

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Aging Services

May/June 2011

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Dear Caregiver,

This issue is a bit of a hodgepodge, but it leans strongly toward dealing with difficult situations: being with a friend (or other loved one) who is dying, saying “no” when needed in order to say “yes” to yourself, asking for and getting help, using professional mediators to facilitate conversation and agreement among disputing family members, and visiting with a caregiver whose situation, like most, is sometimes challenging.

Caregiving often has its bumpy spots, and we hope you find some good ideas and helpful resources inside for making it through when your own road gets a little rocky.

The Editors



Saying “Yes” to Ourselves

by Sheila Cohen, LCSW

For most of us, saying “no” is difficult when asked to extend ourselves for someone else, whether it’s for a friend needing a ride, a co-worker needing a listening ear, or a teenager who just has to get to the mall. We don’t like to say “no” for fear of letting someone down or seeming selfish. In most cases, we say “no” to our own needs before risking disappointing others. When caring for an elderly loved one, however, being able to say “no” becomes crucial in order to preserve our health, sanity, and stamina. Saying “no” occasionally is a key to self-care, a way to pace ourselves. A hospice nurse reframes saying “no” this way: “Instead of thinking of it as saying ‘no’ to someone, it is more about saying ‘yes’ to yourself.”

Saying “yes” to yourself while navigating in the role of caregiver is pivotal to maintaining your health, as well as to preserving the giving mindset that finds meaning and gratification in the role. Gail, a professor in her early fifties, has cared for her own elderly parent and her mother-in-law, all while raising two busy teenagers. She is a member of the sandwich generation, a term that defines the lives of those who balance time between raising kids, maintaining a job, and caring for elderly

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VISIT WITH A CAREGIVER

Alice Ierley is a long-distance caregiver for her mother, 87, who lives in a skilled nursing facility on the east coast. Alice's younger brother, who lives nearby, is the primary caregiver, but all four of the siblings work together to ensure their mother's good care. Along the way, they've found some simple tools that help their collaboration succeed.

Care Connections: Tell us about your mother's situation, Alice.

Alice: She has dementia and limited mobility, but in many ways she's pretty healthy and chipper. She grew up in the east, and moved here for fifteen years after my father died.

CC: When did you notice her dementia?

Alice: Her ability to organize was getting worse and worse; it started there. And she'd describe events in terms that seemed impossible. For instance, she flew to see my brother in another state and said she'd been kept at the airport for three days without food. She also had self-neglect issues—and it was very difficult to intervene, especially for me.

CC: How did you involve your siblings in her care?

Alice: My daughter showed me how to make conference calls on the phone, and I started using those calls to talk with my brothers and sister. Sometimes there was a specific event—like a hospitalization—that precipitated a call, or I was tired of giving updates to each of my siblings, or there were judgments that needed to be made. We'd schedule a time and agree on topics. Our goal was to inform, debate options, and come to consensus, and it would take the four of us thirty minutes to an hour. We considered it our main strategy and had conference calls every couple months. Often I led the calls; that was comfortable for me. I knew that if I didn't wrap my siblings in, they'd just go along. We created a group norm that decisions would be made together, and that we'd share all together. You can't do that by just talking to each person individually.

CC: At what point did your mother move back east?

Alice: She'd been in independent living here, but when she broke a hip she moved to



assisted living for seven months, and we decided that the next transition would be to the east coast. After several years of intense caregiving (I had two teenagers at the time), I felt the need for a change and talked to my siblings about it. My brother, who had been good support for me, was willing to relocate our mother near him in the east. Initially she moved there to an assisted living facility, but within six weeks she transitioned to the skilled nursing facility. Now she's two blocks from my brother, and the day to day care is on him.

CC: How is she doing?

Alice: When my mother was here, she was 100% resistant to care from anybody but me; she would turn helpers away. Now that she's under others' care all of the time, she's better cared for than ever before. There's less burden for her children because she's in a consistently safe setting, and it allows us to concentrate more on our relationship with her.

CC: And you and your siblings are still working together on her care?

Alice: Yes, we have a pretty good working relationship af-

ter a five-year process with many transitions. We all have different approaches, but we negotiate and work as a team. The four of us are even planning a trip to Finland this summer! That never would have happened before—it came out of the trials and tribulations of the last few years.

CC: How often do you see your mother now?

