



# Alzheimer's Awareness Family Night

## LEADER'S GUIDE

### **SESSION #8:**

## **Having Good Visits**



## 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:

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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

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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

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- 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

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- 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

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- 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

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### ***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 read the paragraph.

When everyone has arrived, and after welcoming them all, ask them if they had any trouble reading the paragraph. Ask them if they have ever seen anything like it before. (They may have seen another version where parts of the letters were chopped off.) Ask to see if they were surprised that their brains could compensate well enough to actually make sense of the words in the paragraph.

We are ending this series of Family Nights with the same message we started with: That message is, “Do not underestimate me.” Do not underestimate yourselves or your loved ones. The human brain is stronger than we think, and the human spirit is accessible until the day we die.

Tonight we're going to talk about having good visits with your loved one when he or she is in a residential care setting, but if your loved one isn't yet in residential care, we think you will still find the ideas useful.

If you are planning to close this last session with a farewell party and refreshments followed by some socializing, let attendees know now, so they begin with the mindset of staying until the end.

First, as always, we're going to begin with our “No Pressure Quiz.” 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!

Give participants Handout #2. 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.)

### Families Don't Always Find It Easy to Visit

Ask participants for their answer to the first question.

#### Question #1

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Families often have difficulty knowing how to visit with their loved one in a residential care setting for all of the following reasons EXCEPT:

- a. In the past, they had household chores to do when they visited their loved one at home.
- b. They have a tendency to ask questions that their loved one can't answer due to short-term memory loss.
- c. They don't really want to spend time with their loved one**

- d. Some family members think it is helpful to test their loved one by asking questions related to names and dates.
- e. They haven't had much practice in adapting activities, such as games, to help their loved one feel successful.

The answer should be obvious, but the question brings up several important points.

It seems like it should be easy for family members to have good visits with their loved ones in residential care settings. After all, families probably know that person better than anyone else does. But often, having pleasant visits *isn't* easy.

For example, imagine a woman with AD, who lives at home with her husband. In this case, it is likely that both her husband and any visiting adult children probably devoted most of their time to direct caregiving tasks or household chores such as cooking, cleaning, paying bills, or mowing the lawn. In other words, they became used to being useful. In a residential care setting, however, these tasks are accomplished by staff, often leaving families at a loss for how to spend time with their loved one.

When families try to make conversation with the person, they frequently ask questions that relate to short-term memory or time and numbers. As we mentioned in an earlier session, these are questions that the person with AD can seldom answer as a result of short term memory loss. For instance, suppose you are visiting your mother one day in the early afternoon. You innocently ask, "What did you have for lunch, Mom?" Your mother doesn't remember what she ate; however, she may realize that *if* she ate lunch she should remember *what* she ate. Since she can't remember, that must mean she *didn't* have any lunch. So that's what she says: "I didn't have lunch." Suddenly, you feel panicked that your mother isn't getting her meals.

Some family members "grill" their loved ones with dementia, believing it is their responsibility to orient them to reality. These family members ask questions such as, "Who am I?" or, "What day is it?" The person with dementia may or may not know the answer, but is frequently frustrated, confused, and shamed by the question. (When one woman's daughter asked, "What's my name?" the woman said, "I don't know, dear, but if you can't remember, you can ask that nice young lady at the front desk.")

When a person with dementia forgets the names of relatives, it can be challenging for those relatives. It can be particularly difficult for grandchildren who go unrecognized because if grandmother remembers them at all, she has an image of them when they were infants and doesn't know who the 10-year old standing in front of her could be. As a person with AD reverts to a previous reality, when she was a young mother, she may not recognize her own children – who now look like *her* mother and father. This is sad, but you can take comfort in two facts:

1. People with AD who do not remember a loved one's name are often still comforted by that person's voice and physical presence. That's why reading to your loved one with AD can be so satisfying to him. He may not be attuned to the words, but he is pleased to hear the beloved voice and know you are there.

2. People with AD don't need to know your name to appreciate your kindness. Mary Pipher wrote a book in 1999 called *Another Country: Navigating the Emotional Terrain of Our Elders*. In it, she quotes a college-age grandson who was discouraged by his mother from visiting his grandmother because she might not know him. "That doesn't matter," he said. "She will know that somebody who loves her is visiting."

