



TRANSCRIPT

Communication— Meeting the Challenges

Dementia can pose challenges by changing the way a person communicates. Repetition, confusion, and inappropriate language are just a few examples of what caregivers may face. Today, we would like to share some curated content from past episodes that our audience has found to be the most useful—in developing techniques, and perhaps a fresh perspective, to connect with our loved ones in the face of dementia.

Hi, I'm Alex Morris, and over decades of experience as an Alzheimer's care coach, I've seen that caregivers can have a difficult time keeping up with their loved one's changes. It requires a change in the way we approach our loved ones, as well as a new set of skills rooted in kindness and compassion that I'd like to share with you today.

Not long ago, I spoke with a client named Mary, whose sister had moderate-stage Alzheimer's and had just moved to an assisted living facility. At each visit, Carol would ask about her house and her things. She was a long-time collector, and her house was packed with beloved objects. Mary told her the truth: The house was being sold to pay for her care, and her possessions were being given away or sold. Carol reacted with great anxiety, and the visits and calls would end badly—with Carol's distress and confusion sometimes lasting for days.

While at one time the sisters were able to have honest conversations, the person Mary had known most of her life was now different. It wasn't Carol's fault; it was her illness. Carol had changed, but Mary's way of communicating with her had not. Clearly, it didn't work for Mary to treat Carol the same way she always had.

If telling Carol the truth caused so much pain, then what *could* be done to ease it?

My answer is: First and foremost, be kind. If we can be truthful without being unkind, great. But if we can't tell the truth without causing pain, we should choose kindness.

Being kind to Carol meant telling her what she needed

to hear, that the house was fine and her things were untouched. In short, to lie. But Mary would not lie. The sisters had made a pact long ago never to lie to each other, and she felt she should never break it. However, things had changed. Today's harsh reality was that telling her sister the truth caused Carol great distress. Mary was hanging on to an outdated idea of Carol. In the end, Mary was serving herself, not helping Carol. It took Mary a while, but changing her approach helped relieve her sister's distress and improve their relationship.

Let me say again: If you can't be both truthful and kind, *please choose kindness*. Don't use the word "lie" in your head, but instead think, "What answer can I give right now that will help this person? What is the kind thing to do?"

There may be a reason that prioritizing kindness over facts can be so effective. With dementia, the cognitive function may decline, but emotional memory often remains very much intact. Even when people with dementia can't remember the content of a conversation, or the conversation at all, they will remember how you made them *feel*.

Susan had moderate dementia, and her sister told her that a beloved brother was very ill and might die soon. When I arrived for my visit, Susan was crying and wailing over and over, "The man is sick. The man is dying." I didn't know who "the man" was, but clearly the narrative had to change quickly.

I took her hands and looked into her eyes and said calmly, "Good news, the man is better." She said, "How do you know?" and I replied, "I spoke with your family. So please don't worry as everything is better now." Then I added, "You are all right. Let's celebrate with some Baskin-Robbins ice cream."

Susan's situation is a good example of a few skills I put into practice.

First, as mentioned earlier, when you can't be truthful, be kind. Susan could not process her brother's illness, and it caused her enormous distress. I chose to be kind and say he was better.

Second, folks with dementia tend to respond to emotional content. She was anguished because of her strong emotional connection with her brother—which is also why being kind, an emotional strategy, was effective.

Third, be reassuring, and move quickly on to something pleasant. I told Susan, “You’re all right.” I ended with an offer of ice cream because I knew she loved Baskin-Robbins. You can change the tone of the conversation from distress to celebration.

Finally, remember to keep your words short. Literally count them. More than ten words at a time usually is counterproductive. “Good news, the man is better.” Six words. “You’re all right.” Three words.

Words of explanation should be short—but words of love, praise, reassurance, joking, and kindness can overflow.

It’s not always easy to reroute a conversation. Your strategy should always come back to: What will he or she respond to, what will make emotional sense to my loved one? Here’s a common example.