Alice: I visit her three or four times a year. When I last went to see her, we set up a Skype session so she could see my kids and husband. She hadn't seen them since she moved back east. I didn't know if it would work, but I finessed it a little and it was so meaningful. It would be a good thing for long-term care facilities to use. They could set up a Skype station, perhaps staffed by volunteers, for regular sessions with residents and their families.

CC: What stands out as something you've gained from caregiving?

Alice: It improved my relationship with my siblings. And I've learned both my limits and the depth of my capacities.

CC: That's a lot. Thanks, Alice.

“Love is not affectionate feeling, but a steady wish for the loved person's ultimate good as far as it can be obtained.”

— *C. S. Lewis*

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In keeping with Boulder County's efforts to become increasingly “green,” Aging Services will reduce paper usage by distributing *Care Connections* electronically to as many of our readers as possible. If you would like to receive the newsletter via e-mail rather than as a paper copy, please email us at ecooper@bouldercounty.org and include your name, your email address, and your postal address (to ensure that you do not receive duplicate copies). Please be assured that your information will not be shared with any other institution. Thank you!

Saying “Yes” to Ourselves

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parents. Gail admits there were times when setting a limit, such as on how many trips she made to check on her dad in assisted living, would have given her a breather and made her more available for those depending on her. A bike ride, coffee with a friend, or simply a nap could have been the difference between exhausted irritation and being a relaxed caregiver. Now Gail heartily advises saying the occasional “no”: “What is the advantage to your loved one if all you can bring to them is anger, impatience, and exhaustion?”

Sometimes a “no” is needed to protect the safety and well-being of the elderly person. Consider Cathy, whose 80-year old mother lived independently in Arizona. After a diagnosis of Parkinson’s disease, followed by many months of decline, her mom needed more help. Cathy insisted that her mother move to Denver, and Mom very reluctantly agreed to move to an assisted living facility. “My mom was so mad at me for those first few months here and was just plain unhappy for her last two years,” says Cathy, shortly after her mom passed away. Cathy still questions her decision occasionally, because she knows her mom would have been content to stay in her small mobile home in Arizona. But, admits Cathy, her mom wasn’t receiving adequate nutrition, she was a fall risk, and she had no one nearby to care for her. “So,” says Cathy, “I felt I had no choice. I had to say ‘no’ to her remaining in an unsafe situation. I just could not have lived with myself had I left her there to fend for herself and something happened.” In Cathy’s case, saying “no” seemed like the right thing to do, and it helped to dissipate a certain amount of regret.

Saying “no” to requests such as, “Promise me I will never have to go to a nursing home” or, “Please don’t make me stop driving” can be the most difficult limits to set for an adult child caring

for an elderly parent. However, making promises for the long-term when it’s impossible to know if staying at home will be realistic can cause friction, anxiety, and regret later. Instead, “no” might be softened to sound something like, “We don’t know what the future holds, but we will do our best to help you remain independent for as long as possible. But we cannot make a promise not knowing what you might need for future care.” This “no” suggests that there might be limitations, yet reassures the parent that he or she will not be abandoned. It also opens the discussion of which care choices are acceptable.

Saying “yes” when “no” is what you want to say can be the foundation for resentment. If “no” means replenishing your spirit and bringing more of your relaxed self to the task, then saying the word is worth the discomfort. Gail, for example, wishes “no” had been in her vocabulary back when she was promising too much and wearing herself thin. “And now,” she says, “if I could only hop into my time machine and go back and try to follow my own advice.”

Instead of looking backwards and reliving the moments where we should have set limits, let’s breathe deeply for a few moments and decide internally whether that habitual “yes” we are about to blurt out should be a loving “no” instead.

Sheila Cohen, LCSW, is a social worker with Family Hospice in Boulder.



Tips from Healing Conversations

by Juliet Archer

All caregivers, on a daily basis, encounter the need to communicate with others and themselves concerning a variety of delicate situations. Having a difficult conversation is one thing; having a healing conversation is quite another.

In a healing conversation, the object is to make a heart-to-heart connection that allows each



participant to feel they understand the other, as well as to feel they are being understood. Sounds easy, right? Not even. Talking with others on this level requires that we do not judge them, aren't out to rescue them, and aren't trying to fix them. This can be a tall order indeed, especially when our topics of conversation contain emotionally charged content, as is typical in caregiving situations.

