

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

This chart provides a summary of the materials available for the interventionist to use to address each Risk Appraisal and troublesome behavior (RMBPC) items. The interventionist will refer to the chart to identify the educational materials available for their own use in developing a behavioral prescription, if a well-being module is appropriate, if a behavioral prescription (detailed set of strategies) is available, and the specific CTIS features they should refer the caregiver to.

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
Education						
1. Do you have written information about memory loss, Alzheimer's disease, or dementia?	Alzheimer's Disease Fact Sheet (ADEAR), Fact Sheet: Alzheimer's Disease (FCA), Forgetfulness: It's Not Always What You Think, Dementia, What is Happening to Abuelito?, Stroke, Parkinson's Disease	Caring for Someone with Alzheimer's Disease		N/A		<ul style="list-style-type: none"> • Resource Guide • Information/Tips (About Alzheimer's)
2. Do you have written information about different treatments available for memory loss, Alzheimer's disease, or dementia?	All of above	Caring for Someone with Alzheimer's Disease		N/A		<ul style="list-style-type: none"> • Resource Guide • Information/Tips (Communication – Access Resources)
3. Do you have a living will for (CR)?		'End-of-Life Decision-Making' from the Family Caregiver Alliance Excerpts from site specific REACH I manuals/caregiver handbooks	✓	N/A		<ul style="list-style-type: none"> • Resource Guide • Information/Tips (Communication – Legal Issues)
4. Do you or a family member have durable power of attorney or guardianship for (CR)?		'Durable Powers of Attorney and Revocable Living Trusts' from the Family Caregiver Alliance Excerpts from site specific	✓	N/A		<ul style="list-style-type: none"> • Resource Guide • Information/Tips (Communication – Legal Issues)

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
		REACH I manuals/caregiver handbooks				
Safety						
5. Is there a working smoke detector and fire extinguisher in your house?	HSAP, Safety FS	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	N/A		<ul style="list-style-type: none"> Information/Tips (Caregiving Tips - Safety)
6. Can CR get to dangerous substances (e.g., medicines, cleaning supplies)?	HSAP, Safety FS, Medications: Use Them Safely, Medications FS	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	N/A		<ul style="list-style-type: none"> Information/Tips (Caregiving Tips - Safety)
7. Can CR get to dangerous objects (e.g., gun, knife or other sharp objects)?	HSAP, Safety FS, Medications: Use Them Safely, Medications FS	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	N/A		<ul style="list-style-type: none"> Information/Tips (Caregiving Tips - Safety)
8. Does CR have a safety ID bracelet or other form of identification that would alert police and fire officials of his/her memory problem and home address?	HSAP, Wandering FS, Safe Return Brochure and FS	Excerpts from site specific REACH I manuals/caregiver handbooks		N/A		<ul style="list-style-type: none"> Information/Tips (Caregiving Tips - Wandering)
9. Does CR smoke when alone in the house?	Home Safety for the Alzheimer's Patient (HSAP)	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	N/A		<ul style="list-style-type: none"> Information/Tips (Caregiving Tips - Safety)
10. Does CR leave things on the stove or store objects in the oven?	HSAP, Safety Fact Sheet (FS)	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	N/A		<ul style="list-style-type: none"> Information/Tips (Caregiving Tips - Safety)
11. Do you ever leave CR alone or	HSAP, Safety FS, Wandering FS	Excerpts from site specific REACH I manuals/caregiver	✓	N/A		<ul style="list-style-type: none"> Information/Tips (Caregiving Tips -

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
unsupervised in the home?		handbooks				Wandering)
12. Does <u>CR</u> get lost in familiar surroundings (e.g., home, church, or neighborhood)?	HSAP, Wandering FS	Excerpts from site specific REACH I manuals/caregiver handbooks	See Item #13	N/A		<ul style="list-style-type: none"> ● Information/Tips (Caregiving Tips - Wandering)
13. Does <u>CR</u> try to leave the home and wander outside?	HSAP, Safety FS, Wandering FS	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	N/A		<ul style="list-style-type: none"> ● Information/Tips (Caregiving Tips - Wandering)
14. Does <u>CR</u> drive?	HSAP, Safety FS, Driving FS	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	N/A		<ul style="list-style-type: none"> ● Information/Tips (Caregiving Tips - Driving)
Caregiver Skills						
15. Is it hard or stressful for you to take care of basic household chores, like cleaning, yard work, or home repairs?	Steps to Planning Activities: Structuring the Day at Home, Activities FS	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	1, 2	How to access community resources	<ul style="list-style-type: none"> ● Resource Guide (Other Services – Homemaking, Transportation)
16. Is it hard or stressful for you to help <u>CR</u> with toileting, including cleaning up after accidents?	Incontinence FS	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	1, 2		<ul style="list-style-type: none"> ● Information/Tips (Caregiving Tips - Incontinence) ● Resource Guide (Other Services – Assistive Devices)
17. Is it hard or stressful for you to prepare CR meals or help <u>CR</u> eat?	Eating FS, Nutrition FS	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	1, 2		<ul style="list-style-type: none"> ● Resource Guide (Other Services – Meals) ● Resource Guide (Other Services – Assistive Devices) ● Resource Guide

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
						(Other Services – Shopping)
18. Is it hard or stressful for you to help <u>CR</u> or involve him/her in basic daily activities, like bathing, changing clothes, brushing teeth, or shaving?	Steps to Planning Activities: Structuring the Day at Home, Activities FS, Dressing FS, Bathing FS, Combativeness FS, Medications FS, Caregiver Guide	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	1, 2		<ul style="list-style-type: none"> • Information/Tips (Caregiving Tips – Bathing, Dressing)
19. Is it hard for you to get helpful information from <u>CR</u> 's doctor or nurse?	Dental Care FS, Caregiver Guide	Working With Your Doctor When You Suspect Memory Problems Excerpts from site specific REACH I manuals/caregiver handbooks	✓	2	How to communicate with health care providers and service agencies	<ul style="list-style-type: none"> • Information/Tips (Communicating – Health Care Professional)
20. Is it hard for <u>CR</u> to understand what you are saying or want him/her to do?	Caregiver Guide (contains limited info on this topic)	Excerpts from site specific REACH I manuals/caregiver handbooks, Numerous fact sheets and brochures	✓	N/A	Communicating with your loved one	<ul style="list-style-type: none"> • Information/Tips (Communication – Your Loved One) • Information/Tips (Caregiving Tips – Repeated Questioning)
21. Is it hard for you to understand what <u>CR</u> needs or wants?	Caregiver Guide (contains limited info on this topic)	Excerpts from site specific REACH I manuals/caregiver handbooks	✓	N/A	Communicating with your loved one	<ul style="list-style-type: none"> • Information/Tips (Communication – Your Loved One)

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
22. Do you face problem behaviors when caring for CR such as CR asks the same question over and over, becomes irritable, argumentative or aggressive?		Excerpts from site specific REACH I manuals/caregiver handbooks	✓	N/A		<ul style="list-style-type: none"> Information/Tips (Caregiving Tips - Driving)
Social Support						
23. Do you have someone (other than CR) you can talk to about important decisions or difficult caregiving situations?		Caring for the Caregiver, Excerpts from site specific REACH I manuals/caregiver handbooks		2	How to communicate with family members and friends	<ul style="list-style-type: none"> Resource Guide Information/Tips (Communication – Family/fFriends)
24. If you were unable to care for CR or yourself, do you have someone who would take over?		Excerpts from site specific REACH I manuals/caregiver handbooks		2		<ul style="list-style-type: none"> Resource Guide Information/Tips (Communication – Family/fFriends)
25. Do you have someone, like a family member, friend, or neighbor (other than CR) who can take you places if you needed help?	Hiring In-Home Help	Excerpts from site specific REACH I manuals/caregiver handbooks		2	How to access community resources How to communicate with family member/friends	<ul style="list-style-type: none"> Resource Guide Information/Tips (Communication – Family/fFriends)
26. Is it hard for you to find services like adult day care, sitters, or respite care?	Hiring In-Home Help, Community Care Options, Adult Day Care FS	Excerpts from site specific REACH I manuals/caregiver handbooks		2	How to access community resources	<ul style="list-style-type: none"> Resource Guide (Community Services – Respite Options)

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
27. Is it hard for you to find a friend or family member who can stay with <u>CR</u> to give you a break from caregiving?	Hiring In-Home Help, Community Care Options	Excerpts from site specific REACH I manuals/caregiver handbooks		2	How to communicate with family member/friends	<ul style="list-style-type: none"> ● Information/Tips (Communication – Family/Friends) ● Family Respite
28. Do you have someone to comfort you, listen to your feelings, or express concern for you?		Excerpts from site specific REACH I manuals/caregiver handbooks		2	How to communicate with family member/friends	<ul style="list-style-type: none"> ● Information/Tips (Communication – Family/Friends, Socializing)
29. Do you feel isolated from your family/friends?		Excerpts from site specific REACH I manuals/caregiver handbooks		2, 3, 5	Taking care of yourself	<ul style="list-style-type: none"> ● Information/Tips (Communication – Family/Friends, Socializing)
Caregiver Well-being (Emotional and Physical)						
30. In the past month, have you lost or gained weight without meaning to?		Talking With Your Doctor		3, 1		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health, Exercise)
31. In the past year, have you seen your primary care physician for a routine check up?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
32. In the past 6 months, have you missed any scheduled doctor's appointments?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
33. In the past year, have you had your eyesight checked?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
34. In the past year, have you had your hearing checked?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
35. In the past year, have you had your teeth examined by a dentist?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
36. In the past year, have you been immunized against influenza?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
37. In the past year, have you had your blood pressure checked?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
38. SET UP SKIP FOR MEN: In the past two years, have you had a mammogram or pap smear?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
39. SET UP SKIP FOR MEN: In the past two years, have you had a pap smear?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
40. SET UP SKIP FOR WOMEN: In the past year, have you had a prostate examination?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
41. Have you cut back on your physical activities, like exercise and walking because of caregiving?	Exercise: A guide from the NIA, Exercise: Feeling Fit for Life	Excerpts from site specific REACH I manuals/caregiver handbooks		5	Taking care of yourself	<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Exercise)

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
42. In the past month or so, has caregiving made you feel overwhelmed or extremely tired?	Grief, Mourning and Guilt FS	Caring for the Caregiver, Excerpts from site specific REACH I manuals/caregiver handbooks, Lessons Learned		1, 3	Taking care of yourself	<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Relaxation)
43. In the past month, have you felt depressed, sad, had crying spells or felt like you often needed to cry?	Grief, Mourning and Guilt FS	Caring for the Caregiver, Excerpts from site specific REACH I manuals/caregiver handbooks, Lessons Learned		3, 4	Taking care of yourself	<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Relaxation)
44. Is it hard for you to have quiet time for yourself or time to do the things you enjoy?		Caring for the Caregiver, Excerpts from site specific REACH I manuals/caregiver handbooks, Lessons Learned		5, 2	Taking care of yourself	<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Relaxation)
45. In the past month, have been angry or frustrated as a result of your caregiving?	Grief, Mourning and Guilt FS	Caring for Caregiver, Excerpts from site specific REACH I manuals/caregiver handbooks, Pressure Points: Alzheimer's and Anger		4, 1		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Relaxation)
46. In the past month or so, have you had headaches, or sore throat, the flue, or a cold?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
47. In the past month, have you had stomach or intestinal problems, like cramps, heartburn, or diarrhea?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Your Health)
48. In the past month, have you had trouble falling asleep, staying asleep, or waking up too early in the morning?		Talking With Your Doctor		3, 1		<ul style="list-style-type: none"> ● Information/Tips (Healthy Living – Sleeping Better)

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
49. In the past month, has your back hurt, or have you had pains in other muscles or joints?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> • Information/Tips (Healthy Living – Your Health)
50. In the past month, has it been hard to find time or energy to eat healthy or well-balanced meals on a regular basis?	Exercise: A Guide from the NIA, Exercise: Feeling Fit for Life	Talking With Your Doctor		3, 1		<ul style="list-style-type: none"> • Information/Tips (Healthy Living – Your Health, Healthy Eating)
51. Do you miss taking your prescription medication on a regular basis?		Talking With Your Doctor		N/A		<ul style="list-style-type: none"> • Information/Tips (Healthy Living – Your Health)
Select Behaviors from RMBPC						
3. Remembering recent events.			✓			•
4. Remembering important past events.			✓			•
5. Losing or misplacing things.			✓			•
6. Forgetting day and date.			✓			•

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
12. Waking caregiver up at night.			✓			
13. Talking loudly and rapidly.			✓			
14. Appearing anxious or worried.			✓			
15. Engaging in dangerous behavior.			✓			
16. Threatening to hurt self.			✓			
17. Threatening to hurt others.			✓			
18. CR being verbally aggressive.			✓			
19. Appearing sad or depressed.			✓			
20. Expressing feelings of hopelessness or sadness about the future.			✓			

SUMMARY OF RESOURCE MATERIAL FOR INTERVENTIONISTS

Risk Appraisal Item	Educational Materials (Available in both English and Spanish)	Educational Materials (Available in English only)	Behavioral Prescription	Well-being Module 1=Stress Mgt. 2=Com. Skills 3=Mood Mgt. 4=Frustration Mgt. 5=Pleasant Events	Support Group Topic	CTIS Feature
21. Crying and tearful.			✓			
22. Expressing comments about death of self and others.			✓			
23. Expressing feelings of loneliness.			✓			
24. Expressing comments of feeling worthless or being a burden to others.			✓			
25. Expressing comments about feeling like a failure or not having done anything important in life.			✓			
26. Arguing, complaining and being irritable.			✓			

PRESCRIPTION FOR LIVING WILL (#3)

As a CG, the management of health care and financial matters of your [CR] becomes your responsibility when he/she can no longer take care of him/herself. Advance planning with your [CR] is very important because he/she can participate in decisions about care and communicate about what type of treatment he/she wishes to receive. A Living Will, for example, provides written instructions about health care your [CR] may or may not want to have if he/she becomes too sick to speak for him/herself. For example, your [CR] can decide on whether he/she would prefer the use of artificial life support systems. You and your [CR] may wish to talk to your doctor about any possible medical procedures that you do not understand.

❑ Do you currently have a Living Will for your [CR]?

If Yes:

A copy of the Advance Directive and a copy of the Power of Attorney should be kept with you, and another copy should be given to your [CR]'s doctor. Unless a family member is named as proxy, this document will be honored over the wishes of family members.

If No:

See the attached information:

- 'Advance Directive for Health Care (Living Will and Health Care Proxy) form
- 'Five Wishes' from Aging With Dignity
- 'End-of-Life Decision-Making' from the Family Caregiver Alliance

❑ Things every caregiver should consider

- Requirements for Advance Directives vary from state to state. You should check with specialized Elder Law Attorneys in your area for more information

❑ Tools

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

❑ Homework:

- ____ Use tracking/behavioral sheet
- ____ Practice highlighted tips
- ____ Other (Specify) _____

PRESCRIPTION FOR DURABLE POWER OF ATTORNEY OR GUARDIANSHIP (#4)

As a CG, the management of health care and financial matters of your [CR] becomes your responsibility when he/she can no longer take care of him/herself. Advance planning with your [CR] is very important because he/she can participate in decisions about care and communicate about who he/she wishes to make specific decisions about treatment on his/her behalf. A Power of Attorney, for example, is a legal document that gives someone power to handle personal or financial matters for another person when that person can no longer make decisions for him/herself. Unless it states otherwise, a Power of Attorney will become ineffective upon the disability, incompetence or incapacity of the person creating the Power of Attorney. A Durable Power of Attorney is written so that it remains in effect despite a person's incapacity or incompetence.

- ❑ **Do you or another family member have a durable power of attorney or guardianship for your [CR]?**

If Yes:

A copy of the Advance Directive and a copy of the Power of Attorney should be kept with you, and another copy should be given to your [CR]'s doctor. Unless a family member is named as proxy, this document will be honored over the wishes of family members.

If No:

See the attached information from the Family Caregiver Alliance called 'Durable Powers of Attorney and Revocable Living Trusts'.

- ❑ **Things every caregiver should consider**

- Requirements for Advance Directives vary from state to state. You should check with specialized Elder Law Attorneys in your area for more information

- ❑ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

- ❑ **Homework:**

____ Use tracking/behavioral sheet

____ Practice highlighted tips

____ Other (Specify) _____

PRESCRIPTION (#5)

NO SMOKE DETECTORS AND/OR FIRE EXTINGUISHERS

Household safety becomes increasingly important in caring for a loved one with progressive memory loss. Your CR may not remember what to do in the case of a fire or other home emergency. Planning ahead for the safety of your loved one is an important aspect of providing care. Here are some tips to consider to protect your CR from fire hazards.

- Develop and practice a fire evacuation plan.
- Place the emergency numbers by the telephone and practice using them.
- Install smoke detectors and check the batteries regularly. Some smoke detectors can be “hard wired” to your home electric service so that batteries are not needed.
- Consider purchasing the type of protector that will automatically alert authorities unless cancelled with a security code.
- Install smoke detectors on every level of your home, including the basement.
- Install carbon monoxide detectors.
- Place fire extinguishers in the kitchen and bedrooms of your home. Fire extinguishers must be checked on a regular basis to assure they remain in working order. Look on the label for instructions as to how often this must be done.
- Familiarize yourself and all family members regarding the use of fire extinguishers. You don't want to be reading the label as a fire is spreading.

PRESCRIPTION (#6)

PROTECT CR FROM DANGEROUS SUBSTANCES

With Alzheimer's disease and related memory disorders, individuals may have increasing difficulty recognizing and understanding how to use common household items that were once familiar. Some people with a memory disorder may try to use dangerous substances, such as household cleaners, in inappropriate ways such as ingesting them. Also, people with a memory disorder will experience increasing difficulty taking medications appropriately. Your family member may not remember that he/she has already had the required dosage and may take more. Alternately, your family member may mistake one medication for another. Leaving medications in full view, such as on the kitchen table or countertop or cleaning fluids in places that are easy to access or in full view, such as on the bathroom floor, can pose a safety hazard to your loved one.

Does CR have access to dangerous substances?

-Leave all toxic substances in the original container.

-Place a large sticker on all toxic substances to indicate their toxicity. Office supply stores often carry stickers with signs including "Dangerous", "Poison" or skull and crossbones.

-Make sure you lock up all dangerous substances. There are many products available in hardware and other stores that either do not require installation or are easy to install on a cabinet to make it difficult for CR to open.

-Do not place dangerous substances in high shelves or cabinets. A person can fall while attempting to reach items placed overhead.

-Consider prescription and over-the-counter medications as dangerous substances.

-Walk through each room of your home to make sure that medication bottles and cleaning fluids are not visible

Is there an emergency plan if CR ingests a toxic substance?

-It is best to try to prevent ingestion of a toxic substance by removing it before a problem occurs.

-Make sure you have emergency numbers posted in a convenient place.

Homework:

____ Take a walk through your home to identify all the places you keep medications or other possible dangerous substances

PRESCRIPTION (#7)
DANGEROUS OBJECTS (GUN, KNIFE, OTHER SHARP OBJECTS)

People with Alzheimer's disease or progressive memory loss may not remember how to use dangerous objects appropriately, or recall their actual purpose. It is very important to make sure that all such objects are kept out of sight and locked away to assure the safety of your loved one. Even sharp kitchen knives can be dangerous. They can be used inappropriately or simply be part of a kitchen accident.

Are you concerned with finding a secure place to keep dangerous objects?

-Install bells or alarms placed on doors, cabinet doors, or drawers which can alert you to instances when they are opened.

-Install or change the lock on key doors to keep your family member away from dangerous objects.

-Install a lock on cabinet or appliance doors.

- Look around your home for glass that could be fallen onto or into. For example, low glass occasional tables and coffee tables may break if your family member falls onto them. Also, full-length glass doors can cause a trauma or fall. Place stickers at eye-height to make glass doors visible.

-Be sure to firmly attach shelves, mirrors, and pictures to their base or to the wall. Your family member may want to touch an item that is not firmly attached, causing an accident.

-Use a safety on a gun and store in a locked cabinet.

Homework:

____ Take a tour of your home to identify potential dangerous, sharp objects

____ Practice highlighted tips

____ Other (Specify) _____

BEHAVIORAL PRESCRIPTION (#9)

SMOKING WITH NO CG PRESENT

If the CR smokes cigarettes, cigars or pipes in the home alone, there can be cause for worry. Smoking creates the potential for serious danger, as lit cigarettes, pipes or cigars can be forgotten or dropped in the house. Someone who is confused may also try to use extreme measures to light a cigarette if matches cannot be found, such as the stove. [This paragraph is read to the CG to help establish a common understanding between CG and interventionist.]

Would you like for CR to stop smoking completely?

Have you tried to help CR quit smoking before? If yes:

- Did CR become so upset that you gave up trying?**
- Are you sure you want to try again?**

1. Reduce CR's desire to smoke.

- Combination of smoking cessation techniques (nicotine patch, gum), things to occupy the hands and ways to reduce stress that may cause smoking.
- Talk to a doctor about short-term use of medication and nicotine gum, patches or inhaler. Use CTIS to locate community supports that can help you find professionals that can help people stop smoking.
- Change brands as a way to reduce pleasure involved in smoking.

2. Remove visual reminders about smoking.

- Remove cigarettes, lighters, matches, ashtrays, etc. from CRs living space that might remind him or her of the habit and need.
- Store smoking materials (cigarettes, lighters, etc) in a secure location. You might try to create a 'smoking kit' with all the necessary items and store in a sealed box, hidden out of CRs sight in case suffers severe withdrawal and needs to be given a chance to smoke.

3. Remove all lighting materials, remembering the stove top (ex. take knobs off of the stove top or use child protection).

4. Place "NO SMOKING" signs in house.

5. Be aware of "trigger times" like after meals, talking on phone, etc and try to have specific strategies for those times (ex. activities such as walking, EXPAND THIS SESSION).

Would you like for CR to have smoking opportunities while you or another person is present?

1. Create a smoking schedule by allotting regular 'smoking times' during the day, when CG is present.

- Write down the times when the CR smokes for one week. We will help you come up with a "schedule" of times during which the CR can smoke when someone else is present. A daily calendar is attached to help you identify times that CR likes to smoke.

2. Limit smoking to a “Smoking Area” in a safe place (bathroom, kitchen, balcony?) and put “No Smoking Area” signs in other areas.

- Someone should be present with CR in “Smoking Area”.

3. Be aware of “trigger times” like after meals, talking on phone, etc and try provide opportunities for smoking when others are present for those times.

4. Consider using formal services in the community, such as adult day care services and home sitter services, or having a friendly visitor or neighbor available as options for someone else to be present when CR is smoking

- You can find information about adult day care services on the CTIS XX menu.
- You can find information about home sitter services on the CTIS XX menu.
- You can find information about getting support from friends and family on the CTIS XX menu.

5. Remember outdoor smoking with no one present can be just as dangerous as indoor smoking. While CR is smoking outdoors, someone else should be present.

Can CR get cigarettes, cigars, and tobacco from other people like friends, family members, or by going to the store?

1. Please share this Prescription with your family and friends. It is important for all of CR’s loved ones to fully understand the dangers associated with CR smoking when no one else is present.
2. Ask family and friends to support you in your caregiving. You should expect others to be as concerned as you about his situation.
3. You will find other caregivers to be very support of you on this issue. Consider talking about your situation on the next CTIS support group meeting.

Do you plan to continue to allow CR to smoke when alone?

[QUESTION TO PI’S: WHAT IF CR’S UNSUPERVISED SMOKING PLACES THEM AT SIGNIFICANT RISK? (EX- CG REPORTS CR FELL ASLEEP AND BURNED COUCH TWO TIMES IN ONE WEEK. SHOULD A FIRE RETARDANT FABRIC SPRAY THEN BE RECOMMENDED FOR USE?)]

1. Be sure there is a working smoke detector (we will show you how to check the battery) and fire extinguisher readily available. . You can purchase both of these at_____ (free smoke detectors?)
2. Be sure that emergency numbers and information are posted; not just for those who live there, but also for emergency personnel, just in case
3. We often tell CGs how to secure the house so that CR will not wander away. It is worth reminding them that they should be sure CR can get out of the house and others get in for emergency purposes.
4. Outside smoking can be just as dangerous as indoor smoking. Someone else should be present while CR smokes outdoors.

