Striking a
BALANCE
CAREGIVER CONFERENCE

Speaker Handouts

Emotional Side of Caregiving

caregiver.org/emotional-side-caregiving

Whether you become a caregiver gradually or all of sudden due to a crisis, or whether you are a caregiver willingly or by default, many emotions surface when you take on the job of caregiving. Some of these feelings happen right away and some don't surface until you have been caregiving for awhile. Whatever your situation, it is important to remember that you, too, are important. All of your emotions, good and bad, about caregiving are not only allowed, but valid and important.

Many feelings come up when you are caring for someone day in and day out. Many caregivers set out saying, "This won't happen to me. I love my mother, father, husband, wife, sister, brother, friend, etc." But after awhile, the "negative" emotions that we tend to want to bury or pretend we aren't feeling come up. Caregivers are often reluctant to express these negative feelings for fear they will be judged by others (or judge themselves) or don't want to burden others with their problems.

If you don't deal with ALL of your emotions, they can be like a two-year-old who wants your attention: they will keep tugging at you until you stop and acknowledge them. Not paying attention to your feelings can lead to poor sleep, illness, trouble coping, stress eating, substance abuse, etc. When you admit to your feelings, you can then find productive ways to express them and deal with them, so that you and the care receiver can cope better in the future.

This fact sheet will identify some of the common, often hard to admit, feelings that caregivers experience. Once identified, suggestions for how you might better cope with these feelings are offered.

If only we were perfect we would not feel . . .

Ambivalence

This is the feeling of both wanting to be doing what you are doing and the feeling of not wanting to be doing it. On bad days, one often has the feeling of wishing you didn't have to be there, that this ordeal will be over soon. On good days, caring for someone can be a gift to both you and the care receiver.

Coping: Allow yourself to feel both sets of feelings. Everyone has these feelings sometimes. Neither the bad feelings nor the good ones will last forever.

Anger

How often have you "lost it" while providing care? Or felt like you were on your last nerve? Anger and frustration are a normal part of being around someone who needs help on an ongoing basis and who might not be accepting of help. Caring for someone with dementia, in particular, can be even harder, as the care receiver can be irrational and combative. It's not always possible to be in perfect control of your emotions. Anger "just comes out" sometimes.

Coping: Forgive yourself. Find constructive ways to express yourself, learn to walk away and give yourself a "time out." Identify supportive people you can talk to who will listen as you vent about the things that happened that day.

Anxiety

Feeling like things are out of control and not knowing how to bring them back into control often produces feelings of anxiousness. Anxiety can emerge as a short fuse, the impulse to run away, not sleeping, heart palpitations, or the urge to cry.

Coping: Pay attention to your anxiety—it is our body's early warning system that something isn't right. When you feel anxious: Stop. Breathe. Keep breathing. Pray. Meditate. Make some tea. Anything that will give you a break from what is happening in the moment.

Boredom

It is easy to become bored when you are stuck at home taking care of someone else and not doing things that fulfill your own wants and needs. And by the end of the day, you are often too tired to pursue something of interest to you.

Coping: Respite can help. Getting a break from caregiving and having some time for yourself will not only increase your patience and resilience but will give you a chance to do something that is meaningful to you, whether it is socializing, going for a walk, or reading a good book.

Crankiness, Irritablility

When tired and stressed, it is harder to stay in control of the things we say and feel. Feelings can go up and down very rapidly. We can lash out at the littlest thing because we have no reserve.

Coping: If you find yourself feeling cranky and irritable, you probably need a break.You also may need to get some rest, as we are in less control when tired. Often we will turn to alcohol or our favorite junk food to reward ourselves when feeling this way. It's more beneficial to keep a journal or talk with a friend or professional to let off steam.

Depression/Sadness

As a caregiver, you are at risk for depression. Sometimes this is feeling hopeless or helpless, the inability to sleep, or trouble getting up and facing the day. And sometimes it makes you want to cry. (See FCA fact sheet *Depression and Caregiving*.)