It’s no longer safe for your dad to drive. But he thinks he’s just fine. You have to break the news that he can’t. Because driving is important to people, this conflict is likely to come up repeatedly.

One option is to try to deliver the truth in a kind way: “Dad, I am so sorry but you can’t drive anymore. The DMV took away your license.” It may work. If it results in anger, even an argument, you know that next time you should have a few different approaches ready. In this situation, I asked the caregiver, “What does your dad value? Is he the type to help others? Is there a family member who needs a car right now?” The answers were all “yes”—a beloved grandson had just graduated from college and was in need of a car.

So the next time driving came up, the caregiver could emphasize emotional gratification, with something like, “Oh, I’m so happy you could give Steve your car. He’s thrilled! It was so kind and generous of you, Dad. You’re the best.” Words of love, praise, reassurance, and kindness overflowing.

Hard to believe, but it worked—and it worked every time Dad asked for the car.

I want to acknowledge that it’s not always easy. But

often it’s not as hard as we feared *if* we are willing to be creative and try different approaches—always aiming for the kind response.

As with anything you want to be more proficient at, you must practice. Practice with other family members, friends, in front of a mirror. Then you should be ready for the words to come out smoothly and with sincerity.

Your words may not always be factually true, but the intentions and sentiments will be sincere. When you speak from the heart, when you choose kindness and connect to an emotional truth, it’s your sincere attempt to help your loved one and you live your best possible lives.

Alex Morris, gerontologist and geriatric care manager, then goes on to offer practical and compassionate strategies for coping with a common issue challenging Alzheimer’s caregivers: repetitive behavior.

Loss of short-term memory is often one of the first changes that affect people with Alzheimer’s and other dementias—and the resulting repetitive behavior can be among the most difficult to handle. I tend to break repetitive behavior into four categories:

- Questions regarding the schedule: “What are we doing today?”
- Questions related to whether something was done: “Did we feed the dog?”
- Questions about future events: “When is Anna visiting?”
- The fourth category is not always a question, but a common behavior—repeating the same story: “Did I tell you about the time Laura hurt me?”

Coping with repetitive behavior in any of these categories can be frustrating, but keep in mind that your loved one truly does not remember. So reminding them that you just told them won’t help—and may lead to anger, confusion, or depression.

How, then, can we deal with this annoying pattern in a way that promotes the best quality of life for our loved ones, and for us?

Here are some strategies that have helped families I work with.

A strategy I recommend that applies to most types of repetitive behavior is to keep your answers short. “Our doctor’s appointment is at 2 pm.” A few words are much easier to say, and for your loved one to remember, than a long explanation. And the longer the explanation, the more chance it may trigger other anxieties.

On a purely practical level, purchasing a whiteboard and placing it where your loved one can see it may pre-empt the questions. Use it to list times for activities, daily tasks such as feeding the dog, and special visits. For example: 10 am breakfast, 12 pm Susan visit, 3 pm afternoon walk, 6 pm feed the dog. Knowing what’s happening and when is very comforting. When I used this tactic in an adult day care program, even folks with moderate dementia were able to learn fairly quickly to refer to the whiteboard when they wanted to know what was happening next.

How you introduce the board can make a difference. Try not to say, “Mom, I bought this for you because of your memory.” Too much information! And certain to create defensiveness. A good way to introduce the board is to say gently, “I got the board for us to keep track of what’s going on.” If she says, “I don’t need that,” tell her, “Well, it’s helpful for me.” Then change the subject.

