still haunts me. Not just the word but the realization that my instinct was immediately to think of myself, not my mother. In retrospect, it doesn't sound like a big deal, but it still makes me feel bad. I had always respected my mother for who she was. I had forgotten to respect my mother for who she was becoming.

The second one is short. When my father was dying, my brother gave him a shave. He knew our dad liked to be clean-shaven, and he did the job naturally and without fanfare. He had been watching our dad for 40 years and performed this tender service as an act of love. And respect.

---

*Lynn Malkinson is a former hospice social worker, a Powerful Tools for Caregivers class leader, and a member of the Care Connections Editorial Advisory Committee.*

**“Your personal boundaries protect  
the inner core of your identity and  
your right to choice.”**

-- Gerard Manley Hopkins



## Be Spontaneous

by Susan Damon

**W**hen my father's lifelong fear finally materialized and he was diagnosed with lung cancer, a 17-month caregiving journey began for my mother, my sisters, and me. My father had always been a very private man who often responded to a question by making a joke and never answering the question. Now, his three daughters had to adjust to a dying father who was a bit more communicative and who began reaching out for assistance, catching us off guard when we just assumed he would behave as he had our entire lives. For example, when he had to have fluid drained from his lung, the medical assistant asked if one of us would like to go in the treatment room with him, and my sister reflexively responded, "Oh, no, he wouldn't like that." But surprising us all, he did want to have one of us with him during the painful procedure.

During the course of his treatment, Dad's appetite wavered, and we searched for food that would appeal to him. One day, I decided to make crêpe brulee and see if he might like it. I made the custards and carefully transported them to my parents' home where my father looked at them very skeptically but said he would try one. I handed him the ramekin and a spoon and went back into the kitchen. By the time I returned, the custard was gone and my father, with a rather wistful look on his face, said, "That reminded me of the egg custards my grandmother made me when I was a child. I loved them." I began to make crêpe brulee on a regular basis, and it became one of the few foods my father would eat for a time.

His remark about his grandmother's cooking stayed with me, and I began to make a list of questions to ask him about his favorite foods as he was growing up in northern Colorado in the 1930s and '40s. One morning, I drove over

to my parents' home early—my mom needed to run some errands and I would stay with my father for several hours. After Mom left, Dad was alert and sitting in his favorite recliner when I asked what some of his favorite foods had been as he was growing up.

He was quite surprised by my question as this wasn't the sort of conversation he was used to having as he neared the end of his life. But he thought for a moment and slowly began answering some of my questions. His grandmother had been a wonderful cook and loved her grandson dearly, often making his favorite treats such as egg custard. But then came the bigger surprise as my father began talking about his early life and sharing details I had never heard before, such as the pain of his parents' divorce when he was young and his strained relationship with his father. And then this born storyteller moved on to tales of his high school exploits, laughing about throwing a classmate's shoes out a classroom window and later having his basketball coach discover geese Dad had hunted several hours earlier in the back of his car when Dad supposedly missed school because he was sick.

My father relaxed in his chair that morning and just reminisced about his life, the pains and joys, and all too soon my mother returned home and it was time for lunch. We had both very much enjoyed the rambling conversation about his early life, quite a departure from the careful conversations that he was usually having at that point in time. I went home that afternoon and typed my notes of Dad's reminiscences and sent them to my sisters. My youngest sister immediately called, so thrilled with what Dad had shared that she wanted me to go right back and try to get more stories from him. But it wasn't meant to be. Dad took an unexpected turn for the worse and died just a few days later. My surprising ques-





tions about foods from Dad's childhood had led to unexpected stories and insights into his early life that years later are still an unexpected, cherished gift to his daughters.

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*Susan Damon is a volunteer long-term care ombudsman for Boulder County Area Agency on Aging, a Powerful Tools for Caregivers class leader, and a member of the Care Connections Editorial Advisory Committee.*

## VISIT WITH A CAREGIVER



*Ann has been caring for her father, who has vascular dementia, since he moved to Boulder four years ago. During that time, she has had ample opportunity to practice setting and maintaining boundaries that protect her well-being.*

**Care Connections:** Ann, how did your dad come to move here?

**Ann:** He lived in Kansas all of his life and cared for my mother in their home until she moved to a nearby memory care facility. After that, he became increasingly confused and disoriented. He's a CPA but was beginning to have trouble with his bills and investments. This was a big clue about his cognitive changes.

