



Alzheimer's Awareness Family Night

LEADER'S GUIDE

SESSION #4:

Environment: Creating the Comforts of Home

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

As attendees arrive, give each person a copy of Handout #1, and ask them to unscramble the words. When everyone has arrived, and after welcoming them all, ask them if they figured out all the answers. They are:

1. MEOH = HOME
2. VANEH = HAVEN
3. GWINDELL = DWELLING
4. THATAIB = HABITAT
5. GEERUF = REFUGE
6. STEERLH = SHELTER
7. TRAUNYACS = SANCTUARY

All of these words – and there are many more we could have chosen – are alternative words for a house or residence. What meanings do these words have for you? What purposes does your home serve for you?

Give participants a chance to respond. What we want to establish is the idea of home being a place where we feel safe and protected, physically comfortable, and emotionally at ease. It is typically a place where we can find both people who love us and privacy when we need it. Human beings need that balance of opportunities for both socialization and privacy.

Tonight, we're going to talk about how to create a comfortable dwelling for people with Alzheimer's disease. This involves making a place *physically* safe and comfortable as a first step to making it *emotionally* comfortable. Effective communication with a person living with AD requires them to feel at ease, and the physical environment plays a large role in helping them to feel comfortable.

To get us started, once again 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.)

Note that the wording and examples in each section below 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.

The meaning of home

When President Johnson's father was near death in a hospital, he asked his son to take him back to the part of Texas where he was born, saying, "Lyndon, I want to go home to the hill country. That's the part of the world where people know when you're sick, miss you when you die, and love you while you live."

Like Johnson's father, most of us associate home with safety, security, comfort, and love. Home is often a place anchored by intense memories and peopled with special friends and relatives. Surprisingly, home can be created in multiple places; it does not require returning to the *physical* home of one's childhood.

Tonight we will be discussing how to help people with Alzheimer's disease feel a sense of home in their environments. Most of the ideas come from two books written by Elizabeth ("Betsy") C. Brawley:

- *Designing for Alzheimer's Disease* (© 1997)
- *Design Innovations for Aging and Alzheimer's* (© 2005).

Although both books have "Alzheimer's" in the title, the concepts in most cases apply to all aging adults. Additionally, although the books were written for residential care and adult day centers, many of the concepts apply to people being cared for at home. Betsy Brawley is a designer who has specialized in aged care for many years. Her writing is strongly influenced by the environmental obstacles faced by her mother who died of AD more than a dozen years ago.

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

Question #1

Making a home emotionally comfortable for someone with Alzheimer's disease often requires paying attention to physical elements such as noise, lighting, and clutter.

- a. True
- b. False

Ask the attendees for their answers. This one is quite obvious, but if anyone doesn't understand the answer, it is explained below.

The answer is "true." Much of Betsy's cautionary advice can be summarized by the saying, "Watch out for the 'TOOs' in the environment."

- TOO dark/bright
- TOO noisy
- TOO hard to maneuver
- TOO big
- TOO cluttered
- TOO boring
- TOO crowded
- TOO distracting
- TOO new/unfamiliar

Tonight, we are going to focus mostly on the first three items. Previously, we discussed the idea that when a person with AD resists doing a task or activity, it is often because he or she is frustrated, confused, afraid, fatigued or in some other way, physically uncomfortable. Often, the environment causes or contributes to that discomfort. The three biggest environmental issues, according to Betsy, are light, noise and maneuverability. Let's begin by talking about light.

Let there be light

Read question #2 and ask attendees for their answers.

Question #2

As people age, they need more light to complete almost any task, so you needn't worry about too much light from window glare.

- a. True
- b. False

Ask the attendees for their answers. Many people may not know that both too little and too much light can cause problems. The idea is discussed in detail below.

