

Seniors • At • Home

*a division of Jewish Family and Children's Services
of San Francisco, the Peninsula, Marin and Sonoma Counties*

Alzheimer's Disease & Dementia

Continuing Education Classes

6 Hours Course

2245 Post Street

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**Understanding and Assisting Clients with Alzheimer's Disease
- 6 Hours Course Outline**

Goal: After completing this seminar, all students will be able to use their knowledge and understanding of Alzheimer's disease to assist clients and their families.

Objectives: After completion of this seminar, all students will be able to:

1. Define dementia, Alzheimer's disease (AD) and related terms.
2. List five facts about Alzheimer's disease.
3. Describe the stages and progression of Alzheimer's disease and the related symptoms.
4. List five difficult behaviors commonly exhibited by people with Alzheimer's disease and describe techniques to manage each.
5. List six techniques to improve communication with people with Alzheimer's disease.
6. List five potential safety hazards in the home of a person with Alzheimer's disease and describe preventive measures.
7. Describe five guidelines for assisting the person with Alzheimer's disease with personal care and activities of daily living.
8. List three techniques to foster the dignity and independence of a person with Alzheimer's disease.
9. Describe two methods to improve and/or maintain the morale of family members of people with Alzheimer's disease.
10. List three signs and symptoms of caregiver stress.
11. Describe 4 normal changes of aging.

Alzheimer's Disease

Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, impaired thinking, impaired behavior and impaired judgment. It affects an estimated 2.5 million American adults. The incidence of Alzheimer's disease is more likely to occur as a person gets older.

Scientists continue to look for the cause of Alzheimer's disease. For one form of the disease, there is strong evidence that a defect exists in a single gene in a chromosome. In addition, scientists continue to explore areas such as a slow virus and environmental toxins, such as aluminum. Alzheimer's disease cannot be prevented, nor is there a cure or a treatment available to stop or reverse the disease. Medications are available that appear to slow down the loss of memory. Other medications may be helpful in managing some of the most troubling symptoms associated with Alzheimer's disease, such as depression, behavioral disturbances, sleeplessness, and anxiety.

Alzheimer's disease has a gradual onset. In the early stages, the person may try very hard to cover up what might be the obvious symptoms that the disease is present. These symptoms, such as memory loss, loss of intellectual abilities, disorientation to time and place (and eventually to person), lack judgment, and changes in personality and behavior progress to the point where the symptoms interfere with the person's work, social activities, and activities of daily living. Eventually the symptoms render the person unable to assume self-care. How quickly, and to what extent these symptoms occur and progress, varies from person to person. The average life span for people with Alzheimer's disease is about eight years, although many people with Alzheimer's disease live considerably longer.

There is no single diagnostic test for people with Alzheimer's disease. A complete physical, psychiatric, and neurological evaluation should be obtained when symptoms are noticed. New computerized imaging technology may show specific changes in the brain that appear to be consistent with Alzheimer's disease, however a definitive diagnosis of the disease cannot be made until after death. At this time, if the disease is present, microscopic examination of the brain reveals the presence of neurofibrillary tangles and clusters of degenerating nerve endings called neuritic plaques.

Definitions and Terms

- Senility** comes from the Latin word meaning “to grow old.” In its truest sense, it refers to everyone; however, it has assumed the meaning of not only old age, but forgetfulness, confusion, and sometimes incompetence. It is not a professional term and its use is discouraged.
- Dementia** comes from the Latin word meaning “without mind.” It is used professionally to describe a group of symptoms caused by changes in brain activity due usually to disease or trauma.
- Depression** refers to a range of mind disorders, varying in duration, symptoms, and causes. Some of the common depression problems of older and adults relate to mediation, adjustments, alcohol, and illness.
- Cognition** is the area of function that relate to memory, orientation, and attention.

Memory Recall
(Exercise #1)

Game:

Write the items you can recall.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Mini Mental Status Exam
(Exercise #2)

Write on this page your responses to the mini mental status exam.

Normal Aging

In addition to the changes that occur with the senses, there are other important changes in the body that influence appearance, behavior and communication.