Things Every Caregiver Should Consider if CR Smokes

1. Be sure there is a working smoke detector (we will show you how to check the battery) and fire extinguisher readily available. You can purchase both of these at_____ (free smoke detectors?)
2. Be sure that emergency numbers and information are posted; not just for those who live there, but also for emergency personnel, just in case
3. We often tell CGs how to secure the house so that CR will not wander away. It is worth reminding them that they should be sure CR can get out of the house and others get in for emergency purposes.

[Expand this list – Smoking is an additive habit, don't expect this to be easy, etc.]

Daily Calendar

Tracking CR smoking can help you create a smoking schedule. By scheduling CR's smoking, you or someone else can be sure to be present at times when CR enjoys smoking. If you desire, we can review this information with you on our next visit. [Review of tracking sheet on follow-up visit would constitute STEP 3 LEVEL training.]

WEEKLY BEHAVIOR TRACKING FORM

Make a mark in the correct day-of-the week each time this behavior happens. Using this tracking sheet will help find better ways for you to handle the problem.

Please keep this form handy.

DAY OF THE WEEK	BEHAVIOR		
	SMOKING WITH NO CG PRESENT		
	Record each time this behavior happens.		
	Morning	Afternoon	Evening
SUNDAY _ / _			
MONDAY _ / _			
TUESDAY _ / _			
WEDNESDAY _ / _			
THURSDAY _ / _			
FRIDAY _ / _			
SATURDAY _ / _			

Please mail completed tracking form in one of the self-addressed stamped envelopes. Thank You.

PRESCRIPTION (#10)

SAFETY CONCERNS ABOUT STOVE USE

With Alzheimer's disease and related memory disorders, your loved one may begin to experience difficulty using the oven or stove safely and appropriately. As your family member begins to show changes in behavior and the ability to function in the kitchen, it is important to begin planning for safety in that room. By creating a safe kitchen space, your family member may also experience an increased ability to move around by him or herself.

- **Does CR play with stove knobs, leave appliances on and unattended or burn food?**
 - Put away appliances that your family member uses unsupervised. Toaster ovens can be very dangerous if left on.
 - For those appliances you cannot put away consider a way to disable them when you wish. A few suggestions include
 - Remove knobs from the stove.
 - Install "child protection" devices over stove knobs.
 - Ask the gas or electric company to install a shut off switch on the appliance.
 - Turn off the electricity to the entire kitchen when you cannot supervise your family member.
- **Do you want to prevent CR from using the oven**
 - Purchase appliance locks from hardware store. These locks can be installed on the oven or microwave door to keep them from being used when you are not home.
 - Install a lock on the kitchen door if possible.
- **Do you want to enable CR to make simple things such as coffee, tea, or a sandwich?**
 - If your family member is attempting to make hot tea or coffee, three possible suggestions may help:
 - Prepare and place tea/coffee in a thermos for later use by your family member
 - Purchase an electric teapot that turns itself off automatically after a certain amount of time or if the container is empty.
 - Purchase a small wire device that heats water quickly when placed in a cup of cold water.
 - Prepare a sandwich and leave it on a plate in the refrigerator for CR to get to easily

Things All Caregivers Should Consider

- As a safety precaution, place key appliances (toaster oven, toaster, coffee maker) on a timer that is set for use only during hours when you are home.

- Use a surge protector on small appliances. Keep the surge protector in the off position until you need to use these items. It is unlikely that your family member will associate the surge protector with the appliance, especially if the surge protector is kept out of sight.
- Place a smoke detector immediately over the stove and oven area. Purchase the type of protector that will automatically alert authorities unless cancelled with a security code.

PRESCRIPTION (#11) LEAVING CR ALONE OR UNSUPERVISED

With the progression of memory loss, it becomes increasingly unsafe to leave your loved one alone. If for example, there is an emergency, your family member may not know what to do. Supervision is an important part of caregiving to assure the safety and well-being of your loved one. This also can be very stressful and make you feel that you have no time for yourself. It is most important that you find a way not to leave CR alone for long periods of time.

- Do you have to leave CR alone all or most of the day?
 - **Contact a social service agency or arrange for another person to supervise your family member when you cannot.**
 - **Contact your local religious institution and ask if they have a volunteer service**
 - **Contact the Alzheimer's Association to learn about local respite opportunities**
 - **If you cannot find anyone to stay with your family member, consider sending your family member to adult day care or a similar program.**

- Do you have difficulty leaving CR to get daily chores done?
 - **Use a monitor as much as possible to supervise activities of your family member when you are taking a shower, getting dressed or preparing meals.**
 - **Place locks and/or bells at the tops of doors to prevent your family member from walking outdoors unsupervised.**
 - **Place a "Stop" sign on the front door to deter your family member from leaving.**
 - **Introduce simple repetitive activities to engage your loved one (e.g., folding laundry, sweeping, washing a window, sorting beads)**
 - **Set up an activity center. For example, place several photos of meaning to your loved one for them to look at or rearrange.**

- Homework:**
 - ___ **Learn more about Respite opportunities on the CTIS**
 - ___ Practice highlighted tips
 - ___ Other (Specify) _____

PRESCRIPTION (#13) CR LEAVES HOME OR WANDERS OUTSIDE

This is a particularly difficult problem for caregivers. As the disease progresses the environment looks less and less familiar. Day centers are a change of the familiar surroundings and may cause the person to wander aimlessly looking for the familiar. The individual whether in his/her own home or not may wander. Both wandering outside the home and wandering into areas of the home present certain safety risks. Identifying the cause of the behavior may help you plan a strategy to manage it.

Why and when is your family member wandering?

It helps to keep a log of when your family member wanders, what happens immediately, before, and his/her behavior while wandering. Below are several common reasons for wandering and strategies. However, any strategy may help your particular wandering problem even if it is not listed under the description of your family member's behavior.

Does the CR spend long hours alone or inactive?

Provide objects that are interesting to touch and manipulate. These objects may be left out for easy access or placed together in places that are typically rummaged. If your family member rummages through drawers and closets, he/she may be just seeking tactile stimulation.

Ask for or purchase help from a friend or neighbor to take your family member out for a walk everyday.

Provide exercise equipment.

Provide acceptable outlets for wandering such as visiting a museum, mall walking, and strolling around the neighborhood or yard.

Increase opportunities for exercise during the day.

Consider giving your family member some papers and an old checkbook to work with when he/she feels a need to work.

Does the CR attempt to wander when angry?

Don't try to talk sense into your family member. Just be reassuring and calm.

Take your family member into a room that is kept very simple to provide a low-stimulus rest, if it appears that anxiety or too much stimulation is a factor in the wandering.

Distract your family member by providing some work or leisure outlet. This may be especially useful during times of the day when wandering typically happens, such as in the early evening.

Shadows can be mistaken for many things. Adjust the lighting to provide even illumination without shadows or pools of bright light. At night, use two or three dim sources of light in the bedroom.

Fatigue and sunset often precipitate wandering. Make sure your family member is well rested.

Develop a work-like routine to perform at sundown (such as putting away all papers kept on a desk)

Is the CR looking for someone or something?

Your family member may wander if he/she is looking for lost or misplaced items. To avoid this, purchase duplicates (keys, wallets, etc.) and produce these items when necessary. In addition, replace important items (keys, credit cards, etc.) with similar items that are not valuable.

If your family member hides objects and then looks for them, provide him/her with a special place where items can be kept safely

Eliminate as much clutter by removing objects in the area that are not necessary. A simple environment is less distracting and may not invite your family member to look for lost objects or leave the house.

Do not tell your family member that a loved one has been dead for years. Your family member will become more upset. Tell your family member "Your mother is not here right now"

Changes to the home that can reduce the incidence of wandering or increase safety

Place a large "Stop" sign, or "Authorized Personnel Only" sign, on doors that lead outside.

Use a Medic Alert bracelet or keep a card with name and address in your family member's pocket.

Contact your local Alzheimer's Association chapter about enrolling in the Safe Return program

Disguise doors to key rooms with a wall hanging, fabric or wall paper.

Use an electronic monitor (the kind that are used to monitor babies) to supervise activities from another room

Bells or alarms placed on strategic doors can alert the caregiver to instances when they are opened. This is especially useful in conjunction with a monitor.

Install or change the lock on key doors.

Use a screen or curtain to hide upsetting or other items from view.

Install bells or alarms placed on doors, cabinet doors, or drawer which can alert the caregiver to instances when they are opened.

Establish a routine before bed that prepares your family member for sleep, if patterns of sleep are reversed and he/she wanders during the night. Choose activities which are soothing and pleasant, but not exciting;

Avoid liquids for a couple hours before bedtime.

Ask the doctor or pharmacist about the possible side effects of medications.

Consider an adult day care setting to provide supervised activity.

Ask neighbors and police to watch for your family member and to alert you if he/she is found unsupervised.

PRESCRIPTION (#14)

STOPPING CR FROM DRIVING

THINGS ALL CAREGIVERS SHOULD CONSIDER

- Driving is a difficult problem to address. Not being able to drive is often symbolic of dependence or incompetence. Help your family member find other ways to feel independent.
- Contact your physician about the driving problem. The physician should tell your family member that he/she can no longer drive. Sometimes it helps if the physician writes this order on letterhead or a prescription pad.
- Ask the local police station to send an officer in uniform to inform CR that he would prefer that he/she not continue to drive.
- If possible, sell or disable the vehicle. While some caregivers have had success removing the spark plugs from the car, other caregivers have been surprised when the family member called a mechanic! Make sure the mechanic and AAA know not to respond to your family member's call.
- Give your family member a set of car keys that do not fit the car. Sometimes, this is all he/she needs to symbolize independence.
- Keep the car doors locked. If possible, trade in the family member's car for one with an automatic entry code or hand-held control.
- Sometimes, it helps to give your family member a map and ask him/her to take over the important job of navigating while you drive. This may help him/her to feel important. Of course, the directions are likely to be wrong, so be prepared to tune them out. If ignoring directions causes an argument, try something else.
- Lock the garage door so that your family member cannot get to the car.
- Never leave your family member in the car unattended.

PREScription FOR GETTING CHORES DONE AT HOME (#15)

Due to your many caregiving related jobs and tasks, you may not have time to do all the other jobs around the house. Many caregivers tell us that they often have to “let the little things go”. By that, caregivers mean many things, like the fact that they don’t have time to clean the house as thoroughly as before, or to keep up the yard. Getting help from others is one way to help deal with your caregiving burden. Help with household chores like house cleaning, yard work, and home repairs can be gotten from family, friends, and paid helpers.

❑ **Do you need help with home repairs and household chores?**

1. Create a list of repairmen, cleaning services, and yard services that you have used in the past.
2. Get references from friends and neighbors of service people that they trust.
3. *Referral to Social Support program on informal helpers (TBA)*
4. *Referral to Social support program on formal services to help with chores, and/or to take CR out of house so CG can be more efficient at chores(TBA)*

❑ **Do you need to occupy CR with an activity so you have more time to do household chores?**

Create Activities to Occupy CR

Doing pleasant activities, as well as household chores can be difficult when a person has memory problems. A lot of empty time may lead to problem behaviors and sadness. Often times, a CR finds activities to be frustrating if he/she has difficulty doing the activities that [he or she] used to do with ease. However activities are very important to your [CR] as well as to you, so it is important to learn how to change activities to meet the strengths and abilities of your [CR].

- a. Remember that every person with memory problems is different. Your [CR] may be able to do activities that another person with memory problems might have difficulty doing. Assume that CR CAN do an activity if you provide the right amount of help. Give it a try!
- b. Make everyday events activities to be shared and enjoyed. Provide fun or leisure activities. Activities can also be daily chores or basic daily events, such as dressing, eating, or bathing.
- c. Activities should be meaningful and purposeful. If you give [him or her] an activity that you think is fun, but that [he or she] does not find interest in, then the purpose of the activity is defeated.
- d. Having fun and staying busy are the main purposes of having your [CR] participate in activities. Measure success by how much CR enjoyed that activity, or by how useful CR felt while doing the activity. Remember that simply being involved in the activity is more important than anything that might come of it. That means it is not necessary that [he or she] do the activity according to directions or the way that you would do it, but that CR attempts the activity and feels good about it. For example, if your [CR] always loved painting, it is not important that [he or she] paint within the lines as long as [he or she] is having fun painting.
- e. Create activities based on past hobbies and interests. Think of what activities your [CR] did most of [his or her] life, such as sewing, woodworking, drawing, exercising, reading,

or even working. Also think of the activities that [he or she] most enjoyed or that made [him or her] feel most useful. This will help you get ideas about how to get your [CR] involved in daily activities.

- f. Think of your [CR]s strengths and weaknesses. For example, can your [CR] still read and understand things [he or she] reads? Does your [CR] have poor eyesight or hearing? Has your [CR] ever tried to eat any small objects that are not food or candy? Can [he or she] sort things by colors or shapes? Does your [CR] have difficulty walking or moving? Pick activities that include [CR]s strengths. Avoid activities that require [CR]s weaknesses.
- g. Change activities. For example, just reminding your [CR] about the activity can get [him or her] interested in doing the activity. Sometimes people with memory problems are not lazy, they just forget that the activity is there and that they had fun doing it yesterday. Sometimes people with memory problems have problems with starting an activity. Your [CR] may just need encouragement to begin, or [he or she] may need some help starting the activity, and then [her or she] will be able to complete it.
- h. Think of ways to change past or present activities to meet the strengths and abilities of your [CR]. For example, your [CR] might have difficulty folding the clothes, but [he or she] may be able to match socks by color. [He or she] might have difficulty folding t-shirts or hanging up dress clothes, but [he or she] may be able to fold towels and washcloths. Again, remember that it is not as important that your [CR] successfully fold the clothes as it is that [he or she] feel useful and needed.
- i. Make activities like dominoes or cards easier. Someone who played dominoes in the past may not be able to keep score or even match the small dots together. If you use bigger dominoes or dominoes that are matched by color, your [CR] can still play this favorite game. Sometimes instead of playing solitaire, people sort cards by suit or color. This is not the way your [CR] played cards in the past, but this can still be a meaningful activity for [him or her] that keeps [him or her] active and busy.
- j. Use good communication skills. The importance of your communication with your [CR] during these activities cannot be stressed enough. It is very difficult to change the way we talk to our loved ones when [he or she] has memory problems, however the way in which you present the activity can make a difference. For example, if you tell your [CR] to fold the clothes for you, [he or she] may resent it and refuse to do the activity. However, if your [CR] always liked helping and feeling needed and useful, asking [him or her] to help you with the chores today or letting [him or her] know that you need [his or her] help with something may sound more appealing. Because your [CR]s attention span and thinking is decreasing, it is better to speak a little slower and use instructions one at a time. For example, instead of telling your [CR] "Go get undressed", start using steps such as "Take your shirt off." "Now take off your pants," etc.
- k. Make the surroundings fit the activity. The environment, or living space of your [CR] is important during activities. For example, if your [CR] wants to color, it will be helpful to remove distractions, such as the TV, radio, or clutter on the table. It is also important for your [CR] to be comfortable when attempting an activity, for example being warm enough, having a comfortable chair, or not needing to use the bathroom. Someone with memory problems has difficulty focusing their attention, so any distractions that can be removed will help [him or her] focus on the activity.

- ❑ **Do you need help with running errands, such as trips to drug store or grocery store?**

Referral to Social Support program on informal helpers (TBA)

Referral to Social support program on formal services to help with chores, and/or to take CR out of house so CG can be more efficient at chores (TBA)

- ❑ **Things Every Caregiver Should Consider**

Being a caregiver for someone who has memory problems is very demanding and tiring. It is common to meet caregivers who are isolated, angry, sad, and tired. They need support themselves while they are supporting their family member with memory problems.

There are many kinds of support, but sometimes you need support that requires the actions of other people. Two kinds of support can be helpful in getting things done. Formal support includes the help received from agencies or people who often get paid for their work with caregivers. For instance, Meals on Wheels is a formal support and so is a hired sitter. A day care is a formal support, and so is an aide sent to your home by Medicare after a hospitalization. An organization or agency providing a service to people brings about each of the services mentioned.

There is also informal social support for caregivers. Examples would be a neighbor making you cookies, a friend calling every week to check on you, or someone from church coming by to visit. Sometimes a friend or family member might run errands for you or stay with your family member while you go out. These are supportive actions taken by individuals.

Write down what kinds of formal and/or informal support that you already have. We will then go over how to find resources available for you to get the support you need **(Please refer to CTIS menu XX)**.

Creating a Social Support Program for You Using the Steps Below.

1. Name the areas in which support is needed.

Each caregiver faces different kinds of challenges. It is important for you to sit and reflect on what type of support you need to make your life easier. Some caregivers prefer emotional support, while other caregivers need help from sitters or home health care services for the physical demands of providing care. Make a list of what needs you have. Make sure you think about things that are not directly related to caregiving, such as yard work, home repairs, and meal preparation. Getting the help you need requires you to set goals and priorities. What type of support do you need now?

2. Brainstorm the possible ways the support might be obtained.

Most of the time caregivers can find help from many different sources. Looking at the support available to you is an important first step in getting the help you need. Decide what is realistic for family and friends to do. Unfortunately, every type of support is not available to all caregivers, but brainstorming is the best way to identify the many forms of supports that are available.

3. Identify pros and cons of using the social support you have named.

After identifying possible supports, caregivers must list the positive and negative features of each type of support. For example, some forms of support will cost money (e.g., in-home sitters) while other forms of support will require you to adjust your schedule around available support, for example, visits from church members.

4. Choose and try one of the solutions.

After you choose a goal, a “to do” list will often be necessary to achieve your goal. Making the list can help you organize your tasks and help you identify tasks that others may be able to do for you. For example, enrolling your family member in an Adult Day Care center will require you to gather information about the centers that are available, the cost of the service, and miscellaneous details, such as information on transportation, meals and types of activities offered by the various adult day care centers. When listed individually, these tasks are easy to accomplish and help you achieve progress towards your goal of getting the help you need.

When you identify the help and support available, you need to be prepared to accept it. This is a very difficult skill to develop, but one that is vital to your well-being. The steps will help you to be prepared for help and support.

When trying a solution, remember to:

Educate – Explain to others the condition of your family member and the demands you face.

Be Prepared – Have a list of tasks ready when people say, “What can I do to help?”

Be Specific – Ask for exactly what you need (e.g., “I need someone to sit on Thursday evenings from 6 to 8 o’clock.”)

Be Positive – Ask for assistance in an upbeat, positive way (e.g., “It would be a great help if you could pick up our medication from the pharmacy”).

Offer Choices – Give people a choice of tasks (e.g., “Could you drive us to the clinic for our flu shots on Thursday or Friday of this week, or any time next week?”)

5. Define what “success” will be.

Before beginning the exercise of finding support, you will need to figure out what outcomes you are looking or hoping for, and you will need to keep track of how much effort it takes to reach your goal.

6. Evaluate how helpful the support was.

Getting support may not come easy. In some cases, you may need to change the goals you set for yourself. For example, you may be able to achieve your goal of getting an in-home sitter one-day a week, but find that you are uncomfortable leaving your family member with a stranger. In this case, you may need to rethink either your goal or your feelings about having a stranger in your home.

□ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

□ **Homework:**

- ___ Use tracking/behavioral sheet
- ___ Practice highlighted tips
- ___ Other (Specify) _____

BEHAVIORAL PRESCRIPTION FOR INCONTINENCE/TOILETING (#16)

[OTHER WORDS THAT MAY BE USED FOR INCONTINENCE ARE 'BLADDER PROBLEMS' OR 'BLADDER ACCIDENTS'. ALAN THINKS THE CG CAN LEARN AND UNDERSTAND THE WORDS 'INCONTINENCE' AND 'CONTINENCE' WITH TRAINING. THIS TERMINOLOGY CAN BE ESPECIALLY HELPFUL IN COMMUNICATING WITH THE DOCTOR]

People with severe memory problems may begin to wet themselves or have bowel movements in their clothing or may urinate or defecate in inappropriate places. CGs often call such things “accidents”.

Does CR seem unaware of the urge to urinate or defecate? Is CR unable to get to the bathroom, or undressed in time?

Prompted Voiding

Creating a schedule for bathroom use is called prompted voiding. In prompted voiding, the CR is reminded to use the bathroom or taken to the bathroom at certain times of the day, if necessary. It is helpful for the CG to give a lot of praise when CR uses the toilet appropriately. One way to manage bladder accidents is by giving the people with memory problems routine, scheduled opportunities to urinate or defecate. The information in this behavioral prescription will help you establish a routine and a schedule for taking the CR to the bathroom.

1. Begin CR on a toileting schedule.
 - Take CR to the toilet every 2 hours. If CR does not need to go, tell CR you will be back in 1 hour to check again.
 - If CR does want to go, guide CR to the bathroom using one-step instructions.
 - Remember to approach CR from the front and begin each routine by announcing who you are and telling CR something to comfort him/her. For example, “Hello dear, I am your wife, Sue. I am the mother of our children. I want to help you go to the bathroom. Please stand up.”
 - Remember to use warm and friendly actions (e.g., smiles, soft touches).
 - Encourage CR to perform the tasks, but offer the minimal amount of help that is needed.
 - If CR attempts to use the bathroom but is unsuccessful, reward CR for trying. If CR uses the bathroom successfully, reward CR with something CR enjoys (a snack or activity).
 - Only keep him/her in the bathroom 10 minutes if he/she does not use the toilet.
 - If you cannot remember to remind CR every two hours, consider setting an alarm clock or a timer as a reminder for you.
2. Dress the CR in manageable clothing.
 - Keep the person’s dress simple and practical.
 - Instead of choosing clothing with zippers and buttons, choose easy-to-remove and easy-to-clean styles such as sweat pants with elastic waistbands or velcro.
3. If CR agrees to try to go to the bathroom, but seems to not be able to go, turn on the water faucet. The sound of the running water may encourage the feeling that CR needs to use the bathroom. Wait a couple of minutes. After that if the CR has not gone, then he/she probably will not. Try again in 15 minutes. If CR seems to often have a problem letting go of urine, you should consult a physician.

4. Toileting the first thing in the morning, after meals and bedtime should be standard procedure. Create a routine. It would be really helpful if you could write down the times when CR relieves his or her bladder (we will provide you with a data sheet to record this information).
5. Include toileting in other bathroom activities. For example, lead CR to the bathroom to wash CR's hands. While CR is in the bathroom, encourage CR, in a positive way, to use the bathroom.
 - Positive statements are....
6. Remember, the target time is every 2 hours. Do not toilet every hour; this can cause bladder damage. A minimum of toileting every two hours is recommended.

Can CR read and understand simple instructions and signs (e.g., a STOP sign)?

Signs and Other Types of Reminders

Sometime the environment such as the location of the bathroom or clothing that is difficult to remove causes these problems. One way to manage these problems is by making changes to your surroundings. The information in this behavioral prescription will help you identify possible causes of CR's incontinence and ways to change these causes.

1. In order to make it easier for CR to find and identify the bathroom and the toilet, multiple signs and environmental cues are needed.
 - Make the toilet visible by keeping the door open and a light on at night.
 - Install signs on the bathroom door.
 - Use arrows to point the way to the bathroom.
 - Place signs near CR's bedroom and on the floor in front of the bathroom. These signs will help guide CR to the bathroom.
 - Try painting the wall behind the toilet a contrasting color, or placing a panel behind it to make the toilet more visible.
 - Replace the toilet seat with one of a different color.
 - Make sure your bathroom has sufficient lighting so that CR can see the toilet.
 - Night-lights and bright tape on the floor or wall leading to the bathroom can help the person with AD find his/her way to the bathroom.
 - *Toilet and "arrow" signs are included at the end of this packet.*
2. Place simple sign with step-by-step instructions next to toilet (e.g., take off pants, sit down).

Does CR need help finding the bathroom or getting on or off the toilet?

Bathroom Modifications and Special Clothing

1. If CR can read and understand instructions, please see section “Signs and Other Types of Reminders”.
2. Place a portable toilet in rooms other than the bathroom.
 - CR may be fearful of going into the bathroom.
 - CR may be able to recognize the toilet and be likely to use it even though it is in another room.
 - Ask your doctor or home health nurse about acquiring a portable toilet through Medicare (See CTIS menu XX).
3. If CR is male, consider using a hand held urinal.
 - You may have to hold it and prompt CR to urinate in the bottle.
 - He may not understand what it is for at first.
 - If you are concerned about spills, consider using a large urine bottle so that he will not as easily tip it over.

