



The Caregiver Essentials

E-Booklet

**Vital information caregivers need
in order to thrive in their role.**



www.DementiaSolutions.ca



This booklet includes essential information that we feel is necessary for caregivers to know. At Personalized Dementia Solutions Inc., we receive many questions and because of this, we have decided to answer the most common questions here. We hope you will find these answers helpful to assist you.

Here are the common questions we receive:

1. What Is the Difference Between Dementia & Alzheimer's Disease?
2. What Are Some Tips I Can Use to Effective Communication With Someone With Dementia?
3. What Is Therapeutic Reasoning™?
4. What Are the Signs of Caregiver Burnout?
5. What Are Ways to Help Reduce Caregiver Burnout?

This booklet contains the answers to these questions. We highly recommend you keep this booklet on hand to refer to as needed. Know that we are here to help if you have any questions. You can contact us at

Info@DementiaSolutions.ca or by phone: 1-888-502-1321

WHAT IS THE DIFFERENCE BETWEEN DEMENTIA & ALZHEIMER'S DISEASE?

At mostly all my talks, I am asked, what the difference is between Alzheimer's disease and dementia? Here you will find some information I share in order to help these individuals grasp an understanding to this common question.

The World Health Organization states: Dementia is a syndrome in which there is deterioration in cognitive function beyond what might be expected from the usual consequences of biological ageing.¹



A syndrome is known as a group of symptoms that consistently occur together or a condition characterized by a set of associated symptoms. There are many definitions for dementia and the types of symptoms that are present. Below is a list of the common symptoms of dementia that one may be experiencing:

- 🌸 Memory impairment
- 🌸 Thinking impairment
- 🌸 Judgement impairment
- 🌸 Communication problems
- 🌸 Personality changes

¹ World Health Organization website, <http://www.who.int/mediacentre/factsheets/fs362/en/>. Accessed November 24, 2021

When a doctor determines an individual has these common symptoms, they will diagnose them with "dementia". Dementia is caused by a variety of diseases and injuries that primarily or secondarily affect the brain, such as Alzheimer's disease or stroke.²

Dementia can be found in many disorders and diseases. Therefore, your next question to the doctor should be, "What kind of dementia?" Just as a doctor would diagnose someone with cancer, the patient, their family, friends and care team all need to know what kind of cancer it is. This will obviously determine the course of action and treatment. Same goes for dementia!

There are many treatable dementias and non-curable dementias. Some examples of treatable types of dementia's include; depression, vitamin B deficiencies & thyroid conditions. Examples of non-curable dementias are; Alzheimer's disease, Vascular Dementia, Lewy-body disease and some forms of Parkinson's disease.

It is highly encouraged to obtain a doctor's diagnosis as soon as possible when noticing changes in a loved one's memory, judgement, thinking abilities and personality. Once a diagnosis has been determined, it would be best to learn as much as you can about that type of dementia and what you can do to best provide support.

² World Health Organization website, <http://www.who.int/mediacentre/factsheets/fs362/en/>. Accessed August 27, 2021

WHAT ARE SOME TIPS I CAN USE TO EFFECTIVE COMMUNICATION WITH SOMEONE WITH DEMENTIA?

In Early Stages:

- ✿ Be patient.
- ✿ Limit distractions as much as possible. Find a quiet place to talk.
- ✿ Give the person time to express themselves.
- ✿ Avoid interrupting them.
- ✿ Be supportive.
- ✿ Don't talk about the person as if they are not there.
- ✿ Don't be condescending.
- ✿ Don't be patronizing.
- ✿ Avoid asking questions which rely on their memory.
- ✿ Try communicating simple reminders by using short notes.
- ✿ Avoid criticizing, correcting, arguing or saying "No".
- ✿ No need to point out their mistakes.
- ✿ Smile often to keep the mood positive.



As Communication Becomes More Difficult in Later Stages:

- ✿ Approach the person calmly from the front (stay in their vision field).
- ✿ Make eye contact & smile.
- ✿ Identify yourself clearly.
- ✿ Avoid sudden movements which may frighten them.
- ✿ Call the person by their name.
- ✿ Use short, simple sentences.
- ✿ Give visual cues by pointing to the item you are talking about.
- ✿ Ask one question at a time and wait for a response.
- ✿ Ask questions which require a simple yes or no answer. (Instead of saying “What would you like to do?” ask, “Would you like to do this?”)
- ✿ Limit choices you offer them (Example: “Would you like this or this?”).
- ✿ Avoid vague words such as “Put it over there.” Instead say “Put it on the table.”
- ✿ If repeating yourself, use exactly the same words again. Best not to rephrase as this can increase confusion. If still not able to understand, then try again with a simpler phrase.
- ✿ Ask the person to point or gesture if they can’t find the right word.
- ✿ Look beyond the words they use. Watch body language to understand what the person is experiencing and/or expressing.
- ✿ Pay attention to your body language and facial expressions. Try a gentle, positive approach.
- ✿ Use Therapeutic Reasoning™ as needed and when appropriate.