Another approach is to remove things that might trigger repetitive questions. Before her dementia, one mom and son’s pattern was to start preparing dinner at 5 and sit down to eat by 6. During that hour they would feed the dog. But the mom couldn’t remember if the dog had been fed, and asked over and over, every two minutes, “Did we feed the dog?” This was driving her son crazy, so in addition to the whiteboard, I asked him to make a few small changes in the environment—and it helped: remove or cover the clock, remove the empty dog dish, put the dog out of sight for an hour or so. Out of sight, out of mind. For some folks this can make things worse as they are now constantly asking for the dog. After these changes the son reported that his mom only asked about the dog twice, and didn’t ask about the food at all. When she did ask, he told her the dog was outside doing his business. She didn’t feel the need to investigate. Asking twice in the span of an hour was an acceptable win.

The third repetitive behavior scenario stems from anxiety over future events. If your dad frets over future

events, even pleasant ones, I recommend not telling him until the last possible moment. Reducing his anxiety is a kindness well worth a white lie. As I often say, if you can’t be truthful, choose kindness. For example, “Anna just called and said she’s coming over to visit. Yay, let’s get ready.” If that backfires, you can ask forgiveness: “Did I forget to tell you? I’m sorry.” Telling Dad that you’ve been talking about Anna’s visit all day may be truthful, but it is not kind or productive. Kindness, sometimes at the expense of truth, can be a comforting way of connecting with positive emotions, and a detour out of anxiety.

Repeating the same story is a common behavior that arises because your loved one simply cannot remember. If your husband repeatedly asks, “Did I tell you I met the new neighbor?” you can gently reply, “Yes, and she sounds like fun. I can’t wait to meet her.” This is a kind approach that ends on a high note. If he doesn’t react well to that, then the next time say, “I’m not sure. Tell me.” This approach will reduce confrontations and hurt feelings. When you have heard the story enough times, gently change the subject, start an activity, or excuse yourself from the room for a few minutes.

Sometimes, it is important to get some time away, and schedule for someone else to be the listener, rather than cut off communication and connection—which are important. Reminiscing and storytelling is not only gratifying, but a developmental need that’s common to many older people, even those without dementia. And diverting to stories about the past can be a comforting way of relieving anxiety.

But problems may arise when these repeated stories cause anxiety or depression. For example, suppose your mother often turns to stories about her sister, Laura, which make her angry, anxious, and out of control. How do you break the pattern? The moment she starts with something like, “Did I tell you what my sister did?” you quickly interrupt with something pleasant by saying, “Oh, before I forget,” then launch into positive topics, and have two or three things in mind ahead of time.

You can talk about family vacations (“Remember the hot air balloon festival? We had so much fun. Let’s look at the photos...”), beloved family members or friends (“Aunt Stephanie called, and wow is she interesting. Did

you know...?”), or pleasant events (“I loved watching the dogs at the dog park yesterday. So many different breeds...”). You can offer praise (“I sure admire your knitting. Everyone just loved getting those beautiful scarves from you last year...”). Follow up with a pleasant activity, like a favorite nature show, recorded concert, reading together, or putting up seasonal decorations. Some people want to feel useful and want to do chores. As they can, encourage and enable them to do so. Come up with a list of things they can do, with little or no help. If Mom still goes back to her evil sister, try getting her moving. Movement and a change of scenery are powerful and effective diversions. Getting outside and exercising, when possible, are often feel-good strategies that help everyone.

Also think about the triggers in your environment—some might not be obvious. Maybe your mother’s easy chair faces family photos. Even if they don’t include her offending sister, they could still be a trigger. In a similar situation, I asked the family to take the photos down. Their mother didn’t notice, and the subject of the sister rarely came up after that.

I’ve suggested ways to deal with repetitive behavior—but the forms they take are as unique as the individuals we care for. Few people know your loved one better than you. Trust your instincts, and those of others who care for your loved one, in finding ways to redirect repetitive behaviors, and reduce the stress of living with Alzheimer’s disease.

Bringing up difficult topics—such as time to retire from driving, or the need for a medical evaluation for a physical or cognitive decline—can be especially challenging in the context of dementia. Here are some pointers from Alex Morris on how to navigate these conversations.

