How well we know a person influences our view of that person. It's not surprising, then, that studies show professional caregivers who know the life stories of the people they care for give better care. Even those who have generally negative views of older adults, when asked about a specific adult they know well, will often say things such as, "Oh, she's wonderful - so kind and understanding" or "He's got a great sense of humor!"

There is a saying, "Familiarity breeds contempt," but the reality in caregiving situations is much more often the opposite: "Familiarity breeds content."

This contentment applies to both the care receiver and the caregiver. A caregiver in a residential care community, who views her role simply as a series of tasks - changing 10 people’s incontinence products, giving 6 baths, helping 8 people dress - is likely to have low job satisfaction. However, a caregiver who sees her role as helping people enhance the quality of their lives - providing comfort in uncomfortable situations - will have high job satisfaction. For the best caregivers, tasks are secondary to building relationships with care receivers.

When you focus on relating to and interacting with your care receivers, those you help are often verbally appreciative, but even if they say nothing, you have the satisfaction of knowing each day that you are helping to make their lives better. That's contentment!

Commitment to just three components fosters this contentment:
To Know Her Is To Treat Her Better

1 Curiosity - Be interested in the other person. There is an old joke that goes: "I've stopped trying to figure out what makes my wife tick. I just try to keep her from getting wound up." The reality is, if you understand what keeps a person from getting wound up, you will have figured out what makes him tick. Therefore, learn what you can about his preferences, routines, and life story. What life accomplishments is he most proud to share? (Career, hobby, children and grandchildren?) What are his likes and dislikes - the things sure to trigger a smile or a frown? How can you increase the smiles?

2 Share - Be willing to share some of your life, too. A relationship is a two-way street. You needn't share every intimate detail of your life, but look for common ground. Does Mrs. Jones have grandchildren close to your children's ages? Do you both like daffodils in spring and pumpkin bread all year round? Do you both think "Casablanca" was a fabulous movie, but that Humphrey Bogart wasn't really all that attractive? Are you both night owls? Do you both love animals? The more you have in common, the less your differences will matter.

3 Persevere - There ARE crabby older people and some seem to make themselves deliberately difficult to like, much less love. Often they are like grouchy children who have returned home still reeling from having their feelings hurt at school; they just need a hug, but they don't know how to tell us. Many older adults have both physical and emotional hurts that require treatment. Some people do need professional help, but don't underestimate the power of your relentless kindness. Name any heartwarming story you can think of, and chances are good that the hero is someone who refused to give up on a person others had bypassed.

KEEP IN MIND: DON'T PLAY FAVORITES

"Don't play favorites" has two meanings. First, although some people naturally attract others with their charming personalities, caregivers should resist the impulse to avoid those who are less charming or less demanding. Instead, seek out the undiscovered treasure lying within everyone.

Second, when trying to learn more about someone, avoid asking, "What's your favorite _____ (color, team, TV show, food, etc.)?" As their condition progresses, many people with Alzheimer's disease have increasing trouble naming objects in specific categories, and "favorite" implies there is only one right answer. Giving them a choice between two colors (or teams, shows, or foods) allows for more free flowing conversation. "Do you prefer red or blue?" If he says blue, talk about the sky, a lake, his eyes.... Then ask another question: "Do you also like green and other cool tones?"

Key Points:
Try to learn more about everyone you care for, not just those who are easiest to like.

Avoid asking people with AD to name favorites. Instead give them choices between two things and let the conversation flow from there.
Many caregivers are more than willing to get to know their care receivers better, but they are uncertain how to begin. In day centers and residential care settings, an intake coordinator often fills out a survey that includes a life story, preferences, routines, interests, and other personal information. This should be made accessible to all of the person’s caregivers, so they can start out on the right foot.

Family members can also be a source of information, but recognize that family members may be biased. One daughter raved about the holiday cookies her mother made, but when December rolled around, the woman refused to participate in any baking activity, saying, “Achhh, I had enough of that when my family insisted. Now I want to rest.”

Of course, caregivers can also talk directly with their care receivers, although some, caregivers, especially those who are young or uncertain of their English skills, may be shy about beginning. A good way to start is to offer a compliment: “What a pretty name (or dress, bracelet, picture, etc.)!” Friendships that begin with a smile are off to a good start.

