

# CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Aging Services

January/February 2012

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### Dear Caregiver,

Happy New Year! For the most part, we caregivers should give ourselves a break when it comes to New Year's resolutions. We all have enough to handle, for heaven's sake! But it can be helpful at this time of year (or at any time) to look back at our caregiving over the last months and consider if the ways we're doing things are still working for us and our care recipients. If not, some changes may be in order.

When we're caring for older loved ones, their conditions can change abruptly, requiring us to make quick adjustments to their care. Often, though, our care recipients' conditions stay pretty much the same for a long period, or the changes in their conditions are so subtle and gradual that they're easy to miss. It's then that we're likely to slip into habitual ways of caregiving that can lose their effectiveness over time—and perhaps before we've realized that a different approach is overdue.

This issue is about taking a step back to assess our caregiving situations and making needed changes for our loved ones' benefit and our own. And, just as important, it's about congratulating ourselves for everything that we do so well.

*The Editors*



### The Caregiving State of the Union

*by Emily Cooper*

**W**hen my brother and I were caring for our elderly mother in Kansas, we hired Billie, a neighbor woman, to cook Mom's dinners. Our mother could no longer cook safely but she still loved to eat, and we hoped Billie would prepare food that Mom enjoyed. Billie asked us for suggestions and we mentioned, among other things, that Mom liked baked potatoes (with butter, of course). Billie reliably showed up every afternoon to prepare Mom's dinner, and it was several months before we learned that she made Mom a baked potato,

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## VISIT WITH A CAREGIVER

**L**inda Overholser is the primary caregiver for her husband, Steve, who has Parkinson's disease. *The nature of Parkinson's means that she and Steve have a lot of ups and downs, but she faces their changed life with grace, good humor, and realistic optimism.*

**CC:** Linda, when did you first learn that Steve has Parkinson's?

**Linda:** He was diagnosed in 2004, when he was 60. He has a pretty aggressive case, with tremor and movement disorder (freezing), and Parkinson's dementia. He also has anxiety, apathy, and fatigue—every Parkinson's symptom except depression. Thankfully he still has a wonderful sense of humor and maintains a positive attitude, which is our saving grace.

**CC:** Was he an active man before the diagnosis?

**Linda:** Yes, when he was still working he walked four to six miles every day, back and forth to his office. Yesterday we were thrilled that he could walk one mile around Waneka Lake. He used his walker, but didn't have to stop or sit down. The motto of Davis Phinney [Davis Phinney Foundation for Parkinson's] is "Every victory counts." That walk was cause for celebration.

**CC:** Do you have other family?

**Linda:** Our extended family doesn't live nearby, but they do what they can to encourage and help. We have one son, who lives in Michigan, and our first grandchild was born in September. Because of Steve's anxiety, I wasn't sure we could visit them after his birth, but we went in October. Everyone was praying for us. A friend took us to the airport, we used the airport wheelchairs, and our son borrowed a walker for our time in Michigan. Steve only had one anxiety attack in five days. It was a great trip. Afterward I asked if he'd go again and for how long, and he said, "Yes—for one day." On a good day with no anxiety, Steve's gait and stride are almost normal. It's hard to tell he has Parkinson's. But when anxiety takes over, he becomes immobilized. It's taken some time to get the anxiety under control. He used to be a laid back guy who rarely got upset about anything. Now the slightest thing can cause him to feel anxious. Many times there's no apparent reason for it.

**CC:** You've had some huge changes in your life. What have been the greatest challenges for you?

**Linda:** One of the hardest things is that I have to make every decision. Steve used to be a very decisive person, and we always made every decision—no matter what—together. He tries to help if I ask but then says, “I don’t know.” The loss of executive function is part of the Parkinson’s dementia, so problem solving and organizing information is almost impossible. Steve used to be King of the TV Remote; he could mute a commercial before they could say a word! Now the remote perplexes him and he has trouble finding the volume control. The good thing about Parkinson’s dementia is that he still remembers things that we can talk about. He just doesn’t process as well. It’s hard to see him not be the sharp person he used to be. I try not to think about that.