As we age, almost all of us will experience some level of change in our physical health or our mental ability to process information—or both. Adapting means making changes that could involve accepting help from others to manage our day-to-day activities safely and successfully. Even within the normal spectrum of mental or physical change, adapting may not be easy. But when dementia enters the picture, it can be especially challenging—

especially because the person with dementia is often the last to realize they have a problem. In many cases, it’s the spouse, adult children, or friends who first notice changes that cause concern. They are tasked with raising difficult issues with their loved one without causing negative, hurt feelings that put up walls of resistance.

How do you tell someone they should retire from driving? How do you broach the subject of needing a medical evaluation for a cognitive or physical decline they don’t acknowledge? What would a conversation look like about getting help with medication management, finances, or home care? How do you speak to your loved one about their wandering or getting lost, or the need to attend social programs or day care?

Few people know how to approach these issues and, as with most unwelcome and stressful undertakings, we tend to put these conversations off for too long. The situation almost always deteriorates over time, and in worst-case scenarios, can result in their loved one being taken advantage of financially or otherwise, or suffering an injury or illness. The key is to get in front of the problem with a well-planned conversation—before it becomes too difficult, or even dangerous.

I’d like to share some tips for family and friends on how to initiate and navigate these conversations.

It’s always better to plan ahead and start the conversation in the early stage, before the changes present a problem.

You can begin with gentle inquiries like, “If I saw any cognitive or physical changes in you that concerned me, would you want me to tell you?” Or an open-ended question like, “How would you like your life to be in five years?” These should be easygoing, pleasant conversations where you are listening and asking clarifying questions, rather than pushing your agenda to find the answers or form a specific plan. My main goal is to understand a person’s point of view and feelings, to hear them out. To establish trust. I am setting the stage for the time when decisions will need to be made and options put into place.

So, it’s important to prepare for the conversation and set reasonable expectations for yourself. Plan on the first few or maybe several conversations being just you

asking questions, listening, and validating their ideas and experiences when you can.

As dementia becomes more advanced, the conversations may need to become more pointed. But again, timing is everything. Find a time when things are calm. For example, don't talk about driving just after Dad got lost in his familiar neighborhood. I once set up a time to discuss going to the doctor with a client. When I arrived, she was upset, reporting her cat got out in the morning and couldn't be found. So, I dropped my plan and proceeded to help her look for her cat, which we found, thank goodness. I rescheduled; the next time she was happy with me and open to talking. We had a very fruitful conversation.

When planning your conversation, avoid ambushing your loved one with an intervention. A surprise meeting in a room with several family members, all there to talk about one person's problem, is seldom successful and will often make things worse. Tell well-meaning family members that only one or two people should have the initial conversation. Afterwards, if your mom really wants to consult with others, help arrange it, but be sure to prepare them. Make sure they know the extent of the problems so they can be an informed advocate and a source of support.

Look for opportunities, such as when they bring up how difficult it is to cook or clean the house. Or admit to feeling lonely, or having nothing to contribute anymore. This is an invitation to a thoughtful conversation. Try not to say, "Well, Dad, I have been talking to you about getting someone in to help you out for a long time now." A better response is, "Let's talk about that. Tell me more."

Try not to argue. If your spouse says everything is fine and they don't need help with medications, try not to get drawn into arguments that will lead to denial, anger, and fear. Instead of pushing your agenda and making things more contentious, it's best to take note of the problem for a later discussion.

When presenting remedies, ask for their ideas. Their contribution not only creates buy-in, but might even result in better ideas than yours.

Also, give the ideas time to sink in. All of us benefit from time to consider options when faced with a problem. Give your loved one that time and revisit later. For example, Dad's bills are not being paid or are double-

paid. You ask him if you can take over the finances and review them with him monthly. After some thought he responds that he wants to set up automatic payments with your help. For now, this meets the concern and establishes trust, and you have made some headway.

Sometimes, new remedies are best presented as being time-limited. For example, "We are just going to try the social program for two weeks and then re-evaluate."

