



Alzheimer's Awareness **Family Night**

LEADER'S GUIDE

SESSION #2:

Tuning in to Communication Challenges

Basic Guidelines for Hosting a Family Night

Educating the loved ones of those with Alzheimer's disease can help improve not only their caregiving experience, but the quality of life of those with the disease. To this end, we have created a series of family night sessions designed to assist you in addressing major topic areas related to Alzheimer's disease.

Family nights have two goals:

1. To provide practical information for families and friends of those living with Alzheimer's disease.
2. To help reduce the stress associated with having a loved one with Alzheimer's disease by offering that information in a friendly and supportive atmosphere.

To facilitate the first goal, this packet contains both information for you as the session leader and ready-made handouts for attendees. The second goal may be achieved in a variety of ways, for example:

- Make **invitations** to the family night warm, enticing, and clear, and provide directions and any important details.
- When a potential attendee **responds** to the invitation, be sure the person who answers the phone has a smile in her voice and is well-informed about the event.
- Provide an **atmosphere** that delights the senses. The setting for your meetings should look and smell pleasant, be an appropriate temperature, and offer comfortable seating. Tasty refreshments should also be available for attendees.
- **Welcome** each attendee as he or she arrives. If you have invited other staff, residents or volunteers to help you, make sure they are trained to do the same. Provide easy-to-read **name tags** for everyone.
- **Learn** as much as you can about each attendee's situation *before* the program begins by chatting with them when they arrive, rather than spending that time making last-minute notes or other preparations.
- **Introduce** attendees to one another so that each person feels a part of the group.
- Do your best to **present information with ease and confidence**. Remember that your audience **WANTS** you to succeed. They want to learn new information and come away with tips for being better caregivers, and they will be grateful that you are genuinely interested in their individual needs and experiences.
- Encourage **participation** from attendees by acknowledging their responses and answering additional questions with a positive demeanor.
- **Follow up** by inviting them back to future sessions. Provide them with handouts even if they miss a session. Get back to them with any questions you could not answer initially.
- **Seek attendees' input** about the session, as well as how to improve future sessions.

Room arrangement

If possible, arrange the room in a circle or semi-circular rows so that people can see each other. This automatically adds an element of friendliness. If there are rows, keep them wide. Because many older adults need to get up and move around regularly to prevent stiffness, make sure they feel free to do so – or build breaks and/or stretches into your session.

Using the materials effectively

- Make sure you have enough pens or pencils and that you have made enough copies of handouts for each attendee before everyone arrives.
- When attendees arrive, we suggest you give them only *Handout #1: Opening Exercise* and a pen or pencil. Each session begins with a puzzle, exercise or conversation starter related to the evening's topic that is intended to arouse their curiosity, along with the questions we expect to answer during the session. These activities will always be labeled as "Handout #1: Opening Exercise."
- Once attendees have completed Handout #1, and you have offered a brief explanation of its relevance, give each participant a copy of *Handout #2: No-Pressure Quiz*. Remember to keep the introduction of the opening quiz light and humorous. The quiz is not intended to measure attendees' knowledge as much as it is designed to be a vehicle for a discussion of the evening's important topics.
- Wait until the end of the session to pass out *Handout #3: Important Points and Resources*, but let attendees know at the beginning of the session that you will be providing an additional handout before they leave. We want to promote discussion and draw out the experiences and knowledge of the attendees. If they are given the discussion points at the outset, they are less likely to give original thought to the questions, and it is their comments that are most likely to enliven the session.

Using the leader's guide

- Material intended for the session leader only is provided in Arial type.
- Material to be presented to attendees (such as questions to ask or directions to be given) is provided in Times New Roman type.
- Each leader's guide provides a fair amount of detail about session topics. If your time is limited, you may wish to consider incorporating less of this detail.