**CC:** Did you start seeing yourself more as a caregiver than as a daughter?

**Ann:** Yes, although I am certainly conscious of being both, particularly when I started visiting him every month to take care of things. My dad had lived in that part of Kansas all his life and his natural support people were aging. One day he called and said, "I miss you kids and want to come to Colorado." (Though my brother lives in California and I'm in Boulder.) I told him I'd look

for a care community here, and eventually he moved into a memory care center in Longmont. That was four years ago.

**CC:** How have the last few years been for you?

**Ann:** Well, Dad is a force of nature and is used to being in charge. He has always told his kids what to do and he expects us to do it. Over the years, I've struggled to set good boundaries with him. I learned to be clear with myself about what I was willing to do and not willing to do. Even when I was living at home, I began needing to hold my own. It wasn't the big issues that bothered me; it was things like my preferences for my own needs being discounted or ignored because they didn't fit with what he believed or the way he wanted to do things.

**CC:** How did your father take to being cared for by you?

**Ann:** It's been difficult for him to gradually give up control of me. For me, caregiving has been a graduate education in setting boundaries. When he first came, he expected to spend every weekend at home with my husband and me. He also wanted a weekly family dinner. And he wanted his car keys, when driving would have been very risky.

**CC:** What did you do about that?

**Ann:** When I refused, he would say, "If you don't give me the keys, you'll be out of the family. I have rights." I replied, "Dad, you do whatever you feel you need to do." And he said, "I'll expect the keys tomorrow." I didn't bring them. I skipped several of my regular weekly visits. Eventually, he let it go.

**CC:** Was that approach difficult for you? It sounds like tough love.



**Ann:** Yes, but I had help. I attend the caregiver support group at the memory care center, and it's invaluable. People who attend have similar issues, and sometimes different issues, but we are always looking out for one another. We have the camaraderie of people in the same boat.

**CC:** Even with good support, saying “no” to your father must be difficult.

**Ann:** Difficult and painful. When he wanted me to move him to his rental property in Colorado, which he loves, I explained that such a move was impossible. He got quite angry and expressed it forcefully. He said, “I’m disappointed in you. It troubles me that I can’t depend on you to do what I say.” That was painful. The daughter in me wanted to make him happy, but the practical caregiver knew it wouldn’t work. This was hard. I really need my support group when he gets upset with me like that. Emotional support is essential, and the group validates my feelings. Practical support gives me ideas about how to work with him and remain intact myself.

**CC:** What’s an example of that?

**Ann:** Because I say “no” so many times, I want to have a chance to say “yes.” For instance, if he wants me to drive to Estes Park for lunch and I have to go back to work, I may say let’s go for fried chicken or fried shrimp in Longmont, then he has a choice of two places he really likes.

**CC:** How does your father’s dementia figure in your approach to him?

**Ann:** Setting boundaries requires you to respond to reason and common sense, which dementia takes away. Since he can’t reason now but does react to emotion, I must be very clear with myself about what I’m willing to do and what I won’t do, and convey this to him while empathizing with his emotion.

**CC:** You mentioned a brother in California and your husband. What are their roles?

**Ann:** My husband is a constant source of emotional and practical support. I couldn’t do this without him. My brother is respectful of my decisions, honors what I do, and is protective of my emotional well-being. He knows our dad and understands how he can be hurtful and cruel in his present state. He also knows that he was never like that before the dementia. I also have good friends who remind me how much I’m doing for him and that I chose to do this.

**CC:** Thank you, Ann.

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



## The Importance of Effective Personal Boundaries

by Andrew Bunin, MS, LPC

**W**hile we frequently hear about the necessity of having healthy personal boundaries, it can be helpful to have a more specific understanding of this important aspect of life, along with developing skills, understanding, and resources to effectively exercise boundaries sustainably.