The answer is false. Let's talk about Betsy's six main pieces of advice about lighting:

1) **Raise the overall level of illumination.** A five-year-old child has a pupil whose diameter is 7mm. A 65-year-old adult has a pupil whose diameter is 2.5mm, which combined with a thickened, aging lens, results in two-thirds less light reaching the retina by the age of 65, according to Betsy. That means older people need two or three times more light to see clearly than most of their young caregivers. In addition, many older people suffer from glaucoma, cataracts, or macular degeneration, conditions that may not even be detected in people with dementia because they cannot verbalize their vision problems.

Give attendees an opportunity to respond to this information with questions or comments.

2) **Provide consistent, even light levels.** Wall sconces and chandeliers may be lovely, but they create distracting "hot spots" of light and sometimes indecipherable, even scary, shadows for a person with Alzheimer's disease. Even something as simple as sunlight filtering through window blinds may create a floor pattern that looks like stairs to the person with poor vision – and these "stairs" may stop him in his tracks. Maintaining even light levels in the person's room, where many daily tasks are carried out, is equally important. A person who can clearly see his clothing is likely to be more easily assisted in getting dressed. Be aware of outdoor lighting effects, too. One woman with AD was frightened every night by the "fires" outside her window. Finally, her caregiver recognized that she was misinterpreting the red landscape lighting on the trees.

Give attendees an opportunity to respond to this information with questions or comments.

3) **Eliminate glare.** Although this seems to contradict the first issue – the need for more light – older adults are particularly sensitive to glare. Glare not only interferes with their ability to see the objects around them clearly, but it can cause eye pain and headaches. You can help eliminate glare by using awnings and sheer curtains on windows (these reduce glare without blocking natural light), tinting sidewalks pink or green, adjusting room blinds throughout the day for the person with AD who cannot adjust them properly herself, purchasing china with a low-gloss finish (and preferably in colors that make it easy to distinguish the plate from the food on it), and using a low-gloss polish on waxed floors.

Give attendees an opportunity to respond to this information with questions or comments. Then read question #3 and ask attendees for their answers.

Question #3

It is important for all older people to get outdoors regularly. Which of the following is NOT a known benefit of being outdoors?

- a. Improving circadian rhythms and normal sleep patterns
- b. Increasing appetites
- c. Decreasing anxiety and improving one's sense of well-being
- d. Reducing wrinkles**
- e. Better ability to manufacture Vitamin D in the body, leading to better calcium levels and stronger bones

We hope participants will be able to tell the wrong answer easily, but the other options provide an opening for all the points made below about Betsy's 4th guideline in reference to light and lighting.

4) Provide access to natural daylight. This means both getting people outdoors regularly and using windows, skylights, greenhouse spaces, and atriums to bring outdoor light inside. Most of us are uncomfortable being in windowless rooms. Furthermore, the natural passage of daylight through windows contributes to maintaining our circadian rhythm (our orientation to day and night).

Even better is getting people outdoors – something that happens too seldom in most residential care settings.

- Getting outdoors on a regular basis and exposing our hands and faces to the sun for about 10 minutes, several times a week is essential for our body's proper manufacture of Vitamin D (the sunshine vitamin), which affects our calcium levels and the strength of our bones.
- Taking a daily walk outdoors is also a mood-lifter that increases our sense of well-being and can boost confidence and physical stamina.
- Outdoor exercise (games like croquet, activities like gardening and even outdoor discussions) can increase our appetites and contribute to better sleep patterns.
- Getting outdoors daily also tends to help establish a normal circadian rhythm.
- The simple act of stepping outdoors and "communing with nature" can decrease loneliness and anxiety and generally produces a calming effect.

Give attendees an opportunity to respond to this information with questions or comments. Then move on to discussing Betsy's remaining two guidelines related to light.

5) Provide gradual changes in light levels. Outdoor natural light can be 1000 times brighter than indoor light. The eyes of older adults adjust slowly from a bright outdoor space to an indoor hallway, or similar changes. It may take as long as 10 minutes for someone who has been outdoors to see clearly again after coming inside. Foyers need to be as brightly lit as possible to mitigate the extreme change, and they need comfortable chairs where people can sit while their eyes adjust.

Give attendees an opportunity to respond to this information with questions or comments.

