Twelve Steps for Caregivers

1. Although I cannot control the disease, I need to remember I can control many aspects of how it affects my relative.

2. I need to take care of myself so that I can continue doing the things that are most important.

3. I need to simplify my lifestyle so that my time and energy are available for things that are really important at this time.

4. I need to cultivate the gift of allowing others to help me, because caring for my relative is too big a job to be done by one person.

5. I need to take one day at a time rather than worry about what may or may not happen in the future.

6. I need to structure my day because a consistent schedule makes life easier for me and my relative.

7. I need to have a sense of humor because laughter helps to put things in a more positive perspective.

8. I need to remember that my relative is not being difficult on purpose; rather his or her behavior and emotions are distorted by the illness.

9. I need to focus on and enjoy what my relative can still do rather than constantly lamenting over what is gone.

10. I need to increasingly depend upon other relationships for love and support.

11. I need to frequently remind myself that I am doing the best that I can at this very moment.

12. I need to draw upon the Higher Power, which I believe is available to me.

5 Qualities of Caregiving Excellence

Relationships can be tested to the limit when there is a caregiver and care recipient within a family relationship. Not everyone is suited to provide care in a family situation or as a paid position. So what are the characteristics that an excellent caregiver has? It is believed there are 5 core qualities an excellent caregiver possesses.

EMPATHY

Some can empathize more than others. If you can totally put yourself in the place of whom you are caring for, you will do nothing but provide excellent care.

The question is always how would I want to be treated and taken care of under these circumstances? If that is the core basis for how you provide care you will provide caring, compassionate, and dignified care with a great attitude.

DEPENDABILITY

Someone who is in need of care has lost some degree of independence. They have to be able to depend on the person or people providing assistance to them.

Imagine being unable to obtain your own meal, bathe yourself, get dressed, or go to the bathroom independently. Imagine the feelings involved when you lose that independence and have to ask for help. Imagine having no one to count on when you need them.

It is difficult enough for a person to lose independence without having the added burden of finding someone reliable to help them. When you provide care, it is crucial that you are dependable. So many vulnerable seniors’ lives depend on the assistance and care of another to live a safe and happy life.

PATIENCE

Besides children, most care recipients are elderly. As we age our bodies no longer move the way they used to. Add an injury, or physical illness and movement is more difficult, slower and may be painful.

Give the care recipient ample time to comfortably be assisted with their activities of daily living (ADL’s), and to complete as many tasks as possible on their own. If you aren’t patient, you will end up providing more care, not less. Use the time to slow down your hurried life and enjoy the process of caregiving.

If the care recipient is angry, and uncooperative, give them space, and a bit of time. If they are not in danger of hurting themselves or others remove yourself from the situation. Give everyone time to breathe and calm down. Wait 15 or 20 minutes and reproach in a calm and loving manner. If the source of the frustration is a task that can be put off -- put it off. If it’s something that needs to take place as soon as possible, like changing an incontinence brief, try a different approach.

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**STRENGTH**

You may be having a bad day yourself, the care recipient may be having a bad day, or you are just burned out. Times like these call for strength.

You must be strong enough to recognize when you are in need of time off, when you need to adjust care, when you need to dig deep within yourself for patience.

Recognize what your weaknesses are and when to get additional assistance. If you get frustrated and exhausted it will not only affect you, but it contributes to the person you’re caring for feeling like a burden, and everyone loses.

Take time off, get additional assistance, and again put yourself in a place of empathy.

**FLEXIBILITY**

Caregivers have to be some of the most flexible people. Things can change in an instant when you are caring for someone.

Family members can be called home from work, need to get their loved one to the doctor, or hospital. The health situation can fluctuate, and personality and behavior can change on the drop of a dime.

Whether you are providing care now or will be in the future, you have to ask yourself if you are able to put yourself in the shoes of the person, or people you care for.

This requires you to be judgment free of their situation, and have the ability to understand what it must feel like in their place.

If the person has advanced Alzheimer’s, take yourself to the place it would be like when they were healthy, and then started to realize they couldn’t remember things, or lost their way. Understand how it felt to receive the diagnosis of Alzheimer’s, knowing there is no cure and your abilities will most likely diminish. Think about what it would be like to have a stranger bathe or dress you.

If you can do those things, you will always provide care that is of the best quality possible. Care recipients deserve no less than the best we have to offer.

Article by Angil Tarach-Ritchey RN, GCM, adapted from alzheimersreadingroom.com, 2015.
When a Person with Alzheimer's Rummages and Hides Things

Someone with Alzheimer’s disease may start rummaging or searching through cabinets, drawers, closets, the refrigerator, and other places where things are stored. He or she also may hide items around the house. This behavior can be annoying or even dangerous for the caregiver or family members. If you get angry, try to remember that this behavior is part of the disease.

