People With Alzheimer’s Have Taught Me About Love

People with Alzheimer’s typically love:

- Art
- Music
- Children
- Animals

Sometimes one of these activities can reach people with Alzheimer’s on a level we cannot. Try handing a paintbrush and some water paint to a person with dementia as a therapeutic activity. Playing a person’s favorite music can totally change their demeanor. If real children aren’t available to interact, a baby doll can be very comforting for someone to hold and cuddle. Interaction with dogs and cats, and sometimes other pets, can often greatly improve someone’s mood.

Of course, people with dementia love other people. They may remember past love and also experience love in the present—even if they don’t talk anymore and even during the last days of their lives; simply hold their hand and talk to them softly.

People living with Alzheimer’s taught me about the never-ending and unconditional power of love. They’ve taught me that love matters.

Adapted from article by Marie Marley, alzheimersreadingroom.com
While all caregivers face some adversity, those caring for family members who, due to personality, temperament, or disease, are angry, violent, or uncooperative, face an almost impossible task. Is it possible to provide loving, quality care to a person who tries to hit, refuses medication or food, tells you he hates you, or acts as if you aren’t even there? Yes, say the experts, but it takes patience and practice, as well as recognition of your own frustration and anger.

The Root of the Problem

There are myriad reasons why a care recipient may be classified as “difficult,” says Dr. Figueroa, a psychiatrist affiliated with the Medical Illness Counseling Center in Chevy Chase, MD. It may be the disease, as is the case with Alzheimer’s which can turn kind, gentle, cautious people into swearing, violent, and paranoid strangers. It can be the prognosis, leading to feelings of anger, resentment, guilt, depression, or frustration, which the care recipient unwittingly takes out on the caregiver. Or it can be a personality trait, which loss of control magnifies. So your overbearing, stubborn, or strong willed mother becomes more so under your care, or your taciturn husband becomes snappish and sarcastic at your every comment.

For many, the loss of self-determination and the loss of freedom are the root of the difficulties. “Most of the problems I see,” says Dr. Figueroa, “stem from the fact that we forget the person’s developmental needs. We know what the medical needs are, and we try to oversee those carefully, but as the person loses autonomy, he or she may begin to act out.”

Understanding Why

Learning the cause of the difficult behavior is the first step in figuring out how to deal with it, says Dr. Peter Rabins, professor of psychiatry at Johns Hopkins University School of Medicine and the author, with Nancy Mace, of The 36-Hour Day.

Rabins says the first stop should be to the family physician to make sure there is not an unidentified problem causing the difficult behavior. “Depression is a common side effect of long-term illness or disease, and left untreated, can manifest itself in an array of difficult behaviors,” says Dr. Nathan Billig, professor of psychiatry at Georgetown University Medical Center and the director of the University’s Geriatric Psychiatry program. Given proper medications, the unwanted behaviors often disappear. “If a new medical problem is not the cause, simply knowing what is normal for a particular condition may help,” says Edie Cannon who has been a caregiver since 1994. “It helps a lot to know that my husband’s behaviors are normal for someone with Alzheimer’s.”

(Continued on page 3)
Gaining an intellectual understanding of why your loved one is being difficult is an important thing to do, but it doesn’t make living with him or her any easier. Hopefully, the following suggestions will help.

**Acknowledge Your Feelings**

Virginia Hoffman, a caregiver, suggests that acknowledging your feelings of frustration or anger is a necessary thing to do. “Know that it is okay to feel the way you feel,” she says. “Don’t feel guilty that it is not you who is ill. It is okay to feel as angry as the care recipient is, because even though you do not have the illness your life has been profoundly affected as well.” In some cases, it may be your anger or fears that are making the care giving effort more difficult. You need to try to step back a bit and come to terms with your own emotions.

When simply expressing your feelings is not enough, McGuire suggests removing yourself temporarily from the situation. “I’ve had people tell me that when their frustration level got really high and they were assisting their loved ones to move, they would pull harder than necessary. Recognize when you are becoming destructive to yourself or your loved one, and get out of the situation. Come back once you’ve cooled down.”