General instructions for each session

- Begin the session by welcoming the group and introducing yourself and any assistants you have asked to help.
- Try to avoid discussing “housekeeping” issues during the session. Instead, provide information, such as the location of restrooms, on a flip chart so that even late-comers will be informed.
- Posting a session agenda is also recommended and should include any planned breaks. If you are not planning a session break, direct attendees’ attention to the restroom flip chart, and encourage them to ‘get up and go’ anytime. Doing so lends a touch of humor while letting attendees know you realize they are adults who can make their own choices about comfort.
- One of the principles on which this material is based is that those in your audience are the best teachers. Throughout each session, we offer questions to ask attendees. Their answers are likely to vastly enrich each session, provide many concrete examples related to various subtopics, and spark interesting and relevant conversations. Offering attendees a chance to respond to questions, and *then* filling in whatever details they don’t mention is an excellent way to keep attendees involved.
- Practice going through the materials before you begin, not only to become familiar with them but to have a sense of how much time each section will take. Assign a time period – depending upon the total amount of time you have – for each section, and be sure to allot enough time for attendee input and questions related to each section. Do your best to adhere to your planned schedule so you don’t feel rushed. You may opt to offer to stay after the session to discuss the experiences of anyone who didn’t have the opportunity to share during the session.
- Make the material your own. Add your own stories, insights, and creativity as time and topics allow.
- Begin and end on time. This is always appreciated – even by late-comers.
- At the end of the session, create a simple parting ritual: Let attendees know when the group will meet again and what topics will be addressed. Invite them to stay for more refreshments and to visit with each other and with you. Thank them sincerely for their shared insights and their devoted efforts as caregivers.

Training techniques to keep in mind

Dealing with the “gotta-have-an-answer” question

As you lead family nights, you are likely to encounter an attendee who has come to your session for the express purpose of finding an answer to a specific question about a particular situation. Once he has asked the question, there are essentially two ways to answer:

- If the question is relevant to the topic being discussed, give a time limit, which you announce (“This is a complex issue, but we can devote the next three minutes to an answer.”). You may wish to ask for more detail about the situation (What interventions has he tried? What were the results?) When you feel you have the needed detail, ask for input from other members of the audience – they may have terrific ideas. If there is still time, provide any answers of your own as well as you are able.
- If the question is *not* relevant, or if your allotted time has run out, write the question on a post-it note and put it in a “parking lot” –a flip chart, white board, or wall that is reserved for unanswered questions. Tell the person you can’t answer his question now, but that you will be happy to address it either at the end of the session if time allows or after the session.

When you don’t know the answer

When you don’t know the answer to an attendee’s question it’s best to say so, but promise you’ll do your best to find out and follow-up. Once you have found an answer, report back to the person who asked by phone, email or in writing. If it’s important to multiple people, provide the answer to the whole group in your next session.

When one person dominates the session

Often, people don’t realize they are monopolizing a group discussion, but as the session leader, you have a responsibility to remedy the situation. Depending on your personal style, you may choose to be straightforward or subtle in your approach. You can say something direct, such as, “I appreciate your input, Mrs. Jones, *and* now I would like to hear from other members of the group.” (Using “and” instead of “but” validates Mrs. Jones’s input while sending the message that others deserve a turn to speak as well.) A more subtle approach might be to toss a Koosh ball, Nerf ball, or beach ball, and establish that only the person holding the ball can speak. That tends to liven up a session with color and motion, and keeps the discussion spread out. Whatever approach you choose, do your best to encourage active participation among all attendees without allowing one person to control the conversation.

When someone doesn’t participate at all

In any group there is likely to be someone who chooses to simply listen. Respect that choice. If a ball is tossed to him (such as in the approach above), make sure he understands he can pass it to someone else without commenting. At the same time, after the session or during a break, make a point of talking with him to find out if he is finding the session useful or if he has any specific questions. He will appreciate not being put on the spot in front of everyone and will probably give you honest feedback. Often, those who choose to listen are perfectly content, but just don’t wish to speak in front of a group.

Opening Exercise and No-Pressure Quiz

After welcoming attendees to your family night, give each person a copy of Handout #1, and ask them to take a moment to look at the puzzle and try to figure out the phrase it represents. Tell them it is something that happens often when we try to communicate with someone who has Alzheimer's disease. If they don't get it right away, give them a clue by asking them to fill in this blank: "Trying to communicate effectively can be tough when we send each other _____. ." (mixed messages).

Tonight, we're going to talk about common pitfalls in communicating effectively with someone who has Alzheimer's disease and how to overcome them. A big part of our discussion will be related to understanding communication from the perspective of the person with AD.