What if you don't feel that you have the patience or communication skills to have these conversations? You can always choose someone in your care circle who does. Delegate to someone your loved one trusts and listens to. This could be a longtime friend, sibling, or religious leader. It could be a grown child or an adult grandchild, even caring neighbors.

On the same note, you can engage others to help get through thorny issues. Consider allies who maybe haven't helped yet but might be willing. I remember consulting with one family who insisted that Dad listened to no one. True to form, he wasn't receptive to any of my suggestions for starting a day program. So I put off the conversation, giving it time. In my follow-up call a week later I discovered that Dad was enrolled in the program. Aunt Susan had come to visit and had taken him. Until that moment I had never heard of Susan.

It turned out that, decades ago when their mother had passed away, Susan had stayed for weeks to help care for the children. They were very close, but the family hadn't considered getting her help, as she was having her own health problems and lived on the opposite coast. But this lucky timing was enough to get Dad started in the day program.

For times when the loved one is angry about the situation they don't understand or agree with, consider making others the focus of their wrath, not the primary caregiver. It's always better to protect the primary person when possible. For example, if Mom is angry about not being allowed to drive anymore, divert the blame in a gentle way: "So sorry the DMV took away your license, Mom. This is a very hard time." This way you are perceived as an ally and advocate, which of course you are.

Similarly, in conversations about your loved one's concerning behavior, shift the focus off them and their deficits. For example, try not to say, "Mom, we need to do something about your walking by yourself, as

you have gotten lost several times and even had to be brought home by the police recently.” This might result in denial—she might not remember wandering off. Or defensive anger—she is an adult and can walk whenever and wherever she wishes. In this case, being so direct, hitting the nail on the head, is more effective at building walls; she may refuse to talk with you about wandering, or anything else for that matter.

Instead try, “Mom, I think it is great that you get outside and walk around the neighborhood. I should do more of that myself. Hey, it would really motivate me to exercise if I did it with you. Can I come by tomorrow at 12 noon and walk with you? Then maybe we can grab lunch or a frozen yogurt. That would be so great for me!” Another option is to have a neighbor, volunteer, or paid person walk with her. You could tell her it’s a friend who’s new to the area and would like someone to show her around.

In some cases, a conversation might not be the best route. Looking closely at this issue, what is most important? Rather than trying to reason with her, or getting her agreement, which leads to arguments, isn’t the real point that she be safe? A practical solution might be a GPS tracker on her wrist or in her jacket, given to her as a gift by a beloved grandchild.

I hope these ideas will help you to start conversations and be successful in meeting everyone’s needs.

Communication tools and techniques are the topic of a Bob’s Last Marathon roundtable with Felicia Greenfield of the Penn Memory Center, Stefanie Bonigut, a social worker specializing in Alzheimer’s care, and Katie Brandt of the Massachusetts General Hospital Frontotemporal Disorders Unit.

Felicia Greenfield: Communicating with a person with dementia is a common question or concern that caregivers ask about. The way we communicate with people with dementia can affect behavioral outcomes. Take Amy and Joel, for example. In a caregiver class, Amy shared that it takes her about an hour to get her husband ready for bed each night and it’s always a fight and leaves her feeling exhausted. When asked what a typical night looks like, she tells us that her husband, Joel, watches the news downstairs in the living room on

full volume. She stands at the top of the stairs yelling for him to come up and get ready for bed. The other night, he did not respond to her yelling, and, full of anger, she went downstairs and yelled at him, accusing him of not listening to her and being difficult. She turned off the TV and he responded in anger, telling her that he can go to bed whenever he darn well pleases. Amy stormed out of the room feeling defeated and Joel proceeded to pace around the house until Amy was able to calm herself down and finally cajole him upstairs to bed.