**Separate the Person from the Disease**

Reminisce and remember the good times, say the experts. “One woman I work with watches videos to remind herself of why she’s still around caring for an increasingly surly and uncooperative spouse,” says McGuire. Joyce Cannon says memories are what propel her family forward as well. “We always idolized dad, and we still do. We know it’s not his fault he acts this way. We remember that he was always there for us, and I’m sure we drove him crazy at times.”

Says McGuire, “When things are bad, remind yourself that this person is sick and the behavior is not directed at you.”

In many cases, the illness brings up unresolved familial issues, such as an overbearing mother or an unforgiving father. Even though it is a difficult thing to do, it is important that caregivers try not to allow family history and dynamics to interfere with their caregiving, says Billig. “You must remove yourself from the history with this person,” he says. “Focus on the care needs (making the house accessible, finding a home care aide, etc.), not on the personality. And keep your focus in the short-term.”

Abridged from *Take Care!* Summer 1997 (Vol. 6, No. 3) by Marla Gold with permission of the National Family Caregivers Association, Kensington, MD, the nation’s only organization for all family caregivers. 1-800-896-3650; www.thefamilycaregiver.org.
Dealing with Wandering

Wandering May Be OK…Sometimes

Many people with brain impairment wander or pace. This is OK as long as the person wanders or paces in the daytime and is in a safe, supervised environment.

Wandering can help relieve anxiety and restlessness. It can also be a good source of exercise.

Problems may occur, however, if the person wanders away from home or wanders at night.

Adapted from excerpts from the booklet *Caring For A Person with Memory Loss and Confusion, An Easy Guide for Caregivers*, 2002 Journeyworks Publishing. Excerpted with permission. All rights reserved.

Play it Safe: Prepare!

† Note what your loved one is wearing each day.
† Try to dress the person in bright clothes so that he/she can be easily seen.
† Write or sew the person’s name, address, and phone # in his/her clothes (including shoes).
† Try to limit the amount of money the person is carrying; its best that he/she not carry more than a few dollars.
† Keep recent photos handy to distribute to police and other searchers if the need arises.
† Have available identifying information, such as the person’s height, weight, hair and eye color, any physical disabilities, and other identifying features.
† Keep a list of the person’s medical conditions, medications and allergies.
† Put bells on your doors to alert you when they are trying to leave.
† Ask neighbors to notify you if they see the person out alone.
† Know if the person is left or right-handed. If they are right-handed, they usually make right turns.
† Note the person’s “hangouts” and favorite places to go.
† Encourage the person to wear an ID bracelet. Information for the Alzheimer’s Association “Medic Alert + Safe Return” program is available at ADS.

Adapted from ADS Caregiver’s Guide, 2008, page 42
**Critical Items We Need Now!**

- **Paper Towels**
- **Copy Paper**
- **Facial Tissues**
- **Liquid Antibacterial Hand Soap**
- **Toilet Paper**
- **Wet Wipes**

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**Coping with Caring Sessions**

(These topical and educational sessions are scheduled at DP at 4:30 on the second Thursday of each month, and at Kennedy Park at 4:30 on the third Tuesday of each month.)

**Coping with Activities of Daily Living (ADLs)**

*Presented by Ruthann Shelton,*
*ADS Executive Director*

**Dorothy’s Place** 3185 Hickory Hill Rd.
Thursday, February 8, 2018, 4:30-5:30

Open to the community
Free care for loved ones provided during sessions
Please try to let us know if your loved one will be coming.

**Kennedy Park** 4585 Raleigh LaGrange
Tuesday, February 20, 2018, 4:30-5:30

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**Tips for the Month of February**

- Caregivers often ask if their loved one should be told they have Alzheimer’s. There are no absolutes. It may depend on how early it is diagnosed and on your individual circumstances. Do what is comfortable for you. If your loved one asks what is wrong with him you may wish to merely say, “You have a memory problem.”