To get us started, we have a short quiz for you to take. It's called a "no-pressure quiz" because it's just that. It won't be graded, and no one will see your answers but you. And those of you with real test anxiety can choose to leave your quiz paper blank for now, and just fill in the correct answers as we go!

Once attendees have finished completing their no-pressure quizzes, use the quiz questions to facilitate discussion. The answers to each question are highlighted. (You will notice that each question is followed by related discussion topics in this leader's guide.)

What is the person with dementia trying to say?

Let's look at the first question on your quiz.

Question #1

As Alzheimer's disease progresses, people tend to lose their verbal communication skills. All of the following are likely to be troublesome topics for conversation EXCEPT:

- a. Discussing what they ate for dinner last night
- b. Naming their friends
- c. Relating the number of years they worked at a career
- d. Talking about the joys of grandchildren
- e. Telling you the date of their next doctor's appointment

Ask attendees for their answers. If they don't immediately know the answer, indicate that all the other answers relate to specific memory losses common to most people with AD.

Communicating with someone with Alzheimer's disease can be both frustrating and rewarding. To make it more rewarding, we need to understand the challenges the person with AD faces. Everyone with AD remains a unique individual, but here are some typical challenges they face:

- Word finding problems, especially with names, nouns, and relationships
- Difficulty making conversation related to time or numbers
- Inability to store and retrieve short-term memories
- A tendency to revert back to a past reality, rather than living in the present

All of these challenges worsen over time, until eventually, people may speak only a few words, and even these may not make much sense. Nevertheless, we can maintain surprisingly good communication with our loved ones by recognizing what we know about them as individuals, anticipating their needs, and practicing patience.

Let's talk a little more about the losses we just mentioned.

The following examples – like all of the examples throughout this guide – are meant to make it easy for you to teach this class. You may not have time to use them all or you or your attendees may have other examples of your own. Use your best judgment about what to include.

We all have word-finding difficulties now and then. When we say, “Hand me that thingamajig,” we are making up words. (It's called creating a neologism.) Although we frequently do it ourselves, we're not always patient with others who struggle for words. In the video, *Inside, Looking Out*, a woman with Alzheimer's disease named Barb describes a time when she was talking to a neighbor and couldn't think of a particular word she wanted to use. The neighbor made an impatient gesture with her hand that Barb clearly read as, “C'mon, spit it out,” and Barb recalls, “It destroyed me, it just destroyed me.”

In the film, Barb also explains that in terms of her memory, she has good days and bad days. On a bad memory day, not only words elude her, but sometimes she doesn't recognize her son, Michael. “On bad days,” she says, “I have this thought: ‘I love this person, but I don't know who the heck you are!’”

Ask participants if they have had any experiences with their loved ones related to these points.

As dementia progresses, the concept of time also becomes more elusive. For example, one caregiver described the story of a good-natured woman with middle stage AD in her 80s who was asked, “How many years have you been married?” The woman responded, “I haven't any idea. . .Go ask my mother.”

This example also illustrates another common challenge. As Alzheimer's disease progresses, those affected often live in a past reality or float in and out of present reality. The woman just mentioned believed she was a young bride and that her mother was very much alive. Another woman who was asked how many children she had struggled for an answer. The problem was that she could not hang onto whether she was naming her siblings or her children because the two generations had collided in her memory.

Vocabulary also diminishes with the progression of AD, and the names for relationships often get mixed up. A man with AD who is waiting for a ride home from a day center may ask, "When is my mother coming to pick me up?" It can be hard to know if he has simply forgotten the word "daughter" and is using the universal word for his other closest female relationship – mother – or if he is actually living in a past reality. If he thinks he is a young man of 30 or less, it stands to reason that the woman in her fifties who comes to pick him up each day must be his mother.

In all of these situations, our role is not to attempt to bring people with AD back to our reality, but to accept their reality and to help them feel safe and secure in it.

The importance of helping a loved one living with AD feel safe and secure in his or her reality is a key point. Many people are uncomfortable going along with their loved one's belief that, for example, she is a young mother, because they see it as lying. In actuality, it's a question of whose truth they choose to accept. For their mother, the truth IS that she is a young mother; the lie is that she isn't. Tell them they can do a lot of listening and affirming with "mmm-hmmm," and "uh-hunh" without agreeing or disagreeing. Do your best *not* to get hung up on a discussion of truth versus lying. The point is to help families understand the importance of making loved ones feel comfortable and secure while minimizing confrontations.