**CC:** What else has been challenging?

**Linda:** He has to take medications every three hours. I’m a random person with a poor sense of time, so giving him his meds on a strict schedule is a challenge. I’m still working on it. And the ups and downs of Parkinson’s are difficult. The “ups” seduce me into thinking that he’s doing better, then he crashes again. It’s hard to plan anything. We’d like to go

to concerts and plays, but we don’t know if he’ll feel well enough to go. Another challenge is knowing how much I should do for him versus letting him do things for himself. Should I let him get frustrated putting his clothes on or should I help him so we can move on to other things? He knows when he’s not doing something right, but he doesn’t know how to make it right.

**CC:** And what have you learned through caregiving?

**Linda:** I’ve never been a nurse type and didn’t think I could be. But I’ve learned a lot. I’ve also learned some things about me that I don’t like. I’m very crabby when I’m sleep deprived. Steve wakes me up many times during the night—the record is 9, the usual is 4—to go to the bathroom. But I’ve learned how to get up and do what needs to be done without talking or feeling any emotion. This helps me go back to sleep. And I’m learning to be patient with myself and with Steve.

**CC:** Do you have a good support system?

**Linda:** I think I do. I have a great church family. We have a parish nurse who started a caregiver support group that I attend. It has been so wonder-

ful. I was sure we couldn’t go to Michigan, but they helped me find solutions to all the problems I foresaw. Problems that seem huge when I have to deal with them myself really shrink when the whole group helps. Each month it seems that one person has a great need, and everyone pitches in and talks about it. And, once a week, I have a hiking/book discussion group with people I used to teach with. I also work part-time for the church, running a program that I love. Last year I thought I’d have to quit, but now, with Steve’s anxiety under better control, I’ve been able to continue.

**CC:** One of the things caregivers face is resistance to what is. Have you dealt with that?

**Linda:** My first reaction was to fight against every change. Like with sleep—being awakened many times throughout the night used to make me angry. Now I just go with the flow. Dealing with change and letting go of expectations is hard at first, but then circumstances become the new normal and how it is...is just how it is. As Steve says, “You have to play the hand you’re dealt.”

**CC:** Any advice for your fellow caregivers?

**Linda:** One of the big things I’ve learned is that it takes a

team. I can't do it by myself. I can't be a wife, physical therapist, nurse, and everything else rolled into one. I think you have to assemble a team for the benefit of your care recipient and yourself. Another thing ... though our life is very different than before Parkinson's, we still have a good life. Our relationship has changed, but we still love each other—and with a deeper dimension. Many years ago, when we visited Mesa Verde [National Park], we had to climb a vertical 30-foot ladder up the cliff to get into Balcony House. The ranger advised, "Just take one step at a time. Don't look back. Don't look down." I often think of his words. We take one day at a time and don't look back at what we don't have anymore. And we try to celebrate every day.

CC: Thanks, Linda.

**“Constant development  
is the law of life,  
and a man who always  
tries to maintain his  
dogmas in order to  
appear consistent  
drives himself into  
a false position.”**

— *Mohandas K. Gandhi*

## The Caregiving State of the Union

(continued from page 1)

and served it with a mountain of butter, every night. Even after we discovered Billie's baked potato habit, it was hard to break her of it. She'd found something that worked and, by golly, she was sticking to it.

As caregivers, it's easy to get into ruts like this. When we hit on something that works, we may do it over and over, never considering if the situation has changed or if something else might work better. But caregiving is fluid and, by its nature, involves change. If we don't change with it, our tried-and-true approach can eventually become stale and ineffective. Once a year, at least, it's helpful to assess the "Caregiving State of the Union"—to make a clear-eyed review of what's working and what isn't in our caregiving. We may find that it's time for changes that will benefit our care recipients and ourselves.