- If you find there are a lot of things you want to get done this week, write them down in order of priority. Do priority one first - at your loved one’s pace - then two, three, etc. If everything doesn’t get done by the end of the week - so what? At least the priorities at the top of your list will probably get done and anxiety levels can be kept at a minimum for all concerned.

- Your loved one may need help with bathing. Tub baths can be difficult and dangerous. Shower water on top of her head might frighten her. Hand-held shower nozzles, rubber non-slip strips on the shower floor, and sturdy, well placed grab bars help to ease an often precarious task.

- If there is a job your loved one enjoys doing like making beds or setting the table, let her do it. Keeping busy and active is good. Tasks should not be taken away just because they aren’t done the way they used to or at the speed they used to. Helping can be a very rewarding and calming activity for her as long as it is at her pace. (While she is occupied with a task, you’ll have time to do other things.)

- Fatigue usually brings out the worst in us. Whatever areas we are weak in seem to manifest themselves when we are overtired. If you are not getting enough rest, try to find a way to insure that you do. If your loved one is not sleeping well at night, talk to his doctor. Mild medication carefully prescribed by his physician, or more daytime activity for your loved one may be in order.

- Clothing that goes over your loved one’s head may become a source of fear and agitation for her. Clothes with full front openings are better. If she cannot dress herself but is constantly undoing the front openings, try clothing with zippers or buttons on the back.

Adapted from: Lyn Roche, *Coping with Caring*, Elder Books, 1996.
Who Would Take Care of Your Loved One If Something Happened to You?

It is important to have a plan in place in case of your own illness, disability or death.

- Consult a lawyer regarding a living trust, durable power of attorney for health care and finances, and other estate planning tools.
- Consult with family and close friends to decide who will take responsibility for the person with dementia. You also may want to seek information about your local public guardian’s office, mental health conservator’s office, adult protective services, or other case management services. These organizations may have programs to assist the person with dementia in your absence. To ask about available programs in Memphis, contact the Aging Commission of the Mid-South at (901) 222-4111.
- Maintain a notebook for the responsible person who will be assuming caregiving. Such a notebook should contain the following information:
  1. Emergency numbers.
  2. Current problem behaviors and possible solutions.
  3. Ways to calm the person with dementia.
  4. Assistance needed with toileting, feeding, or grooming.
  5. Daily routine.
  6. Favorite activities or foods.
  7. A current list of medications for both of you.
  8. Allergies.

- Preview resource boards, and long-term care facilities, in your community and select a few possibilities. If the person with dementia is no longer able to live at home, the responsible person will be better able to carry out your wishes for long-term care.

Adapted from: www.nia.nih.gov/health/alzheimers-caregiving-caring-yourself

Tips from ADS: In Case Something Happens to YOU, the Caregiver

- **Keep a note in your wallet** with an emergency phone contact number in case something happens to you. Include a statement that you are a caregiver for _________(person’s name), who has dementia and **cannot be left ALONE**. (Laminate the note if possible.) [We can do this at ADS for you.]

- **Keep a current list of medications** for you and your loved one in your wallet, and on your refrigerator, for emergency personnel.

- **Program your phone** to include emergency contacts and medical information. (Go to www.pcmag.com, “How to Add an Emergency Contact to Your Phone’s Lock Screen,” to find out how to make information accessible to others on your phone.)

- **Caregiver ID jewelry** can be purchased through the MedicAlert+SafeReturn service. If something happens to you, others will be alerted that you are a caregiver for someone in need of supervision. Contact: 888-572-8566, or go to www.medicalert.org/safereturn.
Activities for February

(Please note that the activities are listed below to keep you informed of the special events that are scheduled at our two centers for those who are enrolled in the ADS program. We use the word “Friends” for those that attend our program. Please contact us if you would like more information about enrolling your loved one at either center.)