[QUESTION TO PI’S: WHAT ABOUT FEMALE URINALS?]

4. Small changes to the bathroom can make a big difference.
 - Install a waterproof mat around the base of the toilet.
 - Consider installing a toilet seat extension, a higher toilet, or elevate the toilet on a pedestal. A closer “target” is easier to hit.
 -

[QUESTION TO PI’S: ADD INFO RE: TEACHING MEN TO SIT WHILE URINATING AND USING PROTECTIVE SHIELD FOR TOILET SEAT]

5. Make it easier for CR to use the toilet properly.
 - Use a grab bar on the wall if it is close or attach an aluminum arm frame to the back of the toilet. Make sure handrails are anchored into studs rather than drywall. These items are available through the home-health equipment companies. See CTIS for detail.
 - Provide toilet seat raiser with arms if person has difficulty getting on and off seat that is too low.

Does CR toilet in inappropriate places such as in wastepaper baskets or outside? Does CR refuse to use the bathroom toilet?

Encouraging Appropriate Bathroom Use

Sometimes accidents occur in unusual places, or sometimes CRs may not use the toilet or bathroom in the way that the CG is used to. These situations can create the need for extra household cleaning, and/or embarrassing situations for the CG. Below you will find tips on to manage inappropriate use of the bathroom or CR inappropriate urination or defecation.

1. Remove items that can be mistaken for a toilet. This includes not only trashcans but also purses, planters, hampers, and anything that resembles a container.
2. Try relocating the wastepaper basket inside a cabinet, making it out of sight and out of mind.
3. Watch the CR carefully for signals that he/she may exhibit. A common sign is restlessness, a sudden change in behavior when no other cause is evident, suddenly stopping eating for no apparent reason, and pulling at clothing.
4. If CR is unable to walk, provide CR with a way to signal that he/she needs to go to the bathroom. For example, place a bell next to CR's. This will give you more freedom to do things in the house because you can feel confident that he/she will let you know what he/she needs.
5. If needed, assist with the removal or adjustment of clothing as the situation dictates.
6. Help the CR get into the correct position on the toilet if needed.
7. After placing CR on toilet, give CR a distraction such as a magazine or a knotted pair of socks, which will occupy him/her while sitting.
8. If the CR is very active, allow him/her to get up and down from the toilet a few times while you tell him/her and show him/her with gestures that he/she is to sit on the toilet.
9. Stimulate urination by giving the person a drink of water or running water in the sink.
10. Do not over limit the intake of liquids. Give eight glasses of liquid daily. However, you should reduce or eliminate the giving of drinks contain caffeine, alcohol and grapefruit juice because they will cause CR to urinate more often. For variety, you might want to introduce decaffeinated herbal teas, decaffeinated coffee, Jell-O, or fruit juice.
11. Encourage a high fiber diet and **avoid using laxatives.**
12. Look for a pattern of where/when accidents happen. Use the attached "Recording Form" to help you keep track of accidents. You will be better able to see a pattern if you use the "Recording Form" each day for one week.

Does CR have accidents while sleeping?

Nighttime Continence

Accidents may be especially troublesome during the night or at times when the CG is sleeping. The information in this behavioral prescription will help you manage incontinence that occurs while the CR is sleeping.

1. Make sure CR gets enough to drink during the day, but limit liquids after 8:00 at night (two hours before bedtime).
2. Caffeine may increase CR's need to urinate.
 - Reducing CR's caffeine after the noon hour will reduce the need for urination at night.
3. Substitute a non-caffeine drink (ex. Water, Sprite, decaffeinated iced tea or coffee) for the iced tea, coffee and other drinks containing caffeine.
4. If CR needs water at night, place a small glass (4 oz.) of water next to the bed at night.
5. Be sure that CR goes to the bathroom just before going to bed.
6. Leave a light on in the bathroom.
7. When CR gets up in the morning, praise CR if he/she has had a dry night, and guide CR to the bathroom first thing in the morning. One way to guide CR to the bathroom might be to attach a rope leading from the bedroom to the bathroom so that CR can hold and follow. Make sure the rope is up only at night and taken down in the morning. This can work well if the bathroom is near the bedroom.
8. Consider using continence products such as adult diapers or incontinence pads at night or during daytime naps. See section "Use of Continence Products"

Do you currently use continence products like pads or adult diapers?

Use of Continence Products

While accidents can often be managed with strategies such as scheduled toileting and changes made to the bathroom, some CGs find it necessary to purchase and use adult continence products such as pads for chairs and beds and adult diapers. Consider the following information if you think your CR could benefit from the use of continence products.

1. Urinary incontinence can be coped with by using adult absorbency pads or diapers.
 - Check with home health supply companies for the variety of diapers and cotton pants that have inserts which work well for the person with AD.
2. Add an incontinence chair pad to your family member's chair (and bed) that absorbs and retains moisture, preventing it from reaching the cushion (and mattress) underneath.
3. Cover pads and adult diapers with regular underwear. This make them appear less childlike.
4. Use a medium sized or large baby diaper as a liner inside adult diapers or regular underwear. This can be a lifesaver when there is a messy diaper or underwear.
5. If the CR attempts to remove his/her diapers or if the diapers will not stay in place:
 - Cut the legs off a pair of panty hose and place the panty portion of the hose over the diapers. It is comfortable and the diapers stay put.
 - Apply heavy-duty tape around the top of the diaper.
 - Use a one-piece outfit for sleeping if there is a problem with the person with AD trying to remove diapers at night and making a mess
6. Skin problems with the CR, who is incontinent, can develop very easily. Change incontinence underwear often, keep skin clean and use lotions and powders (or cornstarch) to protect the skin.
 - A good commercial product to use is UniWash for cleansing purposes. (Available through pharmacies such as **XX- CALL PHARMACIES.**) It dissolves residues from body wastes and deodorizes as it cleanses.
 - For any sore spots that occur, UniDerm skin conditioner works well. It is a greaseless, deep moisturizer, which helps the dry, chapped and irritated skin.
 - Another method of treating skin problems caused by urea burns is cleansing with water and Castile soap (olive oil and sodium hydroxide).
 - Apply hydrocortisone cream until inflammation has receded. Treat skin problems associated with fungal overgrowth by cleansing with water and Castile or another mild soap, and apply Nystatin (Mycostatin) cream or powder.
7. Call your local Alzheimer's organization for information about low-cost or free continence products. You can use the CTIS to get information on this topic.

Keeping a simple record of CR's accidents can help you find solutions to incontinence and toileting problems. Are you willing to complete a simple record of CR's accidents for one week?

1. Keep a record for at least one week of the times the individual is wet and dry.
 - From this information, we can work with you to find a pattern, for example if the CR is wet every 4 hours, and then we will suggest that you take the diagnosed person to the bathroom every 3-1/2 hours.
2. Keep a record of medication and liquids that are taken.

A simple tracking form is attached at the end of this packet. Please complete the form for one-week. If you collect the information for one week, we will review the information and help you find solutions to this problem.

Things Every CG Should Consider If CR Has Incontinence

Discuss CR's incontinence with your doctor.

1. Make an appointment to see a CR's primary care physician or urologist. There may be an easy solution to alleviate this problem, which the urologist could point out to you. It may be possible to change dosage times so that he/she will not take medications at night, therefore alleviating the need to get up at night.
2. If CR is taking several medications, check with his doctor to see if any of these medications could be problematic in causing this behavior. (Detrol, Aricept, Plavix, Atenolol, Lanoxin, Aspirin)
3. If you need help finding a physician, please see the CTIS menu XXX.

How to response when an accident occurs.

1. When CR does use the bathroom incorrectly, do not scold him/her. It is the disease that makes him/her not able to get to the bathroom, not that he/she is trying to be difficult.
2. Tell CR in a calm manner that he/she should try to get all the way to the toilet before going to the bathroom. Giving him/her this type of feedback every time he/she has an accident may make him/her more likely to get to the toilet in the future.
3. Do not show your anger or frustrations when CR has an accident. This will only confuse and/or agitate CR. In a calm voice, announce who you are and continue to prompt and announce each step to get CR to change clothes.
4. Never shame or scold him because of having an accident. That will only make the problem worse. Calmly help him change clothes or do what is necessary.
5. Help the CR retain a sense of dignity despite the problems with incontinence. Reassuring and supportive statements will help lessen feelings of embarrassment.
6. Several products can help you clean up accidents quickly and easily.
 - Invest in a wet/dry vacuum cleaner that will clean up both dry and wet accidents. Among other advantages, you'll be able to use wet household cleaners on carpet and vacuum them up, leaving carpeting cleaner and faster drying.
 - Fans and air purifying equipment maximize airflow and help dry damp carpeting, accidents, and wet floors.
 - Add an incontinence chair pad to your family member's chair (and bed) that absorbs and retains moisture, preventing it from reaching the cushion (and mattress) underneath.

Insert Weekly Tracking Forms here

Insert Toilet and Arrow signs here

PRESCRIPTION FOR PREPARING AND PROVIDING FOOD FOR CR (#17)

Preparing and providing food that your loved one will eat and enjoy is one of many caregiving related jobs and tasks that you face. Caregivers that have not traditionally served as the “cook of the house” are especially troubled by this task. There are ways, however, to make this task a little easier. For example, there are ways to simplify food preparation. Getting help from others is another way to help deal with this caregiving burden.

Would you like to have cooked meals deliver to your home?

1. Consider local community resources

- Many areas have programs such as “Meals on Wheels” which will deliver a standard hot lunch to homebound individuals for a minimal fee per plate.
- Some metropolitan areas have a service which will pick up meals from a local restaurant and deliver them to your home for a fee.
- Many churches or faith communities form “care teams” to help people who have chronic or terminal illnesses. Such groups can perform various services, and meal delivery or provision could be one of those services.
- Many grocery stores have a “hot line” from which you can buy cooked food to take home.

Do you need suggestions on how to prepare food in your home?

1. Select items that are easy to prepare

- Look in the frozen food section of the grocery store for dishes which can be prepared easily either in a microwave or conventional oven.
- Remember that soups, stews, and other “all-in-one-dish” meals can be prepared ahead and reheated quickly.
- Consider cooking dishes ahead of time and freezing individual portions for later use.

2. Use finger food or other easy-to-eat options if CR has trouble eating meals alone.

Examples:

Cheese cubes	cheese toast
Grilled cheese sandwich	crackers and cheese
Cut up or slice apple, peach, pear	grapes
Fruit bars	pop tarts with fruit filling
Fruit Newton cookies	carrot or celery sticks
Frozen “vegetable sticks”	frozen fried/breaded veggies
Hot dogs	sandwich with sliced meat
Egg biscuit	deviled egg
Chicken fingers	fish sticks
Peanut butter on cracker or bread	hamburger cut in four parts

Things every caregiver should consider

1. Get organized!

- Use a calendar to plan meals for one week at a time. You can always vary as you need to, but not having to think about a plan every day will be a relief.
- From the plan for the week, make a grocery list of what you will need, so that one trip to buy food will be needed for one week.
- Consider asking someone to shop for you from the list you have prepared.
- Consider having someone stay with CR or using a daycare for one day. On that day, do your shopping and any preparation that can be done ahead of time for the week.

2. KEEP IT SIMPLE!

PRESCRIPTION (#17) DIFFICULTY GETTING CR TO EAT

Many individuals with Alzheimer's have problems with eating. In earlier stages of the disease, poor attention span or the inability to initiate the task of eating may be the problem. Your CR may just say he/she is not hungry. As the disease progresses poor coordination and swallowing problems may put the person at risk. It is important to rule out physical problems first such as loose dentures or a sore tooth which may be the source of the difficulty getting CR to eat.

❑ Does CR have difficulty sitting through a meal

- There may be too many distractions at the table. Remove all items that are not necessary (such as newspapers, the mail, other papers, the radio).
- Serve meals in an area that is familiar
- Keep the same place setting for CR for each meal
- Label the chair or place setting with CR's name or place a picture of CR
- Use bold color placement and white dish in order to contrast the plate for CR
- Use a large, stable eating surface in an area where the family normally eats.
- Adjust the height of tables or chairs to position your family member optimally.
- Use a screen or curtain to hide distracting items from view.

❑ Does CR have difficulty getting into the kitchen or eating area?

- Widen doorway to make the room easier to enter or lower threshold.

❑ Does CR have difficulty using utensils (holding the fork or spoon or getting the food on the utensil?)

- Use assistive devices such as built up utensils or scoop dishes.
- Arrange utensils, dishware and food in a consistent manner.
- Use a white plate to eliminate distractions from patterns on dishware.
- Keep the table setting simple by using one utensil.
- Use a non-stick surface under a dish, such as a Dycem placemat.
- Use a travel mug with a non-spill top or a cup with a top and straw if spilling is a problem.

- Consider the use of cinnamon or orange potpourri to make foods smell appetizing.
- Eliminate noxious odors such as urine and cleaning fluids.
- Keep background noise such as TV and radio low, or eliminate these distractions.
- Encourage use of eyeglasses and dentures.
- Arrange food item attractively on the plate and table.
- Keep an object available that can serve as a distraction to your family member if s/he begins to behave problematically.
- Eliminate clutter by removing objects that are not necessary from the area.
- Have nutritious snacks available.

❑ Are you concerned about the safety of CR in the eating area?

- Use a safety gate in doorway to area to stop CR from entering when you are not there.
- Use a monitor in the kitchen or dining room.
- Install a lock on the kitchen door or place the lock in an unusual position (very high or low on the door).
- Use a lock or safety latches on cabinets or refrigerator doors.
- Use a shut-off switch on electrical or gas lines.
- Use bells or alarms placed on doors, cabinet doors, or drawers that can alert you if they are opened.

❑ Is the CR too close, too far, or is the seat too low? (Positioning CR at the table is very important to facilitate independence in eating.)

- If a wheelchair is used, transfer to a "regular" chair when possible. If a wheelchair must be used at the table and your family member has good trunk support, remove arms.
- Position your family member so that a 10-12 inch plate to mouth distance can be easily maintained. Eating or drinking liquids and semi-solids may require an 8-10 inch distance.
- If your family member has a motor problem, try different positioning at the table. For example, your family member can support a weak arm on the table by sitting a little closer on that side.

❑ Does the CR have difficulty getting started?

During eating

- Present food items one at a time.
- Offer chopped or soft foods if chewing is a problem. Moisten foods with gravy or sauce. Avoid foods with tough skins or that fall apart in the mouth (nuts, seeds) and dry, sticky foods (white bread, peanut butter).
- Cut food into small pieces if overstuffing is a problem.
- If overeating is a problem, place smaller portions on the plate.
- Avoid using bibs. Instead put a shirt, smock, or apron on your family member to catch spills.
- If utensils cannot be used, then encourage finger feeding.
- Avoid eating while watching television.
- Establish a calm and accepting atmosphere when eating. Do not rush your family member to finish eating.
- If you need to feed your family member use these feeding techniques:
 - Allow sufficient time to swallow before another bite is introduced;
 - Do not overload your family member's mouth;
 - Encourage your family member to hold food/utensil and guide his/her hand to mouth;
 - Do not mix food into "hash";
 - Use a light downward pressure on the chin to help get your family member to open his/her mouth.
- Engage in calm and pleasant social interaction.
- If overeating or undereating is a problem, offer smaller, nutritious meals more often throughout the day.
- Use hand-over-hand techniques, firm touch to calm, or light touch to gain attention, and incorporate these normal patterns into the dining experience.
- Establish an eating routine and reinforce it. For example, eat after some daily activity, or the same time in a daily schedule.
- Stay at the table and eat with your family member.

Things all caregivers should consider

-If your family member appears to be unwell or not at his/her best, avoid situations where falls might happen and give extra assistance.

Tell your family member “Its time to eat”. Do not ask anything that he/she could answer with “No”.

Walk arm-in-arm with your family member to the kitchen instead of pulling or pushing.

Do not talk to your family member if s/he needs to concentrate on walking to the kitchen or when getting adjusted.

Allow adequate time for your family member to adjust to changes in light intensity. Provide a safe place to stand or sit until eyes accommodate to the difference, such as is the case when a person enters a well lit room upon awakening.

Involving Others in Promoting Healthy Eating

- **If family members or friends who are not usually present are asked to share in a meal, try to appoint one familiar member to attend primarily to the social interaction needs of your family member. If possible, keep the social group small (4 total, including you and your family member).**
- **Expand your support network to obtain help with mealtime.**
- **Make a schedule of daily helpers and their specific jobs.**
- **Teach others who are involved in helping with mealtimes the specific routine.**
- **Ask your doctor or pharmacist about the possible side effects of medications on eating.**

PRESCRIPTION FOR BATHING (#18)

Bathing and showering are basic activities of daily living necessary for maintaining good hygiene, skin integrity, and cleanliness. As dementia-related disorders progress, this task may become more difficult for the Caregiver due to the care recipient's resistance to bathe, fear, confusion and misinterpretation, mobility/balance problems, and shortened attention span. This (prescription) offers the caregiver suggestions and helpful tips to overcome the challenges encountered during bathing. The tips are designed to enhance safety and maximize the family member's ability to participate in bathing care.

Does CR have a fear of bathing?

Fear of bathing is common for people with Alzheimer's Disease. Misinterpretation of the shower/bathtub can cause confusion and agitation. Your family member may show a lack of familiarity and understanding of surroundings resulting in fear and resistance to bathe. There are a number of bath and shower-related fears such as fear of water, fear of being burned, fear of falling, and fear of water's depth.

- Make your bathroom as comfortable and homelike as possible. Provide soft towels, plenty of light, and warm colors. Add cute pictures of children bathing that reinforce the purpose of the room and reflect good feelings.
- Install a colored, slip-resistant tub mat that will help define the bottom of the tub and bring it closer.
- Play soft background music during bath time.
- Warm the room sufficiently so that removing clothing is acceptable to your family member.
- Put a few drops of blue food coloring in the tub water to strengthen its visual impact. This may also make the tub water appear more inviting.
- Use a thermometer to check the water temperature. Pay attention to complaints of being too hot or cold.
- Set the temperature on the hot water heater so that it does not exceed 120 degrees F.
- Use tub chair in an empty tub and bathe with hand-held shower hose.
- Use soap that is very gentle and has a pleasant/familiar smell. Baby shampoo and baby body wash are good for the skin and they are also the "no tears" type in case they get in CR's eyes.

Does the CR's loss of control of bathing cause agitation and resistance?

In the early stages of Alzheimer's, your family member needs to have a much control and as many choices as possible. It is essential to allow them to participate in the bathing process. Make decisions safe and easy for them, facilitating a sense of independence.

- Together with your family member, use a weekly planner to schedule bathes. Refer to calendar each day.
- Use visual cues to guide CR to the bathroom:
 - Paint the door to the bathroom a bright, eye-catching color.

- Leave the light on in the bathroom
- Use signage or a picture indicating bathroom

- Remove lock on the bathroom door or change it's location (very high or very low on The door)
- To allow for some privacy, use a monitor in the bathroom so that you can listen for calls for help.
- Set out only the items that are needed for bathing. Place objects within the field of vision of your family member.
- Arrange items in the order they will be used.
- Write 2-to-3 step directions to bathing on a large poster board and place in the bathroom. If reading is a problem, use pictures or drawings.
- Eliminate clutter by removing objects that are not necessary for bathing from the area.
- Complement your family member about how clean he/she is and/or the amount of effort demonstrated.

Does the CR “forget” the steps to bathing?

Lose of memory skills can play a significant role in the CR's inability to bathe themselves. With guidance and reminding by the Caregiver, the CR can participate in the task and maintain some control.

- Tell your family member “It’s time for your bath”. Do not ask anything that he/she could answer with “No”.
- Hand each bathing item to your family member one at a time as they are to be used.
- Use simple, clear, one-step directions, such as “Put soap on the washcloth” or “Lift your arm overhead”.
- Show your family member what to do by demonstrating the action.
- Use hand-over-hand guiding to help your family member complete bathing.
- Help with bathing only as much as is really necessary. For instance, if your family Member is unable to wash his/her feet, help with this part of bathing only and supervise the remainder of the other steps involved in bathing.

Does CR get easily distracted during bathing?

- Give CR something to hold and look at while in the tub. This may be comforting by distracting his attention somewhat.
- Have additional washcloths available so that CR can participate in bathing.
- Play familiar sing-along music during bath time. This may have a calming affect.
- Install a screen or curtain to hide distracting items from view.

Is Safety a concern due to poor balance and or mobility limitations?

Fear of falling or slipping is very common during the bathing process. Balance and the ability to walk/step/lift can be very difficult for your family member with Alzheimer's Disease. In addition to falls in bathrooms, people with Alzheimer's Disease may have unpredictable outbursts leading to unsafe conditions. Setting up a secure environment will ensure a safer and easier bathing experience.

- Approaching the bathroom, keep all stairways and passageways free of objects that may distract or trip your family member.
- If possible, arrange the furniture to be used as a support when moving toward the bathroom.
- Use window coverings to eliminate glare in bathroom or passageways leading to the bathroom.
- Paint a narrow strip at the edge of each step
- Paint the wall in the stairwell leading to the bathroom a contrasting color from the steps in order to accentuate the stair rise.
- Add lighting to bathroom or passageway leading to bathroom.
- Secure handrails, broken steps and loose carpeting in bathroom or on stairs and in hallways leading to bathroom.
- Walk arm-in-arm with your family member to the bathroom instead of pulling or pushing.
- Once in the bathroom, allow your family member to sit on a chair or the closed toilet seat.
- Do not talk to your family member if s/he needs to concentrate on walking to bathroom or when getting into and out of the tub/shower.
- Allow adequate time for your family member to adjust t change in light intensity. Provide a safe place to stand or sit until eyes accommodate to the difference, such as is the case when a person enters a well lit room upon awakening.
- Modify doorways to make room easier to enter by widening openings or lowering thresholds.
- Remove glass shower doors on bathtubs or alter bathing area for easier access.
- Use grab bars for bathtub. Some grab bars even clip on the outside of the tub to help getting in and out.
- Use tub chair or hand-held shower hose for bathing.

Is bathing your family member becoming exhausting for you? Do you need a break?

- Ask yourself "Is it really necessary that I do the bathing or that the bathing is done in this way? Can it be done later or by someone else?"
- Consider alternate bathing schedules, such as a semi-weekly tub bath, or daily sponge baths.

- Try using the pre-moistened wipes made for baby diaper changes for routine cleaning after “accidents” verses total bath.
- Expand your support network to include paid and unpaid help who will provide assistance with bathing.
- Teach other who are involved in helping with bathing the specific routine.
- Make a schedule of daily helpers and their specific jobs.
- Ask your doctor or pharmacist about the possible side effects of medications on your family member’s ability to participate in bathing.

HOMEWORK:

____ Carefully observe your family member during bath time. List possible reasons for your family member’s resistance to bathe.

____ Survey your home for potential safety risks. Check handrails, flooring, lighting, clutter in stairways and passageways.

____ Survey your bathroom environment. Is the lighting sufficient? Is the room temperature warm and comfortable? Are there any unrelated bath items present?

PRESCRIPTION (#18)

DIFFICULTY WITH PERSONAL HYGIENE

The person with Alzheimer's disease will be able to do their own daily care in the early stages but will gradually decline to a point of requiring total assistance. While the caregiver may wish the person to bathe daily this is not really necessary unless the person is incontinent. If bathing is an issue then reduce the frequency to maintain an acceptable standard of hygiene. Poor judgement or lack of initiation may be limitations that caregivers most overcome. Remember that grooming and personal hygiene are very private tasks, not normally done in front of other family members. Grooming activities require good standing balance and tolerance while performing a 2 handed task, both of which are compromised as the disease progresses.

- Are you concerned about the safety of the CR while performing personal hygiene?

Changes to your home that make personal hygiene easier and safer

Remove objects that are not used by your family member on a daily basis. Also remove from view all objects that belong to (an) other family member(s).

Only use products and product packaging that are familiar to your family member. For instance, pump-type containers of soap and toothpaste may be too new and too confusing.