1. There are changes in the mechanism that control posture, balance, and movement. There is a higher incidence of orthostatic (postural) hypotension. Older people are at an increased risk for falls.
2. The most common chronic condition of older adults is osteoarthritis (degenerative arthritis). Affecting primarily the weight bearing joints, erosion of the cartilage causes pain, immobility and instability increasing the older adult's risk for falls.
3. Older adults are at a higher risk for bone fractures from osteoporosis. Changes in the bone structure can cause bone fractures from minor impact or stress and a fracture may occur for no apparent reason. Certain people are at higher risk than others.
4. It takes longer for the heart and lungs to return to normal after exercise or stress. Physical endurance can be optimized by exercise, activity, and good nutrition, but the need for a slower pace and more time is usually required.
5. Many older people do not adjust well to external temperatures. Impairment in the thermoregulating mechanism renders older adults at higher risk for hypothermia and heat stroke.
6. Changes in the immune system, chewing, swallowing, and cough mechanism contribute to the higher incidence of pneumonia and lung infections in older adults.
7. There may be evidence of loss of urine, or incontinence due to urgency, stress or overflow incontinence. Decreased bladder capacity and prostate problems can contribute to this problem. The fear or reality of incontinence may cause an older person to limit or avoid socialization.
8. The skin of an older person bruises and tears easily and wound healing is prolonged. In combination with impaired pain sensation, an older person, particularly those with diabetes or peripheral vascular disease, may develop severe complications from a minor skin injury.
9. Slower bowel mobility and insufficient water, exercise and fiber in the diet can contribute to constipation. The use and reuse of enemas and laxatives is often counterproductive.
10. There are changes in the nighttime sleeping pattern characterized by less deep sleep and more frequent arousals. Isolation, boredom and depression can promote daytime sleeping which further interferes with sleep patterns.
11. Older people need more time to respond, both verbally and physically. There is a tendency towards more concrete thinking than abstract thinking, and it takes longer to change to a new thought, become acquainted with a new situation, and recognize new actions in response to instructions.

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12. Forgetfulness related to growing old is universal and it does not lead to dementia. The recall of past events is better than more recent events. Memory can be enhanced by retaining methods that include concentration, association and repetition and by the use of memory aids.
13. There are physiological changes that accompany aging which influence the effect of medication in the older person. While absorption of drugs changes little with aging, changes in the manner in which drugs are distributed in and eliminated from the body render the older person at much greater risk of adverse drug events than younger persons.

Alzheimer's Disease Statistics
(Exercise #3)

1. Approximately how many Americans now have Alzheimer's?
2. If a cure is not found, how many may have AD by 2050?
3. How does AD rank as a cause of death among adults?
4. How long can a person live with AD?
5. How much money does it cost to diagnose, treat, and care for the people with AD in the US each year?

Stages of Symptom Progression in Alzheimer's Disease

It is difficult to place a patient with Alzheimer's disease in a specific stage. However, symptoms seem to progress in a recognizable pattern and these stages provide a framework for understanding the disease. It is important to remember they are not uniform in every patient and the stages often overlap.

1. *First stage – 2 to 4 years leading up to and including diagnosis*

Symptoms

- Recent memory loss begins to affect job performance.
- What was he or she just told to do?
- Confusion about places – gets lost on way to work.
- Loses initiative – can't start anything.
- Mood/personality changes – patient becomes anxious about symptoms, avoids people.
- Poor judgment – makes bad decisions.
- Takes longer with routine chores.
- Trouble handling money, paying bills.

Examples:

- Forgets which bills are paid. Can't remember phone numbers.
- Loses things. Can't remember grocery list.
- Arrives at wrong time or place, or constantly rechecks calendar.
- "Mother's not the same – she's withdrawn, disinterested."
- She spent all day making dinner and forgot to serve several courses.
- She paid the bills three times over, or didn't pay for three months.

2. *Second stage – 2 – 10 years after diagnosis (longest stage)*

Symptoms

- Increasing memory loss and confusion.
- Shorter attention span.
- Problems recognizing close friends and/or family.
- Repetitive statements and/or movements.
- Restless, especially in late afternoon and at night.
- Occasional muscle twitches or jerking.
- Perpetual motor problems.
- Difficulty organizing thoughts, thinking logically.
- Can't find right words – makes up stories to fill in blanks.
- Problems with reading, writing and numbers.
- May be suspicious, irritable, fidgety, teary or silly.
- Loss of impulse control – sloppy – won't bathe or afraid to bathe – trouble dressing.
- Gains and then loses weight.
- May see or hear things that are not there.
- Needs full-time supervision.