Ask participants if they have had any experiences with their loved ones related to these points. Then go on to the next section.

Watch out for hidden needs.

Question #2

People with Alzheimer's disease often speak in generalities or talk around a subject rather than providing a specific answer.

- a. True
- b. False

Ask participants for their answers. Many may not have thought much about this before as a sign of Alzheimer's disease.

Changes in speech patterns become more noticeable as Alzheimer's disease progresses. One such change is a tendency toward generalizations. People may use words such as "nice" to describe food, homes, husbands, and events. "It was very nice," is a common response for a multitude of situations.

One caregiver relayed a story of a man who, when asked what foreign countries he had visited, answered, "Oh, you name it; I guess I've been there." Another woman was asked about the jobs she had held: "What kind of work did you do?" She answered, "Anything I could get." Such vague responses provide ways for people with AD to interact with others without the pressure of trying to provide specific details that they cannot remember.

People with AD may also find that certain phrases allow them to seem both courteous and competent, and they will, therefore, use these phrases repeatedly. Usually it makes for pleasant conversation and isn't a problem. However, there are some scenarios in which these phrases may cause caregivers to miss hidden needs.

First, are the "pat answers." A person who says, "No thank you, dear, I'm fine," whenever you ask her if she would like a cup of tea, a sweater, a little outing, or any other question related to her well-being, is illustrating the use of a pat answer. These recurring phrases work well in social conversation, but their repeated use can mask real needs. If you know your mother enjoys cranberry juice, but she refuses whenever you ask, don't ask. Instead, bring her the juice you know she enjoys and say, "Mom, I've brought you some cranberry juice." Then sit with her while she drinks it, so that you can be sure she is getting the hydration she needs.

Similarly, if your mother's hands are cold, chances are she would feel better with a sweater on, so, without asking, just bring her the sweater, and provide any help she may need to put it on. If she has been sitting a long time and needs to move around to improve circulation, digestion and balance, invite her to accompany you on a walk. (Invitations are harder to say "no" to than questions.)

Give attendees a chance to provide their own examples of generalities and pat answers. Then go on to question 3.

Question #3

People with Alzheimer's disease who ask repetitive questions often:

- a. Have an unmet need (such as for a snack) that they are trying to express
- b. Are purposely trying to annoy us and should be ignored
- c. Are trying to engage our attention by making conversation
- d. All of the above
- e. A and C only

Ask the attendees for their answers. However annoying it may be for us when a person asks the same question repeatedly, remember that a person with a diagnosis of AD isn't capable of the complex thought processes required to annoy us deliberately.

When your husband with AD asks a repetitive question, such as, "When's lunch?" he really doesn't remember asking it 30 seconds ago. He may be trying to engage you in conversation, or he may be genuinely hungry. Offer a snack. He may need more frequent, smaller meals. Remember that a response such as, "Lunch is at 11:45," is meaningless to someone who no longer has a concept of time, no matter how gently or frequently you say it.

A third scenario in which it is easy to miss unmet needs is when a foreign-born person reverts to her native language. This often begins in the middle stage of Alzheimer's disease, and by the late stage, the person may not be able to speak in English at all. We need to be able to understand and respond to at least a few key phrases in that native language. (Are you hungry? Do you need to go to the bathroom?) Pay attention, too, to the person's tone of voice, facial expressions, and gestures. If you can't understand her even when you speak the same native language, it may be because she is making up words in that tongue, too.

Give attendees a chance to share their own experiences with repetitive questions and native languages.

Humor still works

When any communication gets tough, try to keep your sense of humor. The universal language of smiles and laughter is almost always understood throughout the disease process. Without making light of your loved one's feelings, try to look for humor in everyday situations. Cary Smith Henderson, who was featured in the book, *A Partial View*, said, "Laughing is absolutely wonderful. A sense of humor is probably the most important valuable thing you can have when you have Alzheimer's."

Some people with AD have a sense of humor naturally. In the book *Painted Diaries*, Lou Howes, a woman with AD, watches her granddaughter, Kate, play solitaire. When Kate gives up, saying, "I can't. There's only 50 cards. I don't have a full deck," Lou replies, "That's okay, baby. I don't either."