One way to avoid being unrecognized is to find a way to naturally introduce yourself as you greet your loved one. "Hi, George. It's me, your ever-lovin' wife, Doris, coming to have lunch with you."

Ask attendees if they have any questions or comments. Then move on to question #2.

## Families Need Ideas for Effective Communication

### Question #2

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Some family members feel awkward about starting a conversation with their loved ones with Alzheimer's disease. All of the following are likely to be positive ways to begin a conversation EXCEPT:

- a. Pay the person a compliment.
- b. Reminisce about a picture on her bedside table.
- c. Share pictures of the person's grandchildren or great-grandchildren.
- d. Ask her if she has heard the latest news about the terrorist bombing.**
- e. Talk about the delicious smell of coffee, and offer her a cup.

We hope that attendees will know that violence can be especially upsetting to people with AD and that talk of bombing may make the person feel as if he is in current danger. The other ideas are discussed below.

One way to set a positive tone at the outset of your visit is to compliment your loved one: "You're looking sharp today," or, "That beautiful blouse matches your beautiful eyes perfectly!"

Another idea is to call attention to something in the room that is likely to conjure up happy memories. If her wedding picture is on her bedside table, reminisce about that. "Isn't that a gorgeous dress! Did you tell me that your mother sewed the beadwork?" Or, "Doesn't Dad look handsome there? I bet you thought you had a pretty good catch in him!" Those comments don't require a lot of response from her, but are likely to help her relive a happy memory.

Photos are one means of promoting conversation, but so are other things you can bring with you. For example, if you bring in a branch from a lilac bush, your loved one can reminisce about the fragrance and enjoy seeing and touching the flowers. If she has early stage AD, she may be able to tell you her memories of lilacs in detail. When that's not

possible, you can help to recreate a memory: “I remember the big lilac bush beside our front porch. I’d sit on our porch swing in the early summer when twilight seemed to last forever, and nothing ever smelled sweeter.” Even if she doesn’t remember the particular lilac bush that means so much to you, chances are she can relate to and enjoy the pleasant picture you have created.

Many family members, meaning no harm, greet their loved one by asking, “What did you do today?” Despite the family member’s good intentions, this type of questioning that requires access to short term memory puts the person with AD on the spot. Try rephrasing the question, and ask instead, “How was your day?” This is an opinion question with no wrong answer, so your loved one can respond in any way she pleases.

Ask attendees for their questions or comments.

### You Don’t Need to Ask Questions

While questions are one way of starting a conversation, a statement can work just as well. Respond to the person’s demeanor. For example, saying, “You look happy. You must have had a good time at the craft class,” allows her to reply as she chooses.

Be aware, however, that this technique can backfire. One family member, meeting a returning busload of people with AD, greeted her mother by saying, “Wow, look at that smile! You look like you had a great time!” Her mother looked at her and remarked cheerfully, “Yes, I did! What did I do?”

### Ideas for What to Do

That’s a bit of a refresher on effective communication with the person who has AD, but now let’s talk specifically about what you can do during a visit.

Ask them for their answers to question #3.

### Question #3

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Some families are more comfortable visiting their loved one if they can participate in a group activity. Which of the following is an appropriate example of this?

- a. Accompanying their loved one on a group outing
- b. Playing the piano for a sing-along
- c. Assisting the leader with a craft project
- d. All of the above**
- e. A and B only

The answer is D – “all of the above.” We hope you recognize that staff members are thankful for any extra assistance you, as family members, can provide.

Let's talk for a minute about some of the possibilities you might consider.

- 1) First, we talked during our last session about **continuing your caregiving role** in some way, such as assisting with feeding or bathing your loved one. This isn't necessarily a group activity, but it can be helpful to staff. Moreover, as we said then, such activities are intimate ways of relating that can be satisfying to both you and your loved one.
- 2) You can **assist staff with a group activity** such as a craft class or simply join in an activity such as a sing-along. If you have a special talent, share it.
- 3) You can attend a **social event** at the residential care community – a picnic, ice cream social, bazaar. This is a way for you to interact with your loved one in a group setting where you can meet his friends. Just as important, it serves as an occasion for you to get to know the staff informally and to get to know other family members. You may find you have more in common with other family members than you realized. (Attending a family council or family support group at the residential care community, if these are offered, is another way of getting to know others and potentially serving *your* needs for socialization.)
- 4) In a similar vein, you might want to join a **group outing**. Perhaps you would find it too difficult to take your loved one to a musical performance or a garden tour on your own, even though you think she might like it. If the staff is sponsoring such an outing, it is likely to be much easier to attend, because you will have other staff to assist you with mobility challenges or bathroom concerns.