Examples:

- Can't remember visits immediately after you leave.
- Repetitive movements or statements.
- Sleeps often; awakens frequently at night and may get up and wander.
- Perceptual motor problems. – Difficulty getting into a chair, setting the table for a meal.
- Can't find the right words.
- Problems with reading, numbers – Can't follow written signs, write name, add or subtract.
- Suspicious – May accuse spouse of hiding things, infidelity; may act childish.
- Loss of impulse control – sloppier table manners. May undress at inappropriate times or in the wrong place.
- Huge appetite for junk food; forgets when last meal was eaten, then gradually loses interesting food.

3. *Terminal stage – 1 – 3 years*

Symptoms

- Can't remember family or image of self in the mirror.
- Loses weight even with good diet.
- Little capacity for self-care.
- May put everything in mouth or touch everything.
- Can't control bowels, bladder.
- May have seizures, experience difficulty with swallowing, skin infections.

Examples:

- Looks in mirror and talks to own image.
- Needs help with bathing, dressing, eating and toileting.
- May groan, scream or make grunting sounds.
- May try to suck everything.
- Sleeps more.

Managing Difficult Behaviors

Suspicion: As people with AD begin to deal with their illness, they often become suspicious or paranoid. Do not argue with them as this just increases defensiveness. Instead, offer calm reassurance. Be understanding.

Agitation: Dementia clients can become agitated, combative, even violent. Feeling insecure or frustrated, encountering new people or places, changes in routine can all trigger this behavior. Even watching television can cause extreme anxiety as people with AD lose their ability to distinguish fiction from reality. Try to recognize the triggers and eliminate them. Once behavior like this begins, your calm response and slow soothing tone can help minimize the behavior. Avoid using physical restraints; restraints should be used only to prevent injury to self or others, and then only for a limited time.

Depression: It is understandable that people who are losing independence and the ability to manage their lives become depressed. Feelings of failure and fear can cause them to become withdrawn. Be aware of these behavior and mood changes. Report depression to your supervisor, as medications may help. Try to note the triggers or events that cause changes in mood. Always encourage and reward activities that improve moods and attempt to reduce situations that cause withdrawal. Find ways to help foster social relationships, such as group activities. Listen to them, as they will often share their feelings. Respect the right to feel sad; offer comfort and concern.

Perseveration or Repetitive Phrasing: People with dementia may repeat words, phrases, or questions over and over again. They may also repeat an action or task, such as licking lips, tapping fingers, folding or cleaning things. Be patient with these repetitious behaviors; remember that the person probably is unaware of what he or she is doing. If questions are asked repeatedly, respond each time in the same words.

Pacing and Wandering: Pacing and wandering can have many causes – restlessness, hunger, disorientation, the desire to use the restroom or even forgetting how or where to sit down. Nighttime wandering might be reduced by minimizing daytime napping. Exercise may reduce restlessness. Let people pace and don't restrain them, but do keep an eye on them. Pacing is dangerous when it takes people outside the safe environment. If people attempt to leave, redirect their attention to something they enjoy.

To reduce the chance of wandering outside the home or facility:

- Create a safe place for pacing. Remove clutter and create clear paths, making certain floors are not slippery. Remove throw rugs that are not secure.
- Place stop signs on doors to remind them not to exit or have alarms on exits to indicate the door has been opened. Locks placed either very high or very low may prevent exiting. Remember to keep a key nearby in case of emergency. Never leave a person in a locked house or room.

In the event someone does wander away:

- Have a current photo to help identify the person
- Make certain neighbors have a photo and a number to call if they see the person
- Have identification cards or bracelets and clothing labels on every person with AD.

Hallucinations (seeing things that are not there) **or delusions** (thoughts believed to be true which are not): Most hallucinations and delusions are harmless and can be ignored. Respond with reassurance if people seem agitated or worried. Disputing or challenging serves no purpose and can make matters worse. Remember that the feelings are real to the person with AD. Again, redirecting people to other activities or thoughts

can be very useful. Be calm and reassure them that you are there to help.

