CareLines

WWW.ADSMEMPHIS.ORG

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ADS Free Caregiver Conference
For Family Caregivers
Sponsored by

Tuesday, November 12
8:30 am - 3:30 pm
First Baptist Church—Broad 2835 Broad Ave.

A Caregiver’s Journey: Back to Basics

Free On-Site Care by Senior Helpers
(If your loved one is enrolled at an ADS center, please inform Adina Samberg if an additional free day of care is needed at Dorothy’s Place or Kennedy Park in order for you to attend the conference.)

Registration required:
go to our website, adsmemphis.org, click on Events
or pick up a registration form at our centers

Please call Adina Samberg or Judy Davis, 901-372-4585, if you would like a registration form sent to you.

CareLines is partially supported by the Aging Commission of the Mid-South.
Tips for Long Distance Care Giving

When I was young families lived nearby, neighbors helped and looked out for each other, and if an elderly person needed something, there were people available to help. Things are very different today. Families are spread out all over the nation, and adult children are finding their parents who live in a different state are in need of care.

So what do you do when you are unable to be near your parents, and a move isn’t in the near future?

Consider visiting them for at least a week so you are able to assess the entire situation. Below are 6 tips for getting the most out of a week visit.

1. Attend a doctor’s appointment with your parents. Have them sign a release of information so the doctor is able to share medical information with you when you return home. Get a current list of their diagnoses, medications, allergies and health histories. Give the doctor’s office your emergency contact information, and ask them to contact you with any significant changes.

2. Check with the pharmacy to make sure your parents are getting all their prescriptions filled on a timely basis. If your parents are seeing more than one doctor, check to make sure the doctors are communicating. One pharmacy can quickly identify drug interactions, or over-medicating. Check your parents’ medications for expired or discontinued medications, and discard any non current meds.

3. Meet your parents’ neighbors and close friends. Get their phone numbers, and provide your emergency contact information. Ask them to check on your parents, particularly if you have one parent living alone, and contact you if there are any needs or problems. If your parent does not know his or her neighbors, or has no friends, this is a cause for concern. When our elderly lack socialization, it contributes to declining health, and depression. Lack of socialization may be caused by depression, which is often undiagnosed in the elderly. If there is someone that can regularly visit, get them involved. If not, private duty homecare can provide companionship and safety checks, giving you regular updates.

4. Discuss your parents’ wishes for health care and finances as they may be unable to make those decisions in the future. Make sure your parents have chosen a power of attorney for health care and finances, and the documentation is complete and available. Power of attorney is only utilized if or when your parent is unable to make his or her own decisions. Advance Directives are a necessary part of your parents’ wishes.

5. Locate a list of reputable agencies and facilities, should you need help in the future, including home health agencies, private duty agencies, rehabilitation facilities, nursing homes, and care managers. Depending on your parents’ situation, you may want to also have a list of assisted living facilities. If your parent has an unexpected illness or injury, the last thing you will want to do is to gather all that information at the last minute, while you are trying to plan the trip to be with your parent. Preplanning will significantly reduce the stress in an unexpected crisis.

6. Get copies of your parents’ insurance cards, physicians’ names and phone numbers, and past medical history.

It takes time and effort to provide long distance care, but the more prepared you are before a crisis, the more you will be able to make confident and appropriate decisions.

Adapted from 12 Tips for Long Distance Care Giving by Angil Tarach-Ritchey, GCM, alzheimersreadingroom.com, 6/2010.
Dental Care

Proper dental care can help prevent eating difficulties, digestive problems and extensive dental procedures down the road. However, brushing is sometimes difficult because a person with dementia may forget how or why it’s important to take care of his or her teeth.

To help the individual with dental care:


Use a “watch me” technique. Hold a toothbrush, and show the person how to brush his or her teeth. Or, put your hand over the person’s hand, gently guiding the brush.

Monitor daily oral care. Brush teeth or dentures after each meal, and make sure teeth are flossed daily. Remove and clean dentures every night.

Keep up with regular dental visits for as long as possible. Seeing a dentist regularly is essential for healthy teeth. Ask the dentist for suggestions or items that may help make dental care easier.


Communication Tips from Coach Broyles’ Playbook

She can only make sense of very simple ideas. She can no longer follow directions that have three or more steps.

For example, you say to her “Mom, (1) pick your plate up off the table, (2) take it to the sink and (3) wash it off.” She may just pick up the plate and stand there. Why? She has already forgotten the last two parts of what you asked her to do. This means you will need to re-think how you say everything!

This new way of talking is called “task breakdown.” This means that you must ask her to do one step at a time. Wait until she has done the first step of what you have asked, and then tell her the next step.

This way of talking needs to be a part of everything you say from here on out.

Breaking things down into small steps will help her be able to do more for herself. It will help her feel useful and happy.

Other changes

You may notice that she is no longer able to see things from any point of view but her own. Trying to “make your point” while talking to her is a waste of breath.