I've written before in *Care Connections* about becoming an automaton when I cared for my mom. When we're entrenched in caregiving, with so many things to do, it's easy to go on autopilot. That can work for a while, but at some point we need to stop, engage all of our faculties, and think about what we're doing. Does a baked potato really work *every* night? Has Dad's dementia progressed so that he requires additional supervision? Does our spouse need assistive tools that could make her life a little easier? Sometimes, unless we step back for a better view, we really can't see the forest for the trees.

When I visited my mother monthly, I often noticed things that my brother, who lived near Mom and visited several times weekly, did not. Being with someone day in and day out can make it easy to miss the gradual changes that add up to a significant difference in a month's time. My brother always thought Mom was "about the same," but on my visits I noticed that her dementia was worse, her ability to manage daily activities had declined, and various safety issues were at a critical point. But I, too, would sometimes miss the seemingly obvious or would delay making needed changes. It took months, for instance, to make the switch from Mom's tub baths to assisted showers with a shower chair. Mom insisted that she could still bathe safely, but I *knew* she was in danger of a fall. Finally it hit me: "What am I thinking? She *has* to have a shower chair!" and we made the switch, to which



she adapted quickly. Sometimes that nagging voice has to reach a dull roar before we can hear it. I'd have to honestly say that most of the changes we made in Mom's care came a little late. Hindsight is 20/20, of course, but I wish we'd been a little clearer-eyed at the time.

There are so many ways to get into a rut when we're caregiving. We enter "the zone:" hunkered down, doing the things we need to do, trying to make it through. It takes some effort or sometimes something dramatic to jar us out of it. Are we feeding Dad the same old thing? Are we relying on stale activities to keep Mom entertained? Are we staying with an unsatisfactory healthcare provider because it's too much work to switch to another? Has it been weeks or months since we took some real time off for ourselves?

So, step back, take a deep breath, and think about your caregiving routine. Consider not only the effectiveness of the care you provide but also whatever you're doing (or not) to care for yourself. It may be helpful to get input from someone you trust. Ask your sister, "How do you think Mom is doing?" Ask your loved one's doctor, "Do you think Dad needs some other kind of care?" Get a professional assessment from a social worker, therapist, or care manager. Ask yourself, "Have my loved one's needs changed? Have *my* needs changed?" Have there been developments in your life (added job responsibilities, a child's problems, your own health issues) that make it difficult to maintain the previous level of care?

While you're assessing your caregiving to see if changes are required, don't forget to recognize and congratulate yourself for everything that works well. Look back over the last year and think about all the love you gave, all the care you provided, all the skills you learned, all the things you made happen. Making it through a year of

caregiving is, in itself, a huge accomplishment. Every *day* is an accomplishment. Each day that you take care of the essentials and keep your head above water is cause for celebration.

Perhaps your loved one died in the last year and you're in the process of looking back at your caregiving. It can take a while. My mother died almost two years ago, and I'm still not comfortable reliving my caregiving years with her. But, bottom line: I know I was patient, loving, and present. I was there for her. As far as the details of exactly *what* I did, there are things I would change—or at least have done sooner. But the big picture was good, and I feel proud of that.

So, yes, take some time to look clearly at your caregiving and change what needs to be changed. But, throughout it all, congratulate yourself for being a caregiver, for doing your best, for making it through another year (or month, or week, or day), for being there for another human being. That's just perfect.

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*Emily Cooper is Caregiver Initiative Coordinator for Boulder County Aging Services and Editor of Care Connections.*

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## Your New Year's Resolution: What Does It Really Take To Change?

by Susan Osborne

Caregivers know the routine – you make a hopeful New Year's resolution, practice it for a while, and then quietly tiptoe back to your usual behavior amidst caregiving's daily demands. Why does this happen, and what can you do about it? Is there really a way you can make and *keep* an empowering New Year's resolution?

Let's look at a similar situation that starts with inspiration and good intentions. Have you ever been to a weekend personal growth seminar? These can be really extraordinary, powerful, positive, life-changing experiences, but something inevitably occurs in the days afterward – something we'll call "seminaritis." Seminaritis occurs when you get really excited, but then when you get back to everyday routines, the excitement begins to fade, and before you know it you're back to your old behavior.

