

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Aging Services

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Dear Caregiver,

Most caregivers know the frustration that can occur when our care recipient makes a choice different than the one we would choose *for* them. We think we know what would make our loved one safer, happier, or healthier, but—surprise!—he or she often has a different idea altogether.

Sometimes that difference causes only a little worry (what does it really matter, after all, if our care recipient occasionally has cake for dinner?), but often the difference creates real concern for our loved one’s welfare. Yes, Dad really could fall down those stairs, and Mom truly is at risk of an accident if she doesn’t quit driving. But even when the issue is something important, it’s hard to know how much we should push to ensure our care recipient’s safety. Where is the line between an elder’s right to self-determination and our desire to protect a loved one for whom we feel responsible?

Inside, we’ve taken various looks at the issue of independence, particularly regarding the balance between the elder’s and caregiver’s choices. We hope you’ll find something that helps when you confront this issue in your own caregiving.

The Editors



Allowing Choice
by Sandy Hollingsworth

You will feel conflicted. And probably guilty. You will feel appreciation for the opportunity on the better days and perhaps resentment on the challenging ones. Your heart and body will be open most days and stressed on other days. Whether you are the caregiver or the care receiver, you are likely to identify with these emotional responses. It’s easy to get so immersed in the moment that you lose sight of the other side of the care. Finding compromise between an adult child and parent, between partners, or between any two people of differing abilities sharing a care situation is not an easy task. No two people see eye to eye every step of the way.

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VISIT WITH A CAREGIVER

Kathie Joyner and most of her siblings live many miles from their elderly mother in Texas. Though their mother is alert and active, they worry about falls and injuries she's sustained and wish she were in a safer living situation. But their mother's reluctance to move—for whatever reason—requires them to accept her living with some risk. They'd love to see her choose what they would like for her, but they respect that it's her right not to.

Care Connections: Kathie, please tell us about your mother.

Kathie: She's 84, independent, and in great physical shape. She has osteoporosis, but she's very active: she walks daily and does fitness classes at the Y. She's a cute, friendly, southern gal (she always asks folks, "Where are your people from?"). Her partner of ten years died less than a year ago, and she's still living in their condo, with stairs, in Houston.

CC: Does she have any family there?

Kathie: She has one daughter who lives about 45 minutes away. I moved from Houston to Boulder in 1973; and within a few years, five of my six

siblings had moved here too.

CC: How long have you been concerned about your mother's safety?

Kathie: For five years, she and her partner lived in their upstairs condo. She tried to be his cane, though he was a lot bigger than her. Then, about one and a half years ago, she started falling; we don't know why. She's fallen three times in the last year and broken two bones and had stitches. And now there's something wrong with her hip. When she was a caregiver for her partner, she used to complain that he wouldn't get the help he needed, but that hasn't encouraged her to accept help for herself now. Even though she's falling, she says she's not in the same place he was.

CC: What would you like to see her do?

Kathie: From a selfish perspective, I'd like to have her nearby. With the five of us siblings here, she'd have a huge support network. But I can't have that, so at least I'd like her to move to a safer place. She has nightmares and falls out of bed. We put rails up, and she says she's using them. She had



a Lifeline [emergency alert] but wouldn't wear it because it didn't match her clothes. Most of her neighbors are elderly, so they can't help, and she doesn't want to impose on her one younger neighbor.

For two years we looked at safer places there that we thought she might like. She'd say, "Thank you very much," and then not do anything. We had her come up here and stay at an independent living residence for a month. We thought it was great, but we found out later she didn't like it. She thought it was a "home for the aged." It's hard to know how far to push Mom; she's not the kind of person to say, "Bug off!" When we've gone too far, she just gets "slippery" and changes the subject.

In my mind, safety is paramount. My goal is to help her stay safe so she can be independent. I tell her, "I want you to make your own choices before one of us has to make them for you." She acknowledges that she knows the stairs are a problem, but she's just not ready to move. I'm afraid it will take something happening, then a choice will have to be made.