In the past she may have loved family get-togethers. Now you may find that she has a hard time when lots of people are around her. She may get upset and seem more confused. This happens because she is losing the ability to grasp what people say when they are talking to her. It is getting hard for her to shut out noises around her. She can’t focus on what is being said. You could:

☞ Try to limit the number of guest in the house at the same time.
☞ Have guests talk with her away from the crowd and noise.
☞ If she gets upset, move to a quiet area with her until she becomes calm.


Task Breakdown: one step at a time
Aphasia and Dysphagia

Individuals with dementia may develop aphasia, the inability to communicate effectively or dysphagia, a swallowing disorder. Speech-language pathologists (SLPs) can provide specific types of support to manage these symptoms and ensure the best possible quality of life. Referral and collaboration between members of the team, particularly during the early stages of assessment and treatment planning, are important to help ensure quality service for individuals affected by communication and cognitive disorders.

Some Signs of Dysphagia can be:

- Coughing during or right after eating or drinking
- Extra effort or time needed to chew and swallow
- Food or liquid leaking from the mouth
- Weight loss or dehydration
- Risk of aspiration

A Speech Pathologist will:

- Assess and diagnose swallowing disorders associated with dementia
- Work with the person to ensure safe swallowing
- Help the individual use strategies to preserve communication for as long as possible
- Teach families ways to communicate using different tools, such as a communication board
- Refer the individual to other professionals to rule out other conditions and facilitate access to comprehensive services

Adapted from alzfdn.org (click on caregiving resources/fact sheets)

SAVE THE DATE: Wednesday, November 20, 2019

Dementia Experience
8:30 a.m. – 3:00 p.m.
(allow 30 minutes for the experience)
Dorothy’s Place
3185 Hickory Hill Road

FREE for ADS Caregivers $10 for all others

Two centers to serve the Mid-South, 3185 Hickory Hill Road and 4585 Raleigh LaGrange Road, Memphis, TN
Business: (901) 372-4585 Fax: (901) 370-5642
Tips for the Month of October

• Your loved one may see and hear people and things that you can’t see or hear. He might carry on conversations with people who are not actually in the room. Sometimes he may misinterpret real things due to poor eyesight or hearing. You will probably be able to determine whether he is experiencing hallucinations or not. Like any other changes in behavior, consult with his doctor to help determine the possible causes and ways of handling them.

• Taking the knobs off the stove when you are not using it is a good idea. They can be removed and replaced quickly and easily on most ranges. It’s best not to leave your loved one alone in the kitchen when something is cooking.

• Familiarize yourself with a toy shop. Plastic tools, talking dolls, and numerous other items could prove fascinating and enjoyable for your loved one.

• One creative caregiver made use of her loved one’s repetitive actions and desire to pace. She discovered he loved running the electric sweeper. He was busy, he was helping, and the exercise seemed to help him sleep better at night.

• Try using sturdy stable mugs for beverages rather than cups and glasses.

• Warm baths are relaxing. Bubble baths are luxurious. Whirlpools are soothing to tired muscles.

• A bean bag toss can be a safe enjoyable way to exercise muscles and help retain coordination.

• Many family caregivers refer to day care as the Club. Your loved one may enjoy being a member.

• Your loved one may enjoy jigsaw puzzles that have large sturdy pieces.

• People with dementia can’t be rushed or pushed. This may take extra patience and planning on your part. Allow a little more time to get to appointments or to accomplish a joint task so you don’t experience anxiety and frustration.

Adapted from: Lyn Roche, Coping with Caring, Elder Books, 1996.
When Alzheimer's Steals Your Loved One's Personality

As Alzheimer's progresses, it destroys memory, brings on erratic behavior and robs personality. You find you are caring for a father who no longer recognizes you; a mother with whom you no longer share any emotional connection; or a loved one who doesn't appreciate, or even want your help. How do you keep going and loving someone who is a shell of the person you once knew?

Two experts who work with Alzheimer's patients and their families spoke with AgingCare.com about this dilemma. A caregiver advocate, founder of The Care Company and The Cindy Laverty caregiving talk show — and a former caregiver herself — feels the most difficult part is letting go of the relationship you once shared with your loved one. "The father who once provided strength and comfort is no longer able to do for you," she says. "Now, he needs your strength and comfort." Ms. Laverty recommends that you allow yourself time to feel whatever emotions come your way. Giving yourself permission to grieve will help you go on, to continue caregiving with more purpose and clarity. "Feel the sadness, anger, unfairness and the frustration. Allow yourself time to grieve."

Kenneth M. Sakauye, a geriatric psychiatrist in Memphis, Tennessee, says while Alzheimer's changes personalities and relationships "that doesn't mean you stop loving"—though "you may have to dig a little deeper to find that love." On the toughest days, try to remember how your loved one once was. If there was once an affectionate bond, he says, it hasn't disappeared. "It's changing and growing," he says. As an example of how relationships evolve, Dr. Sakauye cites a caregiver who spent her entire life seeking her mother's approval and affection. She felt her mother loved her sister more. Yet after her mother was diagnosed with Alzheimer's, she stopped playing favorites — and the daughter stopped caring about being the favorite. She simply enjoyed the time they had left together. It created a special bond that actually brought them closer than ever before. No relationship remains the same forever. "As a parent, you loved your children differently when they were two than when they were 20," he points out. "It's the same as your parent ages."

