

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Aging Services

September/October 2011

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Dear Caregiver,

As a caregiver, you're often told, "You need to take care of yourself. Take a break!" And when you hear that good advice, you may think, "Sure, nice idea, but how the heck do I do that?"

Those of us who write for *Care Connections* have all been, or currently are, family caregivers, so we really do know how difficult it is to take time for ourselves. There are so many competing demands for our time, and our own needs can quickly descend to the bottom of a very long list. But respite—taking time off—is not impossible. It *can* be done, especially once we accept the premise that we have the right to keep a small part of our lives for just ourselves.

If you're having a hard time getting a break from caregiving, you're not alone—not by a long shot. According to a 2009 study by National Alliance for Caregiving and AARP, 88 percent of family caregivers *never get a break*. That's a very sad statistic. No wonder that family caregivers are more susceptible to stress-related illnesses, depression, and even death. Poor payment for all that they give to the loved ones in their care.

So, because it truly is important, we're advising respite again in this issue. We offer some resources, a few ideas for making the most of time away, and even a visit with a caregiver who knows that respite is important but has a hard time getting it. Yes, finding time for yourself is a challenge, but it's worth it—and so are you.

The Editors



Ensuring a Successful Respite Care Experience

by Anne Togher

Respite is important for the family caregiver, but if much of time off is spent worrying about the care recipient, the purpose of respite can be defeated. There are a number of things that can be done to increase the chances of a successful respite care experience—for the caregiver and the care recipient—and though some items on this list may not apply in every situation, they're all helpful to think about.

(continued on page 4)

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VISIT WITH A CAREGIVER

Sarah Rademacher is the full-time caregiver for her husband, Gary, who is 64. In 2004, Gary was a 56-year old electrician who “could work circles around guys half his age,” until he suffered a massive stroke that left him unable to walk and with other significant disabilities. Against all odds, Gary has survived incredible challenges and, as Sarah says, has come to accept his “new normal.” Of course, Sarah has a new normal too, as Gary’s caregiver. Virtually every day of her life is focused on caring for her husband. She gets little time off for herself, but when we visited she was looking forward to a solo trip to North Dakota. Unfortunately, after we talked, unforeseen circumstances required cancellation of the trip. We hope Sarah will get a chance to do something nice for herself before long—she certainly deserves it.

Care Connections: Sarah, what’s it like being Gary’s caregiver?

Sarah: I feel like I’m a Mommy all over again, with a small child I’m teaching to do things—like eating—for the first time. After the stroke, Gary spent ten months on a feeding tube, then he began to eat all foods by mouth and,

though swallowing is difficult at times, he says he’ll never go back to a feeding tube. For a little over six years, he couldn’t feed himself due to loss of motor control with his good hand, but with much practice on a good day, he can now hold a spoon in his hand and get his food from a plate to his mouth. It’s progress that we weren’t sure we would ever see.

CC: It sounds like Gary is a very determined person.

Sarah: Yes, his spirit and determination are amazing, and he hasn’t stopped living because of the stroke. We’ve traveled with wheelchair in tow to many states around the country. We went to Vegas in April for our wedding anniversary, and in July we celebrated his 64th birthday in Branson, Missouri with family.

CC: How did that trip go?

Sarah: Our relatives wanted to see shows every day – they just didn’t realize that Gary couldn’t do that. He needs to rest after an outing. When he gets overtired or overstimulated, he shuts down.

CC: And I’m sure you get tired too.



Sarah: Yes. Gary is a 200-plus pound man. Caring for him takes a toll on me.

CC: Do you ever get any time for yourself?

Sarah: Very little. There's a man who lives in our basement who stays with Gary a few hours each week while I run out to do my shopping and other errands. I try to get a massage twice a month. And in December I used the Boulder County Respite Assistance Program to get away for a couple of days with a friend. But soon I'm going by myself to North Dakota for a class reunion. I thought of taking Gary with me until he had a bad day last week, and then I realized what it would be like. Last year we went there together, and I only had an hour to visit with my friends because I had to get back to take care of Gary. This time a family member will come here to stay with him while I'm gone.

CC: What are you looking forward to?

Sarah: Being able to visit with four high school friends. And I'm looking forward to taking care of me, not someone else.

CC: Are there any friends here who help out?

Sarah: Most people just disappear. The less they see, the less they have to think about what's happening. Our best friends are ones we've made since Gary had the stroke – people who are going through their own challenges.