Purchase several identical personal care items at one time in order to have familiar replacements on hand. For instance, buy several toothbrushes or combs, all the same style and color, and use these to replace worn or lost items.

Adjust the hot water heater to no higher than 120 degrees in order to avoid burns.

Use adequate lighting at table or countertop.

Use safety gates where indicated.

Use an electronic monitor to supervise activities from another room.

Modify doorways to make room easier to enter by widening opening or lowering thresholds.

Remove any locks on the bathroom/bedroom door(s).

Use a lock or safety latches on cabinet or appliance doors.

Use bells or alarms placed on doors, cabinet doors, or drawer that can alert you if they are opened. Use a screen or curtain to hide distracting items from view.

- Does the CR know what to do with the object for personal hygiene?
- Do the steps in grooming get confusing?

Setting Up the Room

Put grooming items out in the sequence they will be needed and for one task at a time.

Place items for one specific grooming task in a marked container. Containers may be clear plastic or opaque and can be marked by (from simplest to most complex):

- a picture of your family member performing the task for which the objects are needed;
- a drawing or picture of another person performing the task;
- a drawing of the objects; or,
- a label indicating the task and/or objects.

For example, all shaving items may be marked "Shaving Items" and include a picture of a person shaving. For individuals with reading comprehension problems, an actual photograph of your family member shaving is preferred

When necessary, remove all electrical appliances from the bathroom.

Use bright hot colors (red, yellows, and oranges) and/or with large sizes or print to highlight instructions or items that are to be noticed.

If your family member is easily distracted, simplify the surroundings by removing items from the bathroom.

Eliminate extraneous noise.

Keep the bathroom comfortably warm.

Keep an object available that can serve as a distraction to your family member if s/he begins to behave problematically.

Eliminate clutter by removing objects from the area that are not necessary.

Post pictures or written directions to communicate the sequence of steps to be performed.

- Is it difficult getting the CR into the bathroom?
- Does the CR tire too quickly?

Getting your family member in place

If your family member appears to be unwell or not at his/her best, avoid situations where falls might happen and give extra assistance.

Tell your family member "Its time to ... ". Do not ask anything that he/she could answer with "No".

Walk arm-in-arm with your family member to the bathroom instead of pulling or pushing.

Once in the bathroom, allow your family member to sit on a chair or the closed toilet seat.

Do not talk to your family member if s/he needs to concentrate on walking to the bathroom or when getting up or down from a chair.

Allow adequate time for your family member to adjust to changes in light intensity. Provide a safe place to stand or sit until eyes accommodate to the difference; such as is the case when a person enters a well-lit room upon awakening.

- Routine is important, are you doing grooming at a normal time of day?
- What was the CR's routine?

During grooming and other personal hygiene tasks

Provide physical assistance with all electrical appliances used in the bathroom or arrange for your family member to use those appliances in another room.

Use assistive devices such as built up grooming devices.

Provide physical assistance in the form of hand-over-hand guiding for grooming tasks.

Help with grooming only as much as is really necessary. For instance, if your family member is unable to comb his/her hair, help with this part of grooming only and supervise the remainder of the other steps involved in grooming.

Use short, one step directions ("Turn to me" or "Open your mouth").

Engage in grooming tasks at the same time everyday and in the same order as possible (i.e., grooming always done after breakfast).

Don't ask your family member if s/he wants to go brush teeth, shave, etc. Tell s/he "We are going to brush your teeth now".

Hand grooming items to your family member, as they are needed. Name each item as it is presented.

Allow your family member as much time as needed to complete the tasks.

If your family member performs grooming in an unusual way, but it is effective, do not correct.

- Is the CR resisting assistance due to your relationship, i.e. father/ daughter, mother/son, etc.

Involving Others

Schedule your family member's grooming for periods of the day when others in the household are not waiting for the bathroom. This will allow your family member to take the necessary amount of time for grooming.

Establish a social goal for good grooming, such as saying, "You look so clean and nice. Let's go for a walk and show you off".

Ask yourself "Is this task really necessary? Can it be done later or by someone else?"

Expand your support network to paid and unpaid helpers who can assist with grooming.

Make a schedule of daily helpers and their specific jobs.

Teach others who are involved in helping with grooming the specific routine.

Ask the doctor or pharmacist about possible side effects of medications on grooming.

PRESCRIPTION FOR COMMUNICATING WITH CR'S PHYSICIAN (#19)

As a CG, the health and well-being of your [CR] becomes your responsibility when [he or she] can no longer take care of [himself or herself]. We understand that there are many factors that are included in the trip to your [CR]'s doctor, such as making the appointment, getting [him or her] ready, and finding transportation. However we would like to focus on the communication that happens between you, your [CR], and [his or her] doctor. We understand how difficult it must be to not only talk with a doctor who may be in a rush, but to also talk to a doctor about another person.

- **A. Do you take your [CR] to [his or her] doctor's visits?**

If no:

Discontinue the interview

If yes:

- Do you have any problems with your [CR]'s doctor?

If yes or no:

- **B. Can your [CR] understand what people say to [him or her]?**

If not:

1. If it seems like your [CR] is not understanding the doctor, offer to ask the question in a way that your [CR] might understand. Often you know the best way to talk to your [CR] so that [he or she] can understand.
2. If your [CR] is unable to understand talking at all, it is important that you represent [him or her] during the visit with the doctor.

If yes:

1. Allow your [CR] to talk with the doctor as much as possible. [He or she] is still the best person to answer questions about [his or her] health and well-being.
2. Understand that many times older adults do not report all of their complaints and symptoms to their physician. Sometimes they see it as complaining. It is still important for you to talk with your [CR]'s physician to ensure that all of [his or her] problems are being reported.
3. Always remember to keep your [CR]'s dignity in mind while you are talking with the doctor. Try not to speak about your [CR] as if [he or she] was not in the room; for example "Dr, **he** just hasn't been eating well lately," and the doctor might answer, "Well we'll see what we can do to help **him**."
 - a. You can avoid this by first asking your [CR] to tell the doctor how [he or she] has been eating lately, and second by asking your [CR] if you can tell the doctor about how [he or she] has been eating lately.

- b. Another way to handle this is to tell the doctor how your [CR] has been doing by speaking directly to your [CR]. For example, “You know that I don’t feel like you’ve been eating enough lately.”

□ **C. Can your [CR] talk to people so that they can understand [him or her]?**

If not:

1. Although everyone with memory problems is different and feels symptoms differently, usually how they talk to people often changes, for example:
 - a. [he or she] may appear to know what [he or she] wants to say, but can’t express it – only jumbled words come out.
 - b. [he or she] may start a sentence but get stuck and possibly forget what [he or she] was trying to say.
 - c. [he or she] may have problems thinking of certain words.
 - d. Sometimes [he or she] may stop talking altogether.
2. If your [CR] is having difficulty with communication, you might be the person who can understand either what [he or she] is saying, or what [he or she] is trying to say.
 - a. It is important to give [him or her] at least a little time to finish [his or her] thought or to find a word before you jump in to help.
 - b. You can also help [him or her] think of the word [he or she] is trying to recall by guessing or asking [him or her] about it.
 - c. If your [CR] can no longer speak to the doctor successfully, it is important that you represent [him or her] during the visit.

If yes:

1. Allow your [CR] to talk with the doctor as much as possible. [He or she] is still the best person to answer questions about [his or her] health and well-being.
2. Remember that even though your [CR] can talk to [his or her] doctor, [he or she] still has memory problems and may need your help reporting problems and symptoms about his health.

□ **D. Do you have difficulty reporting your [CR]’s problems or symptoms to the doctor?**

1. If your [CR] has reached the stage in [his or her] memory problems that he/she is having difficulty communicating, then observe [his or her] body language to tell if [he or she] is in pain. Someone who has facial grimaces or furrowed brows could be in pain **[INTERVENTIONIST DEMONSTRATE]**. Another example is holding body parts or being “doubled over”, for example with stomach pain.
 - a. Changes in eating, sleeping, and/or activities might be due to pain that your [CR] cannot communicate in words.
 - b. Changes in your [CR]’s bathroom habits can indicate that something is wrong, such as diarrhea or constipation.
 - c. Sometimes people with memory problems don’t know any other way to communicate other than emotional outbursts. For example, screaming or excessive loud talking could mean that your [CR] is in some kind of pain or discomfort.
2. Talking to your doctor about your own symptoms is difficult enough, without having the hard task of trying to describe your [CR]’s pain. Here are some ways that you can observe your

[CR]'s symptoms at home. Also, it can be helpful to write them down for the doctor to read during the visit.

- a. When did the symptoms start?
- b. What time of day do they happen?
- c. How long do they last?
- d. Are they getting worse or better?
- e. Are they bad enough that they keep [him or her] from doing things [he or she] normally does during the day?

□ **E. Do you feel awkward or pressured during your [CR]'s doctor visits?**

1. Remember that your [CR]'s doctor is only human. Don't be shy, and don't be afraid to tell him what you need to say or ask.
 - a. If your [CR]'s doctor said something that you don't understand, do not be afraid to ask [him or her] about it or have [him or her] give you further explanation.
 - b. If [he or she] is using too many medical words, tell [him or her] to use words that you can understand.
 - c. If [he or she] does not understand your question, ask it in another way until he understands your question.
 - d. If you are worried about something concerning your [CR], don't wait for [him or her] to ask you about it.
 - e. Don't be scared to ask the doctor if [he or she] has any written information about worries you have or if [he or she] knows where you can get written information about a particular subject.

□ **F. Do you have difficulty getting your [CR] ready for the doctor or coming home after the visit?**

2. The following are general suggestions about those issues:
 - a. If your [CR] gives you a hard time about going to the doctor, or again and again asks when [he or she] is going to the doctor, don't tell [him or her] about the doctor until you are getting in the car to leave.
 - b. Try to schedule the appointment during the time of day that your [CR] is in the best mood and thinking most clearly.
 - c. If your [CR] is more upset in the evening (sundowning), try to schedule the appointment so that you are not driving home in the evening or just arriving home in time for [him or her] to become irritable.
 - d. Because you might have a long wait before seeing the doctor, you may want to take a pleasant activity with you to occupy your [CR] while you wait in the lobby (such as cards, picture book, etc.).
 - e. If your [CR] dislikes visits with the doctor, have a pleasant activity for [him or her] or for the both of you ready when you return home to take [his or her] mind off of the hectic day.

□ **G. Things every caregiver should consider**

1. In today's world of managed care, many doctors are forced to see several patients in a shorter period of time. As a result, you may feel rushed through the doctor's visit and feel that you did not have all of your questions answered. Try writing down everything you can think of before you go to the visit, including problems, symptoms, or questions that need to be addressed. It is also important for you to always take a list of your [CR]'s current

medications he/she is receiving from all of his/her doctors. These include herbs, vitamins, and medicines bought over-the-counter. You can either hand this piece of paper to the doctor to read, or keep it as a checklist for yourself. It may seem silly while you're writing it, but this really is a time saver.

2. Another suggestion to make up for the limited time you have in your [CR]'s doctor visits is to write down what the doctor says. Many times you get so much information about your [CR]'s health, medications, and therapy that it is impossible to remember everything. That's why it is good to take notes, have the doctor take notes for you, or bring a small tape recorder that the doctor can speak into. This will give you something to check if you have any questions about what was said and it might possibly relieve some of your worry during the visit.
3. If your [CR] can still speak for [himself or herself] and report problems or how [he or she] is feeling, it does not mean that [he or she] will remember everything. That is why it is important for you to be in there with the doctor. You also may be able to think of possible causes, such as new medications that may be causing side-effects. Due to your [CR]'s memory problems, you may be able to add more details about [his or her] symptoms, such as how badly [he or she] hurts, how long the pain lasts, or when the pain happens.
4. It is important that your [CR] have identification with [him or her] at all times. This is not only important for possible wandering, but for any health care emergencies as well. For example, if your [CR] is taken to the emergency room for any reason, and you are not present, the staff at the hospital needs to know about his memory problems and medications.

□ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

□ **Homework:**

- ____ Use tracking/behavioral sheet
- ____ Practice highlighted tips
- ____ Other (Specify)_____

PRESCRIPTION FOR COMMUNICATING WITH CR: GETTING CR TO UNDERSTAND YOU (#20)

Due to the nature of the disease, difficulty with communication should be expected. The disease makes communicating and understanding difficult, but you must be responsible for adjusting the way you communicate. Your [CR] cannot adjust. The misunderstandings created by a gap in communications between you and your [CR] often leads to frustration and arguing, and this leads to a decrease in the quality of your life together. You have gotten used to communicating in one way your entire life and now this way doesn't work as well or not at all. Your role now is to change your style of communication, which may or may not require you learning new communication skills, and use these skills during challenging times.

- **Is your [CR] having problems with hearing?**
 1. See a hearing doctor for an examination **[Please refer to CTIS Menu XX]??**
 2. Consider using devices to help with hearing like hearing aids.
 3. Emphasize reminders that use your [CR]'s sight as well as gestures
 - **See memory aids and gestures below**

- **Is your [CR] having problems with vision?**
 1. See an eye doctor
 - Preferably seek out an eye doctor who has experience with old adults that have memory problems.
 - Try using other caregivers as an eye doctor referral resource or use the Community resource directory **[Please refer to CTIS menu XX]**.
 2. Consider devices to help with vision like glasses and magnifying devices.
 3. Emphasize auditory and tactile cues
 - **See use of touch, being aware of tone of voice, and hand over hand modeling below**

- **Do you have problems when trying to get your [CR] to do something like a daily activity or chore?**
 1. Use one step instructions.
 - Break each task into the simplest steps and give instructions one step at a time.
 - For Example:
Instead of saying, "Get up and get ready for dinner"

Try breaking it up into simpler steps by saying, "Stand up", "Go wash your hands", "Come to the dining table"
 2. Be aware of how fast you are speaking.
 - Speak slowly and say individual words clearly.
 - Your [CR] needs extra time for his/her brain to understand what you are saying. It will help you make this technique a habit if you count to 5 after each question you ask your [CR].
 3. Be aware of the **tone of voice** you use when communicating with your [CR].
 - Use soothing and warm tones of voice, accompanied with positive facial expressions (i.e. smiles and eye contact).
 - Your tone and expression will communicate your good will to your [CR] even if he/she cannot understand your words.

- Avoid raising your voice with your [CR] because this can be misinterpreted as yelling and anger.
 - If you feel you must raise your voice use a lower pitched voice, which is easier to hear, compared to a higher pitched voice that sounds more like screaming.
4. Eliminate distractions.
- Remove distracting noises like noise from equipment such as a fan, from radio/TV, or from other conversations.
 - The disease makes it harder for your [CR] to screen out distractions.
5. Use simple words and phrases.
- Break down sentences and complex statements into very specific verbal prompts. Remember your [CR] may not be able to remember more than a few words at a time.
 - For Example: Good Prompts (Very specific)

Stand-up
Roll to the left.
Please hold onto the bedpost.
Straighten out your arm.

Poor Prompts (Not specific enough)

Get ready for bed.
Go get dressed.
Do something relaxing.

- Use very concrete terms and familiar words. Avoid using phrases like, "Let me give you a hand". Phrases like this can be taken literal by your [CR] and become very confusing.
- For Example: When asking your [CR] to put his/her coat on.

Don't say, "Let me give you a hand with that."
Do say, "Let me help you put your coat on."

6. Use **gestures**

- Gestures provide another "clue" besides words and tone of voice. Your [CR] needs as many clues as possible to understand you.
 - Using hand gestures like pointing will help direct your [CR] attention during an activity. Using a flat hand raised will help you to communicate stop or motion to come over here. Patting your hand on a chair can help signal to sit down here.
 - Using head gestures like nodding or shaking head will help communicate to your [CR] yes or no.
-
- Modeling is a form of nonverbal communication that is made up of gestures and demonstrations
 - Using **hand over hand modeling** will help you to demonstrate an activity using your [CR] hand to feel or do a specific motion or activity.
 - For Example: Place your hand on top your [CR] hand, while he/she holds a paintbrush. You can demonstrate how to make a brush stroke while your [CR] gets to not only see the motion but feel it as well.
 - Using behavior modeling will aid your simple step-by-step instructions for doing an activity or chore.
 - For Example: As you explain to your [CR], "Pick up the feather duster", "move it side to side on the shelf". You will be doing that same action. The first few times

you introduce the activity to your [CR] you will need to model the behavior(s) and repeat the instructions.

- Be consistent with your gestures and modeling. Always use a gesture to mean the same thing and always repeat modeling in the same way. To change the meaning or way you modeled a behavior would create confusion for your [CR], which can lead to problem behavior.

[COMMENT FROM LOU – ARE ABOVE TIPS TOO TECHNICAL?]

7. Give simple choices

- Giving someone a choice gives the person a sense of having some control in life. That sense of control can be very important to your [CR] who has lost control over so much. It honors your [CR]'s individual dignity and increases his/her well being.
- Try to word questions that gave clear and simple choices or that can be answered with yes or no.
- For Example,

Do you want to wear this red sweater or that white jacket?

Do you want me to turn the radio on?

We have juice and milk. Do you want juice? Milk?

- A good habit to practice when giving your [CR] a choice is to always use the word “either/or” in your questioning.

□ Do you have problems when trying to talk with your [CR] about everyday things.

1. Make good eye contact.

- Walk up to your [CR] from the front, slowly. People with memory problems are easily startled when approached from the rear or in a hurried fashion.
- Look your [CR] in the eye. This greatly helps him or her focus attention on you before you speak.

2. Using **memory aids**

- Using index cards
 - a. If your [CR] has difficulty placing names with faces, paste a picture on the card with the name under the picture, and refer [him or her] to the card. Print the name in large letters.
 - b. Your [CR] can maintain independence in his daily activities by using an index card to remind [him or her] of the steps to that activity, such as dressing or brushing teeth:
 - c. This card can be taped onto the dresser mirror or any place that your [CR] can easily see it.

(After clothes are chosen and laid out)

- Put on your underwear.
- Put on your t-shirt.
- Put on your shirt.
- Button all the buttons.
- Put on your pants.
- Tuck in your shirt.
- Button and zip your pants.
- Put your socks on.
- Put your shoes on.
- Tie your shoelaces.

- Memory Boards
 - a. A memory board is a chalkboard, dry erase board, or cork board that can be placed or hung where your [CR] can easily see or find it.
 - b. If you leave the house, write your phone number and when you will return home on the board.
 - c. If your [CR] worries when [he or she] cannot find you in the house, leave [him or her] a note on the board as to where you are.
 - d. Write the current date and schedule of daily activities on the memory board.
 - e. Write the “to do” list for the day on the board.
 - f. Leave comforting notes for your [CR], such as “Remember I love you.”
 - g. Your [CR] may remain independent in [his or her] daily chores or tasks if you write reminders on the memory board, such as “Don’t forget to take out the garbage today.”
 - h. If your [CR] is still trying to take [his or her] medications by [himself or herself], you can write the medication schedule of the day on the memory board and erase the medication as [he or she] takes it.

 - Signs and labels
3. Begin with orienting information.
 - Identify yourself and others.
 - If you are not sure your [CR] will remember your name or the names of other family member and friends, tell him or her who you are when you walk up to him or her and introduce the guest. This helps your [CR] feel at ease.
 - Address your [CR] by name. This helps him or her focus their attention on you.
 - Speak slowly and allow time to communicate.
 - Your [CR] needs extra time for his/her brain to understand what you are saying. It will help you make this technique a habit if you count to 5 after each phrase or each question you ask your [CR].

 4. Use friendly expression.
 - Using positive facial expression and tones of voice will communicate your good will to your [CR] even if he/she cannot understand your words.
 - For example: When having a general conversation with your [CR] use a warm and soothing tone of voice, smile, have good eye contact, and don’t raise your voice inappropriately or unnecessarily.

 5. Use of touch
 - Some people do not respond well to being touched, but many do. You can communicate reassurance and comfort by holding hands, by patting or stroking your [CR]’s head, or giving gentle hugs and kisses.
 - A gentle **touch** on the hand or arm can be used to gain the attention of your [CR] when you begin a conversation with him or her.

 6. **Don’t argue**
 - Avoid trying to argue or convince. It will frustrate you and your [CR] and make the situation worse. You cannot win an argument with a loved one with memory problems.

- Avoid trying to convince or reason with your [CR] over things he/she said that aren't true. This can lead to arguing and frustration for both of you.
- Going along with your [CR]'s view of what is true may be the best thing to do. You can use his view to your advantage and he will feel safer and more assured.

*For Example,
Your [CR] insists that his/her mother, long since dead, is coming to see him or her today. Agree that if she is coming, your [CR] needs to begin to get ready by getting out of bed.*

□ Things every caregiver should consider

Adjust your expectations **(CG notebook)????**

- Don't expect communication changes to come naturally, you will need to work on these skills
- Walk up to your family member from the front, slowly.
People with memory problems are easily startled when approached from the rear or in a hurried fashion.
- Look your family member in the eye.
This greatly helps him or her focus attention on you before you speak.
- Be calm and friendly in your expression.
Your expression and manner will communicate your good will to your [CR] even if she/he cannot understand your words.
- Use simple gestures to help communicate your point.
Gestures add another "clue" besides words and tone of voice. Your [CR] needs as many clues as possible to understand you.
- Use gentle touch to express care, gain attention, and give direction.
Some people do not respond well to being touched, but many do. You can communicate comfort by holding hands or by patting or stroking your [CR]'s head.
- Identify yourself and others.
If you are not sure your [CR] will remember your name or the names of other family member and friends, tell him or her who you are when you walk up to him or her and introduce the guest. This helps your [CR] feel at ease.
- Address your [CR] by name.
This helps your [CR] focus his/her attention on you.
- Speak slowly and allow time to communicate.
Your [CR] needs extra time for his/her brain to understand what you are saying. It will help you make this technique a habit if you count to 5 after each phrase or each question you ask your [CR].
- Give instructions one step at a time.
Break each task into the simplest steps and give one-step instructions.
Avoid the word "and".

For example:

DON'T SAY: *Brush your teeth.*
(That is the final result of several tasks.)
DO SAY: *Pick up your toothbrush.*
(5-second delay) *Open your mouth....*

- Give simple choices.
Giving your [CR] a choice may give him or her a healthy feeling of power and control, which may help decrease depression.
Be specific in either/or choices.

For example:

DON'T SAY: *What do you want for breakfast?*

DO SAY: *Do you want cheerios (point to cheerios) or a muffin (point to muffin) for breakfast?*

- Avoid negative statements.
Negative statements from you may upset your [CR] and bring on difficult behaviors.

Even if you want to, try not to say:

"You're being bad today."

"You ruined your clothes with B.M."

"You're trying to make me angry."

□ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

- **Using memory aids**
- **Memory Boards**
- **Signs and labels**

□ **Homework:**

____ Use tracking/behavioral sheet

____ Practice highlighted tips

____ Other (Specify) _____

PRESCRIPTION FOR COMMUNICATING WITH CR: UNDERSTANDING CR'S NEEDS OR WANTS (#21)

Problems in communicating can be very frustrating for both you and your family member. Some situations make this problem even more difficult. One thing to remember is that your family member wants you to understand him/her, but the disease makes it difficult for CR to express thought and feelings. Because the CR cannot always communicate thoughts and feelings using common words, you must be responsible for helping the CR to find words that express his/her thoughts and feelings. You must work to understand what CR is trying to communicate when he/she uses words that don't make sense or don't seem to fit the situation. You can help CR by looking for meaning in their actions and expressions. Without your efforts, misunderstandings will occur between you and CR, which will affect the quality of your life together. Also, misunderstandings can frustrate the CR and make a bad situation worse. For example, if the CR feels pain but cannot tell you, CR may appear agitated or act in unusual ways (for example, scream or hit at you when you try to help).

Does CR have trouble finding the right word or words to express a thought for feeling?

1. Help CR focus attention on you

Call your [CR] by name, stand in front of CR; gently touch CR's hand or arm as you speak; maintain eye contact; reduce distractions around CR (for example, turn off the TV).

2. Help CR find the "right" word

Do not correct [CR] when he or she uses a "wrong" word if you understand the meaning. Ask CR to point to the object. Guess at the word or meaning with yes/no questions. Be supportive.

3. Help CR name objects, events, and people

Be supportive of this frustrating experience. Guess at words, meanings, or feelings. To avoid ongoing, increased frustration, suggest doing something else. If necessary, come back to the discussion later. There is a good chance he will forget the episode quickly.