In *Healing Conversations: What to Say When You Don't Know What to Say*, author Nance Guilmartin guides us in having healing conversations in a variety of life situations, including a number that are relevant to caregivers in need of help. Following are some points that stand out.

Using the Rule of Six. Asking for help seems to be the number one place where we caregivers mess up. We simply don't like to ask others for help. Yet, it is probably the most important thing we can do to ensure the well-being of our loved one and ourselves. We cannot do it alone. The "Rule of Six" simply states that you must ask six people for help, not just one. Yes, SIX people! Guilmartin explains that the first person may be busy, the second might not want to get involved, the third may not be able to satisfy your entire request, the fourth may refer you to someone else, the fifth may not be able to do what you ask but can help in other ways, and the sixth may be the one who says "yes." It amounts to casting your net further afield than you originally thought in order to catch the good fish.

Just How Do You Ask for Help? You do this by first making your own wish list. By spelling out and being clear about what you do and don't need, you can make specific requests that others can understand and honor. Take responsibility for asking for whatever help you need at any given time. And if you can anticipate what you'll need and ask for it ahead of time, the better the chances are that you'll receive it.

I Know Her Name: Living with Alzheimer's.

As many caregivers know, we want to respond lovingly and patiently to our loved one with Alzheimer's or other dementia. They are often-times angry, confused, and unintelligible. The person inside is lost and trying to find her way. How do you help orient your loved one to the outside world? To their private world that only they can see? How do you compassionately help them without yourself becoming stuck in their dementia? The answer is that each moment, each situation is different and must be addressed as if it is a new situation—and it is.

Juliet's Blog, Romeo and Juliet in Dementiaville, is about her life as a caregiver. Visit at www.RomeoAndJulietInDementiaville.com.

What If Your Friend Is Dying?

by Patricia Kelley

When we hear that a friend is seriously ill, especially if we also learn or suspect that she or he won't recover, we may think, "I should call or visit." Sometimes our next thought is, "But what can I do?"

What can I do when a friend is dying? How should I behave? Should I be somber? Dying is a serious business. Should I be bright and cheerful, try to cheer her or him up? Sometimes we spend so much time thinking about what to do that the person dies before we do anything, and of course that takes care of it. Except it doesn't. We then spend time and energy on the regrets—the "what ifs" and "if onlys"—and are left with an unsettled, unsatisfied sense of leaving something unfinished. We try to push those feelings out of mind because they are uncomfortable to remember, and we may do pretty well at forgetting until the next time a friend is seriously ill, and then it starts all over again.

During the thirty-plus years that I have worked in hospice care, I've been asked many times by family and friends of the dying people we

care for: “What shall I do? How can I help?” Obviously, there is no one right way to be with, or talk to, or help a dying person, but here are some general considerations.

First of all, begin with yourself. How do you feel about sickness, dying, death? What are your questions and anxieties? Would you hate being dependent on others? Would you resent having to give up your work? Would you be afraid of dying alone or in pain? It isn’t necessary that you have settled all your own issues, but it does help to be able to identify which concerns are yours and which may—or may not—be your friend’s. I may feel strongly that I would hate to die in a hospital and would want to die at home. But if I assume that my friend also would want this, I might not be very helpful if she or he feels very secure in a hospital and would be afraid of being so ill at home.

Think about how much time you want to be with your friend at this time. The amount of time and energy you spend with someone who was a casual friend from work will probably be different from that spent with your best friend who has shared your joys and crises since you were in school together. Because their friends may not be comfortable visiting, many seriously ill or dying people are lonely. They may feel isolated or abandoned and then resentful. If we neither visit nor remain involved with our friends when they are dying, we may have a more difficult time before and after they die because of feeling guilty that we let them down.

Respect your friend’s right to choose the way he or she will deal with dying. There may be different choices which you would make, but this is not your dying. Decisions about whether to continue or discontinue treatments, to seek experimental drugs, or to stop fighting are not made lightly. Much thought, discussion, and pain has probably gone into your friend’s decisions, and it can be very unkind to argue with them.

Make any offers to help specific rather than general. Many times people say, “Let me know

if I can help” or “Call me if I can do anything.” For a dying person, it may be very difficult to respond because he’s not sure what he would like help with, or because she’s not sure we mean our offers – maybe we’re just being polite. A specific well-thought out offer, with the understanding that the friend can change his or her mind at the last minute, is more useful. For instance: “I always go shopping on Thursdays. May I call before I go to see if there’s anything you need, so I can pick it up while I’m at the store?”