CC: If you could have any kind of break, what would it be?

Sarah: I'd love to have two solid weeks off, but I don't know if I could do that. If Gary stayed at a long-term care facility, that's \$180 a day, and I'd also need someone to check on him daily. And home care companies charge per hour for overnight care, so that gets expensive. Really, only family can help Gary as he needs.

CC: Sounds challenging. What are your other challenges?

Sarah: Boredom, for one. I can't just run to the store; you almost feel like a prisoner stuck at home. And depression. I refuse to admit it sometimes, but it is depressing. And that my life isn't my own. When you're caregiving you can't sleep in because someone else depends on you.

CC: What have you realized over the years?

Sarah: I would never have thought ten years ago that I could do this ... but you do. When you're caring for someone for a long time, at some point reality sets in and you realize that if you don't take care of yourself, who will take care of your loved one? I keep telling my friend [whose husband had a stroke] to take more breaks. You don't want stress to do you in.

CC: Thanks, Sarah.

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Ensuring a Successful Respite Care Experience

(continued from page 1)

These ideas take into consideration a variety of respite care scenarios including regularly scheduled daily or weekly care provided by an adult day program or an in-home care provider, care offered by a family member, friend, or paid caregiver who comes to the home for a number of days, or overnight care provided in another family member's home or in a residential care facility.

Plan ahead. Many caregivers make the mistake of waiting until they have reached such a high level of burnout that they are not able to make good decisions. Once you become a family caregiver, it is important to acknowledge that regular breaks from your role will help you be a better caregiver, which ultimately is better for everyone – especially the person you care for. A good rule of thumb is that for every eight hours of care you provide, you need two hours of respite. If your care situation disrupts your sleep, then include overnight hours in your calculation as time providing care. For example, if you are the primary caregiver 24 hours a day, you need to have an average of six hours of respite each day. The respite time should be increased if the care is physically demanding or is being provided for someone with dementia. That doesn't necessarily mean that you need to take six hours away each day; you might “bank” some of those hours for a longer break, like a long weekend away every other month.

Research all the options. Most communities have websites and resource directories that list home care providers, adult day programs, overnight respite care settings, and many other services available. Make a list of all the options that exist in your area and start jotting down the pros and cons of each one.

Get advice. Ask other caregivers what solutions have worked for them. While it is important to keep in mind that your situations are probably not exactly the same, getting recommendations of top-notch care providers, care settings, or creative solutions from someone who's been through it can be very helpful. If you don't know any other family caregivers, consider attending a caregiver support group or calling your local senior center or local Area Agency on Aging for suggestions.

Involve the care recipient in the decision. While this is not always an option, having some say in the matter can help the care recipient be more receptive to the change—whether it's ongoing or short-term. Avoid offering a choice about whether or not you will take a break; just offer choices about how and where the care will be provided or about who will provide the care. For example: “Mom, my doctor has suggested that I need to get away for a week. Would you prefer to go stay with Nancy for the week, or would you rather Nancy come here to stay with you?”

Choose well. Consider your care situation, your own needs, and the needs of your care recipient, and choose what you think will work best for both of you. Respite care is not one-size-fits-all. Finding the best solution for your unique situation is key to having a successful experience.

Be open-minded. Don't be afraid to try something new or even something you are convinced will not work. Many times caregivers are surprised by how well their care recipient does

**“Our lives get too narrowed.
It's really good for my husband to be
around someone besides me.”**

— Family Caregiver

in a day program or assisted living setting. Remember, too, that the decision does not have to be permanent; nothing is set in stone. If bringing a care provider into the home has not worked well, try something or someone different.

Mix it up. Sometimes the best solution is a combination of options. Try a day program twice a week, an in-home care provider twice a week, and an overnight respite care facility once every couple of months.

Share as much information with the care providers as possible. You may have heard the term TMI, an acronym that is used these days to let someone know they have shared “too much information.” When it comes to sharing information with someone who will be providing care to your care recipient, there is no such thing as TMI. Here are some things that you might consider sharing with the person or people who will be in charge of the care:

- Emergency contact list
- Location of important documents like DNR, Living Will, etc.
- Contacts for others involved in the care
- Schedule of all caregivers
- Crisis plan (what to do if something happens to you or your care recipient)
- Care plan
 - Care recipient’s preferences
 - Daily routine
 - Medication information: drug name, what it looks like, why it’s taken, dosage, time taken, prescribing physician
- Care supplies
- What helps the care recipient relax; what agitates them
- What situations you want to be notified about

Have others check in on the care recipient. Knowing that there are people you trust checking on your loved one can give you peace of mind and can also be a good distraction for your care

recipient. Some ways to do this include asking friends, neighbors, and other family members to choose a day they can visit or call the care recipient so you know there’s somebody there each day. If there isn’t anybody nearby, consider hiring a care manager to check on them during your time away. If your care recipient will be in a care setting, visit ahead of time and ask the family members of other residents if they will look in on your loved one during the times they are already planning to be there.