4. Use fewer words

Create a list of yes/no questions to try, but you must also be attentive to meeting the needs which he cannot express, especially pain, hunger, need for toilet. Even at this point, he may understand some of what you say and much of how you say it, so be careful of how you use words and the tone of your voice.

5. Give CR the ability to write or point to words and phrases

Provide CR with key phrases to express thoughts and feelings relevant to himself or herself. Also, use pictures of common objects that are important in caregiving, for example, toilet, food, bed, **[COMMENT FROM LOU – WHERE TO GET THESE PICTURES?]**

Does CR say words, but the words don't make sense?

1. If the string of words or utterances is said with a lot of feelings and emotions, then use the techniques above to help identify the meaning in the words or utterances.

2. If the string of words or utterances is said without any apparent feelings or emotions, comfort the CR and then distract CR with a pleasant activity (e.g., “yes, I understand, now let me show you this’).
3. Repeat that word to the CR and ask if that is what the CR meant. Use other communication techniques (see above) to get more words and feelings from the CR,
4. Try to comfort the CR using words that are identified.
5. CR has less ability to recognize and correct own speech. Correcting CR might provoke him or her to become angry and frustrated. Do not scold or indicate that an "error" has been made. Help CR find the right words using the tips in these prescriptions.

❑ **Does CR repeat words or questions again and again?**

1. Repetition may mean he forgets as soon as he has said something.
2. Try to respond patiently and direct his attention to some other action.
3. Repetition may also indicate some feelings that he cannot express with words. If this is the case, respond in a comforting way to the feelings rather than to his or her words.

❑ **Things every caregiver should consider**

1. Adjust what you expect from your [CR]. Your [CR]s communication abilities are related to the disease. You will need to learn new ways to communicate.
2. Don’t expect these tips to be easy or to come naturally. You will need to practice these skills. Your interventionist can work with you to learn and practice the communication skills presented in this prescription.
3. Whenever communication problems occur, make calming statement to CR. Try to avoid looks of frustration and irritation.
4. If CR is having trouble communicating, try to delay the activity or event until another time. You can say to CR, “Let’s wait and come back to that thought”.

❑ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

❑ **Homework:**

- ____ Use tracking/behavioral sheet
- ____ Practice highlighted tips
- ____ Other (Specify) _____

PREScription FOR REPETITIVE QUESTIONS (#22)

We understand that as a CG, your [CR] may ask you questions or tell you stories many times during the day, which can be very frustrating for you. For example, your [CR] may ask you one question over and over again most of the day, or [he or she] may ask you a set of several questions again and again. Your [CR] might make the same statement or tell you the same stories many times in a row. However, someone with memory problems cannot remember having made these statements or asking these questions.

❑ Does CR ask the same question over and over again?

1. Find out if something is triggering the question, such as an object, a place, an event, or a person.
 - a. Distract your [CR] from whatever may be triggering the question. For example, make [his or her] favorite snack, involve [him or her] in a pleasant activity, or have a pleasant conversation with him or her.
 - b. Do you ever need to remove CR from the cause of the repetitive question? If a mirror, a car, a T.V., a remote control, a picture, etc seems to trigger the question, try to hide it if possible.
2. Identify a time of day that may trigger the question, such as immediately after waking up or in the late afternoon (sundowning).
 - a. Try to distract your [CR] before this time to prevent questioning, for example using activities, telling stories, or having a snack.

❑ Can [CR] read and understand simple instructions?

If yes:

1. Often times a calendar or schedule is helpful in dealing with repetitive questions from your [CR].
 - a. If your [CR] repeats questions about the day, date, month, or year, always refer [him or her] to the calendar. (*We will help you to create a calendar.*)
 - b. Showing your [CR] the calendar can also be helpful in reassuring [him or her] of an appointment or event.
 - c. Creating a daily schedule of activities, events, or “to do” lists for your [CR] can be helpful with repetitive questions. Always refer your [CR] to the schedule and talk to [him or her] about these activities when [he or she] asks the question.
2. A memory board is a good tool to use with repetitive questions involving time/place/person, phone numbers, and activities/events. A memory board is a chalkboard, dry erase board, or cork board that can be placed or hung where your [CR] can easily see or find it.
 - a. If you leave the house, write your phone number and when you will return home on the board.
 - b. Write the current date and schedule of daily activities on the memory board.
 - c. *Refer to individual memory board programs for more specific information and examples.*
3. When your [CR] asks repetitive questions, the answer can be written on an index card that [he or she] keeps with [him or her] at all times. This card can be kept in a shirt, coat, or pants pocket in addition to a wallet or purse.

- a. For example, write the answer to a question, such as “What time is lunch?” on the card, and always refer your [CR] to the card when you answer [him or her].
- b. If your [CR] has difficulty placing names with faces, paste a picture on the card with the name under the picture, and refer [him or her] to the card.

If not:

1. Use pictures to communicate with your [CR]. For example, draw a picture of a cross on the calendar to show which day you go to church.
2. If you do not feel comfortable drawing, cut out pictures from a magazine and paste them on the calendar to represent the event or appointment. For example, cut out a picture of a doctor and paste it on the calendar, representing his appointment with the doctor.
3. If your [CR] recognizes numbers, use them for the time of day, time of appointment, or time of activity/event.

□ Does CR repeat a set of questions?

1. Read section B. number (2), above, regarding time of day.
2. Keeping your [CR] busy and active can prevent [him or her] from asking repetitive questions. Create a consistent schedule of activities during the day, especially during the time that your [CR] is most likely to ask repetitive questions.
3. Read section A. numbers (1) – (3) above.

□ Does CR ask about specific upcoming events (doctor visits, church, family reunions, beauty shop)?

1. Refer your [CR] to [his or her] calendar for the appointment day and time.
2. Write the appointment date and time on an index card that your [CR] can keep in [his or her] pocket, etc.
3. Do not inform your [CR] of the appointment until the day of the appointment.
4. Show your [CR] the memory board with the appointment time on it.
5. Read section A. numbers (1) – (3) above.

□ Do the CR's questions indicate that [he or she] is worried, anxious, or fearful?

1. *Refer to “Appearing Anxious or Worried” program.*
2. Sometimes people worry when they are inactive or bored, so distract your [CR] with a pleasant activity or a favorite snack.
3. If your [CR] is worried about a person, distract [him or her], for example by showing pictures and reminiscing about happy stories.
4. Provide comfort and security to your [CR] with hugs, pats, and reassuring words, like “I love you” or “You are always safe here with me.”
5. See section B number (1) – (2).

□ **Things every caregiver should consider**

1. Try to identify periods of the day when your [CR] is more likely to ask repetitive questions. For example, when your [CR] wakes up from sleeping, [he or she] may have trouble understanding the difference between [his or her] dreams and reality. Another time of day that your [CR] may be more likely to ask repetitive questions is in the evening hours at which time he may become worried, agitated, restless, or upset. This change in behavior during the evening hours is called “sundowning”.
2. There may come a time when after trying every solution presented to you, you still feel overwhelmed in caring for your [CR]. It is at this time when seeking formal services, such as adult day cares, home sitters, respite care, or a care team, may be The best resource for you and your [CR].
3. If everything else fails, then consult your [cr’s] doctor concerning [his or her] repetitive questioning. If [he or she] is questioning because of worry or anxiety, your [cr’s] doctor needs to know that. The doctor may know of medicines that can help with anxiety or may know of medicines that your [CR] is currently taking that possibly cause anxiety. (*Refer to “Appearing Anxious or Worried” program.*)
4. Remember that consistency is important with people who have memory problems. Whenever using external memory aids such as a memory board, calendar, or index cards as a tool to help with repetitive questions, make sure you ALWAYS refer your [CR] to those aids when the question is asked.
5. Although we realize that as a CG, you are only human and are doing the best you can with your [CR], please remember that it is the disease that causes [him or her] to repeat questions and stories. Even though we know that these repetitions are extremely trying, it is always important to try to be calm and patient with your [CR].

□ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

□ **Homework:**

- ____ Use tracking/behavioral sheet
- ____ Practice highlighted tips
- ____ Other (Specify) _____

PRESCRIPTION FOR REMEMBERING RECENT EVENTS (#3)

Problems remembering recent events are one of the first signs of Alzheimer's disease and other diseases that cause memory loss. This is true of important events as well as day-to-day activities. Because this type of memory loss is directly related to changes in the brain, you can expect this type of memory problem to be a frequent issue. This symptom will not improve but you can learn ways to cope with it.

□ Can CR read, understand and follow simple instructions?

Create a Calendar for CR

A calendar can be a helpful tool to assist you when CR is asking questions, useful as a memory aid to keep track of day to day activities, and useful in promoting a sense of independence and daily routine.

1. Using a calendar:

- a. Choose either weekly or daily calendar. (*We will be able to help you in creating the actual calendar.*)
- b. Choose to fill out the calendar on your own or choose to do this with your [CR].
- c. At the beginning of the week you and your [CR] write down activities on the calendar including; daily & leisure activities, doctor appointments, meals, medication times, church, trips, etc.
- d. Place the calendar in a central location with easy access for your [CR].
- e. Each morning refer your [CR] to the calendar. (If you are using a daily calendar you need to make sure the appropriate day is visible.)
- f. Be sure to set aside some time to plan-out activities to place on the calendar each week.
- g. Make sure to refer your [CR] to the calendar **every** morning when he or she has questions about daily activities. Also, be consistent when redirecting your [CR] at other times during the day when he or she asks about activities. You want to always use the same line of questioning to your [CR] to get the target response of checking the calendar.

For Example: *Your [CR] asks, "When is the doctor's appointment?" You want to use a consistent statement like, "We wrote that down on the calendar. Check the calendar for me." The target response you want is for your [CR] to check the calendar.*

2. Uses for the calendar:

- a. Repeated questions.
 - By scheduling daily or weekly activities on the calendar, you will be able to redirect your [CR] to it when he/she becomes anxious about appointments, or upcoming events
 - For example: When your [CR] begins to question over and over, "When are we going to the doctor?" You can redirect him/her to the calendar hanging on the refrigerator, and ask your [CR], "What time have we written down on the calendar?"
- b. Memory aid for day-to-day activities.
 - If your [CR] is having difficulty keeping track of daily activities or daily chores, the calendar can serve as a simple reminder for your [CR]

- If your [CR] gets angry due to forgetting or being told to check the calendar, try the following:

Say something like, “I have forgotten what day Beth is coming to visit. Can you help me and check the calendar.” The point of the example is to take the focus off of your [CR]’s forgetting and placing the focus on your forgetfulness, but the goal of your [CR] checking the calendar is still accomplished. Using humor during these moments is appropriate.

- c. Promoting independence and daily routine:
 - Use the calendar as a personal daily planner for your [CR].
 - Write down things to do for the week. Be sure your [CR] is determining when to do things like bathing, leisure activities, going out for walks or to the store.
 - Give your [CR] control of when to do some things and letting them participate in writing down the activities in his/her personal daily planner. You are giving your [CR] a sense of control and independence.
 - Add additional items to the calendar like doctor appointments, medication times, and any other activities that you feel necessary.
 - Develop a routine for your [CR]. For example, you may refer him/her each morning to his/her daily planner. You will want to refer your [CR] periodically throughout the week to his/her planner, especially if questions arise about upcoming activities or events.

Create a Memory Board

A memory board is a good tool to use with repetitive questions involving time/place/person, phone numbers, activities/events, etc. A memory board is a chalkboard, dry erase board, or cork board that can be placed or hung where your [CR] can easily see or find it.

- a. If you leave the house, write your phone number and when you will return home on the board.
- b. If your [CR] worries when [he or she] cannot find you in the house, leave [him or her] a note on the board as to where you are.
- c. Write the current date and schedule of daily activities on the memory board.
- d. Write the “to do” list for the day on the board.
- e. Leave comforting notes for your [CR], such as “Remember I love you.”
- f. Your [CR] may remain independent in [his or her] daily chores or tasks if you write reminders on the memory board, such as “Don’t forget to take out the garbage today.”
- g. If your [CR] is still trying to take [his or her] medications by [himself or herself], you can write the medication schedule of the day on the memory board and erase the medication as [he or she] takes it.

□ Does CR have trouble remembering how and when to take medicine, emergency procedures/numbers, and when to eat meals?

Memory problems can become so severe that they prevent or decrease the ability of the CR to care for him or herself. When this happens, CR’s safety becomes a concern that you will need to address. Safety issues are best handled if you attempt to prevent a problem. Though it is difficult to predict what behaviors the CR will show and since accidents can happen, the CG can check the home for safety concerns in order to prevent any potentially dangerous situations from occurring. Make your surroundings safer and friendlier. Review the booklet on safety (“[Home Safety for the Alzheimer’s Patient](#)”). Ask your interventionist if you have any questions. It might be helpful to speak with your interventionist about safety issues if the following points fit your caregiving situation.

Does the CR :

- ✓ become confused in his or her behavior or hard to predict under stress?
- ✓ recognize a dangerous situation, for example, fire?
- ✓ know how to use the phone in an emergency?
- ✓ know how to get help?
- ✓ stay comfortable within the home?
- ✓ wander and forget where he or she is?
- ✓ show signs of anger, depression or withdrawal when left alone for any period of time?
- ✓ attempt to take up past interests or hobbies that might now need another person's assistance, such as cooking, appliance repair, woodworking?

□ **Things every caregiver should consider**

1. Memory aids work best for individuals who can still read and understand written words.
2. Memory aids do often help. However, they do not prevent the CR from forgetting. They only help the CR to remember small pieces of information for a brief period of time.
3. The way you think about this problem can have a strong effect on your ability to cope with the challenges of caregiving. What you say to yourself inside your head can make the difference when you are faced with stress. If you tell yourself, "Why does my [CR] keep saying that? He or she knows that today is Sunday because we went to church!", or "He/she is just doing that to bug me." This is only making the situation worse.

Here are some points to consider:

- a. This memory problem is not a choice made by your [CR]. The disease is changing the {CR}s brain, which is causing memory loss.
 - b. Arguing or feelings of anger will make everyone more emotionally stressed.
 - c. Stress may cause your [CR] to engage in further problem behavior.
 - d. Understanding that the disease is responsible for the behavior will allow you to be more objective.
4. Avoid problems that arise from CR not remembering recent events. You should begin to prevent problems by taking control of important information, bank accounts, etc.

□ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

□ **Homework:**

- ____ Use tracking/behavioral sheet
- ____ Practice highlighted tips
- ____ Other (Specify) _____

PREScription FOR REMEMBERING IMPORTANT PAST EVENTS (#4)

Problems remembering important past events is a common problem for individuals suffering from Alzheimer's disease and other diseases that cause memory loss. This is true of important dates such as anniversaries and birthdays as well as major events like the death of a loved one. Because this type of memory loss is directly related to changes in the brain, you can expect it to become worse as the disease progresses. This symptom will not improve but you can learn ways to cope with it.

□ Can CR see well enough to see pictures in magazines?

CREATE AND USE A MEMORY BOOK

People keep photos and keepsakes to recall happy times. Imagine how you would feel if you could not remember the name of your child, your spouse or your friend. A memory book of labeled pictures can help to ease the effects of memory loss. Some ways in which a memory book may help you and your [CR] are listed below.

- From a memory book of recent pictures of friends and family, your [CR] may be able to identify someone, even if the name has faded from memory.
- A memory of old pictures may recall happy times even when more recent memories are lost.
- Photos or magazine pictures which focus on former hobbies, pastimes or vacations can provide a great way for others to spend time with your [CR] when conversation might be hard otherwise.
- A book of pictures can be used to distract your [CR] when upsetting thoughts or behaviors occur. To be useful in this way, the books must be accessible and easy to handle.
- Helping to create the memory book can be a good project or activity for someone with memory loss. Since sorting is a skill which often lasts longer than other skills, your [CR] may be able to go through a box of pictures and sort them for the memory book.

Tips for Creating a Memory Book

1. Always use labels to identify pictures. Even if they are not needed now, they will be useful in the future. Labeled pictures can be used by others to talk to your [CR], even if they are not familiar with the subject of the picture themselves.
2. Involve your [CR]. Your [CR] may be able to help create the book if you break the project down into very simple sorting tasks which you present only one at a time. For instance, one day sorting might be for pictures of a certain family member. The next day, you could have "places you have lived" for the sorting category. Just remember to keep it simple!
3. Make several small books on various topics rather than one big book for a lifetime. Some ideas for topics of a book might be; trips, old friends, grandchildren, family members, holidays. Be creative in thinking of topics which have the most likelihood of working for your [CR].

Tips on Using a Memory Book

1. NEVER begin a sentence by saying “Do you remember?” Instead, say “Here is a picture of” Use the pictures to help you talk about happy times.
2. Keep the memory book where you can pick it up easily whenever you want or need to use it.
3. Label each picture by clearly writing on a slip of paper and inserting it next to the picture in the memory book. Do not use stick-on labels so that you can change pictures or labels if you need to.
4. Begin the activity with positive statements or requests for help: “Let’s look in this book for a picture of.....” “Please help me find a picture of” “Let’s put pictures of Jimmy in a book to give him for his birthday.”
5. Show other people helping you to provide care where the book is and how to use it. It will help them get to know and entertain someone with memory loss.
6. As with any activity, try using the memory book several times before you decide whether or not it is helpful. Try out different approaches and make notes as to what helps. Remember that what does not work now may work at a different time.
7. If a picture appears to upset your [CR] (for example, a friend who has passed on), remove the picture and replace it with another picture that results in happy thoughts.
8. Use good communication skills, including a pleasant tone of voice, simple words and phrases, and pauses between thoughts. (SEE COMMUNICATIONS PROGRAM)

❑ **Does CR enjoy talking about historical events like inventions of the past 50 years, past presidents, and old time TV and radio shows?**

1. Use the memory books to help CR talk about old times. Talking about past events is called reminiscing.
2. Use reminiscence cards and games that are commercially available (provide information on elder activities).

[MATERIALS CAN BE PURCHASED BY CALLING ELDERGAMES AT (202) 479-6615]

❑ **Things every caregiver should consider**

1. Memory books are very beneficial for most all individuals, even people who are having severe memory problems.
2. Memory books can often help people remember and feel good about past events. However, they do not prevent the CR from forgetting. They only help the CR to remember small pieces of information for a brief period of time.
3. It may not be necessary for CR to remember all significant past events. Upsetting events such as the death of a loved one may best be forgotten. If CR asks for the deceased individual, provide the CR with a pleasant conversation about the individual. Talk about the past, tell stories, allow the CR to express love and affection of the deceased person, but in most cases it is best to NOT orient CR to the person’s death.
4. Memory loss is part of the disease process and will not improve. You will need to adjust what you expect of CR and realize that CR will be limited by the memory loss he/she is experiencing. That means that you can avoid problems that arise from CR not remembering past events by taking control of important information, bank accounts, etc.

❑ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

□ **Homework:**

____ Use tracking/behavioral sheet

____ Practice highlighted tips

____ Other (Specify) _____

PRESCRIPTION FOR LOSING OR MISPLACING THINGS (#5)

Memory problems, confusion and a shortened attention span often lead to the CR losing or misplacing things. Most of the time, the CR does not intentionally “hide” things. Your CR simply cannot remember the location of the items. Losing and misplacing important papers, money, keys, and mail can lead to significant problems and stress for you. Losing and misplacing everyday items around the house can also be a bother, especially when you are in a hurry and cannot find something that you need.

❑ Does CR often lose or misplace the same item, like keys, wallet, or purse?

1. Identify items that are commonly lost or misplaced, for example CR’s purse.
 - ❑ Establish one place in the house for keeping frequently lost items. Small baskets or boxes in the kitchen or bedroom often work well.
 - ❑ Place a large label on the basket or box indicating what items are to be placed in the box.
 - ❑ Remind CR to place items in basket or box after he/she uses the item. For example, If CR does not place his/her wallet in the box after returning home from an outing, you should say, “CR, where do you put your wallet?”.
 - ❑ Anytime CR is looking for the item, you should prompt CR to look in the box with a statement like this, “CR, where do you keep your wallet?”.
2. When the item is lost or misplaced:
 - ❑ Help CR locate the missing item.
 - ❑ After locating the missing item, ask CR the following question, “CR, where do you keep your wallet?”. This will help CR to link the wallet with the special box. Using this question will help the CR learn to place items in the special location after each use. This is like a memory game.
3. If CR becomes frustrated or angry, redirect CR away from the missing item(s) and offer a pleasant distraction like a snack, a walk, or a brief conversation with you.

❑ Does CR lose or misplace the mail?

1. Limit CRs access to the mail. This can be done a number of ways:
 - a) get direct payment from your bank for important monthly bills (e.g., mortgage, electric bill, gas bill, telephone bill).
 - b) get a PO box at the Post Office that only you know about.
 - c) get a home mail box that can be locked.
2. Sort the mail with CRs help. Be sure to give some non-important mail CR to make him/her feel like he/she is still important.
3. Don’t forget that sorting and reviewing non-important mail can be a good activity for CR.

❑ Does CR throw things away?

1. Identify items most likely to be thrown away and limit access to those items (see below).
2. Limit access to all wastepaper baskets. Place wastepaper baskets in kitchen and bathroom cabinets and place child-proof locks on those cabinets. Cabinet locks can be purchased at large discount department stores like Wal*Mart, as well as most kitchen and bath stores (Bed Bath and Beyond).
3. If necessary, allow CR access to one or two small wastepaper baskets located in the bedroom, den or home office. Be sure to look through these baskets before discarding contents.

❑ Things every caregiver should consider

1. Avoid problems that arise from CR losing and misplacing things ---The CG should take control of important information, bank accounts, etc. Limit access to all financial papers, bank accounts and credit cards. Allow CR to keep a checkbook or credit cards that are no longer valid. Allow the CR to keep small amounts of cash if money is important to the CR.

2. Have back ups for commonly lost items (keys).

3. Remember that CR has a disease that is causing this behavior. The way you think has a strong effect on your ability to cope with the challenges of caregiving. What you say to yourself inside your head can make a difference when you are faced with stress. If you tell yourself, "Why does my [CR] do that, he/she knows better!", or "He/she is just doing that to bug me." This is only making the situation worse.

Here are some points to consider:

- a. The problem behavior is not a choice made by your [CR]. The disease is changing the way your [CR] behaves.
- b. Arguing or feelings of anger will make everyone more emotionally stressed.
- c. Stress may cause your [CR] to engage in further problem behavior.
- d. Understanding that the disease is responsible for the behavior will allow you to be more objective.

4. Finally, always re-evaluate the situation and determine how else you might handle it.

❑ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

❑ **Homework:**

- ____ Use tracking/behavioral sheet
- ____ Practice highlighted tips
- ____ Other (Specify)_____

PREScription FOR FORGETTING DAY AND DATE (#6)

Forgetting or not knowing the date and day of the week are common problem for people with memory problems. Because memory loss is directly related to changes in the brain, you can expect this problem to be a frequent issue. This symptom of having memory problems will not improve but you can learn ways to cope with it.

□ Can CR read, understand and follow simple instructions?

1. Use a Memory Board

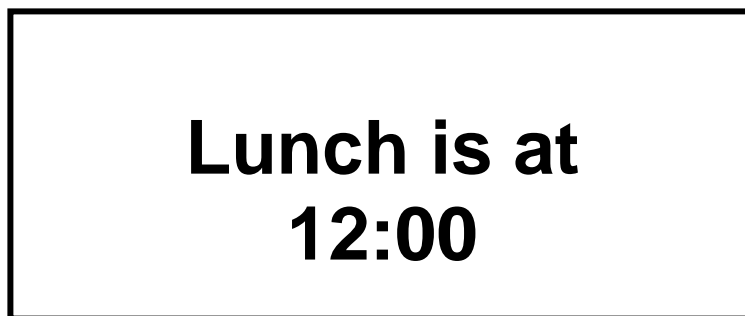
A memory board is a good tool to use with repetitive questions involving time/place/person, phone numbers, activities/events, etc. A memory board is a chalkboard, dry erase board, or cork board that can be placed or hung where your [CR] can easily see or find it.