There is an old adage that “Fences make for good neighbors, telling where one’s property ends and another’s begins.” In this understanding, a property owner can open their gate and welcome visitors, or they can shut it when they wish to have privacy. Generally, this is not considered to be antisocial; rather it’s a normal part of a civilized, regulated community and larger society.

Metaphorically, we have a “fence” that surrounds our bodies and inner selves. These boundaries are natural and serve the critical purpose of maintaining physical and emotional safety.



“Crossing the line” can literally or figuratively mean a violation of our boundaries.

That said, it is important for each of us to assess our own needs and range of possible situations that require setting boundaries of different types. These include external and physical boundaries relative to our personal, physical space. This is a zone of comfort or “bubble of safety” that we experience instinctively and which can also be influenced by cultural and societal factors. This can involve physical, mental, and emotional reactions to intrusions upon the zone of comfort. The importance of external boundaries is particularly evident with regard to touch, physical proximity, and all forms of physical intimacy. Additionally, internal, emotional, and cognitive boundaries are a critical component that involves feelings, thoughts, and a sense of self, relationships, psychological security, and personal strengths and vulnerabilities.

Understanding boundaries, and the ability to set them, is dependent upon and can be affected by many factors, including cultural and societal norms and mores, early life experience and modeling provided by parents and other caregivers, life traumas and other difficult experiences, a variety of complex situations in life, self-concept, social and emotional support systems, cognitive awareness, emotional intelligence, and connection with our physical body, an often overlooked aspect.

Essentially, a personal boundary is a space around us that provides a clear sense of who, what, and where we are and our place in all aspects of life. When we consciously choose who or what we will allow into our life physically, mentally, and emotionally, we are activating boundaries.

Recognizing and implementing healthy, appropriate boundaries is key to self-concept, healthy relationships, and living well. When these are

unhealthy, inadequate, or not in place, it can take the form of inflexible or collapsed boundaries. When personal boundaries are rigid, unyielding, and inflexible, these can act as a “wall” between others and ourselves. This can include being overly fearful of being hurt and vulnerable; difficulty identifying one’s own feelings and needs; avoiding closeness and intimacy with others; remaining isolated, subject to fear of abandonment, or being “smothered” by others; struggles with loneliness, low self-esteem, distrust and anger; and an intense need for control.

Collapsed boundaries involve those that are weak or even nonexistent. This can be reflected in indiscriminately prioritizing others over one’s self; saying “yes” to all requests due to fear of rejection and abandonment; tolerating abusive and disrespectful treatment; feeling unworthy and deserving of mistreatment; conflict avoidance at all costs; poor sense of self and one’s thoughts and feelings; unrealistic, distorted perception of others; and unnecessarily or indiscriminately taking on the thoughts, feelings and needs of others.

In contrast, healthy, appropriate boundaries are evident when we know who we are and treat others and ourselves with integrity and respect. This can include feeling empowered to say “yes” or “no” to a request, without guilt, anger, or fear; refusing to tolerate abuse, mistreatment, or disrespect in any form; having the ability to differentiate the source of a problem or situation (knowing when a problem is yours or another person’s, and refusing to take on what is not yours); having a strong sense of identity; sharing responsibility with others as appropriate; having balance and reciprocity in relationships; practicing good self-care; and enjoying a sense of freedom, security, inner peace, happiness, and confidence.

Exercising consistent, healthy boundaries contributes to overall safety, security, integrity, good



relationships, effective communication, clarity around roles and responsibilities, respect for self and others, effective caregiving and parenting, good self-care, balanced and realistic perspective, ability to manage stress, reduction of guilt, anger and fear, and general health and well-being on all levels.

Effectively determining and setting boundaries can vary personally, culturally, and situationally. Steps to healthy personal boundaries include:

- Being honest with yourself about your feelings, needs, perceptions, and capabilities
- Assessing (and asking about) others' feelings, needs, perceptions, and capabilities
- As appropriate, sharing these with others, expressing one's needs, feelings, perceptions, and opinions, and constructively asking questions to better understand others

The three key steps in setting a boundary include:

- “If you ...” – Describe the situation or behavior that is problematic or unacceptable, being as specific as possible.
- “I will ...” – Describe the action(s) you will take to protect and take care of yourself in the event of a boundary violation. Essentially, express the consequences that will occur as a result of the other's behavior and actions.
- “If you continue this behavior/action, ...” – Provide a clear, specific description of the steps you will take to maintain the boundary you have set.