Plan what you will tell your care recipient. This can vary greatly depending on the cognitive level of the care recipient. If they are able to understand the situation, be honest. Let them know what to expect, how to reach you, and why it is important for you to take this break. If they have dementia, or are unable to understand the situation, consider a “therapeutic fib.” You might say that you need to go away for work and that friends will be staying with them for a few days, that the house needs to be painted and the doctor said they shouldn’t be there during the painting. Whatever you decide to share with your care recipient, make sure that the replacement care providers, other family members, or friends know the story and help reinforce it.

Have a backup plan. What will happen if your flight is delayed, a scheduled care provider is ill, or the person you care for gets sick? While it is impossible to consider all potential situations that could arise, thinking through some of the more common occurrences can help you lay out a plan so that the people you leave in charge can carry it out.

Graduate into the respite. If your care recipient is particularly dependent on you, or is resistant to the break, consider “graduating” into your respite plan. Try a couple hours, then half a day, then a full day in a day program or in-home care setting. For overnight care, start

with one overnight, then a couple of days, then a week or longer. Each time you will gain insight into the issues that may come up so you can plan accordingly, and you will gain confidence that things will be okay while you are gone.

Let go. Accept the fact that there is only so much planning that can be done. Things may happen that are beyond your control and that you probably could not have changed even if you had been with your care recipient.

Take care of YOU. Finally, make sure that you spend your respite time well. Many caregivers have become so consumed with their role as a caregiver that, when they finally get a break, they don't know what to do with it. In order to make sure that your time away truly serves the purpose of providing rest and a break from your role as a caregiver, you might consider the following things:

Break out of your routine. If you are staying home during your break, do something different each day—especially something special just for you. If you are going away, try to avoid places that may remind you of your care recipient and serve only to make you feel lonely. Try to avoid using all of your time to run errands, do work, or play catch-up on tasks. If you get together with friends, try to avoid spending all of your time talking about your caregiving role. Make a point to discuss current events, shared interests, or pleasant topics.

Enjoy. Many caregivers get caught up in feeling guilty that they are away from their care recipient. Try to remember that this break is as important for them as it is for you. Finding joy in your respite is a much better use of your time than feeling guilty about it.

*Anne Togher is the President and Founder of Caregiver Coach®, www.caregivercoach.CO, and the author of *The Caregiver's Guidebook: The Basics*.*

WANTED: CAREGIVERS WHO WRITE!

In honor of National Family Caregivers Month, the November/December issue of *Care Connections* will be devoted to the writing of family caregivers like you. Have you written about your caregiving experience—or would you like to try? Please share your words with our readers. Professional writing experience is not required, only the heartfelt expression of your thoughts. Submissions are due September 22. Email to ecooper@bouldercounty.org or mail to *Care Connections*, Boulder County Aging Services, P. O. Box 471, Boulder, CO 80306. Submissions cannot be returned. For more information, call 303-678-6116. *Thank you for sharing.*

On a Respite Journey by Juliet Archer



Last year, nearly eight weeks after my husband, Romeo, entered a long-term care facility due to his deepening dementia, I realized that I needed a break. I needed a pause or an interval of relief from the stressful situation of being Romeo's support system and advocate. I had been at Romeo's side six to eight hours a day every day. It was the most difficult work I had done to date. Since the details of Romeo's daily care were now running smoothly, I decided it would be fine for me to take a five-day trip. Where I went wasn't as important as simply getting away. I was curious to see how this respite would rejuvenate me, how it might change the two of us, and what benefits might come out of it. Here are some highlights of what I noticed.