- a. Write the day and date at the top of the memory board.
- b. If you leave the house, write your phone number and when you will return home on the board.
- c. If your [CR] worries when [he or she] cannot find you in the house, leave [him or her] a note on the board as to where you are.
- d. Write the current date and schedule of daily activities on the memory board.
- e. Write the "to do" list for the day on the board.
- f. Leave comforting notes for your [CR], such as "Remember I love you."
- g. Your [CR] may remain independent in [his or her] daily chores or tasks if you write reminders on the memory board, such as "Don't forget to take out the garbage today."
- h. If your [CR] is still trying to take [his or her] medications by [himself or herself], you can write the medication schedule of the day on the memory board and erase the medication as [he or she] takes it.

2. Provide CR with an index card containing the Day and Date.

When your [CR] asks repetitive questions about the day or date, the answer can be written on an index card that [he or she] keeps with [him or her] at all times. This card can be kept in a shirt, coat, or pants pocket in addition to a wallet or purse.

- a. For example, write the answer to a question, such as "What is today's date?" on the card, and always refer your [CR] to the card when [he or she] asks the question.



- b. Your [CR] can maintain independence in his daily activities by using an index card to remind [him or her] of the specific activity that occur on specific days, such as "Today is Monday, Please place the garbage on the street."
 - This card can be taped onto the dresser mirror or any place that your [CR] can easily see it.

3. Create a calendar for your [CR]:

- a. Choose either weekly or daily calendar. (*We will be able to help you in creating the actual calendar.*)

- b. Choose to fill out the calendar on your own or choose to do this with your [CR].
- c. At the beginning of the week you and your [CR] write down activities on the calendar including; daily & leisure activities, doctor appointments, meals, medication times, church, trips, etc.
- d. Place the calendar in a central location with easy access for your [CR].
- e. Each morning refer your [CR] to the calendar. (If you are using a daily calendar you need to make sure the appropriate day is visible.)
- f. Be sure to set aside some time to plan-out activities to place on the calendar each week.
- g. Make sure to refer your [CR] to the calendar **every** morning when he or she has questions about daily activities. Also, be consistent when redirecting your [CR] at other times during the day when he or she asks about activities or appointments. You want to always use the same line of questioning to your [CR] to get the target response of checking the calendar.

For Example: Your [CR] asks, "When is the doctors appointment?" You want to use a consistent statement like,
 " We wrote that down on the calendar. Check the calendar for me." The target response you want is for your [CR] to check the calendar.

- (After clothes are chosen and laid out)

 - Put on your underwear.
 - Put on your t-shirt.
 - Put on your shirt.
 - Button all the buttons.
 - Put on your pants.
 - Tuck in your shirt.
 - Button and zip your pants.
 - Put your socks on.
 - Put your shoes on.
 - Tie your shoelaces.

❑ **4. Does this problem frustrate CR?**

1. Listen to CR's feelings and frustrations.
2. Provide supportive statements (e.g., "I know you're trying."). Do not deny that a memory problem exists. Let him or her know that you realize how this is a difficult and painful situation for him or her.
3. Provide CR with materials to help them understand the disease and why they are having trouble remembering. Your interventionist can provide you with reading materials that has be especially designed for people who are diagnoses with memory problems. The booklet is called, "Just for You".
4. Limit the situations or circumstances in which CR needs to know day and date. Do not put CR "on the spot". For example, don't ask CR the date of an upcoming event in the presence of other people.
5. Provide reminders.

❑ **Things every caregiver should consider**

1. Memory aids work best for individuals who can still read and understand written words.

2. Memory aids do often help. However, they do not prevent the CR from forgetting. They only help the CR to remember small pieces of information for a brief period of time.
3. The way you think about this problem can have a strong effect on your ability to cope with the challenges of caregiving. What you say to yourself inside your head can make the difference when you are faced with stress. If you tell yourself, "Why does my [CR] keep saying that? He or she knows that today is Sunday because we went to church!", or "He/she is just doing that to bug me." This is only making the situation worse.

Here are some points to consider:

- a. This memory problem is not a choice made by your [CR]. The disease is changing the {CR}s brain, which is causing memory loss.
 - b. Arguing or feelings of anger will make everyone more emotionally stressed.
 - c. Stress may cause your [CR] to engage in further problem behavior.
 - d. Understanding that the disease is responsible for the behavior will allow you to be more objective.
4. Avoid problems that arise from CR not remembering recent events. You should begin to prevent problems by taking control of important information, bank accounts, etc.

□ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

□ **Homework:**

- ____ Use tracking/behavioral sheet
- ____ Practice highlighted tips
- ____ Other (Specify)_____

PREScription FOR WAKING CAREGIVER UP AT NIGHT (#12)

Being awakened during the night can leave you tired and feeling less able to face the next day. Your [CR] may wake you up every night, a few times a week or less frequently. He/she may or may not get out of bed. Your [CR] waking up at night may or may not require you to get up out of bed. Sometimes your [CR] may get up to toilet while at other times toileting may not be involved. Your [CR] may wander the house and even try to leave. Sometimes your [CR] may go back to sleep and other times he/she may be up for the day.

- Is your [CR] getting up to use the toilet?
 1. Be sure your [CR] uses the toilet before going to bed.
 2. Cut down on the amount of liquids your [CR] drinks after dinner.
 3. A nightlight or keeping the light on in the bathroom will cut down on confusion and aid in finding the bathroom.
 4. Reduce clutter in the bathroom so as to decrease noise made in the bathroom.
 5. Consider a bedside commode so your [CR] does not have to leave the room [Please see CTIS menu XX].
 6. Review with doctor your [CR]'s medication that increases the need to go to the bathroom.
 7. Is your [CR] drinking alcohol before bed?
 - a. Although alcohol often makes people sleepy, the effects wear off in a few hours and people often are awakened by the need to use the toilet.

- Is your [CR] getting up at night for reasons other than the toilet?
 1. Avoid laying out clothes the night before.
 - a. This may result in your [CR] getting up to get dressed if he/she wakes up and sees the clothes.
 2. If your [CR] is getting up and making noise, remove those items that are typically involved from the bedroom.
 3. Similarly, remove items from the bedroom that may arouse your [CR] if he/she wakes up.
 - a. For example, someone who used to love to go fishing may get up while it is still dark outside thinking it is time to get ready to go fishing. Waking up and seeing a fishing pole in the corner of the room may prompt him to get up.
 4. Avoid talking about the activities that will occur the next day before going to bed.
 5. If CR is waking up several times during the night, have CR evaluated for depression as "multiple awakenings" sometimes can mean your [CR] is depressed.

- How active is your [CR] during the day?
 1. If your [CR] has not used up his/her energy, it will be more difficult for him/her to sleep soundly.
 2. Try taking your [CR] for a walk outside. Getting exposure to the sunlight has shown to be helpful in "resetting" a person's internal clock so that they can sleep better.

Change activities to meet your CRs needs

Doing pleasant activities as well as household chores can be difficult when a person has memory problems. A lot of empty time may lead to problem behaviors and sadness. Often times, a CR finds activities to be frustrating if he/she has difficulty doing the activities that [he or she] used to do with ease. However activities are very important to CR as well as to you, so it is important to learn how to change activities to meet the strength and abilities of your CR].

- a. Remember that every person with memory problems is different. Your CR may be able to do activities that another person with memory problems might have difficulty doing. Assume that CR CAN do an activity if you provide the right amount of help. Give it a try!

- b. Make everyday events activities to be shared and enjoyed. Provide fun or leisure activities. Activities can also be daily chores or basic daily events, such as dressing, eating, or bathing.
- c. Activities should be meaningful and purposeful. If you give [him or her] an activity that you think is fun, but that [he or she] does not find interest in, the purpose of the activity is defeated.
- d. Having fun and staying busy are the main purposes of having your CR participate in activities. Measure success by how much CR enjoyed that activity, or by how useful CR felt while doing the activity. It is not necessary that [he or she] do the activity according to directions or the way that you would do it, but that CR attempts the activity and feels good about it. For example, if your CR always loved painting, it is not important that [he or she] paint within the lines as long as [he or she] is having fun painting.
- e. Create activities based on past hobbies and interests. Think of what activities your CR did most of [his or her] life, such as sewing, woodworking, drawing, exercising, reading, or even working. Also think of the activities that [he or she] most enjoyed or that made [him or her] feel most useful. This will help you get ideas about how to get CR involved in daily activities.
- f. Think of your CRs strengths and weaknesses. For example, can CR still read and understand things [he or she] reads? Does CR have poor eyesight or hearing? Has CR ever tried to eat any small objects that are not food or candy? Can [he or she] sort things by colors or shapes? Does CR have difficulty walking or moving? Pick activities that include CRs strengths. Avoid activities that require CRs weaknesses.
- g. Change activities. For example, just reminding CR about the activity can get [him or her] interested in doing the activity. Most people with memory problems are not lazy; they just forget that the activity is there and that they had fun doing it yesterday. Sometimes people with memory problems have difficulty starting an activity. Your CR may just need encouragement to begin, or [he or she] may need some help starting the activity, and then [her or she] will be able to complete it.
- h. Think of ways to change past or present activities to meet the strengths and abilities of your CR. For example, your CR might have difficulty folding the clothes, but [he or she] may be able to match socks by color. [He or she] might have difficulty folding t-shirts or hanging up dress clothes, but [he or she] may be able to fold towels and washcloths. Again, remember that it is not as important that your CR successfully fold the clothes, as it is that [he or she] feel useful and needed.
- i. Make activities like dominoes or cards easier. Someone who played dominoes in the past may not be able to keep score or even match the small dots together. If you use bigger dominoes or dominoes that are matched by color, your CR can still play this favorite game. Sometimes instead of playing solitaire, people sort cards by suit or color. This is not the way CR played cards in the past, but this can still be a meaningful activity for [him or her] that keeps [him or her] active and busy.
- j. Use good communication skills. The importance of your communication with CR during these activities cannot be stressed enough. It is very difficult to change the way we talk to our loved ones when [he or she] has memory problems, however the way in which you present the activity can make a difference. For example, if you tell your CR to fold the clothes for you, [he or she] may resent it and refuse to do the activity. However, if CR always liked helping and feeling needed and useful, asking [him or her] to help you with the chores today or letting [him or her] know that you need [his or her] help with something may sound more appealing. Because CRs attention span and thinking is decreasing, it is better to speak a little slower and use instructions one at a time. For example, instead of telling CR, "Go get undressed", start using steps such as "Take your shirt off." "Now take off your pants," etc.
- k. Make the surroundings fit the activity. The environment, or living space is important during activities. For example, if CR wants to color, it will help to remove distractions, such as the T.V., radio, or clutter on the table. It is also important for CR to be

comfortable when attempting an activity, for example being warm enough, having a comfortable chair, or not needing to use the bathroom. Someone with memory problems has difficulty focusing attention, so any distractions that can be removed will help [him or her] focus on the activity.

- Does your [CR] nap during the day?
 1. Try to decrease the amount of time that is spent sleeping during the day [LOU SUGGESTS TO EXPLAIN FURTHER..].

- Does your [CR] go to the same bed, the same time every night?
 1. Routine is important when people have trouble remembering.
 2. Be sure that the evening bedtime routine is predictable.
 3. Good “sleep hygiene” requires going to bed and getting up at the same time every day of the week.
 - a. Sleeping late will affect your [CR]’s ability to fall asleep that night and likely alter sleep patterns for several days.

- How much caffeine does your [CR] drink in a day?
 - 1. Too much caffeine (coffee and sodas such as Coca Cola, Mountain Dew and Dr. Pepper) can make sleep at night difficult and caffeine also increases the need for your [CR] to use the bathroom.
 2. Switch to similar drinks that do not contain caffeine.

- Does your [CR] wake up with complaints of being uncomfortable?
 1. Having your [CR] evaluated for pain by a doctor may be appropriate.
 2. Your [CR]’s internal thermometer may be affected by the disease.
 - a. People who were always cold may now complain of being hot and so on.
 - b. Place extra blankets next to the bed in the winter.
 - c. Be sure that the room is cool enough in the summer.
 3. Reduce light coming in through windows with heavy blinds.
 4. Reduce street noise by using equipment such as a fan or “white noise” machine.

- Is your [CR] getting up too early on a regular basis, (i.e. 4:30 a.m.) and is up for the day?
 1. How much sleep is your [CR] getting each night? Not getting enough sleep can put your [CR] in a bad mood. A person usually needs about seven to nine hours of sleep a night.
 2. Gently remind your [CR] of the time and request that he/she go back to bed.
 3. If possible, leave a task that your [CR] can safely busy herself/himself with until you get up.
 4. Have CR evaluated for depression, as “early morning awakening” is sometimes a symptom.

- Is your [CR] looking for something during the night?
 1. Place commonly requested items in your [CR]’s bedroom if possible.
 2. If your [CR] is trying to find something to eat, leave non-perishable food items on the table to minimize searching and noise [e.g.]
 3. If your [CR] is “looking for something” and doesn’t seem to know what that is, leave items to occupy your [CR] such as a photo album or “memory book” in a easy to find place such as by the side of the bed.
 4. Create and use a memory book

People keep photos and keepsakes to recall happy times. Imagine how you would feel if you could not remember the name of your child, your spouse or your friend. A memory book of labeled pictures can help to ease the effects of memory loss. Some ways in which a memory book may help you and your [CR] are listed below.

- From a memory book of recent pictures of friends and family, your [CR] may be able to identify someone, even if the name has faded from memory.
- A memory of old pictures may recall happy times even when more recent memories are lost.
- Photos or magazine pictures which focus on former hobbies, pastimes or vacations can provide a great way for others to spend time with your [CR] when conversation might be hard otherwise.
- A book of pictures can be used to distract your [CR] when upsetting thoughts or behaviors occur. To be useful in this way, the books must be accessible and easy to handle.
- Helping to create the memory book can be a good project or activity for someone with memory loss. Since sorting is a skill which often lasts longer than other skills, your [CR] may be able to go through a box of pictures and sort them for the memory book.

Tips for Creating a Memory Book

1. Always use labels to identify pictures. Even if they are not needed now, they will be useful in the future. Labeled pictures can be used by others to talk to your [CR], even if they are not familiar with the subject of the picture themselves.
2. Involve your [CR]. Your [CR] may be able to help create the book if you break the project down into very simple sorting tasks which you present only one at a time. For instance, one day sorting might be for pictures of a certain family member. The next day, you could have “places you have lived” for the sorting category. Just remember to keep it simple!
3. Make several small books on various topics rather than one big book for a lifetime. Some ideas for topics for a book might be; trips, old friends, grandchildren, family members, holidays. Be creative in thinking of topics which have the most likelihood of working for your [CR].

Tips on Using a Memory Book

1. NEVER begin a sentence by saying “Do you remember?” Instead, say “Here is a picture of” Use the pictures to help you talk about happy times.
2. Keep the memory book where you can pick it up easily whenever you want or need to use it.
3. Label each picture by clearly writing on a slip of paper and inserting it next to the picture in the memory book. Do not use stick-on labels so that you can change pictures or labels if you need to.
4. Begin the activity with positive statements or requests for help: “Let’s look in this book for a picture of.....” “Please help me find a picture of” “Let’s put pictures of Jimmy in a book to give him for his birthday.”
5. Show other people helping you to provide care where the book is and how to use it. It will help them get to know and entertain someone with memory loss.
6. As with any activity, try using the memory book several times before you decide whether or not it is helpful. Try out different approaches and make notes as to what helps. Remember that what does not work now may work at a different time.

7. If a picture appears to upset your [CR] (for example, a friend who has passed on), remove the picture and replace it with another picture that results in happy thoughts.

8. Use good communication skills, including a pleasant tone of voice, simple words and phrases, and pauses between thoughts. (SEE COMMUNICATIONS PROGRAM)

- Does your [CR] try to leave the house or wander the house in a way that raises safety concerns?
1. Refer to:
 - a. "Leave Home or Wanders Outside of Home"
 - b. "Engaging in dangerous behavior"

Is it possible for your [CR] to safely get up at night and not disturb you?

1. If it is not possible that your [CR] can safely get out of bed and wander through the house, changing how you view the situation may decrease your anxiety.
2. If nothing seems to work in keeping your [CR] from getting up and wandering, try to arrange for your [CR] to be safe when up at night (For example, make sure that doors are securely shut and locked and/or alarms placed on outside doors, that the kitchen is blocked off, that dangerous items are locked up and that stairs are gated off, etc.).
3. Remember that CR has a disease that is causing this behavior. The way you think has a strong effect on your ability to cope with the challenges of caregiving. What you say to yourself inside your head can make a difference when you are faced with stress. If you tell yourself, "Why does my [CR] do that, he/she knows better!", or "He/she is just doing that to bug me." This is only making the situation worse.

Here are some points to consider:

- a. The problem behavior is not a choice made by your [CR]. The disease is changing the way your [CR] behaves.
- b. Arguing or feelings of anger will make everyone more emotionally stressed.
- c. Stress may cause your [CR] to engage in further problem behavior.
- d. Understanding that the disease is responsible for the behavior will allow you to be more objective.
- e. Finally, always re-evaluate the situation and determine how else you might handle it.

- Things every caregiver should consider

Making sure your [CR] is tired when he/she goes to bed will be the best insurance for a sound night's sleep. Sometimes this is not enough. A thorough medical evaluation can often reveal a medical issue that is interfering with the sleep of a person with memory problems. For instance, if your [CR] snores loudly and seems to stop breathing for short periods of time while asleep, he or she may have sleep apnea. Pain can sometimes cause a person with dementia to get up, but he/she may not be able to adequately explain the problem. Sleep problems are sometimes associated with depressive symptoms. People with dementia can also be depressed and depression can be treated successfully.

Caregivers often report that they are less tolerant and more stressed when they do not get enough sleep. Remember that your [CR] is not waking you at night on purpose, but that the illness is interfering

with her/his ability to understand that it is not time to be up and about. If you become upset with your [CR], you are more likely to cause them to act out and you will both be up longer. Stay as calm as possible and use some of the suggestions above that apply to your situation.

What you are experiencing now may simply be a phase of the illness. Research indicates that people with memory problems require more sleep as the illness progresses.

Tools

Identify/develop work sheets/tracking forms—whatever may be relevant to the particular problem area.

Homework

_____ Use tracking/behavioral sheet

_____ Practice highlighted tips

_____ Other (Specify) _____

PRESCRIPTION FOR TALKING LOUDLY AND RAPIDLY (#13)

You may experience some CR behaviors that seem unrelated to the person's memory, like when the CR talks loudly and rapidly. This may occur when the CR is angry, or calm, and when the CR is in groups of people or all alone. Sometimes this behavior may appear to happen for no reason at all. This is because Alzheimer's disease and other diseases that cause memory loss also affect [CR]'s ability to make good judgments and to control his/her behavior. This symptom may not improve but you can learn ways to cope with it.

□ Does this behavior happen when CR is angry or upset?

Prevent frustration that may lead to anger and upset behavior by trying to identify the source or trigger of upset. Be sure to consider [CR]'s toileting needs, pain, and possible physical illnesses. Also, consider causes in your living space, like too many things happening at the same time, boredom, or lack of activities. Here are some specific tips:

- Avoid places with loud noise or too much activity. Too many people and a lot of clutter in your house should also be avoided.
- Plan stressful activities for when the CR is most rested. For example, you may want to give the CR a bath shortly after getting up and having breakfast.
- Make sure the CR gets plenty of rest, but remember that napping during the day is usually not a good idea if your CR is having sleeping problems.
- See that the CR gets exercise. For example, take a daily walk with him/her.
- If the CR has failed to complete a task, do not press him/her to continue trying. Distract CR and try again later.
- Limit the number of choices to avoid confusion. For example, let the CR choose between two pairs of pants instead of ten.
- Avoid making changes in your home when you can. For example, try to leave the [CR]'s chair where it has always been. If you do make changes, make them gradually.
- Offer support and acceptance for what the CR believes, even if it is different or doesn't go along with your reality.
- Do not argue with the CR. CRs really believe what they say; trying to convince them otherwise and/or that they are wrong will only make he/she more upset. It may be better to agree or change the subject.
- If you know a certain situation is likely to upset the CR, try to be flexible. For example, the CR may become upset when preparing for bed. Try to make this time as short and pleasant as possible.

□ Does this behavior happen when CR is around people other than you or other loved ones? Share information in this prescription with other people who spend time with CR on a regular basis.

□ Does this behavior happen when you are talking with CR? Refer CG to **Prescription # X, Communicating with CR: Getting CR to Understand You**

□ Does this behavior happen when CR is bored or unoccupied?

Change activities to meet CRs needs

Doing pleasant activities as well as household chores can be difficult when a person has memory problems. A lot of empty time may lead to problem behaviors and sadness. Often times, a CR finds activities to be frustrating if he/she has difficulty doing the activities that [he or she] used to do with ease. However activities are very important to your [CR] as well as to you, so it is important to learn how to change activities to meet the strengths and abilities of your [CR].

- a. Remember that every person with memory problem is different. Your [CR] may be able to do activities that another person with memory problem might have difficulty doing. Assume that CR CAN do an activity if you provide the right amount of help. Give it a try!
- b. Make everyday events activities to be shared and enjoyed. Provide fun or leisure activities. Activities can also be daily chores or basic daily events, such as dressing, eating, or bathing.
- c. Activities should be meaningful and purposeful. If you give [him or her] an activity that you think is fun, but that [he or she] does not find interest in, then the purpose of the activity is defeated.
- d. Having fun and staying busy are the main purposes of having your [CR] participate in activities. Measure success by how much CR enjoyed that activity, or by how useful CR felt while doing the activity. It is not necessary that [he or she] do the activity according to directions or the way that you would do it, but that CR attempts the activity and feels good about it. For example, if your [CR] always loved painting, it is not important that [he or she] paint within the lines as long as [he or she] is having fun painting.
- e. Create activities based on past hobbies and interests. Think of what activities your [CR] did most of [his or her] life, such as sewing, woodworking, drawing, exercising, reading, or even working. Also think of the activities that [he or she] most enjoyed or that made [him or her] feel most useful. This will help you get ideas about how to get your [CR] involved in daily activities.
- f. Think of your [CR]s strengths and weaknesses. For example, can your [CR] still read and understand things [he or she] reads? Does your [CR] have poor eyesight or hearing? Has your [CR] ever tried to eat any small objects that are not food or candy? Can [he or she] sort things by colors or shapes? Does your [CR] have difficulty walking or moving? Pick activities that include [CR]s strengths. Avoid activities that require [CR]s weaknesses.
- g. Change activities. For example, just reminding your [CR] about the activity can get [him or her] interested in doing the activity. Sometimes people with memory problems are not lazy, they just forget that the activity is there and that they had fun doing it yesterday. Sometimes people with memory problem have problems with starting an activity. Your [CR] may just need encouragement to begin, or [he or she] may need some help starting the activity, and then [her or she] will be able to complete it.
- h. Think of ways to change past or present activities to meet the strengths and abilities of your [CR]. For example, your [CR] might have difficulty folding the clothes, but [he or she] may be able to match socks by color. [He or she] might have difficulty folding t-shirts or hanging up dress clothes, but [he or she] may be able to fold towels and washcloths. Again, remember that it is not as important that your [CR] successfully fold the clothes as it is that [he or she] feel useful and needed.
- i. Make activities like dominoes or cards easier. Someone who played dominoes in the past may not be able to keep score or even match the small dots together. If you use bigger dominoes or dominoes that are matched by color, your [CR] can still play this favorite game. Sometimes instead of playing solitaire, people sort cards by suit or color. This is not the way your [CR] played cards in the past, but this can still be a meaningful activity for [him or her] that keeps [him or her] active and busy.
- j. Use good communication skills. The importance of your communication with your [CR] during these activities cannot be stressed enough. It is very difficult to change the way we talk to our loved ones when [he or she] has memory problem, however the way in

which you present the activity can make a difference. For example, if you tell your [CR] to fold the clothes for you, [he or she] may resent it and refuse to do the activity. However, if your [CR] always liked helping and feeling needed and useful, asking [him or her] to help you with the chores today or letting [him or her] know that you need [his or her] help with something may sound more appealing. Because your [CR]s attention span and thinking is decreasing, it is better to speak a little slower and use instructions one at a time. For example, instead of telling your [CR] “Go get undressed”, start using steps such as “Take your shirt off.” “Now take off your pants,” etc.