CC: What do you think you'd do if you were in your mother's position?

Kathie: I hate to say it, but I probably would do the same thing. If someone told me I had to move, I wouldn't want to either. I completely empathize with her.

CC: How do you and your siblings work together?

Kathie: I'm amazed we work together so well. For the most part, my sisters and I are the workhorses. My brothers are involved emotionally, but they don't question what we do, and that's helpful. All the sisters are on the phone a lot, probably three times a week, to talk about Mom. And at least monthly we get together to debrief and divvy up the duties: financial, medical, and so on. That took a while to figure out.

CC: What have you learned about dealing with the worry?

Kathie: About five years ago, when this first started, I let myself get worked up. Now I know as long as my mother is competent, I can give information and options, but it's her choice. It's more comforting to me now that I've learned to accept. Acceptance is the hardest and also the most liberating thing.

CC: Thanks, Kathie.

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**"Let's face it.
In most of life we really
are interdependent.
We need each other.
Staunch independence
is an illusion,
but heavy dependence
isn't healthy either.
The only position of
long-term strength
is interdependence:
win/win."
— Greg Anderson**

Allowing Choice

(continued from page 1)

So whose wishes should be followed? Whose rights override the other's? Is it okay to let an adult live at risk if it is the person's choice? Is it risk or just a difference in your perspectives? As a caregiver in a family system in which everyone is aging and not every scenario has been discussed, gray areas and tough decisions arise. Even the best efforts to be on the same page can lead to surprises that increase conflict. Sharing family ties does not mean sharing life values and definitions of being safe. Between adult child and parent, how can dignity and compassion guide actions? Between partners, how far should "for better or for worse" vows go?

One of the most effective approaches to giving care and receiving care is to discuss situations before you are in the midst of them. Be brave. Be clear. Tell each other your wishes and explain why you want that choice. Write them down for everyone's clarity. You don't have to agree on every belief or decision, but it makes it easier to honor one another when wishes have been spoken. Even when an elder's ability to articulate changes due to memory or aphasia, the spirit of the wish will be clear. Respecting the elder's choices can be one of the most difficult tasks of all because it can take more time, energy, and patience than doing things your own way. Even if you convince yourself your choice is for the best, is it best for everyone?

Another effective approach is to put yourself in the other's shoes. If your history together is less than perfect, are you rising above the past to show compassion and dignity in the moment? Or are you in a hurry, tired of being contradicted, wanting to get tasks done? If you are feeling stressed, allow yourself thirty seconds to think of the other side of care. Reflect on who you are becoming and the care experiences you are sharing together.

If these approaches do not work, consult a fellow caregiver or eldercare professional. Speak up and reach out. An experienced confidant can help you remember the importance of honoring an elder's wishes as much as possible, especially when they differ from your own. They can help you find support and remind you of your strengths. They can help you see your mother's strength instead of her stubbornness, your daughter's concern instead of her bossiness, your husband's resilience through daily pain instead of his anger. Allowing choice may actually bring an element of calm and peace within you and between each other as the struggles lessen and mutual respect grows.

Sandy Hollingsworth, Social Worker in Gerontology, is Senior Resources Manager for City of Boulder Senior Services.



Preparation Helps Ensure Safety and Independence

by Amelia Schafer, MS

"We come into this world head first and go out feet first; in between it is all a matter of balance." – Paul Boese

I met Bob, an 84-year old man with COPD and mild dementia, many years ago when I started working in a nursing home. He listened intently to my explanation about why he could no longer live at home alone. Then he quietly said, "One thing you young people don't understand about us old people is that freedom is a lot more important to us than safety." I wish now that I had shortened my "explanation" to Bob and just listened, validating how difficult it had been to give up his independence.



This is a struggle thousands of caregivers face each day. How much can Mom still do on her own? Should my husband still be in charge of the finances? When will my partner no longer be able to stay at home alone?