Ask attendees if they have any questions or comments about group activities. Then move on to question #4.

#### Question #4

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All of the following are likely to be appropriate one-on-one activities a family member can do with their loved one when they visit EXCEPT:

- a. Going for a drive
- b. Playing Bridge**
- c. Taking a walk
- d. Sitting quietly on the porch, rocking and holding hands
- e. Reading aloud the poems of Emily Dickinson

Many people continue to like to hold cards but they usually lose the ability to play any but the easiest games, and often, even those need the rules adapted. Briefly explain this to the group, and then talk about the other activities addressed in the question, as described below.

- 5) In some cases, you may feel perfectly capable of taking your loved one on an **outing on your own**. Residential care communities are encouraged to provide maps and information on local areas of interest such as nearby restaurants, museums, botanical

gardens, parks, historical sites, etc. If yours does not offer that service, you can probably find the information online. (Most cities have an event calendar.) Or take a joy ride and see what interesting places you discover along the way.

- 6) As much as possible, **get your loved one outdoors**. It tends to improve the person's mood, provide needed exercise, increase the odds for a good night's sleep, and help the body to absorb needed Vitamin D. You can do this with a simple walk of the community's grounds, with an outing to a local park, or by playing an outdoor game such as croquet with modified rules or seated badminton with modified equipment. Get creative!
- 7) **Bring in a special snack** for your loved one. An elaborate ethnic dish, a favorite family recipe, or a milkshake from the local Dairy Queen may be equally welcome. You know what he loves.
- 8) **Bring in a project to work on**, such as junk jewelry to sort, laundry to fold, or coupons to clip. Make party favors for a grandchild's birthday or clothespin reindeer for the church holiday bazaar.
- 9) **Bring along reminiscence-enhancers** such as an old photo album (with enlarged photos your loved one can see clearly), trip souvenirs, or a grandchild's outgrown baby clothes. Find a coffee table picture book representing the person's favorite hobby or pastime.
- 10) **Use the activity supplies on site**. Ask staff for advice about what games and activities your loved one enjoys – *Connect Four*, *Crazy Eights* or checkers, for example. Ask staff how they adapt the rules to encourage success and whether you can use these games while you are visiting the community. (Ask for the outdoor games like croquet, too.).

Before moving on to the next potential visit activity, stop for attendees' questions and comments. Then ask for their answers to question #5.

### Question #5

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Singing is a good substitute for conversation for all of the following reasons EXCEPT:

- a. Like a smile, it's a universal means of communication.
- b. It's a way of lifting a person's mood.
- c. It's a way of calming and soothing a person.
- d. It's flattering to be sung to – it implies we value that person.
- e. All are valid.**

Music is not only "a universal language," it is a wonderful activity that works until the end of life for almost all of us.

### 11) Enjoy music together.

- Try out some rhythm instruments – shake, strum.

- Dance; it's amazing how well many people can dance even when they are unsteady at walking.
- Sing; it brings oxygen to the brain and lifts one's spirits. Again, people with AD who have limited vocabulary are often still able to sing old familiar songs.
- One of the most endearing human images is a mother singing to her baby. Lullabies sung to an older adult with dementia at bedtime can be just as soothing.
- Anytime a person with dementia is feeling low, start with a slow song ("Nobody Knows the Trouble I've Seen," or "Let Me Call You Sweetheart") and move gently to something more rousing ("I'd Like to Teach the World to Sing," "I Whistle a Happy Tune," "Seventy-six Trombones," "When the Saints Go Marchin' In")
- Don't worry if you're off key; your intent is appreciated.
- At other times, just quietly listening together to the person's favorite melodies on a CD is a perfect interaction.

Ask attendees for their questions or comments.