Ask participants if they can give examples of when a tough situation with their loved one was lightened by humor.

What you can do for effective communication

Question #4

Because of the damage to their brains, people with Alzheimer's disease are not usually embarrassed by their mistakes.

- a. True
- b. False

Ask attendees for their answers. Make sure they understand that people with AD are highly aware of what they don't know and easily embarrassed and shamed. Helping them maintain their self-esteem is one of our most important roles.

Robert Simpson, a person with AD, co-authored the book, *Through the Wilderness of Alzheimer's: A Guide in Two Voices*. He wrote that he is helped by people who are proactive in conversing with him. He said, "Don't ask me – tell me! Then I don't feel pressure. If someone says, 'Do you remember...?' or 'Do you know who I am?' the pressure makes me panic."

He also doesn't want to be left vulnerable to embarrassment. "When you come up to me, especially if we are in a public place, move slowly and speak softly. Introduce yourself. Even if I know you, I may not be able to find your name and then we will both feel bad. Don't ask if I remember you! Let me save face. Say, 'Hi, Bob, I'm _____.' Then I can say, "Of course you are! I'm glad to see you" (and I will be)."

Perhaps Robert Simpson's most poignant plea in advising us how we could help people with AD was this: "I doubt if there is anything I can do as well as you, but I need you to help sing my song when I can't remember the words."

Ask attendees for their comments, and then move on to Question 5.

Question #5

Which of the following would NOT be a way to show common courtesy to someone with AD?

- a. Introducing yourself by name
- b. Making eye contact and calling the person by name
- c. Smiling and keeping your body language open and friendly
- d. Continuing with other tasks, so that the person doesn't need to worry if his words come slowly
- e. Including the person in your conversation when others are present

Ask attendees for their answers. If they don't immediately recognize D as multi-tasking and disrespectful to the person who is talking (to ANYONE in ANY situation), help them to see that it would make the person with AD feel ignored and demeaned.

The first principle of good communication is common courtesy. It's the Golden Rule. Do unto others as you would want them to do unto you. In the newsletter "Perspectives" which is written for (and partially by) people with Alzheimer's disease, Jan Mina Phillips wrote, "The reality is that when diagnosed with Alzheimer's, we are immediately discounted; our views are discredited because of the disease" (Vol. 6:1, Aug – Oct 2000).

Unfortunately, Phillips' words are often true. A man who has always given excellent advice and shown wonderful insight into his fellow human beings is often seen as less trustworthy when he can no longer balance his checkbook or drive a car because of losses caused by AD. As family caregivers, we must guard against these injustices.

When we communicate, we "commune" – we come together, respecting one another and putting each other at ease. Being courteous to someone with Alzheimer's disease means following the same rules of communication you would use with anyone. We have put a few of these rules in the handout we will give you as you leave tonight. For now, though, we'd like to point out that a lot of what we call "pleasant conversation" is about little things that you probably don't even think of.

Jitka Zgola (pronounced Yit-kah ZG-oh-lah) gave an example in her book, *Care That Works*. She noted the difference between two simple scenarios involving Mrs. Jones, a woman with AD, who is seated at a dining table and has finished drinking her coffee. In the first scenario, a caregiver removes the cup without acknowledging Mrs. Jones. In the second scenario, the caregiver asks, "Mrs. Jones, are you finished with your cup?" Mrs. Jones replies, "Em hm." The caregiver then asks, "Would you hand it to me please?" and replies, "Thank you" when Mrs. Jones does so.

The simple exchange described in the second scenario acknowledges, empowers, and respects the individual with AD. When we are with loved ones, we often ignore those common courtesies, but they can make a huge difference in the lives of people with AD.

Ask attendees if they have any additional comments or experiences to share. Then move on.

Making your message clear

Aphasia is the technical term for a loss of language skills. Expressive aphasia is the inability to speak coherently, and receptive aphasia is the inability to understand what is being said. The individual capabilities of people with Alzheimer's disease vary widely, but most people eventually lose most of their verbal abilities and take much longer to respond. However, most people understand much more than they can express, so as we noted in the first session, never underestimate the strengths of those with AD, and never say anything in front of them that you wouldn't *want* them to understand.