Initial excitement is an essential part of change but won't sustain it over time. So what needs to be added? The newest brain research emphasizes that any change needs daily practice for at least 66 days, the time it takes to form a new habit. In addition, the new change—in this case, a New Year's Resolution—must be all of the following:

**Essential** - Are you convinced that you must make this change?

**Practical** - Can you do this daily at the same time or as part of a pre-established routine (i.e., "after lunch, I'll do this every day")?

**Supported** - Is there a partner or mentor involved in this new activity (a partner/friend enrolled in the same exercise class, an online support group, a trainer, a coach, a therapist that you regularly work with)?

One last thought: Keep in mind that this new practice doesn't have to be lengthy. In fact,

research shows that in addition to the desired change, even small amounts of time—three to five minutes of new behavior daily—can contribute to a caregiver's overall optimism, self-confidence, and general well-being.

Happy New Year to all!

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*Susan Osborne is Executive Director of Companion Arts, a national nonprofit serving caregivers, and a member of the Care Connections Editorial Advisory Committee. For a free subscription to "Care for the Journey," a monthly online newsletter providing caregivers with national news and the latest resources, go to [www.companionarts.org](http://www.companionarts.org).*

## The Continuum of Care

by Lili Christensen, L.P.N.

Your care recipient's needs will change over time. He or she may travel along a continuum of care, from requiring only minimal assistance to needing total care, and what has worked early on in your caregiving may not work later. It's important to understand the range of care that your loved one may require and to determine if you will be able to provide it.

Before deciding if you can care for a loved one at home, ask yourself some questions. Are you willing and physically able to care around the clock? Can you do this emotionally? Do you have a good support system? Can you give care and still be present as a beloved friend or family member? Or can you give care until a certain point and then obtain additional help? Do you have the financial resources to hire help? Are there family or friends who can step in when things are difficult? This is a time to look honestly at the reality of your situation and to be aware that it will change.

If you choose to provide care at home, it is imperative that you honor your personal comfort

level. Intimate contact required for later stages of care is a strong taboo for some. Others can do what needs to be done gently and easily. It also is important to honor the recipient's boundaries, if stated.

Try to plan ahead realistically. To help you do so, refer to the continuum of care that follows. Read through it, jot down questions, and talk with family and friends involved, as well as with your care recipient.

### **Eating / Meal Preparation**

#### Independent

- Prepares meals, feeds self, and swallows without difficulty or assistance

#### Needs some assistance

- Feeds self but needs help preparing food and perhaps cutting up portions
- May tire before finishing and needs help completing meal if not full

#### Needs full assistance

- Needs food prepared, cut, pureed
- May need help with utensils but can partially feed self
- Indicates when done

#### Needs total care

- Caregiver fully feeds, but doesn't force food
- May be unable to sustain energy for or interest in eating
- May have loss of appetite and decreased thirst

### **Bathing / Dressing / Grooming**

#### Independent

- Able to shower self or to safely get into and out of tub
- Can dry off, lotion, and dress self, and groom
- May need grab bars for safety

#### Needs some assistance

- Needs help into and out of shower or tub
- May need help with bathing
- May use shower chair / handheld shower head

- Requires grab bars
- Needs assistance drying off, either while standing or seated
- May be able to lotion or groom, though while seated if weak
- May need help with buttons and getting arms into sleeves

#### Needs full assistance

- Cannot use tub
- Needs full help with showering and grooming, though may do some things (i.e., brushing teeth)
- Needs help with all dressing

#### Needs total care

- Probably needs bed baths, though transfer to wheelchair and into shower may be an option
- Requires daily bed baths if weakness and fatigue are significant

### **Mobility**

#### Independent

- Able to walk and safely climb and descend stairs alone

#### Needs some assistance

- Needs stabilizing and possibly 3-footed cane
- If needs help on stairs, holds railing and cane while caregiver stands below

#### Needs full assistance

- Uses walker and/or wheelchair
- Needs help sitting and rising from chair
- Wears safety belt around waist during full-assist transfers
- May require two-person transfers