This dilemma is made even more complex when the person has Alzheimer's disease or another form of dementia. Because dementia can impair a person's judgment, problem-solving abilities, and memory, the issue of safety is one that should be discussed early in the disease, preferably when the person with the diagnosis can still make some decisions. Far too often caregivers are faced with the challenge of making these decisions in crisis. This kind of reactionary decision-making can be stressful and lead to decisions that take away more autonomy than necessary.

Jean was a very active, independent woman who began getting lost while driving to and from her volunteer work. One day Jean got turned around on the highway and proceeded to drive the wrong way into oncoming traffic. When her family heard about the incident they panicked. They staged an intervention to take away the keys and move her to an assisted living community. Jean's well-meaning caregivers had to make a reactionary decision and chose safety over independence. Had they planned ahead they could have looked at alternative transportation options and in-home services rather than taking away so much of her independence at once.

One of the most important things a caregiver can do is be informed and prepared. With dementia this means understanding what is happening, what the disease will look like when it progresses, and where to go for help. This also means thinking about what quality of life means for the person receiving care. For the caregiver this might mean taking a class to learn about the

disease, joining a support group to hear how other caregivers have handled similar challenges, or making a list of the five most important daily pleasures for the person with dementia.

When caregivers learn about the road that lies ahead they are more able to contemplate the difficult decisions regarding driving, being at home alone, or handling the finances without the stress of making a decision in that moment. This allows the caregiver the luxury of time and reflection, and it allows the person with dementia the gift of holding on to as much independence as they can for as long as they can. Bob would agree that's what makes life worth living.

Amelia Shafer, MS, is the Education Director for Alzheimer's Association CO Chapter.



Self-Determination or Self-Neglect?

by Terrie Ryan-Thomas

Over the holidays many of us came together with our families and renewed connections with older relatives. The visits may have reminded us that our parents and grandparents are aging, and with each passing year time leaves noticeable changes in the functioning of those we love. Balancing respect for the aging process and our loved one's desire to let certain things go, with our need to nurture and protect, can be a tricky equation. What are the things that we should accept as lifestyle choices and the compromises that competent aging adults make? What might raise our level of concern and prompt us to embark on difficult conversations, or take steps to intervene?

Jane was 84 and living alone in a senior apartment building when her children faced this question. Spread across the country, they rotated monthly visits to their mother to stay connected and provide support. Her dementia had surfaced

several years earlier and worsened when her husband passed away. She had always been a strong, independent woman—a thirty-year civil servant with an adequate pension. Other than the dementia, medical issues were minimal and well controlled. Over the years, Jane’s house-keeping had slipped, but she could afford to have someone come in a couple times a week and help her clean, shop, do laundry, and socialize. Her daughter managed most of her finances though Jane demanded a certain amount of control herself, which the kids respected.

As time passed, things came up. Jane refused to stop driving even after getting lost and being confronted about the many unexplained scrapes on the vehicle. She had always managed her medications, but recent visits found them mixed in a pile on the kitchen table. She insisted she knew what to take and when and became agitated when this, or the subject of her driving, was raised. She purchased a pricey burial plot and funeral for herself, even though those arrangements had been made years before. Her ability to cook had diminished, and her diet was a concern to her children. Still they struggled to decide at what point and how they should intervene.

Like many adult children, Jane’s decided to be honest with their mother, voice their concerns, and gain her cooperation. Jane responded as many who have dementia do, with a fierce determination to hold on to every aspect of her independence. This balance of independence and safety is a common dilemma. In this case, the children decided that they would only intervene when Jane’s ability to make her own decisions presented a clear safety threat to her or to others, and they would take it one step at a time.

First, Jane’s children engaged her doctor in the discussion. In a meeting with him and their mother, they laid out their concerns in an honest and respectful way. He ordered a driving test for Jane, she agreed to abide by the results, and, in a

few weeks, the driving situation was resolved. Next, they contacted a pharmacy company that delivered Jane’s medications prepackaged for each dose, each day. When they found she had left a pan on the stove to burn, they disconnected the stove and ordered a meal service. They cancelled the new burial contract, and, finally, after many painful conversations, Jane agreed to turn all financial control over to her daughter. The children still worried about their mother’s isolation, her hygiene, and her preference for sweets over healthful meals, but Jane’s medical condition was stable and she was determined to stay in her own apartment. With the most dangerous issues controlled, the children were able to honor their mother’s choices in other areas for many months.