When and how to visit. Does your friend have the energy for a two-hour visit or only for five or ten minutes? Does she want an update on office projects, a discussion of current news events, or an account of a new movie? Would he be interested in looking at photos of occasions you have shared? Maybe you could spend a little time reflecting on some of the special qualities of your friendship, what you have gained from knowing him or her, and what you will miss. Maybe a warm greeting, a gentle hug and kiss, and then a quiet hour keeping him or her company while reading aloud—or silently to yourself—is what would be most comforting. The answers depend upon who you are, who your friend is, and the relationship you have shared. Also, the answers may vary frequently and suddenly because of how she is today, how the disease is progressing, how well symptoms are controlled, and how much energy he has now. The only way to know the answers is to ask your friend or the family and to be as flexible and adaptable as you can as she or he changes.

Many dying people remain fully engaged in life as they come closer to its end. And many become less interested in outside issues, their focus shifts, they review their lives—alone or with others—and they often seem to be drifting away. Remember that even if a person seems completely unresponsive, he or she may be aware of your presence and able to hear you. So your visits may change, but they can continue to bring value and comfort.

These thoughts are to help you feel a little easier when you visit seriously ill people.

Patricia Kelley has worked in hospice and palliative care since 1978, in a variety of roles. She's the author of Companion to Grief and one of the authors of Final Gifts. In 2007, she left Washington D.C. and now lives in Boulder.

Facing the Challenges of Aging: The Role of Family Facilitation and Mediation

by Martha L. Ridgway and Baldwin Ranson

Among the multitude of services available to aging Americans, mediation and facilitation are rapidly gaining recognition. Mediation is well established as a means of dispute resolution, alternative to the adversarial pattern of the judicial system. It is widely used to solve conflicts in court proceedings and workplaces. Facilitation is a means of improving the functioning of organizations. It involves techniques for guiding group discussions aimed at problem solving and organizational development.

The relevance of these techniques to challenges facing the aging is easily expressed. It is becoming obvious that family dynamics involve conflicts similar to those appearing in workplaces and court cases, as well as communication challenges similar to those found in organizations. Below we introduce a scenario of a family problem and show how the joint skills of mediation and facilitation can lead to the development of solutions.

One Scenario

Grace, in her late 70s and suffering from a number of physical problems, is the sole full-time caregiver of her husband Mac, who suffers from late-stage Alzheimer's. They still live in their home. Their son Tom, a professional with a family, lives nearby but has little time to help his parents. Their daughter Cindy lives far away and has several young children; she phones often and visits when she can but is of limited assistance.

Tom is in total denial about his parents' circumstances and believes the status quo is just fine. His mother has always been good at caring for others. Moreover, he is concerned about his parents spending too much of their money (and his inheritance) on Mac's care. Conversely, Cindy is concerned that Grace cannot continue to care for Mac alone and might "break" under the weight of her burden. She believes the folks' money is theirs to use as necessary, and would like to explore placement options for Mac and some relief for Grace.

A crisis is near and decisions must be made. Grace is overwhelmed and exhausted, but feels guilty about placing her beloved husband in a facility. However, her doctor has told her that she cannot continue without devastating consequences to her own health. Tom and Cindy don't know what options or services are available, and they increasingly disagree on what to do. Cindy is angry that her brother and his wife won't "step up to the plate" and help their parents. Conversely, Tom believes Cindy is "stirring the pot" and blowing the situation out of proportion. Cindy, in an effort to salvage the family relationships, learns about family facilitation/mediation and asks for assistance.

One Solution

Facilitation/Mediation involves bringing a neutral third-party professional into such a confused and emotionally-charged scenario. Dialogue replaces conflict; planning replaces drift.

Just like a medical doctor, the facilitation/mediation professional adopts the interest of the patient—in this case, the entire family. But unlike the doctor applying medical knowledge, the facilitator/mediator applies communication skills to help all parties understand and express their differences, and to focus their efforts toward identifying and selecting options beneficial to all.

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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.)

Don't miss the **2011 Caregiving Symposium**, the caregiving event of the year, on Wednesday, May 11, 12:00 – 5:00 p.m., in Boulder. See page 11 for more information.