#### Needs total care

- Uses wheelchair
- If bed bound, sits on edge of bed to extend mobility
- Possibly uses hospital bed with electric controls to ease caregiving

*(continued on page 10)*



## 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.)*

Boulder County Aging Services offers **two training programs for family caregivers of older adults**. The **National Caregiver Training Program** is a 21-hour course (meets once a week for 3 hours) that helps family caregivers acquire the skills needed to provide safe, confident home care for older loved ones. Classes, taught by a R.N., cover caring for someone on bedrest, providing personal care, using a wheelchair safely, managing medications, taking vital signs, controlling infection, preventing falls, reducing caregiver stress, using local resources, and more. The course will be offered on Wednesdays, January 11 – February 22, 1:30 – 4:30 p.m., in Boulder; on Wednesdays, March 28 – May 9, 1:30 – 4:30 p.m., in Lafayette; and twice more during the year. **Powerful Tools for Caregivers** is a 15-hour course (meets once a week for 2 ½ hours) that gives family caregivers the tools to ensure they take care of themselves while caring for others. Classes help caregivers learn to reduce stress, improve self-confidence, communicate their feelings, balance their lives, increase their ability to make tough decisions, and locate helpful resources. The course will be offered on Thursdays, January 5 – February 9, 1:30 – 4:00 p.m., in Longmont; on Tuesdays, April 3 – May 8, 1:30 – 4:00 p.m., in Boulder; and twice more during the year. Both courses are open to Boulder County residents caring for a relative, partner, or friend who is 60 or over (or of any age if the person has dementia). There is

no charge, but donations are appreciated. Financial assistance for respite care during class periods is available. To register, contact Emily Cooper, at 303-678-6116 or [ecooper@bouldercounty.org](mailto:ecooper@bouldercounty.org).

**Medicare Basics Classes**, for anyone wanting to learn about benefits, costs, and choices under Medicare, are provided monthly by Medicare Counselors from Boulder County Aging Services. Classes are on Thursday, January 5, and Thursday, February 2, both 2:00 – 4:00 p.m., at 3482 N. Broadway, Boulder (call 303-441-1546 to register); on Tuesday, January 17, and Tuesday, February 21, both 10:00 a.m. – 12:00 p.m., at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); or on Thursday, February 16, 10:00 a.m. – 12:00 p.m., at Louisville Senior Center, 900 W. Via Appia (call 303-666-7400 to register). Classes are free, but donations are appreciated.

PrestigePLUS offers **Advance Directives Workshops**, about considering and clarifying your wishes for medical treatment in the event of incapacitation, with Peggy Arnold, M.A., PrestigePLUS Program Coordinator, on Friday, January 13, or Friday, February 10, both 9:30 – 10:30 a.m., at Longmont Senior Center, 910 Longs Peak Avenue. Registration is required (\$5.00 for Longmont residents; \$6.00 for non-residents); call 303-651-8411.

Special Transit offers **Transportation 101 – Services Most People Don’t Know About**, to help older adults and their family caregivers learn about the many transit options available

in Boulder County, with transit experts who will explain the choices and help guide participants to the services that best fit their needs, on Monday, January 23, and Monday, February 27, both 10:00 a.m. – 12:00 p.m., at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); on Wednesday, January 25, and Wednesday, February 8, both 10:00 a.m. – 12:00 p.m., at West Boulder Senior Center, 909 Arapahoe (call 303-441-3148 to register); or on Thursday, January 26, 10:00 – 11:30 a.m., at Louisville Senior Center, 900 W. Via Appia (303-335-4919). Each class is free, but pre-registration is required.

Boulder County Aging Services presents **Project Visibility Training**, for professional service providers as well as friends and family of lesbian, gay, bisexual, and transgender (LGBT) elders who may need long-term care, on Friday, February 10, 10:00 a.m. – 12:00 p.m. (registration at 9:45 a.m.), at West Boulder Senior Center, 909 Arapahoe. The training brings awareness to the issues of aging as an LGBT and provides practical suggestions for providing culturally-competent care and services. Registration required; call Phyllis Klicker, at 303-441-4437 (reference course code 145084).