Jane’s family was lucky. She had resources to pay for services and was largely compliant with her children’s requests. The children had each other, and they worked together well and always with their mother’s best interest at heart. For other families, resources and relationships may be strained, and they may need help to negotiate how and when to intervene.

It can be difficult to understand the difference between an elder who chooses to live in less than perfect conditions but functions relatively well and an elder whose choices lead to self-neglect. The Colorado Department of Human Services describes self-neglect as occurring when adults, by choice or lack of awareness, live in ways that disregard their health or safety needs. Sometimes this causes problems only for the older adult; sometimes it puts others at risk too. When considering if someone you know is self-neglectful, look for the following:

- Untreated medical conditions
- Non-compliance with or inability to take medicines as prescribed
- Malnutrition and/or dehydration
- Inadequate or inappropriate diet
- Unclean physical appearance, soiled clothing, decayed teeth, broken glasses, and/or overgrown nails

- Bedsores
- Frequent falls
- Unsanitary conditions in the home
- Wandering or getting lost
- History of fires or burns from smoking or cooking
- Confusion, disorientation, or memory impairment
- Inability to receive or communicate information regarding his/her needs

Any one of these things on its own is not definitive for self-neglect, but when several of these exist in combination the safety of the elder should be considered carefully. In Boulder County, Adult Protective Services can be contacted to conduct an assessment. For APS to intervene, the elder must be unable to protect him or herself or to access and coordinate services, or must lack sufficient understanding or capacity to make or communicate decisions to stay safe and healthy. An APS caseworker will contact the elder and offer to assist in determining the elder's needs and the best ways they can be met. As with all programs serving adults, the elder has the right to refuse to work with APS or other service providers, but typically a warm and respectful approach results in a collaborative working relationship between the APS worker, the elder, and the family.

The goals of the APS program are simple: we strive to promote self-determination and autonomy, to encourage and maximize self-sufficiency, to enhance quality of life, and to honor cultural diversity and lifestyle choices. For assistance, call the Boulder County Housing and Human Services Adult Protection Team at 303-441-1000.

Terrie Ryan-Thomas is Intake Division Manager with the Adult Protection Team of Boulder County Housing and Human Services.

The Gift of Interdependence

by Rosemary Williams

“We are all interdependent.” — *Martin Luther King, Jr.*

For years now, I've advocated that interdependence rather than independence characterizes our relationships with one another. Indeed, I believe that richly interdependent relationships with family members and friends are a hallmark of aging well.

Sometimes, old age is referred to as a “second childhood.” Often, adult children who are lending a helping hand to their aging parents describe themselves as “parenting their parents.” Nothing could be further from the truth, in either case. In fact, such characterizations of old age and caregiving are psychologically and emotionally detrimental to all of us.

When John Donne (1572 – 1631), English poet and priest, was suffering from a serious illness, he wrote a poem that starts with the often-quoted line, “No man is an island, entire of itself; every man is a piece of the continent, a part of the main.” Surely, he was suggesting that we are connected with one another in some pretty elemental ways.

The “No Man Is An Island” thesis has been espoused in contemporary culture, as well. Thomas Merton, American monk and author, explored this theme in his book of meditations, *No Man Is An Island* (1955). There's a movie (1962) with the same title, and Joan Baez recorded a song with that name. The lyrics of her song speak to the emotional connections that we share with one another: “No man is an island, No man stands alone, Each man's joy is joy to me, Each man's grief is my own.”

So, are we interconnected, interrelated, and interdependent? Or, are we isolated, solitary, and

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COMMUNITY RESOURCES

This column provides information about coming events, helpful services, and other resources of special interest to family caregivers in Boulder County. (See “Where to Turn” on the back page for ways to learn more about local resources.)