In some cases, there might be a logical reason for this behavior. For instance, the person may be looking for something specific, although he or she may not be able to tell you what it is. He or she may be hungry or bored. Try to understand what is causing the behavior so you can fit your response to the cause.

Rummaging—with Safety

You can take steps that allow the person with Alzheimer’s to rummage while protecting your belongings and keeping the person safe. Try these tips:

• Lock up dangerous or toxic products, or place them out of the person’s sight and reach. Remove spoiled food from the refrigerator and cabinets. Someone with Alzheimer’s may look for snacks but lack the judgment or sense of taste to stay away from spoiled foods.

• Remove valuable items that could be misplaced or hidden by the person, like important papers, checkbooks, charge cards, jewelry, cell phones, and keys. People with Alzheimer’s often hide, lose, or throw away mail. If this is a serious problem, consider getting a post office box. If you have a yard with a fence and a locked gate, place your mailbox outside the gate.

• You also can create a special place where the person with Alzheimer’s can rummage freely or sort things. This could be a chest of drawers, a bag of objects, or a basket of clothing to fold or unfold. Give him or her a personal box, chest, or cupboard to store special objects. You may have to remind the person where to find his or her personal storage place.

Here are some more suggestions:

• Keep the person with Alzheimer’s from going into unused rooms. This limits his or her rummaging through and hiding things.
• Search the house to learn where the person often hides things. Once you find these places, check them often, out of sight of the person.
• Keep all trash cans covered or out of sight. People with Alzheimer’s may not remember the purpose of the container or may rummage through it.
• Check trash containers before you empty them in case something has been hidden there or thrown away by accident.

Adapted from nia.nih.gov
**Critical Items We Need!**

- **Paper Towels**
- **Bleach**
- **Copy Paper**
- **Disinfecting Spray**
- **Disinfecting Wipes**
- **Facial Tissues**
- **Fresh Vegetables**
- **Liquid Antibacterial Hand Soap**
- **Toilet Paper**
- **Wet Wipes**

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**Tips for the Month of April**

- Reduce clutter. Make sure carpet is firmly secured. Signs or arrows can identify safe walking paths. Reflective tape along baseboards and handrails can identify the route to the bathroom.

- Purchasing spare sets of frequently lost items could buy a lot of peace!

- When your loved one is searching for a word while talking, he might appreciate your help in supplying it. Be cheerful, not impatient. In the same manner try offering the correct word if he uses an incorrect word. Don’t persist in providing the correct word if he objects.

- There may be several explanations for why some people with Alzheimer’s Disease wander. If your loved one wanders aimlessly she may need more vigorous exercise or more stimulating activities. If she seems in search of a place or home, give her frequent reassurance of her whereabouts. Safety is of prime importance. An identification bracelet is a must.

- The activities of daily living - bathing, dressing, toileting - are the causes of most caregiver stress. Know what kind of help is available and take advantage of it. Home care may be obtainable through community services, governmental programs, volunteers, faith-based groups or private agencies.

- Bright colors and busy prints can distract and over stimulate some patients. Placemats, tablecloths, and dishes in colorful patterns may distract your loved one from eating.

- Everyone feels better when they look good. Making sure your loved one’s hair and nails are well-groomed can do a lot for her self esteem. If you don’t feel adept in this area, seek the assistance of a friend or professional.

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**Online and Telephone Support Options for Caregivers**

*For virtual community events and support:*

- See front page for info about ADS online Support Groups
- Call 901-372-4585 to talk to an ADS Social Worker on the phone
- alzfdn.org
- alztennessee.org

or call 24/7 Helpline: 800-259-4283

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*Source: Coping with Caring by Lynn Roche, Elder Books, 1996.*
The Seven Stages of Dementia

Dementia is a progressive condition which slowly gets worse. The dementia journey usually lasts several years – people have been known to live for 20 years with dementia – so having some idea about how and when life might change may be useful.

1. Normal – no symptoms of dementia or Alzheimer’s are apparent, though changes in the brain might already be occurring – these can happen several years before symptoms emerge.

2. Normal forgetfulness – this involves minor memory problems which can easily be considered ‘senior moments’ or stress.

3. Mild Decline – loved ones may begin to notice subtle changes and signs that something ‘isn’t right.’ The person might be frequently losing a purse, or keys or forgetting appointments. If you seek advice from a doctor at this point you could be told that your loved one has Mild Cognitive Impairment (MCI). Experts believe this stage can last up to seven years.

4. Moderate Decline – this is when symptoms become clearer to everyone. The person with dementia might find it difficult to manage money or pay bills, or remember what they had for breakfast. If they visit their doctor at this point, and undergo a Mini Mental State Examination (MMSE) it’s likely they will be diagnosed with dementia. The average length of this stage is around two years.