The Audio Information Network of Colorado (AINC) provides **free audio services to blind, visually impaired, and print-disabled individuals** that help them maintain independence and stay connected to their community. Programming is broadcast 24 hours a day, seven days a week, and listeners have independent access to nearly 100 Colorado newspapers, grocery/discount ads, magazines, and other local

publications. Programming is accessed via pre-tuned receivers, telephone, or the AINC website, with no fees for services or equipment. AINC can assist caregivers with registration and equipment setup if needed. For more information, call 303-786-7777 or go to [www.aincolorado.org](http://www.aincolorado.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](mailto:ecooper@bouldercounty.org).

The **Respite Assistance Program**, of Boulder County Aging Services, offers up to \$500 per year 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. To learn more or to apply, contact the Resource Specialist in your community (see back page for phone numbers).

Check out [www.agis.com](http://www.agis.com), a comprehensive website for family caregivers. It includes dozens of articles and many helpful checklists.

Mark your calendars now for the **Caregiving Symposium**, Boulder County Aging Services' annual educational event for family caregivers of older adults, or for anyone interested in caregiving issues, on Thursday, May 17, at Calvary Bible Church, in Boulder. Much more information to come.

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**To share information about a resource or coming event for caregivers, email [ecooper@bouldercounty.org](mailto:ecooper@bouldercounty.org) or call 303-678-6116. The deadline for the March/April issue is January 23.**

## Toileting

### Independent

- Uses toilet independently
- May use grab bars for sitting/rising from toilet

### Needs some assistance

- Uses toilet riser with handles for easier sitting and rising
- Receives assistance with clothing as needed

### Needs full assistance

- May need bedside commode
- Requires assistance with clothing, wiping and cleansing, flushing, and transfer onto and off commode
- May use adult protective underwear if any leakage

### Needs total care

- May use catheter, urinal, bedpan, adult protective underwear
- Needs disposable or washable waterproof pads on bed
- Requires full physical care

Reviewing this continuum will help you anticipate the care that may be needed. Understand that the decisions you've made regarding the care you can provide may change, just as your loved one's needs will evolve.

*This article first appeared in the July/August 2003 issue of Care Connections, at which time Lili Christensen was a Licensed Practical Nurse with HospiceCare of Boulder and Broomfield Counties.*

### **The Doorbell** by Kaelin Kelly

All of us who are caregivers for an aging or infirm family member know one thing: new problems that require creative responses arise constantly.

In the beginning, caregiving is overwhelming. Gradually we acquire the things that make the situation workable: the commode, the bedpan,

the walker, the pill cutter, the no-water shampoo, the bath cloths for bed baths. At times, however, the solution is more elusive.

Before Mom moved in, I purchased a baby monitoring system so she could let me know when she needed me. I rigged it up and figured out how to use it, proud of solving a pressing problem.

Then Mom arrived and reality set in. Her voice range is from whisper to barely audible, so the static in the monitor was louder than any sounds she could make. Monitoring systems are made for babies who let out a healthy cry when they want attention, not for a voice that is slowly winding down.

Without an adequate way to communicate, I stopped sleeping soundly, always keeping one ear open for a sound I could not hear. I tried using bells and noisemakers, but nothing worked well enough. Finally our wonderful VNA physical therapist mentioned that one of her families had rigged up a doorbell. Aha! I called Home Depot and was told by the bored voice on the other end of the line, "Oh yeah, that's a wireless doorbell."

To you, young man, it's just a doorbell. To me, it's a solution. A breath of relief. A much needed good night's sleep. I did a little two-step in delight. But in the constantly unfolding world of caregiving, sometimes a solution uncovers another challenge. And so it happened with the doorbell.

Before finding the doorbell solution, I had checked on Mom frequently. Awake yet? Finished toileting? Need to be repositioned? More orange juice? I was wearing down from having assumed the responsibility to be there every time she needed me. With the discovery of the doorbell, she now had a way to call me, freeing me from a role that had become a burden.

