Adding Lightness to ADLs

KEY POINTS

- As AD progresses, people experience a variety of losses that interfere with the ability to complete ADLs independently.
- Some people with AD need to focus all of their attention on tasks and need caregivers to be silent, except to give one-step directions.
- Others are more at ease if caregivers offer distractions through props or cheerful conversation.

Activities of Daily Living (ADLs) include dressing, bathing, grooming, eating, and toileting. In the early stage of Alzheimer's disease, most people can complete ADLs relatively independently, but by the mid to late stages, these personal care tasks can consume much of the day.

Some people with AD retain the ability to complete "over-learned" skills, (chores a person has done thousands of times in a lifetime such as washing or drying dishes). However, due to specific brain losses, ADLs are often not among those skills. Many people with AD no longer know the purpose of an item like a comb (agnosia), or they have forgotten the steps to common tasks like brushing their teeth (apraxia). Others have trouble interpreting what they see, so that while they may hear directions clearly, they have no idea how to follow those directions.

Still others lose their proprioception (the sense of where their body is in physical space), so that something as simple as getting dressed becomes a slow and complicated process. In Lisa Snyder's book, Speaking Our Minds, a woman named Bea describes this difficulty:

“One of the worst things that I have to do is put on my pants in the morning. This morning I kept thinking there is something wrong because my pants just didn’t feel right. I had put them on wrong. I sometimes will have to put them on and take them off a dozen times or more. . . It’s so frustrating. I think I know the way to do it and I put them on and it’s wrong again.

It's no surprise, then that people with brain loss similar to Bea's may be unhappy at the prospect of changing their clothes!

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Adding Lightness to ADLs

As people with AD become increasingly confused and fearful of making mistakes, we can often put them at ease in one of two ways. The first is to assist as needed, slowly and patiently. Some people with AD need you, as their caregiver, to be mostly silent, so they can focus on a specific task. In that case, keep your facial expressions and body language open and friendly as you offer one-step directions (“Mrs. Jones, I’m going to slip this shirt over your head now.”).

The second way we can put people at ease is by being matter of fact about the task and creating a distraction through conversation or use of a prop. Some people are wary of accepting assistance with ADLs because this often involves invasion of a person’s privacy. Most people are embarrassed, for example, to receive help with toileting. In such a situation, calling attention to the wallpaper or other decorations can be a welcome distraction. For example, many bathrooms have a seaside and shell motif. Ask for an opinion (“Why do you suppose people associate seashells with bathrooms?”), reminisce (“Did you ever collect seashells on a beach?”), or pose a simple question that requires only a yes or no answer (“Do you think seashell decorations are appealing?”). Additionally, holding a decorative seashell or another prop can be an effective distraction. Other options might include:

• Giving a person a scarf or piece of jewelry to fiddle with as you provide assistance with dressing.
• Offering grapes in a plastic bowl to a person you are assisting in the shower.
• Providing a favorite photograph or a soft pillow—something comforting—to hold during personal care tasks.
• Helping an unsteady person feel safer by placing his hands on the handrails beside a toilet or in a shower.

KEEP IN MIND: YOU DON’T NEED TO ASK QUESTIONS

While questions are one way of starting a conversation, a statement can work just as well. Sometimes people feel pressure when they are asked a question. “What did you do today?” seems innocent enough, but it can be disconcerting to the person who doesn’t remember. Instead, respond to her demeanor. For example, saying, “You look happy. You must have had a good time at the senior center,” allows her to reply as she chooses.

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

Key Points:
Asking questions is not the only way to show interest in another person

Making statements based on a person’s demeanor is another way to show interest in that person.

When we make a statement based on a person’s demeanor, we can spark a conversation where any response is acceptable, which is another way of putting the person at ease.

WHEN YOU ARE AT A LOSS FOR WORDS, SING

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.

Often the person with AD will join in (especially in the shower) and that’s a plus. Singing lifts our moods and draws oxygen to our brains to help us think more clearly.
Make Ordinary Tasks Enjoyable

The last newsletter offered suggestions for getting to know the person(s) in your care. Once you know the person's history and preferences, you'll be able to offer distraction simply by bringing up subjects that you know are pleasing to the person.

For instance, if you know Mr. Smith loves baseball and the Yankees, you can change his incontinence product while chatting about how his team really blew yesterday's game. If you're not aware of current sports news, ask about the past. "Did you enjoy going to baseball games when you were a kid? Did you cheer for the Yankees in those days, too? Did you ever meet any of the famous players? Did you ever catch a foul ball?" You don't have to ask every question, and certainly not all at once.

The point is, you can stimulate distracting and pleasant memories without knowing anything more about a person than his preferred sport and team. If you happen to know the names of a few famous baseball players from the 1950s like Jackie Robinson, Mickey Mantle, Yogi Berra, Willie Mays, or Hank Aaron, but don't know the teams they played for, just ask, "What did you think of _____?" Such opinion questions, have no wrong answers, so any response works.

For example, it may be too difficult for someone with mid-stage AD to fill in the blanks when the question reads: New York Yankees centerfielder M ____ M_______ was baseball's greatest switch hitter. But if you put the blank at the end and give a start to the name, he may be able to answer easily: Baseball's greatest switch hitter was New York Yankees player Mickey ________. While he may disagree that Mickey Mantle was baseball's greatest switch hitter, that difference of opinion opens up a new topic of conversation. By adapting these books, you are likely to get much more enjoyment out of them. (On the other hand, don't underestimate the person. Some people have a surprising wealth of knowledge to share!)