The **National Caregiver Training Program**, a 21-hour course (over 7 weeks), taught by a registered nurse, that helps family caregivers acquire the hands-on skills needed to provide safe, confident home care for frail older loved ones, is offered four times this year: Wednesdays, January 12 – February 23, 1:30 – 4:30 p.m., in Boulder; Thursdays, March 10 – April 21, 1:30 – 4:30 p.m., in Lafayette; Tuesdays, July 12 – August 23, 1:30 – 4:30 p.m., in Boulder; and Tuesdays, September 13 – October 25, 5:30 – 8:30 p.m., in Niwot. There is no fee, but donations (\$30 suggested) are appreciated. Respite care assistance is available. For more information or to register, contact Emily Cooper, Boulder County Aging Services, at 303-678-6116 or ecooper@bouldercounty.org.

Boulder Senior Services presents **Life Planning: Make It Your Choice**, a lunch-and-learn series, held as a fundraiser for Boulder Senior Resources, that helps participants make informed choices regarding end-of-life care for themselves or their loved ones. It includes **Long-Term Care Insurance**, with Mary Zuschlag, on Wednesday, January 12 (code 125133); **The Five Wishes**, with Claire Riley, on Wednesday, January 26 (code 125134); **Hospice vs. Palliative Care**, with HospiceCare of Boulder and Broomfield Counties, on Wednesday, February 9 (code 125135); and **Good to Go**, with Compassion and Choices, on Wednesday, February 23 (code 125136).

All presentations are 11:30 a.m. – 1:00 p.m., with lunch, at Brookdale Senior Living – The Villas at the Atrium, 3350 30th Street, Boulder. Registration is required; call 303-441-3148. There is a fee of \$15 (including lunch) for each session, or \$55 (including lunch) for all four (code 125137).

PrestigePLUS offers a variety of presentations including **Advance Directives Workshops**, about the preparation of documents expressing and securing one’s wishes for end-of-life care, with Peggy Arnold, MA, PrestigePLUS Program Coordinator, on Friday, January 14, and Friday, February 11, both 9:30 – 10:30 a.m.; and **Finding Meaning in Illness: Living with Chronic or Serious Conditions**, about tapping into the wisdom that often lies hidden in illness and learning helpful ways to address the inevitable with hope, new perspective, and growth, with Nancy Trottnier, RN, MA, on Monday, January 24, 9:30 – 11:00 a.m. (fee of \$2.00 for resident; \$2.50 for non-resident). All presentations are at Longmont Senior Center. Registration is required; call 303-651-8411.

Special Transit helps older adults, or their family caregivers, **review their transportation needs** and get information about the various non-profit and for-profit transit providers that could best meet those needs. For a free consultation, call Barb Borg, Mobility Specialist, at 303-447-2848, ext. 155.

The Alzheimer’s Association CO Chapter presents **Memory Loss, Dementia and Alzheimer’s: The Basics**, about the differences between Alzheimer’s and other kinds of memory loss, the Alzheimer’s disease process, and programs offered by the Alzheimer’s

Association CO Chapter, on Wednesday, January 19, 6:00 – 8:00 p.m., at Lafayette Senior Center, 103 S. Iowa, Lafayette; and on Wednesday, January 19, 11:30 a.m. – 1:00 p.m., or Wednesday, February 16, 11:30 a.m. – 1:00 p.m., both at Villas at the Atrium, 3350 30th Street, Boulder; and **Caregiving Tips: Successful Communication**, about communication skills for interacting with people with dementia, and assessing and responding to behaviors, on Wednesday, February 16, 6:00 – 8:00 p.m., at Lafayette Senior Center (see address above). Registration is required, at 303-813-1669 or www.alz.org/co.