- k. Make the surroundings fit the activity. The environment, or living space of your [CR] is important during activities. For example, if your [CR] wants to color, it will be helpful to remove distractions, such as the T.V., radio, or clutter on the table. It is also important for your [CR] to be comfortable when attempting an activity, for example being warm enough, having a comfortable chair, or not needing to use the bathroom. Someone with memory problem has difficulty focusing their attention, so any distractions that can be removed will help [him or her] focus on the activity.

□ **Things every caregiver should consider**

Communicate calmly with the CR.

- Always keep your voice soft and low.
- Calming words (e.g., “everything is okay”) and touches (e.g., hugs and pats) may help to reassure the CR.
- Do not argue with the CR.
- Keep your behavior calm as a good example for the CR.
- Try not to criticize the CR.
- Speak slowly and clearly.
- Make eye contact, but do not stare.
- Reassure the CR, especially if he/she appears lost, confused, or frightened.
- Make your sentences short and simple.
- Never approach the CR quickly. Always approach from the front. Don’t startle the CR.
- Pay attention to your body language. The CR may pick up on anger and frustration you are feeling.
- Do not ask too many questions or make too many statements at once.
- Respond to anger and outbursts in a calm and direct manner. You may be able to prevent an angry episode from getting worse.
- Try to get the CR to tell you if he is upset. This way you will have a better idea of what you should do.

Keep frustration from getting out of hand.

- Watch for signs of frustration, such as fidgeting, pacing, and loud talking. Once you have identified a sign, you can try to prevent the problem from getting worse.
- If the CR becomes upset while trying to finish a task, try another task. Return to the first task when the CR is no longer upset. For example, if the CR becomes upset while putting on her socks, take a break and brush her hair. Once the CR is calm, try putting her socks on again.
- Write events down for a week. Record circumstances (e.g., time of day, people, activity, words said, responses), then look for patterns (e.g., is the problem more likely to occur in the morning or with certain people?).
- Figure out whether anger or other problem behaviors are due to things happening inside the CR (medical) or things happening on the outside (in your living space).
- If possible, take the CR away from an upsetting situation. Take him/her to a quiet room or go for a walk.
- Try to distract the CR. Offer him/her a favorite food or activity. Try listening to music.
- Stuffed animals, favorite clothes, or a soft cloth may have a calming effect on the CR. Also, favorite pets may help to calm the CR.

Tools

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

Homework:

- ____ Use tracking/behavioral sheet
- ____ Practice highlighted tips
- ____ Other (Specify) _____

PRESCRIPTION FOR APPEARING ANXIOUS OR WORRIED (#14)

People who have Alzheimer's disease or other memory problems continue to feel many emotions long after they begin to lose their memory. Feelings and emotions may cause frustration for both you and CR, and may lead to behavior problems if CR is unable to express his/her feeling and emotions. People with severe memory problems may be anxious about being unable to do something or worried because they cannot recall a name. You may see these feelings in a look on his/her face, in keeping to themselves, in an inability to sleep, in aimless activity, or in any number of other ways.

- ❑ **Does CR have difficulty expressing feelings and emotions verbally?**

Use a "feeling chart" to help you identify the feeling CR is having.

First, you can try asking the person to point to the picture that shows how he/she is feeling. If that does not work, begin to guess. Point to the drawing of a person crying and ask, "Are you worried? Nod your head if you feel worried." Continue in this way to try to identify the feeling. It may help to practice this at other times as well using feelings such as happy or bored. Your interventionist can help you find such a chart.

- ❑ **Can CR express feeling and emotions verbally?**

Give CR chances to talk about being worried or anxious.

If you are uncomfortable talking with CR about his/her feelings, seek professional counseling for CR. You can use the **CTIS** system to find information about counselors in your area.

If you are comfortable talking with CR, then listen to CR and provide comforting statements. After allowing CR to express and discuss feelings, provide CR with an activity he/she likes, or social contact.

- ❑ **Does CR experience long periods (1 – 2 hours) of inactivity, or boredom?**

Provide positive, enjoyable activities.

Doing pleasant activities as well as household chores can be difficult when a person has memory problems. A lot of empty time may lead to problem behaviors and sadness. Often times, a CR finds activities to be frustrating if he/she has difficulty doing the activities that [he or she] used to do with ease. However activities are very important to CR as well as to you, so it is important to learn how to change activities to meet the strengths and abilities of your [CR].

- Remember that every person with memory problems is different. Your CR may be able to do activities that another person with memory problems might have difficulty doing. Assume that CR CAN do an activity if you provide the right amount of help. Give it a try!
- Make everyday events activities to be shared and enjoyed. Provide fun or leisure activities. Activities can also be daily chores or basic daily events, such as dressing, eating, or bathing.
- Activities should be meaningful and purposeful. If you give [him or her] an activity that you think is fun, but that [he or she] does not find interest in, the purpose of the activity is defeated.
- Having fun and staying busy are the main purposes of having your CR participate in activities. Measure success by how much CR enjoyed that activity, or by how useful CR felt while doing the activity. It is not necessary that [he or she] do the activity according to directions or the way that you would do it, but that CR attempts the activity and feels

- good about it. For example, if your CR always loved painting, it is not important that [he or she] paint within the lines as long as [he or she] is having fun painting.
- e. Create activities based on past hobbies and interests. Think of what activities your CR did most of [his or her] life, such as sewing, woodworking, drawing, exercising, reading, or even working. Also think of the activities that [he or she] most enjoyed or that made [him or her] feel most useful. This will help you get ideas about how to get CR involved in daily activities.
 - f. Think of your CRs strengths and weaknesses. For example, can CR still read and understand things [he or she] reads? Does CR have poor eyesight or hearing? Has CR ever tried to eat any small objects that are not food or candy? Can [he or she] sort things by colors or shapes? Does CR have difficulty walking or moving? Pick activities that include CRs strengths. Avoid activities that require CRs weaknesses.
 - g. Change activities. For example, just reminding CR about the activity can get [him or her] interested in doing the activity. Most people with memory problems are not lazy; they just forget that the activity is there and that they had fun doing it yesterday. Sometimes people with memory problems have difficulty starting an activity. Your CR may just need encouragement to begin, or [he or she] may need some help starting the activity, and then [her or she] will be able to complete it.
 - h. Think of ways to change past or present activities to meet the strengths and abilities of your CR. For example, your CR might have difficulty folding the clothes, but [he or she] may be able to match socks by color. [He or she] might have difficulty folding t-shirts or hanging up dress clothes, but [he or she] may be able to fold towels and washcloths. Again, remember that it is not as important that your CR successfully fold the clothes, as it is that [he or she] feel useful and needed.
 - i. Make activities like dominoes or cards easier. Someone who played dominoes in the past may not be able to keep score or even match the small dots together. If you use bigger dominoes or dominoes that are matched by color, your CR can still play this favorite game. Sometimes instead of playing solitaire, people sort cards by suit or color. This is not the way CR played cards in the past, but this can still be a meaningful activity for [him or her] that keeps [him or her] active and busy.
 - j. Use good communication skills. The importance of your communication with CR during these activities cannot be stressed enough. It is very difficult to change the way we talk to our loved ones when [he or she] has memory problems, however the way in which you present the activity can make a difference. For example, if you tell your CR to fold the clothes for you, [he or she] may resent it and refuse to do the activity. However, if CR always liked helping and feeling needed and useful, asking [him or her] to help you with the chores today or letting [him or her] know that you need [his or her] help with something may sound more appealing. Because CRs attention span and thinking is decreasing, it is better to speak a little slower and use instructions one at a time. For example, instead of telling CR “Go get undressed”, start using steps such as “Take your shirt off.” “Now take off your pants,” etc.
 - k. Make the surroundings fit the activity. The environment, or living space is important during activities. For example, if CR wants to color, it will help to remove distractions, such as the T.V., radio, or clutter on the table. It is also important for CR to be comfortable when attempting an activity, for example being warm enough, having a comfortable chair, or not needing to use the bathroom. Someone with memory problems has difficulty focusing attention, so any distractions that can be removed will help [him or her] focus on the activity.

□ Things Every Caregiver Should Consider

1. When you notice that CR appears anxious or worried [**LOU - OVER A SIX WEEK PERIOD OF TIME?**], you should report this to [CR]s doctor. There are medications that may help with those feelings and improve the situation. There are also medications that may be making the situation worse, so it is

always best to report what you see to [CR]s doctor. If you need help communicating with [CR]s doctor, please tell your interventionist, who can help you solve your communication problem.

2. If you identify feelings such as anxiety or worry in CR, or if you cannot identify a specific feeling or emotion but you think CR is generally unhappy, try some of these things:

- Offer a snack or a drink that you know is a “comfort food” for the person.
- Play soothing music.
- Begin an “active activity” that might use up some of the anxious energy. Ideas might be walking, watching an appropriate exercise tape, dancing, or raking leaves.
- Ask the person to do an activity with you. An activity can provide distraction and your CR might forget the bad feelings. Keep activities ready for this purpose. Some good things to have on hand are audio and videotapes, towels to fold to “help” you, things to sort, and tasks requiring repeated motions like stirring, sanding, polishing.
- Some people are comforted by being touched. If this is true for your CR, try a hug, gentle back or arm rub, holding hands, or some other form of touching that might bring comfort.
- Speak in a calm and reassuring tone of voice. You might say, “You look worried today. Remember that I am here to help.”

PREScription FOR ENGAGING IN DANGEROUS BEHAVIOR (#15)

NOTE: THIS PRESCRIPTION PROVIDES INSTRUCTIONS FOR THE INTERVENTIONIST AND SHOULD NOT BE SHARED WITH CG.

Sometimes your CR may act in ways that are dangerous. Most likely, CR doesn't realize the danger associated with the behavior. This is because Alzheimer's disease and other diseases that cause memory loss also affect CRs ability to make good judgments. Poor judgment by CR can lead to dangerous behavior. Since CR may not be able to make good decision about his/her behavior, you will need to help prevent CR from engaging in dangerous behaviors and also be prepared to protect CR if a dangerous behavior occurs.

❑ **We have asked you about a number of safety issues. More specifically, we asked:**

- **If there is a working smoke detector and fire extinguisher in your house**
- **If CR can get to dangerous substances and/or objects**
- **If CR has a safety ID bracelet or other form of identification**
- **If CR smokes alone in house**
- **If CR leaves things on stove or store objects in oven**
- **If CR is left alone unsupervised in home**
- **If CR gets lost in familiar surroundings**
- **If CR tries to leave home and wander outside**
- **If CR drives**

❑ **Does CR engage in any dangerous behaviors that we have not included in this list?**

1. If Yes, report behavior to supervisor immediately. Supervisor will determine if behavior reaches ALERT criteria and future actions to be taken with CG

Before leaving home, gather as much information as possible about this behavior. Use Attached form **(ABCs)** to assist in gathering information. Your supervisor will need this type of information.

2. If CR dangerous behavior is included in safety items in Risk Appraisal, refer CG to appropriate Prescription.

❑ **Has CR ever said that life is not worth living or that *he/she* would be better off dead?**

- If so, do you think CR would ever try to kill him/herself? If no, why?

If you get a "yes" response to this item, you must assess further and be prepared to contact your supervisor. If there is an indication that either the care recipient (CR) or caregiver (CG) believes that the person would, or will, try to kill himself or herself, complete the assessment and then state that you must contact your supervisor before you leave to obtain further instructions on how to proceed. If your supervisor is not available, emphasize the severity of the situation and urge CG to contact the CRs physician in your presence and have CG report the concerns raised. Finally, if the CRs physician is unavailable, call the Crisis Hotline at (205) 323-7777, report your concerns, note that your supervisor is unavailable and ask for further instruction. The matter of whether someone is suicidal is one of safety for the CR and liability for you and the project. Always err on the side of caution!

If the answer to this question is "NO", gather as much information as possible about this behavior. Use Attached form **(ABCs)** to assist in gathering information. Review this information with your supervisor within 24 hours.

□ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

□ **Homework:**

____ Use tracking/behavioral sheet

____ Practice highlighted tips

____ Other (Specify) _____

ABCs of Problem Behaviors

Probes for the 'ABC Process'

1	What is the behavior?	
2	<p>Why is this behavior a problem?</p> <ul style="list-style-type: none"> • People react differently to behaviors, what about this behavior really gets to you? • What bothers you? • Can you list the reason? • How does this bother you? 	
3	<p>When does the behavior happen?</p> <ul style="list-style-type: none"> • Time of day? • Days of the week? • When does the behavior begin? • Can you recognize any cycles or patterns? • Does behavior happen constantly? • How often does the behavior happen? 	
4	<p>Where does the behavior happen?</p> <ul style="list-style-type: none"> • Is there a unique place in the house? • Does it only happen in certain locations? • Are there places where it does not happen? 	
5	<p>Who is around when the behavior occurred?</p> <ul style="list-style-type: none"> • Do other people help care for your family member? • Is the behavior influenced by other family members/friends? • Have you changed the surrounding of your family member? 	

6	<p>What have you tried?</p> <ul style="list-style-type: none"> • How do you respond when she/he does this? • What has worked/not worked? 	
7	<p>Do other people spend time with your family member?</p> <ul style="list-style-type: none"> • Do you care for other people? children? • How do other people react to your family member's problem behavior? • Any special sleeping arrangements? 	
8	<p>How would you like this behavior to change?</p> <ul style="list-style-type: none"> • When would you consider the problem "solved"? • What would make it seem to you that it was better? ("tolerable") • Why do you think this behavior happens? • Do you see any causes or triggers? 	
9	<p>Additional information</p> <ul style="list-style-type: none"> • Has your doctor been told of this behavior? • What has your doctor recommended? • Does the behavior happen in different intensity? Some times, a lot, other times a little? • Any differences in how this behavior is displayed? i.e., sometimes hits, sometimes spits • Can you predict when the behavior will/won't happen? 	

PREScription FOR THREATENING TO HURT SELF (#16)

ALERT

NOTE: THIS PRESCRIPTION PROVIDES INSTRUCTIONS FOR THE INTERVENTIONIST AND SHOULD NOT BE SHARED WITH CG.

You indicated that CR makes statements about wanting to hurt himself or herself. I know these statements are very upsetting and worrisome to you. Part of the goal of this project is to help CGs who are experiencing problems that are very serious. In order to best help you I need to ask you several questions about this specific behavior.

Let me begin by saying that sometimes people with severe memory problems don't realize the impact or importance of threatening to hurt themselves. However, we must take all threats very seriously. This is because Alzheimer's disease and other diseases that cause memory loss also affect CR's ability to make good judgments. Poor judgment by CR can lead to dangerous behavior. Since CR may not be able to make good decision about his/her behavior, you will need to help prevent CR from engaging in dangerous behaviors and also be prepared to protect CR if a dangerous behavior occurs.

- Has CR ever said that life is not worth living or that *he/she* would be better off dead?**
 - Do you think CR would ever try to kill him/herself? If no, why?

If you get a "yes" response to this item, you must assess further and be prepared to contact your supervisor. If there is an indication that either the care recipient (CR) or caregiver (CG) believes that the person would, or will, try to kill himself or herself, complete the assessment and then state that you must contact your supervisor before you leave to obtain further instructions on how to proceed. If your supervisor is not available, emphasize the severity of the situation and urge CG to contact the CR's physician in your presence and have CG report the concerns raised. Finally, if the CR's physician is unavailable, call the Crisis Hotline at (205) 323-7777, report your concerns, note that your supervisor is unavailable and ask for further instruction. The matter of whether someone is suicidal is one of safety for the CR. Always err on the side of caution!

If the answer to this question is "NO", gather as much information as possible about this behavior. Use Attached form **(ABCs)** to assist in gathering information. Review this information with your supervisor within 24 hours.

Tools

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

Homework:

- ___ Use tracking/behavioral sheet
- ___ Practice highlighted tips
- ___ Other (Specify) _____

ABCs of Problem Behaviors

Probes for the 'ABC Process'

1	What is the behavior?	
2	<p>Why is this behavior a problem?</p> <ul style="list-style-type: none"> • People react differently to behaviors, what about this behavior really gets to you? • What bothers you? • Can you list the reason? • How does this bother you? 	
3	<p>When does the behavior happen?</p> <ul style="list-style-type: none"> • Time of day? • Days of the week? • When does the behavior begin? • Can you recognize any cycles or patterns? • Does behavior happen constantly? • How often does the behavior happen? 	
4	<p>Where does the behavior happen?</p> <ul style="list-style-type: none"> • Is there a unique place in the house? • Does it only happen in certain locations? • Are there places where it does not happen? 	
5	<p>Who is around when the behavior occurred?</p> <ul style="list-style-type: none"> • Do other people help care for your family member? • Is the behavior influenced by other family members/friends? • Have you changed the surrounding of your family member? 	

6	<p>What have you tried?</p> <ul style="list-style-type: none"> • How do you respond when she/he does this? • What has worked/not worked? 	
7	<p>Do other people spend time with your family member?</p> <ul style="list-style-type: none"> • Do you care for other people? children? • How do other people react to your family member's problem behavior? • Any special sleeping arrangements? 	
8	<p>How would you like this behavior to change?</p> <ul style="list-style-type: none"> • When would you consider the problem "solved"? • What would make it seem to you that it was better? ("tolerable") • Why do you think this behavior happens? • Do you see any causes or triggers? 	
9	<p>Additional information</p> <ul style="list-style-type: none"> • Has your doctor been told of this behavior? • What has your doctor recommended? • Does the behavior happen in different intensity? Some times, a lot, other times a little? • Any differences in how this behavior is displayed? i.e., sometimes hits, sometimes spits • Can you predict when the behavior will/won't happen? 	

PREScription FOR THREATENING TO HURT OTHERS (#17)

You indicated that CR makes statements about wanting to hurt others. I know these statements can be very upsetting and worrisome to caregivers. Sometimes people with severe memory problems don't realize the impact or importance of threatening to hurt others because their judgment is impaired by their disease. However, we must take all threats very seriously. Poor judgment by CR can lead to dangerous behavior. Since CR may not be able to make good decisions about his/her behavior, you will need to help prevent CR from engaging in aggressive behaviors that may hurt you or someone else.

Does CR threaten to hurt you?

Reduce danger to yourself

- Figure out whether you or the CR is in danger when he/she is acting out. Figure out what you can do to calm him/her without either of you getting hurt.
 - Try taking ten steps back from the CR. This puts distance between you and the CR. This will remove you from harm and allow time for the CR to calm down.
 - If the CR is trying to leave your home, you may need to be more active **[NEED MORE SPECIFICS]**.
 - Keep sharp and dangerous objects out of sight and unavailable to the CR.
 - Do not restrain the CR. This may make the situation worse. You will probably make him/her even more frustrated and anxious.
 - If the CR is violent, you may need to stay out of reach or leave the situation so you will not get hurt.
 - Call friends, family, or neighbors to help when you need it.
 - If you begin to get upset, take steps to calm yourself. Try counting to ten and taking several deep breaths. Stay away from the CR for a while, if possible. Go for a walk or call a friend.
 - Create an emergency plan to keep both you and the CR safe, especially if violent events happen more than once.
 - Call 911 or your local emergency number if you feel that you or the CR are in serious immediate danger.
- Does CR threaten to hurt a certain person or people?
- Does CR attempt to hurt other people?

□ **Things every caregiver should consider**

1. When the angry outburst is over:

- Do not blame the CR after an episode of acting out. The CR most likely will not remember the behavior.
- Try not to take the CRs outburst personally. He/she was probably frustrated or confused.
- Pay special attention to the situation and what may have caused the problem. For example, who was present and what happened just before he/she acted out? You may be able to see a pattern or determine a cause. This will help you avoid such problems in the future.

2. Contact the CR's doctor.

- If the CR seems to be ill or in pain.
- If the CR may have a hearing or vision problem that is making the problem worse.
- To see if the CR's medicines could be causing the problem.
- To see if there are medicines available that would help control the angry outbursts.
- If the CR's behavior changes suddenly or in a big way.

□ **Tools**

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

□ **Homework:**

- ___ Use tracking/behavioral sheet
- ___ Practice highlighted tips
- ___ Other (Specify) _____

PRESCRIPTION FOR CR BEING VERBALLY AGGRESSIVE (#18)

Verbally aggressive behavior is a term that can be used to describe many different behaviors done by persons with severe memory problems. Specific examples of this type of behavior are when the CR: talks loudly, screams, curses, and threatens to hurt others. Verbally aggressive behavior can also be used to describe behavior that occurs when the CR is angry or upset. The CRs making demands to go places or to do things are other forms of verbally aggressive behavior. These types of verbal statements can be very upsetting and worrisome to caregivers. Sometimes people with severe memory problems don't realize the impact that verbally aggressive behavior can have on other people because their judgment is impaired by their disease. However, you must take these types of verbal statements very seriously. Poor judgment by CR can lead to dangerous behavior. Since CR may not be able to make good decisions about his/her verbal behavior, you will need to help prevent CR from being in situations that cause verbal aggression. Verbal aggression can hurt your feelings, embarrass you, or make someone else angry with CR.

- Is CRs verbal aggression provoked by frustration, such as not being able to remember something important to CR (for example, how to cook a favorite recipe or participate in a hobby).**

Prevent frustration that may lead to anger and upset by trying to identify the source or trigger of upset. Be sure to consider CRs toileting needs, pain, and possible physical illnesses. Also, consider causes in your living space, like too many things happening at the same time, boredom, or lack of activities.

Here are some specific tips:

- Avoid places with loud noise or too much activity. Too many people and a lot of clutter in your home should also be avoided.
- Plan stressful activities for when CR is most rested. For example, you may want to give CR a bath shortly after getting up and having breakfast.
- Make sure CR gets plenty of rest, but remember that napping during the day is usually not a good idea if your CR is having sleeping problems.
- See that CR gets exercise. For example, take a daily walk with him/her.
- If CR has failed to complete a task, do not press him/her to continue trying. Distract [CR] and try again later.
- Limit the number of choices to avoid confusion. For example, let CR choose between two pairs of pants instead of ten.
- Avoid making changes in your home when you can. For example, try to leave CRs chair where it has always been. If you do make changes, make them gradually.
- Offer support and acceptance for what CR believes, even if it is different or doesn't go along with your reality.
- Do not argue with CR. [CR]s really believe what they say; trying to convince them otherwise and/or that they are wrong will only make them more upset. It may be better to agree or change the subject.

- If you know a certain situation is likely to upset CR, try to be flexible. For example, CR may become upset when preparing for bed. Try to make this time as short and pleasant as possible.

□ Is CRs verbal aggression provoked by the presence of specific people?

1. Try to identify what the other person or people are doing that is irritating to CR. Some things to look for are: too many things happening at one time, treating CR like a child, telling CR “no” instead of distracting CR.

2. Share the information in this prescription with other people who visit with CR on a regular base or who provide care to CR. Be sure to share this information with professional caregivers such as a home health nurse or a day care provider.

□ Is CRs verbal aggression ever directed at you?

1. Refer CG to **Prescription # X, Communicating with CR: Getting CR to Understand You**

□ Things every caregiver should consider

Communicate calmly with CR.

- Always keep your voice soft and low.
- Calming words (e.g., “everything is okay”) and touches (e.g., hugs and pats) may help to reassure CR.
- Do not argue with CR.
- Keep your behavior calm as a good example for CR.
- Try not to criticize CR.
- Speak slowly and clearly.
- Make eye contact, but do not stare.
- Reassure CR, especially if he/she appears lost, confused, or frightened.
- Make your sentences short and simple.
- Never approach CR quickly. Always approach from the front. Don’t startle CR.
- Pay attention to your body language. CR may pick up on anger and frustration you are feeling.
- Do not ask too many questions or make too many statements at once.

- Respond to anger and outbursts in a calm and direct manner. You may be able to prevent an angry episode from getting worse.
- Try to get CR to tell you if he/she is upset. This way you will have a better idea of what you should do.

Keep frustration from getting out of hand.