Even in the most advanced cases of Alzheimer's, your loved one may have moments of clarity and recognition. They will be fleeting, but embrace, treasure and remember them. Your loved one is still there, and your loved one has not abandoned you.

Adapted from article by Marlo Sollitto, agingcare.com, 8/14/13.
Activities for October

Please note that the activities listed are 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
Spanish Language Arts with Brigitte, Mondays at 2:00
Tai Chi with Marilyn, Wednesdays at 9:30
Mid-South Therapy Dogs & Friends, Thursday, October 24 at 10:00
Music Entertainment with Brenda Buford-Shaw, Friday morning, October 25

Kennedy Park Activities

Music Therapy with Rebecca, Fridays at 2:00
Pet Therapy with Bunni and Megan, Wednesdays at 10:00
Tai Chi with Marilyn, Wednesdays at 11:15
Spanish Language Arts with Brigitte, Thursdays at 10:00
Frayser-Raleigh Singers Entertainment, Thursday, October 3 at 10:00
Music Entertainment with Brenda Buford-Shaw, Thursday morning, October 31

Spirit Week in September was loads of fun as “Friends,” and staff, came to the centers dressed in funny hats, pajamas designed with polka dots, stars, and silk; sports jerseys and caps. Wacky Tacky day was full of laughs as many wore wild and crazy clothes and hairdos. Friday of Spirit Week really took the cake with balloons, live entertainment and individually made corsages (Thank you, Darlene!)!

Purposeful Activities

Engagement in activities that are purposeful has many benefits. It encourages us to feel good about ourselves, brings meaning to our lives, helps us to feel a sense of belonging, provides opportunities for using our skills and generally supports our well-being. The benefits of purposeful engagement do not change with a diagnosis of dementia. People living with dementia can engage in purposeful activities at home and in social groups such as planned activity groups. To support engagement, it is important to know the person behind the dementia. This is what person-centered care is all about. It requires knowledge about a person’s life story, strengths and interests in order to create activities that are purposeful to them. Montessori is an example of a person-centered approach to supporting purposeful engagement. People with dementia can have difficulty showing their feelings. This can make it challenging to know if an activity has purpose and meaning for them. Laughing and having fun are obvious signs of meaningful engagement. Quietly watching others who are involved in an activity or helping other people are also signs a person is meaningfully engaged. Walking away, refusing to join in or falling asleep can signal that a person with dementia is not engaged. The person with dementia should always determine which activities have meaning to them and which ones do not. Engagement is about the experience of being involved in activity that brings purpose and meaning - not the outcome.

Adapted from: www.fightdementia.org.au
How to Defuse Aggressive Behavior in a Person with Dementia

Aggression -- a destructive or hostile action or behavior directed toward oneself, other people or objects -- is one of the most frightening behaviors displayed by some individuals with dementia. Typically, aggressive behavior in a person with dementia involves swearing, screaming, throwing objects, slamming doors, resisting care, biting or attempting to hit other people. Less commonly, it may be sexual in nature.

Many things can trigger aggressive behavior in a person with dementia. For example, aggression may be a sign of an underlying problem that the patient cannot communicate. Pain, physical illness, dehydration, depression, anxiety, a lack of sleep, frustration, a change in the person's drug regimen or even constipation may cause the patient to act out.

In some instances, aggressive behavior may occur when the person doesn't understand why she or he is asked to do something. The person with dementia may misinterpret certain actions or be mistrustful of someone and react aggressively toward that person.

Identify and adapt. You may be able to identify a pattern in the person’s aggressive behavior and take steps to prevent it by keeping a detailed written account of the events that surround the acts of aggression. Information gleaned from the written account can be useful in helping you make adaptations that will help avoid triggering the aggressive behavior. For example, if outbursts of aggressive behavior occur when a person receives instructions on how to do something, avoid general directives and instead give instructions that contain only one step. You could say "put this shirt on" rather than "dress yourself."

The medication option. If repeated use of behavioral modification does not help control the aggressive behavior, medication may be appropriate. While no drugs are specifically approved to treat aggression in dementia, research shows that a number of medications may be helpful. These include antidepressants, antipsychotics and anti-anxiety drugs. Discuss with your loved one’s physician.

What to do when aggressive behavior occurs. Despite efforts to prevent and treat aggressive behavior, episodes may occur from time to time. Knowing what to do can help defuse the situation.

- If a person with dementia becomes aggressive, try to stay calm and stop whatever it is you are trying to get the person to do.
- Give the person enough space so that he or she doesn't feel threatened.
- Don’t argue with the person, make degrading comments or punish the person physically or psychologically.
- Remember, because of the person's illness, he or she likely will not recall the event or be able to learn from it.
- Get support. Find out about Caregiver Support Groups in your area (ADS offers 6 Support Groups each month; see Page 1, or call 901-372-4585).

Adapted from: Johnhopkinshealthalerts.com, August 19, 2013.