Note: Just as we would assist someone struggling with a physical limitation, we should also be supportive to someone with cognitive limitations.

WHAT IS THERAPEUTIC REASONING™

Therapeutic: Something that is *therapeutic* is beneficial.

Reasoning: The ability of the mind to think and understand things in a logical way.

Therapeutic Reasoning™: An effective strategy used in dementia care which provides “reasoning” that is logical to the person and helps to reassure and calm.

Therapeutic Reasoning involves using reasoning which is logical to the person with dementia (but not necessarily logical in reality), which creates a reassuring, calm feeling. As a result, it is beneficial to both the person with dementia and to the caregiver.

Caregivers need to go into the reality of the person they’re caring for, and do or say anything that will help the person to feel reassured. Therapeutic Reasoning comes from a place of caring; we are aiming to help, not hurt. When normal reasoning becomes difficult, the goal now becomes less about who is right or wrong. **Instead the goal is to ensure everyone is happy and at peace.**

Examples of Implementing Therapeutic Reasoning:

- 🌸 Agree with them to keep the peace
- 🌸 Apologise to them to keep the peace
- 🌸 Say something nice to flatter them
- 🌸 Show them you care about their concern
- 🌸 Tell them you will look into it
- 🌸 Tell or provide visuals to reassure their concerns are solved

Do or say whatever works!

**Would you rather be right...
or at peace?**

Here is an example of using Therapeutic Reasoning™

A person in the middle stages of Alzheimer’s disease may firmly believe they need to “get home to milk the cows”. Stating facts such as “You don’t have the farm anymore, you sold it 15 years ago,” can cause feelings of upset, sadness, mistrust and/or additional challenging behaviours. Instead, one can use Therapeutic Reasoning™: “Milk the cows? Well... lucky us! They’ve already been milked today! Isn’t that great news?! How about joining me for a cup of coffee/tea to celebrate... treat is on me!”



The goal is to keep the peace...

Please use this approach wisely. Practice will help you to feel more comfortable.

You will find many other examples on our [website](#) in our blog. We have shared many stories where the outcome was beneficial because of using Therapeutic Reasoning™ in our section called, “*Meaning Behind the Behaviour*”.

WHAT ARE THE WARNING SIGNS OF CAREGIVER BURNOUT?

- ❁ Physical stress such as regular headaches and increased blood pressure
- ❁ Lower immunity and increase need for healthcare services
- ❁ Problems sleeping/lack of sleep
- ❁ Increased sadness and decreased overall life satisfaction
- ❁ Inability to concentrate and some forgetfulness
- ❁ Persistent anxiety and anger and/or guilt
- ❁ Inability to relax or enjoy social settings
- ❁ Extreme irritability or anger with the individual you are caring for
- ❁ Increased use of medications, drugs, alcohol, smoking and/or over eating
- ❁ Financial issues



WHAT ARE WAYS TO HELP REDUCE CAREGIVER BURNOUT?

- ✿ **Take “me breaks”.** If you are able to get away even just for a few hours, you will feel rejuvenated when you return. Give yourself permission to take relaxation breaks throughout the day.
- ✿ **Work on being healthy.** Incorporate eating healthy foods each day. Take action on ensuring you get enough sleep every day. Don’t forget regular medical checkups.
- ✿ **Schedule mini-workouts throughout the day.** Regular exercise not only keeps you fit, it releases endorphins that keep you happy. Ten-minute sessions a few times over the course of the day may be easier to do than setting aside an hour. Look for on-line videos, library materials and/or TV programs; even just dancing to fun music.
- ✿ **Take time to do things you enjoy.** A daily dose of fun is good medicine. Continue to do the things you enjoy such as being with friends/family.
- ✿ **Talk to someone.** By talking out loud about your frustrations, concerns and feelings, you will be also taking a load off. Join a support group. Talking to others who are going through similar situations can be highly beneficial. It helps to not feel alone.
- ✿ **Ask and accept help.** This is not always easy. By being proactive you will be providing the best care of your clients before a crisis is reached. Support from family and friends to assist with small tasks can make a big difference. Be sure to seek professional help if you are feeling overwhelmed.
- ✿ **Keep laughing.** Humour is a well-known to help with stress. Perhaps take time to watch a fun light hearted movie once a week together. Your infectious good mood will make you and others around you happy.

*Take a
deep breath*

For any questions about this booklet, please feel free to contact us.