If someone attacks you verbally or accuses you of stealing or other mischief, do not take it personally. Remember, it is the disease and not the person. If someone becomes violent, stay out of the way. Block but do not hit. Stay calm and observe from a safe distance; violent behavior usually subsides quickly. Get help if necessary. **Always** report this behavior.

Sundowning: When a person with AD becomes restless and agitated in the late afternoon, evening or night it is called sundowning. The best ways to reduce this restlessness are:

- Avoid stressful situations during this time, limit activities, appointments, trips, and visits.
- Play soft music.
- Set a bedtime routine and keep it.
- Recognize when sundowning occurs and plan a calming activity just before.
- Eliminate caffeine from the diet.
- Give a slow back massage.

- Try to redirect the behavior or distract the person with a simple, calm activity like looking at a magazine.
- Maintain a daily exercise routine.
- Avoid using physical restraints.

Catastrophic Reactions: When a person with AD overreacts to something in an unreasonable way it is called a **catastrophic reaction**. Many situations can cause these reactions, and they differ from person to person. Again, it is important to get to know the people you care for. This allows you to avoid situations that cause these reactions and to redirect them to activities you know they enjoy. As a general rule, these reactions are caused by four things:

- Fatigue
- Change of routine, environment, or caregiver.
- Over stimulation, including noise, too much activity, difficult choices or tasks.
- Physical pain or discomfort, including hunger or need for toileting.

Behavior
(Exercise #4)

Role Play:

Write down each and every step of brushing your teeth.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Communication Tips

Good communication tips for any situation:

- Always approach from the front so you do not startle the person.
- Determine how close the person wants you to be.
- If possible, communicate in a calm place with little noise or distraction.
- Always identify yourself and use the person's name.
- Speak slowly, using a lower voice than normal. This is calming and easier to understand.
- Always make certain the person is not suffering from a hearing impairment.

Communicating with people who have dementia:

If the person...

Is frightened or anxious

You should....

- Move and speak slowly.
- Try to see and hear yourself as they might. Always describe what you are going to do.
- Use simple language and short sentences. If performing a procedure or assisting with self-care, simplify and list steps one at a time.
- Check your non-verbal language; are you tense or hurried?

Forgets, shows memory loss

- Use the same words if you need to repeat an instruction or questions.

Has trouble finding words or names; substitutes sound-alike words

- Suggest what you think the word is. If this upsets the person, learn from it and try not to correct. As communication using words (written or spoken) becomes more difficult, smiles, touching and hugs can help communicate love and concern.

Seems not to understand basic instructions or questions

- Ask the person to repeat your statements. Use short words and sentences, allowing time to answer.
- Pay attention to the communication methods that **are** effective and use them.
- Watch for non-verbal communications as the ability to talk diminishes. Observe body language – eyes, hands, facial expressions.
- Use signs, labels or written messages.

Repeats phrases or questions over and over

- This is part of the disease. Answer the questions each time. Even though responding over and over may frustrate you, it communicates comfort and security.

Wants to say something but cannot

- Encourage people to point, gesture, or mime. If they are obviously upset but cannot explain why, just offer

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If the person...

You should....