6) Provide focused task lighting. Whether eating, reading, or flower-arranging, older adults need more light for concentrated tasks.

If any of your participants are past the age of 40, ask if they have noticed any of these vision changes in themselves. Then move on to question #4.

Creating a quieter environment

Question #4

Which of the following are common hearing problems for people as they age?

- a. Being unable to distinguish background noises from the conversation they want to hear
- b. Being unable to hear high-pitched sounds such as children's or women's voices
- c. Hearing sounds as muffled so that they can't understand beginning and ending consonants.
- d. All of the above**
- e. B and C only

Ask the attendees for their answers. Attendees who do not know the details of hearing loss are likely to have their questions answered in the discussion below.

Noise is simply unwanted sound, and our lives are filled with it. Here are just a few examples of background noises that may be irritating or interfere with good communication when a person has a hearing problem:

- air conditioners
- furnaces
- refrigerators
- running water
- vacuum cleaners
- leaf blowers
- traffic noises
- people shouting and
- piped-in music.

According to Betsy, who quotes National Institute of Health statistics in her book, by the time people turn 85, about two-thirds have a significant hearing problem, and most have no hearing aids or imperfect ones. For older adults with hearing loss, sounds can be:

- a. **hard to separate** (background noises from conversation)
- b. **too soft** (children's and women's voices) or
- c. **too muffled** (beginning and ending consonants are often misunderstood) A man bragged to his neighbor about his expensive, new, state-of-the-art hearing aid. The neighbor asked, "What kind is it?" The man answered, "2:00 o'clock."

We are all happy to "tune out" the world now and then, but continually misinterpreting others' words can be extremely frustrating. Being unable to understand what's going on around us also contributes to lowered confidence and self-esteem. Alzheimer's disease makes the situation worse. One person with AD said, "If it's noisy, I can't untangle it."

Ask attendees if they have experienced a hearing loss or if they have been to a public event, such as a speech, and been unable to hear the speaker clearly. What was their reaction? Frustration? Feeling left-out or left behind? What does missing punch lines or directions do for *their* sense of self-esteem?

It should be noted that a small but significant number of people with Alzheimer's disease seem to have acute hearing and a hypersensitivity to sound. This can be equally aggravating and uncomfortable.

Most of us have experienced the discomfort of being caught in traffic or a roomful of exuberant children where there was no escaping the cacophony – or the headache that resulted. Most people with AD have even stronger reactions to such chaos and need to be protected from it whenever possible.

All of this means that every sound that does not contribute to a pleasant environment should be reduced or eliminated. Betsy's book is filled with information on the latest technology for improving acoustics in environments. Not only are hearing aids improving, but it is possible to choose ceilings, walls, floors, doors, windows, and even light fixtures for their acoustical properties.

There are also many simple ways to reduce noise – especially echoes and reverberations that interfere with understanding speech. You can evaluate a long-term care setting for noise by noting which of these are visible when you make a tour:

- **Carpeted floors** wherever possible. New technology is such that stains, smells, and sanitation are no longer valid excuses for hard floors.
- Use of **sheers or other draperies** for windows.
- **Quilts or other fabric "pictures"** hung on walls.
- **Upholstered furniture** or added cushions to help absorb sound.
- **Colorful towels, terrycloth bathrobes, and fabric shower curtains** with liners hung in bathrooms.
- **Lightweight headphones** offered to people so they don't have to disturb others when they listen to programs at a volume not needed by everyone.

Many residents are also disturbed by inappropriate – or simply unending or inescapable – music played on a sound system throughout the residential community or when loud, inappropriate programming is put on a personal television or on a large-screen TV in a common area.

Lighting also influences verbal communication, since people who are hard of hearing often watch the lips of the person who is speaking for added clues. Some people really do need to see in order to hear.

Ask attendees if they have any further comments on noise and light. Then move on to question #5.