HospiceCare of Boulder and Broomfield Counties offers the **Step by Step Group**, a drop-in walking group for caregivers and those grieving a loss, as a safe place to get some gentle exercise and have quiet time with supportive companions, on Wednesdays, May – June (and September – October), 5:00 – 6:00 p.m., meeting at Pella Crossing Trailhead, off 75th Street just south of Hygiene. For more information, contact Georgia Robertson, at 303-604-5331 or georgiarobertson@hospicecareonline.org.

Alzheimer's Association CO Chapter offers **The Basics: Memory Loss, Dementia, and Alzheimer's**, an overview of the differences between Alzheimer's, other dementias, and normal memory loss due to aging, and of the Alzheimer's disease process and programs offered by the Alzheimer's Association CO Chapter, on Wednesday, May 18, and Wednesday, June 15, both 11:30 a.m. – 1:00 p.m., at Villas at the Atrium, in Boulder; **Caregiving Tips: Successful Communication**, about the skills needed to interact with people with dementia and to assess and respond to behaviors, on Wednesday, May 18, 5:30 – 7:00 p.m., at Lafayette Senior Center; and **Caregiving**

Tips: Legal and Financial Planning, about the essential legal documents that are a must for anyone caring for a loved one with Alzheimer's, presented by an elder law attorney, on Wednesday, June 15, 5:30 – 7:00 p.m., at Lafayette Senior Center. Pre-registration is required, at 303-813-1669 or online at www.alz.org/co.

HospiceCare also presents **Closer to the Fire: Contemplating the Inevitable**, about understanding the gradual process of acceptance of dying and looking at our questions and attitudes about death, on Saturday, May 21, 9:00 a.m. – 4:00 p.m., at St. Andrew Presbyterian Church, in Boulder; and **Leaving Legacies: Spiritual Meaning-Making at the End of Life**, with **Part 1: Reminiscence and Life Review**, on Thursday, May 26, 3:00 – 5:00 p.m.; and **Part 2: Dignity Enhancement Therapies, Living Eulogies, and Other Meaning-Making Approaches**, on Thursday, June 30, 3:00 – 5:00 p.m., both at Crist Mortuary Chapel, in Boulder. Pre-registration is required for all events; contact Kim Mooney at kimmooney@hospicecareonline.org or 303-604-5214.

Balfour Cherrywood Village's Spring Lecture Series includes **“Alzheimer's Care: Coping with Changes in Behaviors,”** with Executive Director Megan Carnarius, on Tuesday, May 24, 6:30 – 8:00 p.m., at Balfour Cherrywood Village, 282 McCaslin Blvd., in Louisville. There is no fee, but pre-registration is required; call 303-604-2700.

The **National Caregiver Training Program**, a service of Boulder County Aging Services, is a 21-hour course, 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. It is offered twice more this year: 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.

Insightful **articles about caring for someone with Alzheimer's** (or other dementia), by Freda Gray-Davidson, can be found on www.EzineArticles.com (select Home and Family/Elder Care, then search for the author). Gray-Davidson is the author of *Alzheimer's 911: Hope, Help and Healing for Caregivers*.

If your care recipient is a veteran, he or she may qualify for **veterans' benefits** such as service-connected disability, non-service connected disability pension, or health care. Widows/widowers of veterans may also qualify for VA benefits which could include assistance for home health care, assisted living, or nursing home placement. To learn more, contact a Boulder County Veteran's Services Officer: Karen Townsend, 303-776-8502, in Longmont, or Michael Holliday, 303-441-3890, in Boulder.

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

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 July/August issue is May 26.

Facing the Challenges of Aging ...

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As facilitator, the professional focuses on helping the parties to understand common objectives and to plan developmental courses of action. As mediator, the professional focuses on resolving conflicts among the parties by clarifying common needs that can be met by voluntarily adopting solutions that will permit all parties to win.

In our scenario, Mac is no longer capable of participating in the discussion, but his current condition and long-term prospects will form the basis of the conversation that must take place among Grace, Tom, and Cindy. The professional will likely want to become acquainted with each party separately before bringing them together in a neutral setting to share their concerns and interests. Frequently, this will be the first time all the family meets to talk about the inevitability of aging, the decisions they are able to make to guide its course, and how all their needs can be met. The discussion might be intermittent—interrupted by opportunities to gather information or think through emotions and options. But given that all family members share a common need to discover solutions beneficial to all, the result of family facilitation/mediation is almost always progressive and developmental.