	comfort. Attempting to verbalize may be more frustrating.
Is disoriented to time and place	<ul style="list-style-type: none">▪ Post reminders, such as calendars, activity boards, pictures, and signs on doors. Prior to the final stage of dementia, signs and labels on items can help with orientation.
Does not remember how to perform basic tasks	<ul style="list-style-type: none">▪ Help by breaking each activity into simple steps. For instance, "Let's go for a walk. Stand up. Put on your sweater. First the right arm...." Always encourage people to do what they can.
Reminisces or lives in the past	<ul style="list-style-type: none">▪ Encourage reminiscing if it seems to give pleasure. It is an opportunity to learn more about the person.
Insists on doing something that is unsafe or not allowed	<ul style="list-style-type: none">▪ Try to limit the times you say "don't." Instead, redirect activities toward something constructive.
Hallucinates, is paranoid or accusing	<ul style="list-style-type: none">▪ Do not take it personally. Try to redirect behavior or ignore it. Because attention span is limited, this behavior often passes quickly.
Is depressed, lonely	<ul style="list-style-type: none">▪ Take time, one-on-one, to ask how the person is feeling. Really listen. Try to involve the person in activities. Always report depression to your supervisor.
Is verbally abusive, uses bad language	<ul style="list-style-type: none">▪ Remember it is the dementia speaking and not the person. Try to ignore the language or redirect attention to something else.
Has lost most verbal skills	<ul style="list-style-type: none">▪ As speaking abilities decline, use non-verbal communication. People with AD will understand touch, smiles, and laughter, much longer than they will understand the spoken or written word.▪ However, remember that some people do not like to be touched. Approach touching slowly. Be gentle, softly touching the hand or placing your arm around the person. A hug or a kiss can express affection and caring. A smile can say you want to help.▪ Even after verbal abilities are lost, signs, labels, and gestures can reach people with dementia.▪ Assume people with AD can understand more than they can express. <u>Never talk about them as though they were not there.</u>

**Basic Communication and Management Techniques
for Working with People with Alzheimer's**

1. Never assume that the person cannot understand what is being said.
2. Use creativity and flexibility; if one approach does not work, be ready to try another.
3. Create a calm environment and establish routines.
4. Create a safe environment; remove all hazards that could be dangerous.
5. Simplify each task and activity as much as possible, breaking them into easy steps.
6. Do not frighten the person by approaching or talking from behind.
7. Discuss only concrete actions and objects; avoid the abstract.
8. If it is necessary to repeat statements, use the same words. If this does not work, try to rephrase the sentence using more concrete words.
9. Present only one idea at a time; do not try to give too much information in one sentence - use short sentences; give simple messages.
10. Concentrate on the present; avoid the past and the future.
11. Do not offer choices that make decisions difficult.
12. Avoid situations which may bring about frustration or anger.
13. Anticipate the person's needs.
14. Do not argue with the person. Agree, if possible, distract and divert.

Challenging Communication Situations
Possible Scenarios for Communication Behavior Exercise

Situation #1:

The person with Alzheimer's disease is sitting on a chair. She is staring straight ahead, clenching her teeth and rubbing one hand over the other. You attempt to find out what is bothering her.

Situation #2:

The person with Alzheimer's wants to look at a certain old picture that is hanging on a wall somewhere in the house. He cannot remember where the picture is and has difficulty telling you what he is looking for.

Situation #3:

The person believes it is Sunday rather than Wednesday and wants to go to church. She repeatedly asks how soon you'll be ready to leave with her.

Situation #4:

The person with Alzheimer's begins telling a story that seems made-up. Throughout the story, the person with Alzheimer's asks you questions that pertain to the story. You feel compelled to respond.

Situation #5:

The Alzheimer person insists that you remind him how to drive the car. When you try to distract him or change the subject he only grows angrier.

Communication
(Exercise #6)

1. You are taking your client to the doctor. He says: "I will not go to the doctor." You say:
 - A) "Yes, you have to see the doctor."
 - B) "OK, we'll change the appointment"
 - C) "We will stop for an ice cream."

2. Your client tells you he sees an elephant outside the window. You say:
 - A) "Don't be silly – elephants don't come around here."
 - B) "Let's see if the mail is here."
 - C) "Where exactly did you see one?"

3. Your client has not had a bath in two weeks. You say:
 - A) "You need a bath now."
 - B) "Its time for your bath."
 - C) "Let's take a bath now, then get dressed so we can go downtown for a move."

4. Your client is not answering your question. The first thing you do is:
 - A) Say: "Why won't you answer me?"
 - B) Repeat the question exactly the same way.
 - C) Ask the question in a different way louder.

Personal Care and ADLs

General Tips on Personal Care

- Be consistent. Develop a routine that works and stick to it. A routine is comforting.
- Promote self-care. Start by helping with simple instructions. If more help is required, try hand-over-hand assistance. For example, place a utensil in the person's hand and hold his or her hand with yours.