Relative to parenting, children generally thrive in an environment that has appropriate, consistent boundaries. Knowing the limits helps children feel contained and secure. Their testing of boundaries, and how this is handled by parents and other caregivers, is critical to them learning about limits and the consequences of their actions throughout life.

While clearly different in certain respects from parenting children, caregiving for adults involves similar considerations in terms of recognizing, defining, and executing appropriate, effective boundaries with our care recipients. Caregiving in this context is complex and can involve working with a wide range of physical, mental, emotional, and cognitive issues, along with a high level of close emotional, physical, and mental contact that challenges our personal boundaries.

In considering and developing boundaries, it can be helpful to personally reflect on ourselves and the situations we encounter. Think about your own experiences of boundaries in general and in setting them. What are the types of boundaries that were or are needed for specific situations you are in? What were the challenges? Successes? Observations? Questions? Areas for learning and growth? What is negotiable and what is not? What are the key factors (bottom line) in picking our battles? What is realistic and sustainable or not?

Lastly, an important part of determining boundaries involves a continuing awareness of stress levels and one's own needs. This can include consideration of a variety of factors:

- Determining areas of vulnerability to stress
- Exercising situational and self-awareness
- Identifying personal patterns of stress
- Recognizing symptoms and warning signs of triggering within yourself and with others
- Assessing effective and ineffective means of reducing stress
- Maintaining general awareness of self-care options (self-care, emotional and social support, community and personal resources)
- Taking proactive steps to inoculate one's self from stress

*(continued on page 9)*





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## The Importance of Effective Personal Boundaries

(continued from page 8)

- Employing “emergency” measures to address acute stress and/or triggering when it occurs
- The art of making a “strategic retreat” (taking a time out)
- Understanding the concept of “healthy detachment”
- Working to maintain/regain perspective in all aspects of life

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*Andrew Bunin is a Licensed Professional Counselor in private practice in Boulder since 1994. In addition to working with individual adults and couples, he works with elders, families, and caregivers.*

## More on the Fine Art of Saying “No”

by Sara Thompson



**T**here are so many demands on the time and energy of a caregiver. Since childhood, we’ve been socialized to be nice, to be helpful ... and especially for people who are loving enough to provide care for a family member, it can be almost impossible to say “no.” But setting boundaries on one’s time and energy is crucial as a caregiver. How can we say “no,” and make it stick?

**“No” should be a complete answer, but ...** You should not have to justify your reasons when saying “no” to someone else. However, it can feel more comfortable to say “no” if you have a brief explanation. You can be vague while still being honest: “We have a lot going on this week” can mean nothing more than laundry and your day-to-day tasks. A lengthy description of why you can’t is just not needed, and you shouldn’t have to defend your “no” in that way.

**“Maybe” is not a “no.”** A lot of us, when we are put on the spot and asked something, will say “maybe” when what we really mean is “no.” To be fair, being put on the spot isn’t great, but saying “maybe” really does both you and the asker a disservice. They may be waiting for your “maybe” to turn into a “yes,” and for you, it just postpones the inevitable. I know that I’ve had real anxiety knowing I’ll need to say “no” to someone! Why put yourself through that? It also shows others that if they wait long enough they may get a “yes” out of you (because who of us hasn’t done that because we felt bad for the “maybe”?).

**Instead of “maybe,” try “no, but...”** and give the asker another option that you are comfortable with. This can also be a “practice” until you’re comfortable with a solid “no.” A simple example: “Would you be able to help me move this weekend?” “No, I can’t, but if you need some help unpacking next week, I could help for a couple of hours.”

**When they don’t respect your “no”...** We sometimes need to “train” people to respect our boundaries. If in the past, you’ve said “maybe” a lot, and often said a “no” that turned into a “yes,” people may think your “no” is negotiable. Just as we need to be consistent with our kids, you can become consistent with your friends and family. Stand your ground! You may even say something like, “I know in the past I’ve been able to be a backup for you, but I really can’t help this time.”