Mobilize everyone

Question #5

Older adults who do not exercise regularly are at increased risk for:

- a. Falls
- b. Decreased muscle mass leading to decreased mobility
- c. Poor bowel and bladder function
- d. Foggy thinking
- e. All of the above**

Most people may not realize exercise affects all of the above, but they will probably guess that “all of the above” is true because they recognize at least a couple of the risks.

One of the reasons exercises like yoga and Tai chi have become popular with older adults is their effectiveness in helping maintain balance and flexibility, two aspects of physical fitness that tend to deteriorate with age. In people with AD, there is also damage to the part of the brain that affects proprioception, which means understanding where their bodies are in space. This loss is the reason it can be so difficult to get a person to sit down in a chair or get into a car. It is also the reason those with AD often like to go barefoot (to literally feel more grounded), and why they have trouble maneuvering through a crowded dining room or hesitate when entering a crowded elevator.

Therefore, creating uncluttered rooms with clear pathways and easy maneuverability is also an essential element of a comforting environment. The confidence of people with AD in their environments is enhanced by even and adequate lighting, so that they can see what's what, but if they see too much clutter, they are likely to hesitate entering a room. It may surprise you to learn that maneuverability is strongly influenced by seating options. Luckily, it is fairly easy to remove tables and chairs from a too-crowded space, so that people can make their way between tables more easily.

Ask attendees if they have comments or questions about anything in this section so far. Then ask them for their response to question #6.

Seating

Question #6

Appropriate seating for older adults contributes to mobility because

- a. If a chair is too difficult for a person to rise from independently, that person is effectively restrained and unable to move about.
- b. If benches aren't placed at regular intervals on a walking path, older adults may be unwilling to walk the path all.
- c. If a chair has castors, people who use it for support may be at risk for having it slide away, causing them to fall.
- d. All of the above**
- e. A and C only

Although the information in this question may be new to attendees, they may be able to logically figure out the answer.

Seating is important not only for the support it offers to frail, often aching bodies, but also for the ease and stability it offers as people rise from or return to a seated position. The fear of falling is not only very strong, but entirely justified in many people with AD who self-limit their mobility. Betsy notes that most upholstered furniture is “too low, too soft, and too deep” for many frail elderly people to get out of, which may cause them to forego sitting at all on a particular couch or confine them unnecessarily if they do sit down.

Here, then, are some things to look for in chairs for the elderly:

- **Variety**, i.e., height and depth that suits individual needs. A six-foot man is not going to be comfortable in the same chair as a five-foot woman. The chair height and depth should be such that the seated person can sit back in the chair and still keep both feet flat on the floor. Also look for variety in function. The chair we prefer to sit in to eat dinner is usually more upright than the chair we like to sit in to watch TV or read a book.
- **Open space under the chair and arms that stick out further than the seat of the chair.** Chairs that are upholstered straight to the floor force us to put our feet out in front of us as we rise – an unstable position – instead of slightly under the seat of the chair, which provides more stability. Furthermore, people who depend on the arms of the chair for support as they rise need to have their own arms and feet aligned (feet in a straight line below the palms of the hands) for proper balance. Foreshortened chair arms cause people to propel themselves forward at an unstable angle – or fall right back into the chair.
- **Curved lines.** Chairs should have no sharp edges that can bruise passing hips or tear fragile skin. Wooden parts should be bull-nosed (i.e., curved so they are comfortable to rest arms on or use as support). Remember that arthritic hands cannot grasp narrow poles, so arms should be wide and flat with sloping edges. (This is also true for handrails, which work best when a person can rest her entire forearm on it for support.)

- **Avoid castors.** Castors on dining room chairs may make it easier to move people closer to their food while eating and away from the table when they are done, but castors also increase the risk of falls. Chairs with castors can easily slip out from under people as they rise from the table. Those who use the backs of chairs for support as they move through the dining room are also at risk for falling when chairs slide too easily.

Ask attendees if they have comments or questions about anything in this section.

Arrangement of seating is also important. People who are seated side-by-side often have difficulty twisting their necks to talk to one another. Chairs placed at right angles work better. Love seats work better than sofas, since a chair can be placed at right angles at either end of a love seat, and each person on the love seat then has at least one arm to use for support when rising.