Bathing, Grooming and Dressing

- Insure safety by using non-slip mats, tub seats, and handholds.
- Schedule bathing when the person is least agitated. Be organized so the complete bath can be quick. Give sponge baths if a tub bath is resisted.
- Confusion and frustration during bathing can be reduced by always bathing at the same time, with the same steps, explaining in the same way every time.
- Assist with grooming. Help people you care for to feel attractive and dignified.
- Lay out clothes in the order in which they should be put on. Choose clothes that are simpler to put on, for example Velcro instead of buttons, slip-ons instead of tie-up shoes, tube socks, pants or skirts instead of dresses.

Toileting

- Sometimes incontinence is caused by treatable medical conditions. Be certain to follow the care plan to insure that treatment is effective.
- Never withhold or discourage fluids because a person is incontinent. Though most people with AD will eventually experience incontinence, they can remain continent longer if the following tips are used:
 - Set up a regular schedule for toileting and follow it.
 - Mark the restroom with a sign as a reminder to use it and where it is.
 - Do not discourage fluids except just before bed if that is when incontinence occurs.
 - Check sink regularly for signs of irritation.
 - Document bowel movements.

Physical Health

- Prevent infections; they are the leading cause of death in people with Alzheimer's.
- Observe the person's physical health and report any potential problems. People with dementia may not recognize their own health problems.
- Maintain a daily exercise routine.

Nutrition

- Maintain optimal nutrition.
- Eating problems are common among people with AD, but can be difficult to notice. Be aware. Try to discover why a person is not eating. Schedule meals at the same time each day and serve familiar foods. If restlessness prevents getting through an entire meal, try smaller, more frequent meals. Finger foods can allow eating while moving around.
- During meals, offer one course at a time using one utensil at a time. If a person needs to be fed, do so slowly, offering small pieces of food.
- Encourage fluids.
- Keep nutritious snacks nearby, especially favorites.
-

- Remember to observe changes or problems in eating habits. Also monitor weight accurately and frequently to discover potential problems as soon as possible.

Mental Health

- Maintain self-esteem by encouraging independence in activities of daily living.
- Assistance with personal grooming will increase self-esteem.
- Provide a daily calendar to encourage activities.
- Share in enjoyable activities, looking at pictures, talking, reminiscing, etc.
- Reward positive and independent behavior with smiles, hugs, warm touches, and thank you's.

Organizing A Safe Environment
(Exercise #7)

Activity: Game: Good Idea, Bad Idea

The cards that make up the Good Idea/Bad Idea Game each have a different idea for organizing the environment for a person with Alzheimer's disease. Cut each of the statements into a separate card. Pass out all of the cards, including any original ones you want to include. Each participant should have one or more cards. One at a time, have participants stand up, read the card, and place it in the good idea pile or the bad idea pile. Anyone who thinks the wrong pile was chosen should speak up and explain why. If a card is placed in the wrong pile and no one speaks up, point it out yourself.

After all the cards are correctly placed, focus the discussion on what a well-organized environment means.

Discussion Questions:

- What items protect the safety of the person?
- What items provide for the comfort of the person?
- In the places you work, what are the safety issues you must watch out for?
- In the places you work, what changes to the environment would improve comfort?

Self Review: How Would You Feel?
(Exercise #8)

1. The local department store manager has just called. Your husband has been arrested for stealing a lavender women's sweater. Lavender is your favorite color. Describe your thoughts and feelings.

2. You call to set up your regular bridge game. No one can come. Last month it was the same. What would you think? How would you feel?

3. The long-awaited visit from your daughter and her children has arrived. Their grandfather did not recognize them and told them to leave. How would you feel?

4. You must diaper your mother. Sometimes she cries when you do this. How do you feel?

5. Your once competent, witty and caring husband is now unable to find the bathroom. How would you feel?

Assisting the Family
(Exercise #9)

Name _____ Date _____

Please answer the following questions TRUE or FALSE.

- ____ 1. It is best to always do as much as possible for someone with AD.
- ____ 2. It is always easy for families to accept help for a family member.
- ____ 3. Support groups help participants share mutual concerns and coping strategies.
- ____ 4. It is the role of the aide to recommend daycare and/or “out of home” placement to the family of a client who has AD.
- ____ 5. People with AD need to have all decisions made for them.

Caregiver

This unit will explore the way you feel in your role as caregiver.