5. Moderately Severe Decline – loved ones may need more help with day-to-day living during this stage. While they can probably still bathe and take care of other personal needs on their own, they may find it difficult to dress appropriately or be unable to remember simple facts about themselves, such as their address or phone number. However, they usually recognize family and friends and can recall events from decades ago (especially their childhood) with great clarity. On average this stage can last around 1.5 years.

6. Severe Decline – this is the point at which many people with dementia move into care homes or need constant supervision at home. You might need to help them with bathing and they may also become incontinent. You may notice changes in their personality and behavior – such as anger and aggression – which can be upsetting and difficult to cope with. However, although they might be very confused, they often still know and recognize the people closest to them – which can be some comfort. Experts believe this stage can last, on average 2.5 years.

7. Very Severe Decline – your loved one might not reach this stage, since many people with dementia pass away before it happens, often as a result of other health conditions such as strokes or heart attacks. But if they do get this far, they’ll need round-the-clock care and the support of professional care (if they don’t already have). While this stage can undoubtedly be harrowing for loved ones, it’s important to remember that the person with dementia may not experience it in the same way, since they no longer really understand what’s happening. Providing everyone does their best to keep them comfortable and calm, there’s every chance this stage can end peacefully for them – and for you.

Adapted from www.unforgettable.org.
Activities at ADS

In the month of March, “Friends” were very busy preparing for St. Patrick’s Day, doing various crafts, cutting, coloring and decorating shamrocks and leprechauns, along with joining in trivia and listening to limericks. Everyone also enjoyed green cake and green lemonade and special entertainment by the Side Street Steppers, courtesy of Creative Aging.

We are looking forward to an Easter Brunch and Egg Hunt in April, as well as our Spring Celebration!

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Hearing

The most common hearing loss associated with aging is presbycusis, which interferes with the ability to hear high-pitched sounds, causing difficulty understanding speech. Aging also presents more difficulty with localizing the source of sounds, a decreased ability to mask background sounds (i.e., the hum of the refrigerator), and increased problems hearing while on the telephone.

Adaptations

- Decrease or eliminate background noises.
- Gain the person's attention before speaking; face him or her and enunciate your words.
- Use nonverbal cues, and other sensory cues, write down key words, and make extra associations with names to clarify what you're saying.
- Ensure proper hearing screenings; sometimes wax removal can vastly improve hearing.

See the suggestions below that are specific for persons with dementia and hearing loss:

- When it is necessary to repeat something, use the same words. This guideline contrasts with the habitual rephrasing that is advised for speaking with people who have hearing loss only. If the words are changed, a person with dementia may think that there are two different messages.
- Lower your voice pitch and speak somewhat more loudly, but do not shout; shouting distorts sound and can convey anger.
- Persons with dementia and hearing loss are especially prone to feeling excluded or even paranoid due to the extra complications of cognitive misperceptions. Be sure to include the person in conversations.

Adapted from: Navigating the Alzheimer’s Journey, A Compass for Caregiving, Carol Bowlby Sifton, 2004

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Alzheimer’s Foundation of America’s

VIRTUAL EVENTS

For Caregivers and Loved Ones:
Music, Art, Fitness, Meditation and more!

Go to alzfdn.org/events to view the calendar and find details.
How to Take the Stress Out of Getting Dressed

Alzheimer’s can turn even the simplest of tasks into great trials. In the middle and later stages of the disease, many people have difficulty dressing themselves. Here are a few pointers to help simplify the task of helping a person with Alzheimer’s get dressed.

1. **Shop together.** If at all possible you should take the person with Alzheimer’s disease when you shop for their clothes. Letting them select some of their favorite items will make the new clothes seem familiar and they will be more likely to wear them.

2. **Buy duplicates.** If your loved one often insists on wearing that “favorite outfit” constantly, consider buying several identical sets.

3. **Look for simplicity.** Choose clothing that is easy to get on and off. Elastic waists and Velcro enclosures minimize struggles with buttons and zippers.

4. **Give them choices.** This can be tricky because a person with dementia can have trouble making decisions if there are too many options present. To avoid frustration and potential tantrums, give them a few choices, preferably no more than three. Lay out the clothes on a bed or dresser so the person with Alzheimer’s can easily see them.

5. **Give them time.** Depending on how advanced the person’s dementia is, it may take longer than normal for them to select their outfits and dress themselves. Be patient, and schedule enough time so that delays in the dressing process don't interfere with other plans.

6. **Establish order.** Arrange the clothes in the order they are to be put on to help the person move through the process.

7. **Be positive and open.** Encouragement and compliments go a long way to helping a person with Alzheimer’s disease feel content with their clothing choices. This includes supporting decisions that you may not necessarily agree with. As long as it doesn’t endanger the elderly person, let them wear a dress to bed or a sweatshirt in warm weather.

Agingcare.com, by Anne-Marie Botek, November 19, 2011.