**Saying “no” to service providers ...** I worked in an in-home care agency for a long time, and please believe me when I say it is always okay to say “no” to service providers! Never feel guilty if they ask you to make a schedule change, or something like that, and you can’t accommodate it. Their focus needs to be on supporting you and your care recipient, and it is always okay to say “no” to them.



**Learning to hear “no”...** As you become more solid in your boundaries and getting comfortable with the word “no,” it becomes easier to hear “no” too. One way you can solidify your boundaries with others is by being respectful of their boundaries when the opportunity comes up. If you hear a “no,” thank them for being direct. If you hear a “maybe,” assure them that it’s okay with you if the answer is “no.” They will remember your giving them that space if you ever need to say “no” to them in the future.

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*Sara Thompson has worked with older adults and family caregivers since 2002, managing a home care agency, volunteering, and facilitating a caregiver support group. She is a member of the Care Connections Editorial Advisory Committee.*

## Caring for Someone You Do Not Like

*by Jessica O’Leary*

**C**aregiving is a demanding job in the best of circumstances. As the care recipient’s needs increase over time, the caregiver takes on more and more, including roles that require professional skill: cooking, dressing, personal hygiene, liaison to physicians, housekeeper, finances, recreation, safety, medication management, and more. It can require superhuman abilities, and yet many caregivers do this for years. Now what about taking all of that on and not even liking the person you are caring for?

If you are in, or expect to be in, the situation of taking care of someone with whom you have a tumultuous relationship (a history of abuse, estrangement, or another difficult challenging relationship), there are ways to provide that care and take care of yourself:

- Get help. Access resources to support you in your caregiver role to minimize the

amount of time you spend with the care recipient.

- Assist without providing direct care by managing finances, preparing meals, coordinating caregivers, or scheduling appointments.
- Find something you do like about the person and try to focus on that (if possible).
- Learn about the person’s medical condition to increase your knowledge of how best to support them, improving your ability to be analytical and empathetic.
- Figure out why you are caregiving. Is it because of your own guilt? For acceptance? Because there’s no one else? Human to human compassion?
- Set boundaries and ground rules with the care recipient.

Be mindful that friends, neighbors, professionals, or others who don’t understand the history involved may silently (or not so silently) judge the caregiver and wonder why their approach looks and feels the way it does. You do not owe anyone an explanation. If the care recipient has positive relationships with those individuals, they will likely not be able to grasp the difficult or complex nature of the past. Mindfulness of their perception may assist you in your communication with others who share caregiving responsibilities and help to effectively communicate expectations. For example, a resident in an assisted living was never visited by any family or friends, though the staff thought that he was the kindest man. They were critical of the man’s daughter, whose visits were brief and limited to dropping off supplies at the front desk. They later discovered that she was abused by him for many years and she managed everything she could without having a direct relationship with him.

[\(continued on page 13\)](#)





## 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 September-October 2018 issue is July 24.)*

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, July 12 – August 16, 5 – 8 p.m., between Boulder and Longmont. The course is 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 course is 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](mailto:InfoCaregiver@bouldercounty.org).

Age Well – Longmont United Hospital holds **Advance Directives workshops**, about considering and clarifying one's wishes for medical treatment in the event of incapacitation, on Thursdays, July 12 or August 9, 9:30 – 11 a.m. (\$5 fee for Longmont residents, \$6 for non-residents); and **The Doctor Is In .. In Your Home, That Is**, about in-home medical care

offered through a partnership between Centura Health and DispatchHealth, on Thursday, July 26, 9:30 – 11 a.m.; at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Pre-registration is required, at 303-651-8411.