Asking for and Accepting Help

I asked a friend if she would arrange for a different one of our mutual friends to visit Romeo each day I was gone. She was excited and delighted to do this for us, and the friends who came to visit were thrilled to be asked. They chatted with Romeo, meditated with him, and read to him. The benefits of these visits touched everyone involved. Romeo got to know these friends better and loved the additional interaction. One of these friends enjoyed her visits with Romeo so much that she has visited him every week since, and several months later she organized a lovely birthday party for Romeo. To his delight, there were decorations, a wonderful Chinese dinner, birthday cake, presents, and about a dozen friends. I realized how many people actually do care about Romeo and are anxious to help. Perhaps most important, I learned that help can come unexpectedly and can blossom and that I can accept and direct it so everyone involved has a nice time.

Educating Others

Unless you've spent at least 24 hours in a caregiver's shoes, it's difficult to really know what her life is like or that of the person being cared for. Although Romeo's visitors didn't spend the entire day with him, each still received a better taste of what our lives are about. Each visitor was surprised at the intensity of Romeo's illness and now has a better understanding of what's involved in taking care of him on a number of levels. They are now more understanding and even more supportive of us. I imagine they are also better equipped to deal with any caregiving situation that may come up in their own families.

Developing Self-Reliance

As I mentioned earlier, at the beginning of Romeo's stay at the long-term care facility, I was with him six to eight hours every day. I didn't realize at the time that this kept him from partici-

pating in organized activities and meeting other residents. Our world was small and contained the two of us and a few other visitors. With me suddenly not with him all day, every day, Romeo took the opportunity to participate in the activities, to be out in the hallways and common areas, to meet other people and make friends. He was able to develop more self-reliance.

Deepening Inner Life

While I was away on my solo trip, I was able to get the quiet I needed to hear the wisdom of my soul. It told me to cut back on the amount of time I spent with Romeo so I could take better care of myself. It proved to be correct, as always. Following this inner wisdom gifted me with a larger awareness that the answers I need always lie within me and no one else. To get to them, all I need to do is be still enough to hear.

Perhaps the most important insight I gained from having taken this trip is that as long as I am a caregiver for Romeo, there will be a need for me to take an occasional break, whether it be for a few hours or a few days. Always at the end of a respite period, the responsibilities and stresses of caregiving begin to build again. It will now be easier for me to recognize when my health and mental landscape need attention. I do not have to be convinced any longer of the benefits of respite. The only question now is what will I learn on the next trip?

Juliet's blog, [Romeo and Juliet in Dementiaville](http://www.RomeoAndJulietInDementiaville.com), is about her life as a caregiver. Visit at www.RomeoAndJulietInDementiaville.com

“I know that my time given as respite for a caregiver helped her to just maintain her sanity during her husband's illness. I wanted to be there to help with whatever she wanted or needed me to do.”

— Respite volunteer



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.)

Alzheimer’s Association CO Chapter offers a new **caregiver support and education group in Spanish**, with information on stress management, communication, safety, and other topics, on Thursdays, September 1, 15, and 29, and October 13 and 27, 1:00 – 2:30 p.m., at Longmont Senior Center. For more information, call Victoria Zempel, at 303-813-1669.

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. Upcoming classes are on Thursday, September 1, and Thursday, October 6, both 2:00 – 4:00 p.m., at 3482 N. Broadway, Boulder (call 303-441-1546 to register); and on Thursday, September 15, and Tuesday, October 18, both 10:00 a.m. – 12:00 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont (call 303-651-8411 to register). Classes are free, but donations are appreciated.

New this year, **open enrollment dates for Medicare Parts C and D** are earlier. Beneficiaries may drop, change, or enroll into a Medicare Advantage Plan or Prescription Drug Plan from October 15 – December 7. New plans start on January 1, 2012. **Medicare Part D Clinics** to help compare or choose drug plans will be held by Medicare Counselors and volun-

teers at senior centers during this period. Call 303-441-1546 to find the nearest clinic.

PrestigePLUS presents **Advance Directives Workshops**, about considering and clarifying your wishes for medical treatment in the event of incapacitation, with Peggy Arnold, M.A., on Friday, September 9, and Friday, October 14, both 9:30 – 10:30 a.m. (\$5.00 for Longmont residents, \$6.00 for non-residents); **Lifelines, Safety Nets and Self-Care: Creating a Caring Community**, a three-part series, about thriving when we can no longer do everything ourselves and must turn to others for assistance, that includes **Finding the Resources**, a look at helpful community resources, on Thursday, September 22, 9:00 – 11:00 a.m.; **Creating Your Plan**, a structured process to create a self-care action plan, on Thursday October 20, 9:00 – 11:00 a.m.; and **Celebrating Your Success!**, a time to share and celebrate your efforts, on Thursday, November 17, 9:00 – 11:00 a.m. (\$9.00 for Longmont residents. \$11.00 for non-residents). Registration is required; call 303-651-8411. All presentations are at Longmont Senior Center.