- Watch for signs of frustration, such as fidgeting, pacing, and loud talking. Once you have identified a sign, you can try to prevent the problem from getting worse.
- If CR becomes upset while trying to finish a task, try another task. Return to the first task when CR is no longer upset. For example, if CR becomes upset while putting on his/her socks, take a break and brush his/her hair. Once CR is calm, try putting his/her socks on again.
- Write events down for a week. Record circumstances (e.g., time of day, people, activity, words said, responses), then look for patterns (e.g., is the problem more likely to occur in the morning or with certain people?).
- Try to figure out whether anger or other problem behavior is due to things happening inside the CR (medical) or things happening on the outside (in your living space).
- If possible, take CR away from an upsetting situation. Take him/her to a quiet room or go for a walk.
- Try to distract CR. Offer him/her a favorite food or activity. Try listening to music.
- Stuffed animals, favorite clothes, or a soft cloth may have a calming effect on CR. Also, favorite pets may help to calm CR.

□ Tools

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

□ Homework:

- ____ Use tracking/behavioral sheet
- ____ Practice highlighted tips
- ____ Other (Specify)_____

PRESCRIPTION FOR APPEARING SAD OR DEPRESSED (#19)

People who have Alzheimer's disease or other memory problems continue to feel many emotions long after they begin to lose their memory. Frustration and sadness may result if CR cannot identify or express what he/she is feeling. People with severe memory problems may be sad over the things they can no longer do, over things from the past, or because they cannot understand what is happening.

- ❑ **Does CR have difficulty expressing feeling and emotions verbally?**

Use a "feeling chart" to help you identify the feeling CR is having.

We can help you find such a chart. First, you can try asking the person to point to the picture that shows how he/she is feeling. If that does not work, begin to guess. Point to the drawing of a person crying and ask, "Do you feel sad? Nod your head if you feel sad." Continue in this way to try to identify the feeling. It may help to practice this routine at other times as well using feelings such as happy or bored.

- ❑ **Can CR express feeling and emotions verbally?**

Give CR opportunities to talk about being sad or depressed.

If you are uncomfortable talking with CR about his/her feelings, seek professional counseling for CR. You can use the **CTIS** system to acquire information about counselors in your area.

If you are comfortable talking with CR, then listen to CR and provide reassuring statements. After allowing CR to express and discuss feelings, provide CR with a positive activity or social interaction.

- ❑ **Does CR experience long periods (1 – 2 hours) of inactivity, or boredom?**

Provide positive, enjoyable activities.

Doing pleasant activities as well as household chores can be difficult when a person has memory problems. A lot of empty time may lead to problem behaviors and sadness. Often times, a CR finds activities to be frustrating if he/she has difficulty doing the activities that [he or she] used to do with ease. However activities are very important to CR as well as to you, so it is important to learn how to change activities to meet the strengths and abilities of your [CR].

- Remember that every person with memory problems is different. Your CR may be able to do activities that another person with memory problems might have difficulty doing. Assume that CR CAN do an activity if you provide the right amount of help. Give it a try!
- Make everyday events activities to be shared and enjoyed. Provide fun or leisure activities. Activities can also be daily chores or basic daily events, such as dressing, eating, or bathing.
- Activities should be meaningful and purposeful. If you give [him or her] an activity that you think is fun, but that [he or she] does not find interest in, the purpose of the activity is defeated.
- Having fun and staying busy are the main purposes of having your CR participate in activities. Measure success by how much CR enjoyed that activity, or by how useful CR felt while doing the activity. It is not necessary that [he or she] do the activity according to directions or the way that you would do it, but that CR attempts the activity and feels good about it. For example, if your CR always loved painting, it is not important that [he or she] paint within the lines as long as [he or she] is having fun painting.

- e. Create activities based on past hobbies and interests. Think of what activities your CR did most of [his or her] life, such as sewing, woodworking, drawing, exercising, reading, or even working. Also think of the activities that [he or she] most enjoyed or that made [him or her] feel most useful. This will help you get ideas about how to get CR involved in daily activities.
- f. Think of your CRs strengths and weaknesses. For example, can CR still read and understand things [he or she] reads? Does CR have poor eyesight or hearing? Has CR ever tried to eat any small objects that are not food or candy? Can [he or she] sort things by colors or shapes? Does CR have difficulty walking or moving? Pick activities that include CRs strengths. Avoid activities that require CRs weaknesses.
- g. Change activities. For example, just reminding CR about the activity can get [him or her] interested in doing the activity. Most people with memory problems are not lazy; they just forget that the activity is there and that they had fun doing it yesterday. Sometimes people with memory problems have difficulty starting an activity. Your CR may just need encouragement to begin, or [he or she] may need some help starting the activity, and then [her or she] will be able to complete it.
- h. Think of ways to change past or present activities to meet the strengths and abilities of your CR. For example, your CR might have difficulty folding the clothes, but [he or she] may be able to match socks by color. [He or she] might have difficulty folding t-shirts or hanging up dress clothes, but [he or she] may be able to fold towels and washcloths. Again, remember that it is not as important that your CR successfully fold the clothes, as it is that [he or she] feel useful and needed.
- i. Make activities like dominoes or cards easier. Someone who played dominoes in the past may not be able to keep score or even match the small dots together. If you use bigger dominoes or dominoes that are matched by color, your CR can still play this favorite game. Sometimes instead of playing solitaire, people sort cards by suit or color. This is not the way CR played cards in the past, but this can still be a meaningful activity for [him or her] that keeps [him or her] active and busy.
- j. Use good communication skills. The importance of your communication with CR during these activities cannot be stressed enough. It is very difficult to change the way we talk to our loved ones when [he or she] has memory problems, however the way in which you present the activity can make a difference. For example, if you tell your CR to fold the clothes for you, [he or she] may resent it and refuse to do the activity. However, if CR always liked helping and feeling needed and useful, asking [him or her] to help you with the chores today or letting [him or her] know that you need [his or her] help with something may sound more appealing. Because CRs attention span and thinking is decreasing, it is better to speak a little slower and use instructions one at a time. For example, instead of telling CR “Go get undressed”, start using steps such as “Take your shirt off.” “Now take off your pants,” etc.
- k. Make the surroundings fit the activity. The environment, or living space is important during activities. For example, if CR wants to color, it will help to remove distractions, such as the T.V., radio, or clutter on the table. It is also important for CR to be comfortable when attempting an activity, for example being warm enough, having a comfortable chair, or not needing to use the bathroom. Someone with memory problems has difficulty focusing attention, so any distractions that can be removed will help [him or her] focus on the activity.

□ **Things Every Caregiver Should Consider**

1. When you notice that CR appears anxious or worried, you should report this to [CR]s doctor. There are medications that may help with those feelings and improve the situation. There are also medications that may be making the situation worse, so it is always best to report what you see to [CR]s doctor. If you need help communicating with [CR]s doctor, please tell your interventionist, who can help you solve your communication problem.

2. If you identify feelings such as sadness in CR, or if you cannot identify a specific feeling or emotion but you think CR is generally unhappy, try some of these things:
- Offer a snack or a drink that you know is a “comfort food” for the person.
 - Play happy music.
 - Give the person something to hold which is soft and can be hugged to the body, like a pillow or stuffed animal.
 - Play a funny videotape like “Three Stooges” or “I Love Lucy”. A good choice is one that they might remember seeing before and one that was funny then and is still funny now.
 - Ask the person to do an activity with you. An activity can provide distraction and your CR might forget the sad feelings. Keep activities ready for this purpose. Some good things to have on hand are audio and videotapes, towels to fold to “help” you, things to sort, and tasks requiring repetitive motions like stirring, sanding, polishing.
 - Some people are comforted by being touched. If this is true for your CR, try a hug, gentle back or arm rub, holding hands, or some other form of touching that might bring comfort.
 - Speak in a calm and reassuring tone of voice. You might say, “You seem sad to me today. Remember that I am here and will take care of you and that I want you to feel better.”

PRESCRIPTION FOR EXPRESSING FEELINGS OF HOPELESSNESS OR SADNESS ABOUT THE FUTURE (#20)

A person with memory problems retains the ability to have feelings after his/her memory begins to fail. The person may feel there is nothing to look forward to. Feeling that one is a burden to others is a frequent problem. Feeling that things will just get worse may occur. When your CR expresses feelings like these, here are some tips for you.

Give CR the opportunity to talk about his or her feelings.

Do not try to talk the person out of his/her feelings. What he/she feels is what he/she feels. Acknowledge that you understand what your [CR] says he/she is feeling.

□ Does CR experience long periods (1 –2 hours) of inactivity or boredom?

1. Create a list of things for the future. Include things like seeing a grandchild, watching a movie or sending a greeting card. Help the CR to do these things and check them off the list. Add to the list as you go.
2. Ask the person to do something to help you. Plan this as an activity at which he/she can be successful and feel good about, such as setting the table, folding towels, shelling peas. You will need to have several activities like this in mind ahead of time so that you can begin easily and quickly.
3. Change activities to meet your CRs needs

Doing pleasant activities as well as household chores can be difficult when a person has memory problems. A lot of empty time may lead to problem behaviors and sadness. Often times, a CR finds activities to be frustrating if he/she has difficulty doing the activities that [he or she] used to do with ease. However activities are very important to CR as well as to you, so it is important to learn how to change activities to meet the strengths and abilities of your [CR].

- a. Remember that every person with memory problems is different. Your CR may be able to do activities that another person with memory problems might have difficulty doing. Assume that CR CAN do an activity if you provide the right amount of help. Give it a try!
- b. Make everyday events activities to be shared and enjoyed. Provide fun or leisure activities. Activities can also be daily chores or basic daily events, such as dressing, eating, or bathing.
- c. Activities should be meaningful and purposeful. If you give [him or her] an activity that you think is fun, but that [he or she] does not find interest in, the purpose of the activity is defeated.
- d. Having fun and staying busy are the main purposes of having your CR participate in activities. Measure success by how much CR enjoyed that activity, or by how useful CR felt while doing the activity. It is not necessary that [he or she] do the activity according to directions or the way that you would do it, but that CR attempts the activity and feels good about it. For example, if your CR always loved painting, it is not important that [he or she] paint within the lines as long as [he or she] is having fun painting.
- e. Create activities based on past hobbies and interests. Think of what activities your CR did most of [his or her] life, such as sewing, woodworking, drawing, exercising, reading, or even working. Also think of the activities that [he or she] most enjoyed or that made [him or her] feel most useful. This will help you get ideas about how to get CR involved in daily activities.
- f. Think of your CRs strengths and weaknesses. For example, can CR still read and understand things [he or she] reads? Does CR have poor eyesight or hearing? Has CR ever tried to eat any small objects that are not food or candy? Can [he or she] sort

- things by colors or shapes? Does CR have difficulty walking or moving? Pick activities that include CRs strengths. Avoid activities that require CRs weaknesses.
- g. Change activities. For example, just reminding CR about the activity can get [him or her] interested in doing the activity. Most people with memory problems are not lazy; they just forget that the activity is there and that they had fun doing it yesterday. Sometimes people with memory problems have difficulty starting an activity. Your CR may just need encouragement to begin, or [he or she] may need some help starting the activity, and then [her or she] will be able to complete it.
 - h. Think of ways to change past or present activities to meet the strengths and abilities of your CR. For example, your CR might have difficulty folding the clothes, but [he or she] may be able to match socks by color. [He or she] might have difficulty folding t-shirts or hanging up dress clothes, but [he or she] may be able to fold towels and washcloths. Again, remember that it is not as important that your CR successfully fold the clothes, as it is that [he or she] feel useful and needed.
 - i. Make activities like dominoes or cards easier. Someone who played dominoes in the past may not be able to keep score or even match the small dots together. If you use bigger dominoes or dominoes that are matched by color, your CR can still play this favorite game. Sometimes instead of playing solitaire, people sort cards by suit or color. This is not the way CR played cards in the past, but this can still be a meaningful activity for [him or her] that keeps [him or her] active and busy.
 - j. Use good communication skills. The importance of your communication with CR during these activities cannot be stressed enough. It is very difficult to change the way we talk to our loved ones when [he or she] has memory problems, however the way in which you present the activity can make a difference. For example, if you tell your CR to fold the clothes for you, [he or she] may resent it and refuse to do the activity. However, if CR always liked helping and feeling needed and useful, asking [him or her] to help you with the chores today or letting [him or her] know that you need [his or her] help with something may sound more appealing. Because CRs attention span and thinking is decreasing, it is better to speak a little slower and use instructions one at a time. For example, instead of telling CR “Go get undressed”, start using steps such as “Take your shirt off.” “Now take off your pants,” etc.
 - k. Make the surroundings fit the activity. The environment, or living space is important during activities. For example, if CR wants to color, it will help to remove distractions, such as the T.V., radio, or clutter on the table. It is also important for CR to be comfortable when attempting an activity, for example being warm enough, having a comfortable chair, or not needing to use the bathroom. Someone with memory problems has difficulty focusing attention, so any distractions that can be removed will help [him or her] focus on the activity.

□ Things Every Caregiver Should Consider

1. If the feelings happen frequently, report this to the doctor. There may be some medications that could help.
2. Use distraction:
 - Offer a snack or a drink that you know is a “comfort food” for the person.
 - Play happy music.
 - Play a funny videotape like “Three Stooges” or “I Love Lucy”. A good choice is one that they might remember seeing before and one that was funny then and is still funny now.
 - Some people are comforted by being touched. If this is true for your CR, try a hug, gentle back or arm rub, holding hands, or some other form of touching that might bring comfort.

- Speak in a calm and reassuring tone of voice. You might say, “You have cared for me and now it is my privilege to help care for you. That is how it works when you love somebody like I love you.”

PRESCRIPTION FOR CRYING AND TEARFUL (#21)

It can be very stressful for caregivers when CRs are crying and tearful. Crying and tearfulness may be related to several different feelings, such as sadness, worry, fearfulness, and loneliness.

- ❑ **Does CR have difficulty telling you why he or she is crying or is tearful?**
Try to identify cause of [CR]s crying.

Consider both feelings-based reasons such as thinking about a deceased loved one and physical reasons such as pain and hunger.

Use a “feeling chart” to help you identify the feeling CR is having.

First, you can try asking the person to point to the picture that shows how he/she is feeling. If that does not work, begin to guess. Point to the drawing of a person crying and ask, “Are you worried? Nod your head if you feel worried.” Continue in this way to try to identify the feeling. It may help to practice this routine at other times as well using feelings such as happy or bored. Your interventionist can help you find such a chart.

- ❑ **Can CR express feeling and emotions verbally?**

Give CR opportunities to talk about crying and being tearful.

If you are uncomfortable talking with CR about his/her feelings that are leading to crying, seek professional counseling for CR. You can use the **CTIS** system to find information about counselors in your area.

If you are comfortable talking with CR, then listen to CR and provide reassuring statements. After allowing CR to express and discuss feelings, provide CR with a positive activity or social interaction.

- ❑ **Are crying and tears caused by loneliness or lack of social interaction?**

CREATE AND USE A MEMORY BOOK

People keep photos and keepsakes to recall happy times. Imagine how you would feel if you could not remember the name of your child, your spouse or your friend. A memory book of labeled pictures can help to ease the effects of memory loss. Some ways in which a memory book may help you and your [CR] are listed below.

- From a memory book of recent pictures of friends and family, your [CR] may be able to identify someone, even if the name has faded from memory.
- A memory of old pictures may recall happy times even when more recent memories are lost.
- Photos or magazine pictures which focus on former hobbies, pastimes or vacations can provide a great way for others to spend time with your [CR] when conversation might be hard otherwise.

- A book of pictures can be used to distract your [CR] when upsetting thoughts or behaviors occur. To be useful in this way, the books must be accessible and easy to handle.
- Helping to create the memory book can be a good project or activity for someone with memory loss. Since sorting is a skill which often lasts longer than other skills, your [CR] may be able to go through a box of pictures and sort them for the memory book.

Tips for Creating a Memory Book

1. Always use labels to identify pictures. Even if they are not needed now, they will be useful in the future. Labeled pictures can be used by others to talk to your [CR], even if they are not familiar with the subject of the picture themselves.
2. Involve your [CR]. Your [CR] may be able to help create the book if you break the project down into very simple sorting tasks which you present only one at a time. For instance, one day sorting might be for pictures of a certain family member. The next day, you could have “places you have lived” for the sorting category. Just remember to keep it simple!
3. Make several small books on various topics rather than one big book for a lifetime. Some ideas for topics of a book might be; trips, old friends, grandchildren, family members, holidays. Be creative in thinking of topics which have the most likelihood of working for your [CR].

Tips on Using a Memory Book

1. NEVER begin a sentence by saying “Do you remember?” Instead, say “Here is a picture of” Use the pictures to help you talk about happy times.
 2. Keep the memory book where you can pick it up easily whenever you want or need to use it.
 3. Label each picture by clearly writing on a slip of paper and inserting it next to the picture in the memory book. Do not use stick-on labels so that you can change pictures or labels if you need to.
 4. Begin the activity with positive statements or requests for help: “Let’s look in this book for a picture of.....” “Please help me find a picture of” “Let’s put pictures of Jimmy in a book to give him for his birthday.”
 5. Show other people helping you to provide care where the book is and how to use it. It will help them get to know and entertain someone with memory loss.
 6. As with any activity, try using the memory book several times before you decide whether or not it is helpful. Try out different approaches and make notes as to what helps. Remember that what does not work now may work at a different time.
 7. If a picture appears to upset your [CR] (for example, a friend who has passed on), remove the picture and replace it with another picture that results in happy thoughts.
 8. Use good communication skills, including a pleasant tone of voice, simple words and phrases, and pauses between thoughts. (SEE COMMUNICATIONS PROGRAM)
- ❑ **Things Every Caregiver Should Consider:**

1. Be sure to talk to the doctor about this problem. There are some conditions that cause memory loss that also cause people to cry easily even though there may not be real feelings of sadness to go with the tears **[LOU--GIVE EXAMPLE OF STROKE?]**. You need to know if this might be the case. If it is not the case, the doctor may want to consider adding or removing a medication that might be related to the crying. It is always best to report to the doctor what you see happening.

2. If you identify feelings such as anxiety or worry in CR, or if you cannot identify a specific feeling or emotion but you think CR is generally unhappy, try some of these things:

- Offer a snack or a drink that you know is a “comfort food” for the person.
- Play soothing music.
- Begin an “active activity” that might use up some of the anxious energy. Ideas might be walking, watching an appropriate exercise tape, dancing, or raking leaves.
- Ask the person to do an activity with you. An activity can provide distraction and your CR might forget the bad feelings. Keep activities ready for this purpose. Some good things to have on hand are audio and videotapes, towels to fold to “help” you, things to sort, and tasks requiring repetitive motions like stirring, sanding, polishing.
- Some people are comforted by being touched. If this is true for your CR, try a hug, gentle back or arm rub, holding hands, or some other form of touching that might bring comfort.
- Speak in a calm and reassuring tone of voice. You might say, “You look worried today. Remember that I am here to help.”

PRESCRIPTION FOR EXPRESSING COMMENTS ABOUT DEATH OF SELF AND OTHERS (#22)

ALERT

NOTE: THIS PRESCRIPTION PROVIDES INSTRUCTIONS FOR THE INTERVENTIONIST AND SHOULD NOT BE SHARED WITH CG.

You indicated that CR makes comments about the death of himself/herself and others. I know these statements are very upsetting and worrisome to you. Part of the goal of this project is to help CGs who are experiencing problems that are very serious. In order to best help you I need to ask you several questions about this specific behavior.

Let me begin by saying that sometimes people with severe memory problems don't realize the impact or importance of making comments about the death of themselves or others. However, we must take these comments very seriously. This is because Alzheimer's disease and other diseases that cause memory loss also affect CR's ability to make good judgments. Poor judgment by CR can lead to dangerous behavior. Since CR may not be able to make good decision about his/her behavior, you will need to help prevent CR from engaging in dangerous behaviors and also be prepared to protect CR if a dangerous behavior occurs.

- ❑ **Has CR ever said that life is not worth living or that *he/she* would be better off dead?**
 - Do you think CR would ever try to kill him/herself? If no, why?

If you get a "yes" response to this item, you must assess further and be prepared to contact your supervisor. If there is an indication that either the care recipient (CR) or caregiver (CG) believes that the person would, or will, try to kill himself or herself, complete the assessment and then state that you must contact your supervisor before you leave to obtain further instructions on how to proceed. If your supervisor is not available, emphasize the severity of the situation and urge CG to contact the CR's physician in your presence and have CG report the concerns raised. Finally, if the CR's physician is unavailable, call the Crisis Hotline at (205) 323-7777, report your concerns, note that your supervisor is unavailable and ask for further instruction. The matter of whether someone is suicidal is one of safety for the CR. Always err on the side of caution!

If the answer to this question is "NO", gather as much information as possible about this behavior. Use Attached form **(ABCs)** to assist in gathering information. Review this information with your supervisor within 24 hours.

- ❑ **Does CR make comments about hurting you?**

Reduce danger to yourself

- Figure out whether you or the CR is in danger when he/she is acting out. Figure out what you can do to calm him/her without either of you getting hurt.
- Try taking ten steps back from the CR. This puts distance between you and the CR. This will remove you from harm and allow time for the CR to calm down.
- If the CR is trying to leave your home, you may need to be more active **[NEED MORE SPECIFICS]**.
- Keep sharp and dangerous objects out of sight and unavailable to the CR.
- Do not restrain the CR. This may make the situation worse. You will probably make him/her even more frustrated and anxious.

- If the CR is violent, you may need to stay out of reach or leave the situation so you will not get hurt.
- Call friends, family, or neighbors to help when you need it.
- If you begin to get upset, take steps to calm yourself. Try counting to ten and taking several deep breaths. Stay away from the CR for a while, if possible. Go for a walk or call a friend.
- Create an emergency plan to keep both you and the CR safe, especially if violent events happen more than once.
- Call 911 or your local emergency number if you feel that you or the CR are in serious immediate danger.

- Does CR make comments about hurting a certain person or people?**
- Does CR attempt to hurt other people?**
- Things every caregiver should consider**

1. When the angry outburst is over:

- Do not blame the CR after an episode of acting out. The CR most likely will not remember the behavior.
- Try not to take the CRs outburst personally. He/she was probably frustrated or confused.
- Pay special attention to the situation and what may have caused the problem. For example, who was present and what happened just before he/she acted out? You may be able to see a pattern or determine a cause. This will help you avoid such problems in the future.

2. Contact the CR's doctor.

- If the CR seems to be ill or in pain.
- If the CR may have a hearing or vision problem that is making the problem worse.
- To see if the CR's medicines could be causing the problem.
- To see if there are medicines available that would help control the angry outbursts.
- If the CR's behavior changes suddenly or in a big way.

Tools

Identify/develop work sheets/tracking forms – whatever may be relevant to the particular problem area

Homework:

- _____ Use tracking/behavioral sheet
- _____ Practice highlighted tips
- _____ Other (Specify) _____

ABCs of Problem Behaviors

Probes for the 'ABC Process'

1	What is the behavior?	
2	Why is this behavior a problem? <ul style="list-style-type: none">• People react differently to behaviors, what about this behavior really gets to you?• What bothers you?• Can you list the reason?• How does this bother you?	
3	When does the behavior happen? <ul style="list-style-type: none">• Time of day?• Days of the week?• When does the behavior begin?• Can you recognize any cycles or patterns?• Does behavior happen constantly?• How often does the behavior happen?	
4	Where does the behavior happen? <ul style="list-style-type: none">• Is there a unique place in the house?• Does it only happen in certain locations?• Are there places where it does not happen?	
5	Who is around when the behavior occurred? <ul style="list-style-type: none">• Do other people help care for your family member?• Is the behavior influenced by other family members/friends?• Have you changed the surrounding of your family member?	

6	<p>What have you tried?</p> <ul style="list-style-type: none"> • How do you respond when she/he does this? • What has worked/not worked? 	
7	<p>Do other people spend time with your family member?</p> <ul style="list-style-type: none"> • Do you care for other people? children? • How do other people react to your family member's problem behavior? • Any special sleeping arrangements? 	
8	<p>How would you like this behavior to change?</p> <ul style="list-style-type: none"> • When would you consider the problem "solved"? • What would make it seem to you that it was better? ("tolerable") • Why do you think this behavior happens? • Do you see any causes or triggers? 	
9	<p>Additional information</p> <ul style="list-style-type: none"> • Has your doctor been told of this behavior? • What has your doctor recommended? • Does the behavior happen in different intensity? Some times, a lot, other times a little? • Any differences in how this behavior is displayed? i.e., sometimes hits, sometimes spits • Can you predict when the behavior will/won't happen? 	