A Better Solution

Now consider the benefits of engaging in facilitation/mediation long before Mac is fully incapacitated, Grace is exhausted, and Tom and Cindy are bickering. Mac and Grace together could consider how and where they would like to be cared for when either becomes unable to care for him/herself. Local governments and caregivers are increasingly able to provide a variety of services permitting elders to stay longer in their homes and often to avoid completely the trauma of moving. The parents could explore with Cindy and Tom various housing and medical options, including the financial implications, as they anticipate increasing need for care. They could decide on their advanced directives and “Five Wishes:” who will care for whom, what medical and comfort treatments are desired, what they want loved ones to know, and how they want to be remembered.

There is no optimal time to engage families in such professionally-guided discussions, but that option can be considered at various life-changing decision points, such as when retiring or making a will, or when recognizing the decline of important competencies such as driving or memory.

The cost of professional facilitation/mediation can be an issue, but it typically is far less expensive than a legal battle. Depending upon the mediator/facilitator’s background (i.e., a professional non-lawyer mediator or an attorney), the cost range is typically between \$75.00 and \$250.00 per hour. Contrast this cost with the cost of crisis decisions, often involving emergency rooms, snap decisions about medical care or housing options, and involvement of emergency legal action involving attorneys and the courts. Waiting for a crisis always restricts the number of options available and the skill and care with which choices are made. Typically, the financial burden is greater as well. There is little doubt that earlier intervention is better.

Martha L. Ridgway (mridgway@martharidgwaylaw.com) is a lawyer and mediator with a practice that emphasizes the legal problems of the elderly, the disabled, and their families. Baldwin Ranson, Ph.D (beranson22@q.com), is a retired economics professor, has a mediation and facilitation business, is a volunteer mediator for the City of Longmont, and has taught workplace mediation online.

MEDIATION RESOURCES

Community Assistance Mediation Program (CAMP)

Boulder County Sheriff’s Office
Jennifer Quilling, Program Coordinator
303-441-1752

jquilling@bouldercounty.org

Free mediation services for Boulder County residents who live outside the city limits of Boulder and Longmont.

City of Boulder Community Mediation Services

303-441-4364

Low/no-cost mediation services for Boulder residents

City of Longmont Mediation Program

Susan Spaulding, Mediation Specialist
303-651-8444

susan.spaulding@ci.longmont.co.us

Free mediation services for Longmont residents

For a list of private mediators, visit
www.boulder-bar.org

2011 Caregiving Symposium

*A countywide educational event for families and friends of elders
or for anyone interested in caregiving issues*

Wednesday, May 11

12:00 – 5:00 p.m. (come for all or part)

Calvary Bible Church

3245 Kalmia Avenue, Boulder

Large Resource Fair

Workshops on Key Caregiving Issues

Educational Materials

Refreshments/Lunch

WORKSHOPS

1:00 – 2:00 p.m.

Activities for People with Memory Loss
Coping with Challenging Family Dynamics
Should Mom or Dad Move In?

2:30 – 3:30 p.m.

Legal Issues Important to Family Caregivers
Caregiver Support System: Turning to Others for the Help You Need
Incontinence: Dealing with a Delicate Issue

4:00 – 5:00 p.m.

Considering a Long-Term Care Facility
When Your Loved One Is Hospitalized
Hiring and Managing In-Home Care Providers

General registration is free. Register at www.BoulderCountyAging.org
(click on Caregiving, then scroll down to Caregiving Symposium),
by calling 303-441-1685, or at the door.

Free on-site respite care is available by reservation; call 303-678-6286.

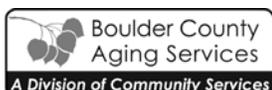
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WHERE TO TURN

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.

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

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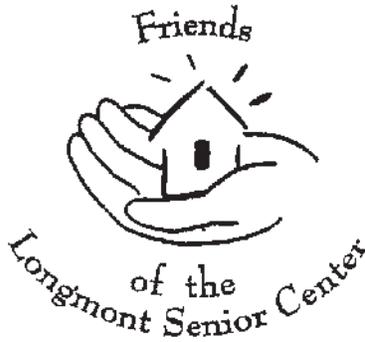
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