Boulder County Aging Services presents a **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 Monday, September 12, 8:45 – 11:00 a.m., at Louisville Senior Center. The training brings awareness to the issues of aging as an LGBT and provides practical suggestions for providing culturally-competent care and service. Registration required, at 303-441-3583 or adavis@bouldercounty.org.

The **National Caregiver Training Program**, a service of Boulder County Aging Services, is a 21-hour course that helps family caregivers acquire the hands-on skills needed to provide safe, confident home care for frail older loved ones. It is offered once more this year: 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, BCAS, at 303-678-6116 or ecooper@bouldercounty.org.

Boulder County Aging Services offers **A Matter of Balance**, a course that emphasizes practical strategies to help older adults prevent and manage falls, on Tuesdays, September 13 – November 1, 1:00 – 3:00 p.m., at Boulder YMCA; and on Mondays, October 10 – November 28, 9:30 – 11:30 a.m., at Lafayette Senior Center. For more information, call 303-441-3570.

Boulder Senior Services offers a three-part series to help support the journey of family caregivers: **Family Relationships and Caregiving: Who We Were and How That Has Changed**, a panel presentation about the changing of family roles through time and circumstances, on Tuesday, September 13; **Saying Goodbye: Caregiving and the End of Life**, a panel discussion on facing the inevitable transition that can challenge family in many ways, on Tuesday, September 27; and **Compassion Fatigue: How Do We Restore Compassion for Ourselves and Others?**, about preventing and responding to the emotional and physical toll of caregiving, on Tuesday, October 11 (\$5.00 per session). All sessions are 4:30 – 6:00 p.m.,

at East Boulder Senior Center. Registration is required; call 303-441-3148 or 303-441-4150.

Alzheimer's Association CO Chapter presents **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, September 21, and Wednesday, October 19, both 11:30 a.m. – 1:00 p.m., at Villas at the Atrium, in Boulder. Pre-registration is required, at 303-813-1669 or online at www.alz.org/co.

Colorado Talking Book Library provides **free mailed library service** to Coloradans of all ages who are unable to read standard print material due to visual, physical, or learning disabilities, whether permanent or temporary. CTBL provides audio, Braille, and large-print books and magazines directly to your door, postage paid. Call 303-727-9277 for more information.

In celebration of National Family Caregivers Month, Boulder County caregivers of older loved ones (60+) are invited to a **Caregiver Luncheon** on Thursday, November 18, 11:30 a.m. – 1:00 p.m., at Lafayette Senior Center. Enjoy a roast pork lunch and some pampering. Registration is required and limited; call 303-665-9052, ext. 0.

To share information about a resource or coming event for caregivers, call 303-678-6116 or email ecooper@bouldercounty.org. The deadline for the November/December issue is September 26.



RESPIRE RESOURCES

[Please see back page for phone numbers of local Resource Specialists.]

Respite Assistance Program – Boulder County Aging Services

Up to \$500 per year in reimbursement for the costs of respite care provided by a friend, family member, home health care agency, adult day program, or long-term care facility

Contact local Resource Specialist

Respite & Companion Volunteer Program – Boulder County Aging Services

Two-hour weekly visits to care recipients by volunteers who provide companion-level assistance -- and respite for caregivers

Contact Rachael Oyer, 303-678-6286, royer@bouldercounty.org, or local Resource Specialist

Home and Community Based Services (HCBS)

– Medicaid

For persons who qualify for HCBS (financial/functional eligibility requirements), up to 30 days per year of respite care at home or in a long-term care facility

To inquire about HCBS eligibility, call Adult Care Management, Inc. (ACMI) at 303-439-7011, or consult local Resource Specialist. If care recipient is on HCBS, talk with care manager about respite.