Network of Care for Seniors and People with Disabilities, the comprehensive, online service directory at www.BoulderCountyHelp.org, now includes **Medicare Facility Ratings**. From the home page, click on “Seniors and People with Disabilities,” then “Service Directory,” and find the icon for “Medicare Facility Ratings” on the upper left. Clicking on that icon directs you to information about ratings on hospitals, nursing homes, and home health facilities.

Meals on Wheels of Boulder delivers meals to residents (and caregivers) throughout Boulder five days a week, and has frozen meals available for weekends. Meals are delivered by volunteers between 11:30 and 12:30 to anyone who is unable to provide at least one hot, nutritious meal for themselves each day. Meals are priced on a sliding fee scale based on the recipient’s monthly income, but no one is turned away. **Project Homecoming**, a service of MOW of Boulder, provides delivery of five nutritionally appropriate meals at no cost for those recently released from a hospital into

the Boulder service area. To learn more about MOW of Boulder, call 303-441-3908. For information on MOW programs in other communities, call 303-772-0540 (Longmont) or 303-665-0566 (East Boulder County).

Family caregivers of older adults may now apply for 2011 funds from the **Respite Assistance Program**, a service of Boulder County Aging Services. The program offers up to \$500 in reimbursement for the costs of respite care (substitute elder care) provided by a friend, relative, adult day program, long-term care facility, or home health care agency. Caregivers who received assistance in 2010 must reapply if they want assistance in 2011. To learn more or to apply, contact the Resource Specialist in your community (see back page for phone numbers).

The **Caregiver Library**, at the Boulder County Aging Services office at 529 Coffman, in Longmont, is filled with books and other materials on caregiving issues that are available for check-out to Boulder County residents. Delivery and pickup of materials can be assisted. For more information or for a complete list of the library’s contents, contact Emily Cooper at 303-678-6116 or ecooper@bouldercounty.org.

For a list of **caregiver support groups** that meet in Boulder County, contact Emily Cooper, Boulder County Aging Services, at 303-678-6116 or ecooper@bouldercounty.org.

To share information about a resource or coming event for caregivers, call 303-678-6116 or email ecooper@bouldercounty.org. The deadline for the March/April issue is January 24.

The Gift of Interdependence

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independent beings trying to make our way in the world?

American cultural values reflect a strong bias toward “independence.” Indeed, almost every aging services brochure or website that you read has the phrase “promoting the independence of...” But I invite you to consider the great benefit that comes to us when we truly share who we are with another person. Reflect for a moment on the times in your life when you felt most alive, most valued and fully human. Chances are you were in a loving, sharing, caring, *interdependent* relationship with another human being.

Interdependence has great significance in the context of caregiving. When someone needs our care and support—when they may be dependent on us for help with the most basic of bodily functions—we have the opportunity to give and receive some of life’s richest rewards and to be truly interdependent.

Caregiving is not just about giving. It is also about receiving the gifts that the person and the situation have to offer: gratitude, patience, courage, the opportunity to reflect on life’s deepest meaning and purpose. As human beings—caregiver and care receiver alike—we all have deep spiritual needs that include:

- The need to feel connected
- The need to feel competent
- The need to be useful
- The need to make a difference
- The need to love and be loved
- The need to have a sense of belonging
- The need to share (give and receive)
- The need to be respected
- The need to be acknowledged and appreciated
- The need to experience a sense of wonder
- The need to maintain a sense of hope

The caregiving experience provides us with many opportunities to fulfill our own spiritual needs, and to respond to the spiritual needs of the person we are caring for. Caregiving connects us in profound ways. It increases our awareness of our interdependence with one another.

Marty Richards, MSW, has spent her career working with older adults and families. She is the author of a wonderfully insightful book entitled *Caresharing: A Reciprocal Approach to Caregiving and Care Receiving in the Complexities of Aging, Illness or Disability*. It is published by and available from SkyLight Paths Publishing.