Simple? Yes. Reasonable? Of course. Doable? Well, one month after purchasing the doorbell, she had used it once. Just once. And,

no surprise here, I was not only exhausted from my continual monitoring but beginning to play the destructive blame game, complaining that I asked her time after time to use the doorbell and she never did.

Calling upon the wisdom of my years, I determined early on in my caregiving that blame and resentment would destroy the best of intentions and needed to be nipped in the bud. So once I identified what was going on, I took a closer look at it. Much to my chagrin, I realized that the culprit was me. (What? Could that possibly be?) Even though I constantly reminded Mom to use the doorbell, I still checked on her rather than waiting until the doorbell rang. I realized how much work we still had to do the first time I purposely took twice as long to check her while she was using the commode. Upon seeing me, she cried out, “Don’t leave me in here like this!” When I asked her why she didn’t use the doorbell, she looked surprised. She really hadn’t remembered, in spite of a reminder right before I had left the room.

So it’s my challenge to make it second nature to her so that her instinct is to ring the bell even when she doesn’t remember. And I must get out of the way and not sabotage the process.

As for a solution revealing another challenge—well, it happened again. Two nights ago, the bell rang in the wee hours. Like a new mother, I was out of bed before the vibration faded. Her need was genuine, yet she berated herself over and over for getting me up, in spite of my reassurances that that’s our agreement. One problem solved, another arises. And so it goes. The sweet, unpredictable process of caregiving.

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*This article first appeared in the January/February 2003 issue of Care Connections. Kaelin Kelly is a writer, former caregiver, and energy worker.*

## Positive Changes

As caregivers, we sometimes become so involved in the day-to-day efforts to keep things going that we tend to forget that each day can be an opportunity to try new approaches and activities that will make a positive difference in our life and the life of those we care for. Following are some of the things that can bring about positive changes for the better:

- Standing back and taking a look at your situation—what is working well and what isn’t—and finding ways to make changes for the better
- Establishing routines that effectively meet your care recipient’s needs
- Improving your physical surroundings
- Physical, speech, and occupational therapy and/or exercise
- Assistive devices, which range from special eating utensils to specially equipped telephones, that increase independence and safety
- Improved nutrition
- Carefully monitoring medications and their interactions
- Intellectual stimulation
- Social interaction
- Spiritual renewal
- Employing home and/or health care personnel who demonstrate that they really do care and who will work to foster independence
- Finding ways to economize on your work load
- Filling each day with activities to which you can both look forward

*From “Because We Care: A Guide for People Who Care,” National Family Caregiver Support Program, Administration on Aging, Department of Health and Human Services ([www.aoa.gov](http://www.aoa.gov)).*

**CARE Connections**  
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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](http://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.

<b>Allenspark area</b>	303-747-2592
<b>City of Boulder</b>	303-441-4388 (bilingüe: 303-441-3918)
<b>City of Lafayette</b>	303-665-9052, ext. 3
<b>City of Longmont</b>	303-651-8716 (bilingüe)
<b>City of Louisville</b>	303-335-4919
<b>Erie area</b>	303-828-6588 (bilingüe)
<b>Lyons area</b>	303-823-9016
<b>Nederland area</b>	303-258-3068
<b>Niwot area</b>	303-652-3850

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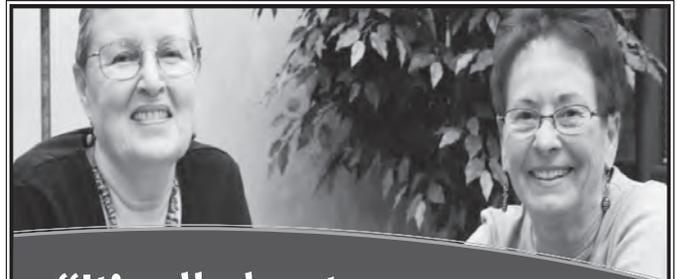
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