**Dorothy’s Place Activities**
- **Music Therapy** with Rebecca, Tuesdays at 10:00 and Wednesdays at 2:00
- **Tai Chi** with Marilyn, Wednesdays at 10:30
- **Spanish Language Class** with Brigitte, Mondays at 2:00
- **Art Therapy** with Kerry from Dixon, Tuesday, February 13, 1:30
- **Sweetheart Luncheon**, Wednesday, February 14
- **Music Entertainment** with Brenda Buford-Shaw, Friday morning, February 23

**Kennedy Park Activities**
- **Music Therapy** with Rebecca, Tuesdays at 2:00
- **Pet Therapy** with Bunni and Megan, Wednesdays at 10:00
- **Art Therapy** with Kerry from Dixon, February 13, 10:00
- **Tai Chi** with Marilyn, Wednesdays at 1:30
- **Sweetheart Luncheon**, Wednesday, February 14
- **The Thirty Niners Choir**, February 14, 2:00
- **Music Entertainment** with Brenda Buford-Shaw, Thursday morning, February 22

The January Football parties were enjoyed by male “Friends” as they watched an old Superbowl while munching on snacks and drinking non-alcoholic beverages. In February, “Friends” will be participating in crafts, activities and games to celebrate Valentine’s Day. Couples will be invited to a special “Sweetheart Luncheon,” while everyone will enjoy live musical entertainment! We will also be taking small groups to the Brooks Art Museum for a special art experience over the course of the next several weeks. The relaxing Tai Chi sessions have been a wonderful addition to our schedule, enjoyed by “Friends” at both centers!

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Does your friend or family member reside in a long-term memory care community? Are you looking for ways to better advocate and support?

**Alzheimer’s Foundation of America’s FREE Telephone-Based Long-Term Care Support Group**
- **When**: Thursdays, starting February 1, 2018 (for four consecutive weeks)
- **Time**: 3:00 p.m to 4:00 p.m (Central Time)
- **To register**: Contact AFA’s national toll-free helpline at 866-232-8484

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**SAVE the DATE...ADS 13th Annual Trivia Night and Silent Auction**

**Saturday evening, April 14, 2018**
Temple Israel 1376 East Massey

**Theme to be announced soon!**

Trivia! Silent Auction! Prizes! Wine Pull! Food! Adult Beverages! Fabulous Dessert Bar!

***SPONSORS and AUCTION ITEMS/GIFT CERTIFICATES ARE NEEDED***
Please share your ideas!

For more information, please contact Judy Davis (jedavis@adsmemphis.org) or call: (901) 372-4585
10 Tips for Nonverbal Communication With a Person Who Has Alzheimer’s

Sometimes it’s not just what you say but also what your body language says.

1. Don’t talk from behind the person.
2. Make eye contact: This tip is related to the one above. If you’re standing behind the person you can’t make eye contact.
3. Be at the same level: If both of you are standing that’s fine, but if the person is sitting on a chair it’s best if you kneel in front. This is especially important if the person is in a wheelchair; otherwise he/she will have to look up at you and may feel you’re towering over him/her.
4. Use therapeutic touch: People with Alzheimer’s may yearn to be touched, but you should ask for permission first and tell the person what you are going to do so that he/she will not be alarmed.
5. Don’t make sudden movements as this, too, may scare the person.
6. Offer to shake hands every time you visit; the person probably won’t remember you did it the last time. Put your hand out; the person may reach for yours, but if not, let it go. This tip is related to therapeutic touch.
7. Use laughter. Alzheimer’s is a very serious disease. Nonetheless, sometimes laughter is the best medicine. Be sure to have some light-hearted stories to tell the person at each visit. I have found people may counter by telling a funny story, too. Just be sure you’re laughing with the person, not at them.
8. Use visual cues: Point, touch or hand the person the item you want them to use. For example, if you want someone to drink water, point to the glass or put it close by or pick it up and hand it to him/her.
9. Palms up: Never sit with your arms crossed. This tends to convey anger just as it does when interacting with a person who does not have dementia. If you have your palms up it will probably be interpreted by the person as “I’m receptive to you” or “Take my hand” or “I like you.”
10. Smile a lot: This is probably the most important guideline of all. You will want to do this at any time (except if the conversation is more serious), but particularly when you’re telling the person something pleasant or humorous and when the person is telling you something of a like nature.

Adapted from article by Marlo Solitto, alzheimersreadingroom.com