Longmont Senior Center presents **Labeling with Low-Vision**, a 2-day workshop about strategies for labeling with large print, color, and tactile markings to help keep track of medications and more, with Center for People with Disabilities (CPWD), on Thursday, July 12, and Friday, July 13, 1 – 3 p.m.; **The Basics: Memory Loss, Dementia, and Alzheimer's**, about detection, possible causes and risk factors, stages of Alzheimer's, treatment, and more, on Tuesday, July 17, 3 – 4:30 p.m.; **Safety First: Strategies for Safety at Home**, about simple techniques to enhance safety in the home for persons with low vision, presented by CPWD, on Monday, July 30, 1 – 3 p.m.; **Transportation 101**, about local transportation services for older adults, on Monday, July 30, 4 – 5 p.m.; **Adjusting to Life's Changes**, an 8-week group, on Thursdays, August 2 – September 20, 3:30 – 5 p.m. (call Brandy Queen, 303-651-8414, to make an appointment before joining the group); and **The Long Haul: Planning for Long-Term Caregiving**, about preparing now to deal with the emotional, physical, and financial stress of long-term caregiving, with Kelli Squire, Dementia Support Specialist, on Tuesday, August 22, 9 – 10:30 a.m.; all at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Presentations are free, but pre-registration is required, at 303-651-8411 (except for the Adjusting to Life's Changes group).





Longmont Senior Center presents **You Can Become a Savvy Caregiver**, a free training program for family caregivers of persons in the early to middle stages of memory loss, which helps them understand dementia, increase their confidence, and reduce the adverse effects of caregiving, with Jessica O’Leary, MA, CVW, a gerontologist and dementia specialist, on Wednesdays, September 19 – October 24, 6 – 8 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Attendance at all classes is required. Pre-register at 303-651-8411.

Alzheimer’s Association of Colorado offers **Know the 10 Signs: Early Detection Matters**, on Tuesday, July 17, 2 – 3:30 p.m., at Lafayette Public Library, 725 W. Baseline Road, Lafayette; on Thursday, July 26, 10 – 11:30 a.m., at Frasier, 350 Ponca Place, Boulder; and on Thursday, August 16, 10 – 11:30 a.m., at Kaiser Permanente, 580 Mohawk Drive, Boulder; **Understanding Alzheimer’s and Dementia**, on Tuesday, July 17, 3 – 4:30 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont; and on Thursday, August 9, 10 – 11:30 a.m., at Anthem Ranch, 16151 Lowell Boulevard, Broomfield; **Understanding and Responding to Dementia-Related Behavior**, on Wednesday, July 18, 3 – 4:30 p.m., at Broomfield Community Center, 280 Spader Way, Broomfield; and on Wednesday, August 8, 6 – 7:30 p.m., at Lafayette Public Library (address above); **Effective Communication Strategies**, on Wednesday, July 25, 1 – 2:30 p.m., at West Boulder Senior Center, 909 Arapahoe Avenue, Boulder; **Living with Alzheimer’s – Middle Stages (2-part, for caregivers)**, on Tuesdays, August 14 and 21, 3 – 5 p.m., at Longmont Senior Center (address above); **Legal and Financial Planning for Alzheimer’s Disease**, on Wednesday, August

22, 3 – 5 p.m., at Broomfield Community Center (address above); and **Healthy Living for Your Brain and Body: Tips from the Latest Research**, on Thursday, August 16, 4:30 – 6 p.m., at AltaVita, 1001 AltaVita Court, Longmont. Classes are free. See class descriptions and pre-register at [www.alz.org/co](http://www.alz.org/co) (Classes and Workshops) or call 800-272-3900.

**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.

**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](http://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 escorted rides to and from medical appointments, escorted rides for veterans to VA facilities, grocery shopping and delivery, minor home repairs, yard cleanup, and snow shoveling. For more information, call 303-443-1933 or visit [www.cultivate.ngo](http://www.cultivate.ngo).

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).



## Caring for Someone You Do Not Like

*(continued from page 10)*

Regardless of the caregiving and your relationship with the care recipient, it's important to take very good care of yourself and to practice kindness, forgiveness, and grace for yourself. Seeking professional help and using support groups are highly recommended and encouraged. Pursue joys that bring you comfort and pleasure and know that you are not alone. You are a caregiver, with superhuman abilities to rise above the hardship, past history, memories, trauma, resentment, and pain to provide the selfless act of caring for someone else.