Stefanie Bonigut: Effective communication is the foundation for all your caregiving skills. If it’s done well, it can decrease arguments, reduce frustration, increase the self-esteem of the person living with dementia, reduce difficult behaviors, and actually increase feelings of connection with your loved one. Communicating with somebody living with dementia can be challenging, though. The cognitive impairment affects the person’s ability to understand what you say, it limits their ability to express what they want to say, it limits their ability to remember their own thoughts from moment to moment, and it can prevent them from finding the right words or sometimes words at all. So what this means is the person living with dementia can’t fix their communication challenges; we have to find other ways to communicate with them. So here are some things to consider when communicating with your loved one.

Pay attention to your nonverbal communication. What’s your overall attitude? What’s your tone of voice and your volume of voice? What are your facial and body expressions and body language? In our example that you heard, it’s always a fight, so Amy was already expecting a fight. That was her attitude. She started off by yelling her request. That was her volume of voice, and she was full of anger, which was likely apparent on her face and in her body language.

How you approach a person living with dementia is also important for effective communication. You want to make sure you have their attention, approach them calmly and from the front so you don’t startle them. Make eye contact or use gentle touch to get their attention. And sometimes it helps to call them by name. Again, in our situation, Amy wasn’t in the same room as Joel, so he didn’t acknowledge her. She didn’t have his attention. People living with dementia mirror or mimic

the people around them. So if you're frustrated, angry, or sad, the person living with dementia is going to pick up on those feelings and mimic them. It can go the other way, too. I was getting really frustrated with my own mom because I couldn't get her to change her shirt. I was trying so hard to convince her she needed to do it. I should have known better. I'm a social worker in the field and I finally realized that. I started laughing at myself, and within seconds, my mom started laughing too. I still didn't get her to change her shirt right then, but we were definitely both in better moods. And again, we see this in our case. Amy was angry and Joel became angry. Amy stormed out of the room and Joel began pacing the room.

What you say to your person living with dementia should be clear and concise. They are not going to be able to follow long explanations or multi-step directions. You may have heard the communication acronym KISS, but in dementia communication, we call it "Keep It Simple and Slow." And one caregiver of mine used to call it Western Union communication: You pay by the word, so keep it short.

A few more tips: If you need to repeat something, repeat it exactly as you said it the first time so they don't have to process a new statement or question. Avoid trigger words. Trigger words are words that trigger a behavior or a symptom, so something that the person living with dementia doesn't like. So maybe they don't like to shower, you have trouble getting them showered, so don't use the word *shower*. Don't say, "Let's go take a shower." Maybe you say, "Let's go get cleaned up," so avoiding a word. Rephrase a question into a statement or a gentle command. Limit the choices you give them. Break down complex tasks into one simple step at a time and avoid using idioms or slang.

In our case, Amy shouted at Joel to come up and get ready. This was not clear or specific. What was Joel supposed to get ready for? And try not to reason, argue, or convince somebody living with dementia about something. It's not going to be successful. The disease affects these cognitive processes, so those interactions are just going to result in frustration.

Remember, too, that they are also living in a reality which is different from ours, so our rules of logic and reason don't apply. If you feel that you can't do that yet,

I suggest this trick. Say "I think" before the correction you're trying to make. An example, they say, "Today is Monday," but it's not. So you say, "I think today is Thursday." Using "I think" is a great first step to not reasoning or arguing. You're conveying a fact, but you make it sound like an opinion. Better yet, try focusing on the feelings and not the facts, the words, or the behavior. We call this validation. We can usually figure out the emotion behind some of these words or actions even when we don't know what they are saying. It might not be so clear to us, so keep it simple and short. "You seem angry," "You seem frustrated," "You seem happy." Notice how I didn't say why they were angry, frustrated, or happy, I just acknowledged their emotion. That is often enough to make a person feel heard and understood.