Frequency of places to sit is another element to consider. An older person who sees benches along a walking path may not actually need to take a break and sit frequently, but that person is more likely to try walking the path if she knows she has a place to rest if she needs to. The same is true for long hallways or large porches.

While proper forms of seating increase mobility by increasing people's confidence in their ability to rise safely, once they have risen, we must also keep their confidence strong by enabling them to find their way about clearly. That is our next topic.

Ask attendees if they have comments or questions about anything in this section. Then ask them for their response to question #7.

Wayfinding

Question #7

One of the most effective methods to assist people with dementia in finding their way is to provide landmarks.

- a. True
- b. False

Attendees may not completely understand this question, but it will become clear in the discussion below.

People with dementia often have difficulty finding their way to specific places. This occurs even when they have lived in the same location for many years. For example, a person may go for a walk in the neighborhood where he's lived for years and forget how to get home. If they have moved to a long-term care setting in recent years, their problems may

be compounded. For instance, a person may be unable to find his way to the dining room. Obviously, mobility is hindered when we don't know how to get where we want to go.

Betsy notes that many way-finding aids in long-term care settings are ineffective. For example:

1. Signs above the door or too high on the door cannot be seen readily by people with AD, especially since many develop a downward gaze as their disease progresses.
2. Memory boxes are often identically framed and contain tiny objects that can be hard for a person with AD to differentiate.

Betsy notes that in one residential care home she visited, one resident's room-finding confusion was overcome by hanging the woman's favorite nightgown on a hook outside her door. To Betsy, this is the principle of landmarks. Most of us give directions based on landmarks. We say, "Watch for the gas station," or "Turn left at the red brick church."

In residential care settings, landmarks are more often things like a grandfather clock, an aquarium, a large silk flower arrangement on an ornate table, or a colorful fabric wall-hanging. Individual resident rooms should also have obvious landmarks made up of a resident's own furniture, knick-knacks, and perhaps a unique decoration such as a favorite quilt that draws the eye and is easily recognizable from a distance.

Ask attendees if they have comments or questions about anything in this section. Then ask them for their response to question #8.

Size and content of environment

Question #8

People with dementia generally seem to be most comfortable in rooms that are the size of rooms in an ordinary home.

a. True

b. False

This is not a surprising statement; *most* of us are most comfortable in normal-sized rooms. That doesn't mean we don't appreciate being outdoors in wide open spaces, but for eating, sleeping and watching TV, we tend to favor cozy. For people with AD, large spaces are often intimidating.

Most people with AD seem to feel safer and more comfortable in smaller spaces. Auditoriums are often frightening; normal-size living rooms are more familiar. However, related to size is what the space contains. Many life-long attendees of a church or temple find a crowded place of worship no longer inviting once they have AD because there are too many people, and the faces often seem unfamiliar.

Moreover, the number of people who make a crowd is variable by room-size. A normal-size living room may seem crowded to the person with AD if it already contains four or five people, particularly if he has lived alone with his wife for the last 25 years or if he perceives difficulty in maneuvering his way to the empty chair on the opposite side of the room. A good rule of thumb is to watch the person's body language. If she hesitates at the door or grabs the door frame, she is uncomfortable entering that room.

Ask attendees if they have comments or questions about anything in this section. Then ask them for their response to question #9.

Question #9

Clutter for people with AD can mean many things. Which of the following is LEAST likely to be a confusing or frustrating environmental element for someone with AD?

- a. A built-in book shelf full of books**
- b. A dinner plate loaded with items from a buffet
- c. A dining room filled with people and wheel chairs and little space between tables
- d. An elegant place setting with multiple forks, spoons, glasses, and individual finger bowls
- e. A gardening activity in which the following items are placed in front of each person: container of dirt, an empty pot, gardening gloves, a trowel, seedlings, a small watering can, and a picture of fully grown tomato plants

Attendees may or may not know the answer to this, but it is discussed below in greater detail.