- 12) **Bring grandchildren along when you visit**, and watch them play. Some people with AD are delighted by children; however, others are overwhelmed by too much movement or noise. You are the best judge of what's good for your loved one. Also consider the setting. Watching children play on the swings in a park might be better than having toddlers underfoot in his room. **Pets** can have the same positive impact.
- 13) **Read aloud**. Making conversation with a person with drastically limited verbal skills is difficult, but as we mentioned earlier, your voice alone provides comfort. Reading poetry, funny anecdotes, or inspirational texts aloud takes pressure off the person with AD to make conversation, but allows him to hear a loved one's voice. (The *Reader's Digest* column, "Life in These United States" provides brief, interesting tidbits that are often enjoyed by people with AD.)
- 14) **Be present**. Many couples didn't talk much in the evenings; they simply spent time together. Perhaps they watched a favorite television program; perhaps the wife did her knitting, and the husband polished shoes or read the newspaper. Old routines can still work. It should also be noted that many people with AD need all their powers of concentration to complete a task, such as eating a meal or putting on a sweater. In these instances, conversation can be a confusing distraction that keeps them from completing a task. Silence can be golden.
- 15) **Provide loving touches**. Smiles, hugs, hand holding, foot massages, and a comforting arm around a shoulder are gestures that few of us can get enough of. In the book *Another Country*, that was mentioned earlier, Mary Pipher notes, "The need for physical affection never ends."

Ask attendees for their questions or comments.

## Ask and You Shall Receive

Residential care communities are encouraged to provide as much information as possible to help families have good visits, but some are better than others.

- If you aren't *given* maps and information on local attractions, ask the receptionist if she has some brochures or if she can make suggestions or provide directions.
- If you aren't given a community calendar highlighted with the events that your loved one has enjoyed, ask the receptionist if she can give you a calendar.
- Ask for the email of the activity director so that you can get advice about what success she has had with your loved one and how she adapts activities for *your* loved one by simplifying rules, for example.

Ask attendees for their questions or comments. Then move on to question #6.

## Create a Good-bye Ritual

### Question #6

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Which of the following is NOT a good idea for how family members can end a visit smoothly?

- a. Leave behind a reminder of themselves, such as a hand-written note or a sweater
- b. Suggest they must leave now to take care of an emergency at home**
- c. Time their leave-taking to coincide with the beginning of an activity their loved one enjoys
- d. Create a good-bye ritual such as always singing, "So Long, Farewell" from the *Sound of Music*
- e. All are valid

An emergency – real or fake – is an excuse likely to upset a person with AD and create ongoing anxiety.

When you leave your loved one, if you want to leave without guilt, create a "good-bye ritual." Here are some possibilities:

- **Develop a leave-taking routine that suits you.** Perhaps it is holding the person's hand and singing, "Goodnight My Someone," kissing her cheek and saying, "Sweet dreams, Sweetie. I love you," and then walking out the door.
- **Give the person a reason to say goodbye to you.** Time your visit so your departure coincides with the beginning of mealtime or an activity the person especially enjoys.
- **Leave a reminder of yourself to provide tangible comfort until you return** – a photograph, a greeting card with a message for her, or a scarf or sweater that she associates with you can provide comfort in your absence.

Finally, cut yourself some slack and postpone visits when you are exhausted or stressed. Your loved one will pick up on your stress – because people with AD seem particularly attuned to others' feelings – and neither of you will have a good visit.

Ask attendees for their questions or comments before moving on.

## Learning to Adapt

Before we end tonight, let's try out an example of adapting the rules to help people with AD be more successful with an activity. There are loads of activity books related to the 1950s. We have put a list of a few of them in your last handout for tonight. The 1950s represents a good decade for reminiscing with most older adults because there were lots of pleasant memories associated with that decade. Additionally, many of today's adult children who are taking care of their aging parents are Baby Boomers who were born in the 1950s.

On your next handout is a little matching game from comedy shows of the 1950s. Can you match the show with the name of the adult male star of each show?

Give attendees Handout #3 and a few minutes to figure out the answers. Then ask them one at a time: "Who knows the answer to #1? How about #2?" And so on. Here are the answers for your easy reference.