In her book, Richards talks about rebalancing roles in a caregiving situation so that everyone involved feels supported. In the book’s prelude, she comments, “When you care for someone who is dealing with the complexities of aging, illness or disability, you share intense emotions and form deep bonds. You each have the opportunity to recognize what is most deeply human—and most deeply Divine—in the other. This sense of reciprocal sharing—between the caregiver, care receiver and with others around you—is the essence of the dance in caresharing.”

Richards notes that the word “caregiver” typically suggests someone doing all the giving to a frail, physically or mentally challenged, or aging person. The “care receiver” is typically someone who is doing all the receiving. She proposes a rebalanced approach to caregiving that she calls “caresharing,” and notes that the “cared for” and the “carer” share a deep sense of connection. Each has strengths and resources that can be shared.

Richards shows us how to move from independent caregiving to interdependent caresharing by engaging the spiritual and emotional aspects of our self and the person we are caring for. Her approach suggests a process that will help keep our spirit alive in challenging times.

Rosemary Williams, MSW, is the co-founder of WisdomWork. She and Maureen Dobson, MSW, conduct workshops and do presentations on finding meaning and purpose in the second half of life. Rosemary, a Certified Sage-ing Leader, is affiliated with The Purpose Project at the Center for Spirituality and Healing at the University of Minnesota. She can be contacted at rosemary@wisdomwork.org or 720-890-8116.

Supporting Independence in a Long-Term Care Facility *by Erica Corson*

A move into a long-term care facility, whether assisted living or skilled nursing, can be a difficult transition not only for the person moving in but also for the family and friends of the new resident. Moving into a long-term care setting means that a person can no longer manage his or her daily needs without assistance; it's a harsh reality. Many new residents struggle with living with a variety of other people, searching for common interests, eating their meals in a dining room setting, and losing privacy and independence. The loss of independence presents one of the biggest challenges to adjusting to life in a long-term care facility, and it's helpful for families to understand what they can do to maximize their loved one's independence for as long as possible.

While it is important for residents to remain connected to the outside community, it is also valuable for the resident to establish new relationships and a good comfort level within their new environment. The resident's room should be a place where he or she feels comfortable and as much at home as possible. Items can be brought in that are a reflection of the resident, his interests, and what is important to him. Medical equipment can be installed to increase the elder's

independence (and therefore privacy) while in the room. An Occupational Therapist, either on staff at the facility or hired through a home health care agency, can help the resident learn to use this equipment.

Residents and families should work with facility staff (Administrators, Activities, Social Services, and Nursing) to ensure that the resident is consulted on and included in decisions that impact the resident's life. Empowerment and the ability to guide one's care is key to maintaining a person's highest level of independence. A resident should not have to conform to the schedule of the facility; instead, the care plan should be designed to accommodate the resident's regular routine and preferences.

Family members can also become involved in the daily routine of the resident at the facility by eating meals there, by participating in activities, and by interacting with the staff and other residents. Another opportunity to be involved in the resident's life and the long-term care facility is through attendance at the Resident and Family Council meetings. These regularly scheduled meetings are a great way for families to provide input and keep up to date about changes, concerns, and events at the facility. This involvement is important for the transition of the resident's family and can help to increase their comfort level with the move as well.

For information on caregiver support services and other resources, family members may contact their local Resource Specialist (see back page for phone numbers). For questions or general inquiries about assisted living and skilled nursing facility choices, families may consult a Long-Term Care Ombudsman, with Boulder County Aging Services, at 303-441-1173.

Erica Corson is a Long-Term Care Ombudsman with Boulder County Aging Services.

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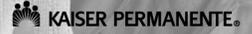
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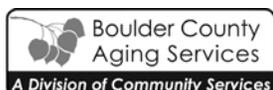


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WHERE TO TURN

Within Boulder County, there are several key 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 **CONNECT! Information and Assistance Line**, at 303-441-1617, and Boulder County Aging Services staff will respond to your message.
- Call the **Resource Specialist** in your community (numbers below). Services vary by community but include identifying needs, finding solutions, exploring options, and providing in-depth assistance.

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City of Lafayette	303-665-9052, ext. 3
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