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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.*

## Taking Care of Yourself

*by Donald Dick*



**C**aregiving can be very hard on the caregiver as you try to make the care recipient as comfortable and safe as possible. There is no such thing as a perfect caregiver no matter how hard you try to achieve that state. If you try too hard, you wind up shortchanging yourself. If you do everything that the care recipient requests whenever they want it, you will feel more stress and that can harm your own health or make you angry at your situation. You need boundaries and priorities to preserve your sanity and make it possible to continue your caregiving role without resentment. If you don't take care of yourself as a caregiver, you will not be able to care for anyone else.

Your caregiving situation may frequently require you to make “yes/no” decisions. Your own needs may conflict with those of your care recipient, making it difficult for you to choose. The care recipient needs you to perform a service for them, and you may want to do something for yourself but feel guilty about satisfying your own needs instead of your care recipient's. You may make their needs or desires a higher priority than your own needs.

“No” is one of the second smallest words in the English language, but it is extremely powerful. You may be trained from an early age to say “yes” when you want to say “no.” Having a good handle on your priorities can enable you to say “no” more frequently to requests that could be done later or perhaps never done at all, freeing up some time to take care of yourself. Using this important word is not considered neglect if you use it on low-priority requests. If you're uncomfortable saying “no,” you can postpone the request to a later, more convenient time or find a softer way of declining a request.

What constitutes a low-priority request? Here are some examples:

- “We're out of chocolate!” There is no reason to drop everything and run to the store to fix this problem. It can be taken care of during your next regular visit to the supermarket.
- “Open the blinds in my room so I can see out.” This can be done during a routine visit to the care recipient's room.
- “Bring in the mail so I can read it.” You can do this later when you return from something you do for yourself.
- “Iron my beautiful blue dress for the party tonight.” Maybe there is no party or it may not require fancy clothes or it may be planned for a couple of weeks from now, so this request can be postponed.



No doubt you can identify many other examples of low-priority requests that can be postponed or never fulfilled. The crucial point is to realize that not all requests constitute a crisis. Be alert for minor requests that can be taken care of later without interrupting something you're doing for yourself.

Caregivers frequently internalize the care recipient's discomfort, anxiety, or fear. Doing this may cloud your judgment and make it difficult to take care of yourself. Boundaries can minimize this internalization and help you maintain an objective view of situations so you take care of yourself too.

Guilt can be a major obstacle to making time for yourself. You may feel extremely sorry for your care recipient and want to do anything you can to make him or her better and happier. You may feel guilty when you do something to improve your own outlook, realizing that it takes away time you might spend helping your care recipient. It is important that you have strong boundaries protecting your own needs so you can do a better job later for your care recipient.

You can also consider getting help to come in and free up time for yourself. If you place a high priority on your own needs, this becomes an easy choice in spite of the additional financial impact.

As you identify and honor your own needs, remember to include time away from your care recipient and to exercise. You can tailor the exercise to your own limitations so it isn't a negative for you. Even walking a few blocks will get you outside, reduce your stress, and make you feel better about your situation.

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*Donald Dick has lived in the foothills west of Boulder for 50 years and worked as a computer and electronics engineer in a variety of fields. Since retirement, he has volunteered as a senior*

*peer counselor for Mental Health Partners, in the Fix-It program for Cultivate (previously Care Connect), and at the Nederland Mining Museum.*

### **The Breathing Room**

*by Kaelin Kelly*

I chose our house  
Because of this room  
Brilliant with natural light  
Perfect for a healing practice

Then I read Thich Nhat Hanh  
Who wrote of a "breathing room"  
A space designated as sacred  
Where stresses are released  
As simple breath rejuvenates

I called this room the Breathing Room  
And defined what that meant  
A pause at the door before entering  
The past left here, outside  
Enter with the intention  
To be in the present  
Just this moment  
Hope unhindered by baggage

Then you came to live here  
The Breathing Room the natural place  
To serve as your bedroom  
I gave it up  
...or did I?

It's still a room of intention  
To be in the present  
With all of its possibilities  
Unhindered by baggage

I still pause at the door  
A moment of intention  
To focus on what matters  
In the upcoming moments

-- *From A Caregiver's Journey:*  
*Poetry by Kaelin Kelly*

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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
<b>Superior</b>	303-441-1617