Veterans services

Veterans may be eligible for home health care or long-term care that could provide respite for the primary caregiver

Contact Boulder County Veterans Services: Karen Townsend, Longmont, 303-776-8502; or Michael Holliday, Boulder, 303-441-3890

For persons under hospice care reimbursed by Medicare

Limited days of respite care in a Medicare-approved facility such as hospice inpatient facility, hospital, or nursing home

Check with hospice provider for more information

Long-term care insurance

Most policies pay respite care for up to 21 days (some up to 30) per calendar year

Contact your long-term care insurance agent

Woodward Respite Care Fund

May provide one-time respite grants up to \$1000 to Boulder County (and Denver area) caregivers who meet eligibility requirements
Visit www.WoodwardRespiteCare.org or call 303-446-0079

Adult day programs

Provide care recipients the opportunity to socialize, enjoy peer support, and receive nutritional, health, and social services in a protected environment, one to five days a week
For a list of adult day programs, visit www.BoulderCountyHelp.org (select Seniors & People with Disabilities, then Service Directory, then Adult Day Care Programs).

Long-term care facilities

Provide short-term respite care on a space-available basis (see article on page 11)

Contact long-term care facilities for more information. For a list of facilities and their services, visit www.BoulderCountyHelp.org (select Seniors & People with Disabilities, then Publications on left, then Senior Housing Guide for Boulder County).



Home health care agencies

Wide range of in-home services that can enable primary caregiver to take a break

For a list of agencies and their services, visit www.BoulderCountyHelp.org (select Seniors & People with Disabilities, then Publications on left, then Home Health Care in Boulder County guide).

Share the Care®

A model for creating a “community of care” to provide assistance and respite to the primary caregiver

Visit www.sharethecare.org

“Respite Care Guide: Finding What’s Best for You”

Alzheimer’s Association

Available at www.dementiacarecentral.com (select Find Resources, then look under Popular Resources)

“ABCs of Respite: A Consumer Guide for Family Caregivers”

ARCH National Respite Network and Resource Center

Available at www.archrespite.org (select Consumer Information)



Long-Term Care Respite by Susan Damon

Sarah lives with her son, Bill, who must occasionally travel overseas on business. As Bill begins making his travel plans, he calls a nearby long-term care facility where his mother often stays while he travels and asks if they have a room available for Sarah while he is out of town. Sarah has become familiar with the home and staff, and she is comfortable staying there on a short-term basis when Bill is away.

This type of respite care is available in many local long-term care facilities, if they have space

available. Some homes try to keep a few rooms available for short-term needs, such as respite care for caregivers who have to travel out-of-town or just need help for a time. If the care recipient is eligible for Medicaid, assistance may be available for short stays, and some insurance plans may also offer assistance.

The first step is to call a facility and speak to the admissions staff about the possibility of a respite stay and to get as much information as possible. If you are unfamiliar with the facility, plan a visit and bring a list of questions. For instance, ask if the staff will try to maintain the same medication and care schedule that the care recipient has at home to minimize the disruption of daily routine.

If you are considering residential respite care, try to give yourself plenty of time to find an appropriate placement and work through the details required, such as making sure all prescriptions are filled and paperwork required by the facility is up-to-date and meets its requirements. The respite care placement will be less stressful for all involved if there is time for thoughtful planning and preparation.

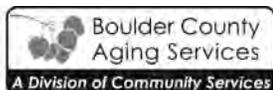
Sarah and Bill discuss the possibility of Sarah moving permanently to this home when her care needs become greater than they are now. For now, however, this option suits their needs.

Susan Damon is a volunteer Long-Term Care Ombudsman for Boulder County Aging Services and a member of the Care Connections Editorial Advisory Committee.

“I can’t thank you enough for all your help [from the Respite & Companion Volunteer Program]. I’m beginning to feel like a human being again.”
— Family Caregiver

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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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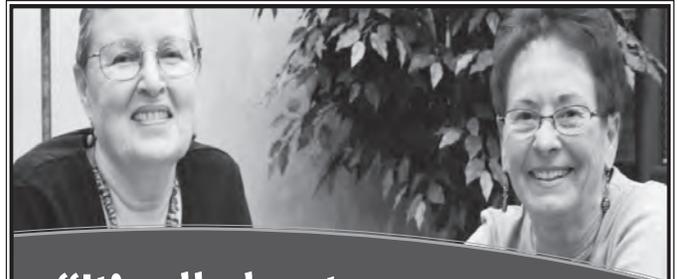
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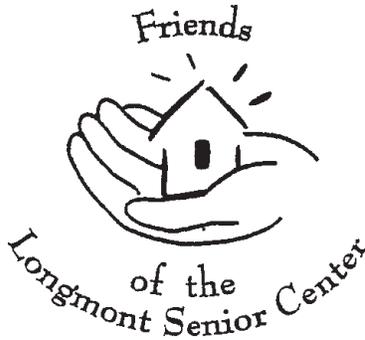
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