We usually get to know people by asking questions, but when a person has Alzheimer's disease, it’s easy for even simple questions to cause inadvertent embarrassment, especially if that person is in the mid to late stage of the disease. If Mrs. Jones has a picture on her dresser that looks like it was taken on her wedding day, it’s natural to say it’s lovely and then ask things like, “When was that taken?” or “How old were you when you got married?” Such questions may be impossible for her to answer, though. Even asking, “How many children did you have?” can confuse her if she is living in a past reality and imagines that she is still that young bride and childless. Therefore, avoid questions that have to do with time and numbers. (It takes practice.)

Instead, ask questions with potentially short answers and no necessarily “right” answers. For example, “Were you excited on your wedding day?” “Did you have lots of guests?” “Did you go away for a honeymoon?” It doesn’t matter how the person answers or whether her responses change from day to day. What matters is your interest in her life. The wedding photo is presumably displayed because it represents a happy memory. Whenever you call attention to the photo, you are helping her relive that happy memory, even if she can’t explain what she’s thinking.

Props can also help conjure up pleasant memories. If you bring in a branch from a lilac bush in spring, the person with AD whose sense of smell has diminished can still 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.” She may not have the same image, but chances are she can relate to the pleasant picture you have created and be relaxed by it.

**RESOURCES**

The ideas in this issue come from the book, *Getting to Know the Life Stories of Older Adults: Activities for Building Relationships* by Kathy Laurenhue. In her book, she recommends many other resources for learning more about older adults' lives and experiences, including books, games, and videos/DVDs that can be found through these catalogs:

- ElderGames, 800-637-2604, www.ncoa.org (under "publications")
- Nasco Activity Therapy, 800-558-9595, www.nascofa.com (ask for the Senior Activities catalog)
One fundamental aspect of our identity is our name. Many people have been tremendously influenced by their names both positively and negatively. Questioning people about their first and last names can be surprisingly revealing. Try asking participants to share their answers (as time allows) to the following:

- Who named you?
- Do you know how your name was chosen?
- Were you named after someone?
- Do you like your name? Why or why not?
- What does your name say about your (family or ethnic) heritage? Is that important to you?
- Has your name changed (through immigration, marriage)?
- Do you prefer a nickname to your real name? Why? How did you acquire it?
- Are there any stories associated with names in your family?

**Let’s talk**

Respect participants’ privacy and unwillingness to share feelings or experiences. Co-workers can be perverse. A person may realize that if he reveals that he was called "Pudgy" as a child and hated it, some co-workers may call him that forever after.

On the other hand, if someone says, "I prefer to be called Rosie rather than Rosemary because my father called me that. He died when I was young, and it reminds me of him," she has just shared something essential about who she is and entrusted the group with that gift. Participants will likely honor her preference and her trust.

Two other points to make:

- The name a person with Alzheimer’s disease prefers to be called may change as her condition progresses. "Mrs. Jones" may be appropriate early on, but in the late stage, she may only know herself as "Betsy," the name she was called as a child.
- Because people with AD often live in a past reality and have decreasing verbal skills, eventually they may not recognize or be able to name their spouse or children. Most of us are irritated when someone mangles our name or forgets it, but in these basic relationships, the inability of the person with AD to remember can be deeply hurtful to those who love him.

**Answer Key for Quiz on Page 5**

1) b 2) c 3) d 4) d 5) e
Please answer the following questions based on the information on the previous pages.

1) The focus of this issue is on getting to know the person with AD better as an individual. It isn't likely to do anything for you, but will make the person with AD feel better.
   a. True  
   b. False  

2) A person who is constantly asked questions about his life may feel as if his privacy is being invaded. For that reason, it's important to have a conversation in which you share information about yourself as well. Which of the following would be inappropriate experiences to share?
   a. Well-loved foods and recipes  
   b. Places you have traveled or would like to go  
   c. Details of you financial situation  
   d. Your hobbies or special interests  
   e. Funny stories about your children  

3) Which of the following are ways to get to know a person with AD better?
   a. Review the information provided on the intake survey  
   b. Talk to family and friends  
   c. Ask the person with AD directly about his or her life  
   d. All of the above  
   e. A and B only  

4) Some caregivers are shy about starting a conversation with someone 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. Ask questions about a picture on her bedside table  
   c. Share pictures of your own children  
   d. Ask her which is her favorite soccer team  
   e. Talk about the delicious smell of coffee and offer her a cup  

5) Some people are easier to like than others. Which of the following are potential ways to build a relationship with a seemingly grouchy person?
   a. Show interest in his welfare; when you have completed a task, ask, “Is there anything else you need?”  
   b. Stay cheerful; don’t let his attitude affect yours.  
   c. Persevere; be relentlessly kind to him.  
   d. Share brief stories about yourself to encourage his curiosity.  
   e. All of the above.