Tonight's handout will also include a list of 10 basic guidelines for fostering good communication with your loved ones with AD.

Move on to question 6.

Pay attention to vision and hearing impairments

Question #6

Vision and hearing impairment can contribute to challenges with communication. Which of the following is NOT recommended to try to overcome these challenges?

- a. Stand or sit in front of a window so there is plenty of light.
- b. Try to eliminate background noises.
- c. Lower the pitch of your voice, especially if you are a woman.
- d. Keep your voice calm and natural, even if you need to speak louder.
- e. Speak slowly and distinctly.

Give attendees a chance to answer. As noted below, answer “A” suggests that you have placed yourself in a position with a strong glare behind you that will make it impossible to even look at you without squinting.

As we age, most of us have vision and hearing deficits, and people with Alzheimer’s disease are no exceptions. That can make communication challenges even more difficult, especially since inappropriate eyeglass prescriptions often go uncorrected, and hearing aids are often abandoned as an irritation. To help overcome these challenges:

- Stand or sit directly in front of the person, making sure there is no glare behind you.
- Eliminate background noises.
- Speak slowly and distinctly, and lower the pitch of your voice.
- If you must speak louder, keep the emotional tone in your voice calm and natural, and give the person plenty of time to respond.

Also note that some people with AD are hypersensitive to noise and easily startled; speak softly to them.

Ask attendees if they have any questions or comments; then go on to the next question.

Beyond the basics

Question #7

Which of the following statements is true?

- a. People with moderate stage Alzheimer’s disease resist care because they are stubborn.
- b. They resist because they are confused, frightened, and/or uncomfortable.

Ask attendees for their answers. The concept is discussed in detail below.

One of the most common causes of misunderstandings between people with Alzheimer's disease and their family caregivers relates to "resistance to care." "Resistance to care" is a deceptive little phrase, because what it really means is "He wouldn't do what I wanted him to do." In reality, he resisted for valid reasons he may or may not be able to verbally express.

As AD progresses and verbal skills diminish, the person's fears tend to increase. By the time people are in the moderate stage of Alzheimer's disease, their world has become confusing, and they have a strong need to feel safe and comfortable. Therefore, when you try to help your father change his clothes, he may be embarrassed by his inability to do it himself and by having a female helping him. Or he may be perfectly comfortable with what he is wearing and see no need for change.

If you try to reason with him, suggesting his clothes are soiled, he will argue. In your eyes, your request is perfectly valid. However, your father cares only about his comfort, not your reasons. You are asking him to do something he finds difficult, frustrating, unnecessary, and an invasion of his privacy. You may think he is just being stubborn, but Alzheimer's disease - not stubbornness - is responsible for his opposition.

As any Alzheimer's expert will tell you, when a family member tries to reason with a loved one whose arguments are based on feelings, the family member will always lose. Until you understand that your loved one is feeling afraid, confused, and besieged by your request, and until you change your approach accordingly, you will continue to experience "resistance to care."

Ask attendees if they have any personal experiences to add.

What then are your alternatives?

Move on to Question 8.

Question #8

Which of the following techniques is LEAST likely to bring you success when you are trying to assist someone with a daily task like dressing or grooming?

- a. Issue an invitation
- b. Tune into the person's feelings
- c. Ask for his assistance
- d. Leave and come back later with a new approach
- e. Reason with him about the need for completing the task

The answer should be obvious from your previous discussion, but the rest of the choices are explained in more detail below.

Your first alternative is to honor your father's right to say "no" by walking away and coming back later. When you encounter resistance, don't prolong the tension. When you return, try a new approach.

- Be confident in your ability to be successful, and provide encouragement and reassurance from the outset.
- Keep your words, gestures, and body language open and friendly.
- Tune in to his feelings, not just his words.

Next, issue an invitation, or ask for his help. If you say, "Would you like to take a bath?" it is too easy for him to say "no"; however, if you say matter-of-factly, "It's bath time, and I would really appreciate your help," it's harder for him to resist. Next, find a way he can help. Perhaps you:

- are trying out a new hand-held shower or new thicker, softer towels
- have heated the towels in advance
- have purchased a no-tears shampoo or a well-loved brand of soap

Tell him you need his opinion on whether these things are an improvement. People always want to feel useful and valued. Arouse his curiosity. Give him a reason to say "yes" to the care you offer.