And often as caregivers, we have to take the blame even though we haven't done anything wrong. A simple "I'm sorry" can defuse a situation. Or try "I'm sorry" with validation. "I'm sorry you're upset. I'm sorry I upset you," even if you don't know what you've done to upset them. It's important not to ignore your person. You can acknowledge what they say without agreeing to it. Some useful phrases are "That's interesting," "You might be right," "That's an idea," or just use exclamations like "Huh," "Uh-huh," "Hmmm."

And lastly, consider using a fiblet, also known as a loving lie, a therapeutic fib, creative storytelling, many names. But this can be difficult since we're so used to being honest with the people we care for. But a fiblet is meant to keep the person living with dementia from experiencing distress.

So going back to our case, once Amy was downstairs with Joel's attention, she could have said any one of these things: "I'm sorry to interrupt your news show. I'm really tired. Let's go to bed." Here she's taking the blame and offering a simple direction. Or she could have said, "I think the news is over. Let's go upstairs." It may have been a fiblet and she was avoiding trigger words. Or she could have said, "I think the news is over. Let's turn off the TV and go to bed." A fiblet and a gentle command. Hopefully by preparing herself and by changing her approach and wording, she can avoid this nightly battle.

Katie Brandt: So now, I'd like to turn it back to Felicia to talk to us more about activities and meaningful engagement.

Felicia: Meaningful engagement for someone with memory loss has a number of benefits, so it can decrease agitation in challenging behaviors such as wandering or aggression. It decreases anxiety and depression when somebody is meaningfully engaged. It also improves sleep. It helps maintain brain health, and after an initial investment, it frees up caregiver on-duty time. It increases the bond between caregiver and care recipient and can help balance out some of the less pleasant interactions. Most importantly, the innate human need to participate in meaningful occupation or activity doesn't disappear in the context of dementia. However, it may be more difficult for your loved one to fill this need themselves and they may need your assistance getting started.

So sometimes it's difficult to know where to begin. This can be the most daunting part of setting up an engaged day. Consider the following questions when thinking about meaningful engagement: Did your loved one work? If so, what did they do? What were their hobbies? What did they like to do for fun? What did you like to do for fun together? And what was your loved one's role in the family or what were their responsibilities around the house? If you don't have answers to those questions right now, don't worry. You can still introduce new activities to your loved one even if they've never expressed an interest in them before. Remember, dementia can change personality including likes and dislikes, so never say never.

Many people with memory loss who had no prior interest in arts and crafts actually love using adult coloring books, so it's worth giving it a try. Sometimes activities need to be adapted so that they are more accessible to your loved one. Sometimes the activities that you come up with aren't practical on a day-to-day basis, but you can use them as a jumping-off point and modify using the following methods. First, scale down the activity. For example, if you and your loved one used to go on long walks together, can you maybe cut the walking time in half or take a walk in a new environment? Next, break the activity into smaller, more manageable chunks. For example, if your loved one used to throw elaborate dinner parties, try giving them small, discrete tasks one at a time like, "Please chop this onion," or "How about we look through this cookbook together and choose a menu?" Finally, focus on roles and feelings. If your loved one worked as a nurse but had to

retire, think about what they may have gotten out of their work. They probably enjoy helping and nurturing people during a difficult time, so you may give them a case and ask them for advice.

And now I have just a few useful general tips. Think about placing the focus on the process and not the results. So if your loved one spends an hour sorting items and they're more jumbled than they were to begin with, that's okay. The most important thing is that they're engaged. Choose activities that can be done in short bursts. People with memory loss often have shorter attention spans and difficulty concentrating. Try having a few activities available so if your loved one tires of one, you can move on to another one quickly. Try to have the materials set up in advance and keep the surrounding environment as distraction-free as possible. You might also change your approach. Instead of asking, "Would you like to color?" try, "Now it's time to color," or "I would like to color and I'd love for you to join me." Or instead of using words at all, just sit down next to your loved one and quietly start doing the activity yourself. They may want to join you. Another tip is to make activities social. Involve family and friends. And finally, if your loved one refuses an activity, don't force them to participate. You can always try again later or tomorrow or next week.

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