1. The Adventures of Ozzie and Harriet (F. Ozzie Nelson (this one's a freebie))
2. The Donna Reed Show (C. Carl Betz)
3. Father Knows Best (J. Robert Young)
4. Leave It to Beaver (A. Hugh Beaumont)
5. The Life of Riley (B. William Bendix)
6. Love That Bob (E. Bob Cummings)
7. Make Room for Daddy (H. Danny Thomas)
8. Mr. Peepers (D. Wally Cox)
9. Sgt. Bilko (G. Phil Silvers)
10. I Love Lucy (I. Desi Arnez)

Then call attention to what we just did by asking a few questions.

For how many of you did this simple exercise bring up pleasant memories of early TV shows?

If any attendee is too young to remember these shows, perhaps he or she has seen some of the shows in reruns or heard older people talking about them. For those who did experience pleasant memories, point out that the simple naming of things can be pleasing.

Then point out that we actually simplified the game for attendees by making it a matching game instead of simply asking, "Who was the adult male actor who starred in "I Love Lucy?"

How many of you got all or most of the answers right? How many of you would have been able to name the male star of the shows if we hadn't provided the list of matches?

Most will see that the latter would be a harder task.

Many people do not do activities with people with AD because they don't know how to change the rules or reframe the questions. By providing you with the names, we were able to increase your chances of success.

People with AD probably could not do the matching exercise you just completed, but they might have conjured up pleasant memories if you reframed the questions something like this:

*Wasn't watching television a treat in the 1950s when there were so many funny shows on? One we liked a lot was "I Love Lucy," whose husband was Desi \_\_\_\_.*

A person with AD may be able to fill in the blank with "Arnez," As those with AD tend to be good at filling in blanks with information they learned long ago. (That's why someone who can't balance a check book may still be able to remember the multiplication tables.)

On the other hand, perhaps your mother will fill in the name "Ricardo," for the name of Desi Arnez's character, Ricky Ricardo. The answer doesn't matter as much as whether you are helping her to remember something she enjoyed. If she can supply the name, you might reminisce about some of the silly situations Lucy and her neighbor Ethel got themselves into (chocolate factory, stomping grapes, etc.).

If Desi Arnez doesn't seem to mean anything to the person, even when you supply the last name, try one of the other shows like "Make Room for Daddy," or "Father Knows Best." You might talk about how fashions have changed – women never wore pants or shorts and men always wore ties – in television and in reality.

If your loved one doesn't have a lot of conversational skills anymore, watch for the light in her eyes or some other sign of recognition. She is probably happy to have you babble on about your good memories of 50s TV shows even if she can't contribute. In that way, you are still connecting with her.

Ask if anyone has any further questions or comments.

## Closing

As we near the end of our last session, I'd like to share a modern parable. Mel Brooks' western comedy, *Blazing Saddles*, has a scene where the bad guys are chasing the good guys across the desert and catching up fast. To foil them, the good guys quickly set up a toll booth. The bad guys discover they don't have enough nickels for the toll, and they have to send one of their gang back to town for more. In the meantime, the good guys get away.

The scene is silly, because, of course, the bad guys could have simply ridden around the toll booth. The desert provided plenty of open land. But in real life, we all set up toll booths – obstacles – that we don't question. We have been taught to play by the rules and pay the toll. We seldom stop to think that the toll may not be worth paying or that we have other options. Keeping this in mind, I'd like to leave you with one last piece of advice as you depart tonight:

***Imagine other possibilities.***

Finally, because we always like to end on a light note, here is one last story about aging:

An 86-year old man went for his regular cardiology visit. Two days later, the cardiologist saw the old man walking down the street with a gorgeous, young blond draped over his arm.

The cardiologist called the old man aside and said, "Just what do you think you're doing?"

"Why, I'm just taking your advice", the old man replied, "Get a 'Hot Mama', and be cheerful!"

The cardiologist shook his head and said, "No, what I said was: 'You've got a heart murmur, be careful!'"

The moral of this story is that sometimes we hear what we want to hear, and sometimes that's just fine.

As you close, be sure to thank your attendees for their participation and shared insights. Tell them you hope they gained some new knowledge, and let them know how to reach you if they have further questions.

If you have another event coming up for them to participate in, let them know. If you are closing with refreshments, invite them to stay and visit.