At the same time, look for other props - a coffee table book on baseball with lots of large pictures, a real baseball bat and glove, a baseball trophy. Look for ways to increase the pleasure you take in each interaction with each other by finding props related to every topic the person is interested in.

The time you can spend playing trivia games and paging through coffee table books may be limited, but it pays big dividends in your relationship. By showing interest in what the person values, you are showing that you value him. That is a gift people with AD never forget, even when they have forgotten your name.

There are also numerous books to help you start and keep discussions going. (See Resources.) Many of these require readers to fill in the blanks or answer questions that some may find troublesome. Try to avoid making a person feel uncomfortable by "testing" his knowledge. Instead, help him to succeed by asking questions so that the answers come more naturally.

KEY POINTS

- Use what you know about a person's interests to provide ideas for distracting conversation while giving care assistance.
- Look for props and books that will help you build a relationship around that person's interests.
- By showing interest in what another person values, you are showing that you value him, and that is a great gift.

RESOURCES

If you want to reminisce with an older adult, the decade of the 1950s is a great place to begin. The 1950s had plenty of turmoil, but it was also television's "Golden Age," the height of Rock and Roll, and the decade of poodle skirts, hula hoops, and the first Barbie dolls. Here are some terrific aids to reminiscence:

Remembering the Fifties, a program manual (Bi-Folkal Productions, 800-568-5357)

Journey Through the 20th Century and Down Memory Lane, 2nd edition by Beckie Karras (ElderSong, 800-397-0533)

The 50s, the 20th Century; Remembering the Decades (ElderGames, 800-637-2604)

The 1950s, Remembering and Reminiscing by John Artman and Gary Grimm (Gary Grimm & Associates, 800-442-1614)
The “Trainer’s Corner” helps you relate the topic to caregivers’ personal experiences in order to make it relevant and memorable. With each issue, we will provide discussion questions and an engaging exercise. A quiz is available on Page 5 to test participants’ knowledge. (The answers appear on the bottom of this page.)

**Bringing the lesson home**

Music, like a smile, is a universal means of connecting with others. One way to bridge the age gap between caregivers and care recipients can be through the Broadway musicals of the 1950s. Here are just a few samples that may be popular with multiple generations:

- **The King and I (1951):** "I Whistle a Happy Tune," "Getting to Know You," "Hello, Young Lovers," "Shall We Dance?"
- **South Pacific (1958 - movie):** "There Is Nothing Like a Dame," "Younger Than Springtime," "Happy Talk," "Bali Hai"

**Let’s talk**

Actually, let’s sing. Choose one or more of the musicals above and download the words to the songs online. (One good source for the words, downloadable music, and purchasing the CDs is http://www.thebroadwaymusicals.com.) Make copies and pass them out.

Sing a few songs as a group and talk about the memories and feelings they stir up. Try both slow and energizing songs. Then ask:

- Are the songs familiar? Do you remember seeing the play or the movie? Did you enjoy it?
- Even if the songs are new to you, what emotions do they convey? (Romance, wistfulness, silliness, happiness?)
- What kind of music soothes you? Energizes you?
- How does music help you connect with other people?
- Have you used music to connect with the people you care for? Talk about your experiences.

Point out that if caregivers are foreign born and unfamiliar with well-known songs here, their care recipients are likely to enjoy hearing songs from caregivers’ homelands. When someone sings to us, we are almost always flattered, even if the person’s voice is not the best. Likewise, remember to ask the person with AD to sing to you, too. One of the wonders of how Alzheimer’s disease affects the brain is that even when verbal skills diminish, music and lyrics are often retained.

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**Answer Key for Quiz on Page 5**

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

1) As their condition progresses, people with AD frequently have trouble dressing, bathing, and grooming because of specific damage to parts of their brains, including all of the following EXCEPT:
   a. Agnosia
   b. Apraxia
   c. Arthritis
   d. Proprioception
   e. Visual-spatial perception

2) Some people with AD need to focus all their attention on the task before them and find conversation too distracting.
   a. True
   b. False

3) People can often be spared embarrassment as we help them with private tasks, such as bathing, if we make cheerful conversation or offer distracting props. Which of the following is NOT an appropriate example of this?
   a. Talking about that person's hobby or special skill, such as knitting
   b. Talking about all of the other baths you have to give during your shift
   c. Offering something pleasant to eat - grapes or an apple
   d. Giving the person something comforting to hold such as a soft washcloth or a bath sponge
   e. Providing something to fiddle with such as a plastic ball or a bottle of bubble bath

4) Knowing even one or two simple facts about a person's preferences can provide many ideas for asking her questions as a distraction while feeding her, but what are the pitfalls to asking too many questions of a person with AD?
   a. The person may feel put on the spot, unsure of how to answer, or why you are asking.
   b. It may feel more like an interrogation than a conversation to the person.
   c. It can be too distracting and interfere with the person's ability to get adequate nutrition.
   d. All of the above
   e. A and C only

5) 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. You like to show off your good voice.