Ask for attendees advice on what has worked for them, and then move on.

Build the person's confidence

Question #9

We can boost the confidence of people with AD by showcasing their strengths. Which of the following is NOT likely to be one of those strengths?

- a. Playing host by greeting people or passing refreshments
- b. Reminiscing about her early life
- c. Remembering what she ate for dinner last night
- d. Enjoying jokes and laughter
- e. Giving opinions and advice

Ask attendees for their answers. We hope by now they realize that asking questions related to short-term memory is not likely to garner success, but the other ideas – except for jokes and laughter, which were discussed earlier – are explained in greater detail below.

When you are caring for a loved one with Alzheimer's disease, you can foster good communication by showcasing her strengths, not her losses. Build her confidence by tapping into her intact memories and rhythmic language. Many people who have trouble carrying on a conversation can still recite old songs, proverbs, and poetry.

Also, tap into her residual social skills. Many people with AD remain amazingly adept at small talk, good manners, greeting people, and playing host. Even people who have lost most of their vocabulary will often still automatically say “thank you” or “you’re welcome” at the proper moments. If you ask them, “How are you today?” their response may always be “Still kicking,” but they will enjoy that predictable interchange. Others with fewer verbal skills may still be pleased to pass the cookies or lemonade to guests.

People with Alzheimer’s disease are especially wary of being put on the spot, so create a comfortable emotional and physical environment where they can be certain they are safe and valued. Eliminate background noises and glare. If your father has a favorite chair, make sure that’s where he is seated.

Some people use “comfort items” to boost their confidence. As any grandchild with a favorite “blankie” can attest, such items help us feel better when we are in uncertain circumstances. Some women are soothed by a pillow or a stuffed animal – things that really are soft and comforting. Others may feel more confident clutching household items such as spoons or cloth napkins. Some men feel more “themselves” with a newspaper under their arm or change to jingle in their pockets. Respect these confidence boosters, and keep them close to your loved one.

Persons with AD are usually most comfortable if *they* set the pace and scope of the conversation, but *you* can get the conversation started by asking your mother’s advice or opinion. You don’t have to take the advice or agree with the opinion, but many people with AD have surprising and perceptive insights.

As time allows, ask attendees to share any personal experiences they have had related to this section. Then move on to the last question.

Silence can be golden

Question #10

Which of the following is NOT a good reason to be silent around your loved one who has Alzheimer’s disease?

- a. You are feeling tense because you were caught in a traffic jam on the way over.
- b. Your loved one has a limited vocabulary and finds prolonged conversation tiring.
- c. Your loved one needs to use all her powers of concentration for completing a task, such as getting dressed or eating dinner.
- d. Silent camaraderie is pleasant for both of you because you are at ease with one another.
- e. There is pleasant music playing in the background and you are both enjoying it.

Ask attendees for their answers. Answer “A” is not a good reason to be silent around a person with Alzheimer’s disease because people with AD are likely to feel your tension – their radars for feelings remain quite strong throughout the disease process. If you are silent and tense without explaining why, your loved one will probably not understand that traffic (and not him) is the cause of your behavior. In all of the other situations, silence can be a good thing.

Conversation can be a very enjoyable way to pass time, but when a person has Alzheimer’s disease, there are many situations when silence can be golden. For example:

- When you assist your loved one with dressing or grooming, he may need to focus all his powers of concentration on the task.
- For some people, the effort of conversation can be exhausting.
- If you make it clear through eye contact and smiles, or perhaps by holding hands, that you are glad to be exactly where you are, words are often not needed.
- When you are both passively enjoying an activity – watching squirrels playing, listening to music, or rocking on a glider.

Ask attendees if they have any final comments to make, and then give them Handout #3. Remind them that it contains advice not covered in class. To end on a light note, you might want to close with this story:

Speaking of squirrels, Dorothy Seman, co-author of *Rethinking Alzheimer’s Care*, noted that one day a group of people with AD were looking out the window at squirrels playing and commenting on how cute they were. One woman piped up and said, “We’re pretty squirrely in here, and no one calls *us* cute.”