Signs and Symptoms of Stress
(Exercise #10)

Each person reacts to stress in different ways. Put an “X” next to the signs and symptoms that affect you. Can you identify your FIRST indication of stress?

PHYSICAL

- Fatigue
- Muscle tension
- High blood pressure
- “Knot in stomach”
- Headaches
- Backache
- Elevated pulse
- Weight loss or gain

BEHAVIORAL

- Irritable
- Cynical
- Defensive
- Insomnia
- Hyperactivity
- Increased eating or smoking
- Increased use of drugs or alcohol
- Sudden or radical changes in habit patterns

MENTAL

- Unable to concentrate
- Forgetfulness
- Loss of perspective
- Excessive “daydreaming”
- Poor judgment
- Unrealistic expectations of self and/or others

EMOTIONAL

- Anxiety
- Depression
- Emotional outbursts
- Guilt
- Emotional fatigue
- Hostility

Practice
(Exercise #11)

Does it increase or decrease stress? Look at the following activities. Decide if they increase stress or reduce it. Mark **I** if it increases stress and **D** if it decreases stress. Discuss your answers with a classmate or teacher.

I = Increase
D = Decrease

- _____ Van takes a second job.
- _____ Joan spends her lunch hours sitting in the park.
- _____ Kim has finished making payments on his car.
- _____ Susan gets pregnant.
- _____ Tomas goes to play bingo every Saturday night.
- _____ Rosa has problems paying her rent.
- _____ John helps out as an assistant to the softball coach.
- _____ Anna just won the lottery.
- _____ Maria has started reading a good book after supper.
- _____ George's son is having problems at school.

Helpful Attitudes

What attitudes can help you provide better care for people with dementia?

People with AD are individuals.

- AD develops differently in different people.
- One care plan cannot serve all people with AD.
- Take an interest in each individual. Knowing people's likes and dislikes helps you manage their behavior.
- Be an expert on the people you care about.

Work with the symptoms or behaviors you see.

- People with AD show different symptoms day to day. Focus on the symptoms and behaviors you see, rather than on the disease.
- Notice changes in behavior, mood, and independence and report your observations.

Be understanding.

- Remember that people with AD do not always have control over their behavior. Don't take their behavior personally.
- Think about the symptoms of AD in terms of your own life. How would you feel? How would you want to be treated?
- Assume that people with AD have insight and are aware of the changes in their abilities.
- Provide security and comfort.
- Provide opportunities for success and personal satisfaction.

Work as a team.

- People with AD may not distinguish between aides, nurses,

administrators, etc. So be prepared to help when needed.

- Share insights and observations with your team.
- Part of AD care is noticing changes in behavior, or physical and emotional health. Working as a team, more subtle changes will be noticed.

Take care of yourself.

- Acknowledge that caring for someone with dementia can be emotionally and physically demanding.
- Be good to yourself physically, emotionally, and spiritually.
- Be aware of your body's signals to slow down, rest or eat better.
- Remember that your feelings are real and you have a right to them.
- Share your feelings with others, especially those experiencing similar situations.
- Don't worry about mistakes. Use them as learning experiences.

Work with family members.

- Family may know things you would have to learn by trial and error.
- Family members can be of great comfort to dementia victims, helping you provide excellent care.

Always remember the care program goals, including:

- Providing security and comfort.
- Maintaining dignity and self-esteem.
- Promoting independence.

Taking Care of Yourself

1. Know your limits. Do not extend yourself beyond which you are truly physically and emotionally capable and willing.
2. Maintain your basic human needs.
3. Allow time to rest, diversion, relaxation, and privacy.
4. Develop good communication techniques.
5. Ask for support from your supervisor or referring agency; do not be afraid to ask questions or admit your feelings.
6. Attend educational seminars and training to obtain new knowledge and reinforce prior learning.
7. Be realistic about what you can accomplish.
8. Develop and/or maintain a sense of humor.
9. Learn to recognize early signs of stress and develop a plan for how to handle it.
10. Know your strengths and weaknesses.
11. Learn by your mistakes and acknowledge your successes!
12. Know that not every job is right for every person. The better you know yourself, the easier it will be to avoid or handle stress, and the more likely you will be to obtain job satisfaction.

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