A room may be uninviting if it contains too many things, too much noise, or too many other distractions. Striking a balance between sensory stimulation and sensory overload is always a challenge. When we are trying to assist someone with brushing her teeth, we want to give multi-sensory cues by letting her see and hold the toothbrush and giving her simple directions. We may even put a bit of toothpaste on her tongue. However, if the bathroom counter also contains her hairbrush, her jewelry, and an old-fashioned spray bottle of perfume, and if there's a dog barking outside the window, then the room is suddenly crowded with distractions.

Similarly, in the dining room, a person with AD may be upset by too many foods on too big a plate, and she will do better if served small bowls of food and offered one bowl at a time. Some people are utterly unable to concentrate on eating if there are too many utensils, plates, glasses, salt and pepper shakers, centerpieces, or cream and sugar containers on a table. In an activity room, a person may get up and leave if all of the parts of a multi-step craft project are presented at once because the project seems overwhelming. Recognize and respond to individual comfort levels.

Ask attendees if they have comments or questions about anything in this section. Then ask them for their response to question #10.

How the physical environment affects the emotional environment

Question #10

People with AD have many possible reasons for saying they want to go home. Which of the following is LEAST likely to be a helpful response to their request?

- a. Offering something to eat or a place to rest
- b. Telling the person “Your ARE home; this is where you live now.”**
- c. Removing them from a noisy room where people are shouting or loud music is playing
- d. Reducing background noises in the room
- e. Re-arranging furniture so that there are clear pathways and it’s easy to find a place to sit down

This last question is intended to help family caregivers understand the emotion behind the idea of wanting to go home as discussed below.

All of the suggestions we have mentioned tonight are aimed at improving the *physical* environment in order to create a more amenable *emotional* environment for people with Alzheimer’s disease.

A person with AD who says, “I want to go home,” is essentially saying, “I am uncomfortable; remove me from this setting.” As that person’s verbal skills diminish with his condition, it’s important to recognize the symbolism behind his words. As we’ve noted, “home” has both an emotional and a physical meaning. On the physical level, it is a haven where we are most comfortable using the bathroom, sleeping, eating and relaxing. A person with AD who says he wants to go home is often using a general statement to express one of those basic needs. In his book, *Through the Wilderness of Alzheimer’s*, Robert Simpson describes a time when he was at an event with his wife: “I was just wearing out. I couldn’t understand why we didn’t go home. . . I was trying so hard to keep going, but the day had just gone on too long. All my wires started crossing. . . It was like being in molasses.”

On an emotional level, home is where we feel safe, valued, and loved – where we belong. As someone once said, “A real home is more than just a roof over your head – it’s a foundation under your feet.” Dorothy Seman is the former director of an exemplary Alzheimer’s day care center in Chicago, and a moral compass for many experts in Alzheimer’s care. She noted that her participants were often confused about where they were, variously describing themselves as members of the same church, temple, or bowling league. The common thread in all of their ideas was, “We’re a community. We share something bigger than ourselves individually . . . The nice thing about it is that we all belong.”

In residential care settings, too, people with AD are often confused about exactly where they are. They may think they are at a hotel, a resort, or a college dormitory. The location doesn’t matter, but the emotional environment does. Families and staff can create a

positive emotional environment by fostering an atmosphere of warm and loving support, building in routines and rituals that breed familiarity and lead to comfort. The ideal environment is one that feels like a safe refuge and a sanctuary of grace.

Ask attendees if they have any final comments or experiences to share related to these points. The key points we want them to gain from this session are ideas for making the environment more physically relaxing for people with AD and the knowledge that when a person with AD says he wants to go home, that is his way of expressing temporary discomfort for which there may be an easy solution.

As you end the session, give them their last handout. Consider closing with this story:

Since we always like to end on a light note, we thought we would share with you a favorite quote that defines home life: “In most homes, it is a 50-50 proposition. The husband tells the wife what to do, and the wife tells the husband where to go.”