Coping: Depression is treatable and should be taken seriously. Professional help is available. Talk to your physician if you think you might be depressed, join a caregiver support group, find a counselor who understands caregiving, and ask for help from friends and family. Exercise. Moving your body is a proven way to relieve some of the symptoms of depression.

Disgust

Having to help toilet someone can be too intimate an experience for many caregivers. If the care receiver is incontinent of stool as well as urine, then changing an adult diaper can be nauseating and repulsive. Having to clean the private body parts of someone, like a parent, can be unnerving and uncomfortable. Watching someone eat sloppily or not care for personal appearance, or having to clean up vomit can also cause feelings of disgust.

Coping: The hardest thing about accepting our revulsion to these things is that the care receiver is not in control of these behaviors. But sometimes we think they are doing it on purpose just to get to us. Or we feel guilty because we think we should be accepting but we are not. Finding ways to minimize your need to do personal care tasks including incontinence care is vital to weathering your caregiver journey, which could stretch on for years. Hire an attendant to do routine care or have someone from the family do these things who might cope better. Also, learn tricks to make tasks easier (e.g. during meal times consider, using a spoon that is designed to be spill resistant.)

An occupational therapist can help you find this tool and other tools to make meal time easier and more enjoyable for both of you. It’s important to know that when it comes to incontinence, you are not alone. Incontinence is one of the main reasons given for placing someone in a facility. There are resources to aid you in dealing with bathroom problems, such as a webinar entitled *Moving Beyond the Leakages: Practical Strategies to Manage Incontinence*, and a segment from our Caregiver College Video Series on our Video Channel. (Both of these resources are in the Caregiver Education section on our website.)

Embarrassment

Does your care receiver make impolite comments when you are out in public? Does he or she need to use the restroom right away and make a scene as you try to find one? Does he or she refuse to bathe and now have body odor? It is easy for us to feel responsible for the behavior of someone else and feel like it is our fault when these things happen.

Coping: Some people create cards (similar to business cards) which read, “My loved one has dementia and can no longer control their behavior” that they hand out to those around them when they are having trouble, especially in restaurants. Some people just stop leaving the house because this is such a difficult problem to manage, it’s easier to stay home. Others have friends, family members, or an attendant accompany them when they go out to offer assistance, when needed.

Fear

What if something happens? Will I be able to cope? Will I feel guilty? Am I responsible for things that go wrong? Caregivers take on a huge amount of responsibility, not only for the day to day care of the care receiver, but also for all the other things that “might” happen while being a caregiver. Scaring ourselves about the “what ifs” can be paralyzing and keep us from enjoying the “what is.”

Coping: It is important to have contingency plans. So, it might make sense to have a back up caregiver in mind in case something should happen to you, or to think about how you would handle predictable medical emergencies based on what disabilities your care receiver has. When you get scared, it is often helpful to talk to someone who knows your situation and can give you perspective and calm your fears.

Frustration

Frustration is part of many other feelings, such as ambivalence, anger, and impatience. Sometimes, as a caregiver, you feel that you can’t do anything right or that things just don’t go as planned no matter what you do or how hard you try. And if you are tired, you are more likely to get frustrated. Frustration may lead to stress eating, substance abuse, and a higher likelihood of losing your temper.

Coping: Acknowledge how frustrating caregiving can be. Join a support group to learn the tricks other caregivers have learned to make coping easier. Get breaks from caregiving so you have time for YOU and a chance to refresh your energy. Exercise. Sleep.

Grief

Watching the care receiver decline, not being able to do things that used to be easy and natural is sad. We also grieve for the care receiver, the person who used to be and our relationship with that person. We often need to grieve the loss we are experiencing on a daily basis or it will come out as something else.

Coping: Sometimes creating a ritual can be helpful. One caregiver would write on a piece of paper the things her husband could no longer do, then go to the ocean and throw the pieces in the water as a way of letting go. We tend to want to avoid the sadness that comes with grief, but allowing ourselves to feel (it) promotes healing. (See FCA fact sheet *Grief and Loss*.)

Guilt

Guilt is the feeling we have when we do something wrong. Guilt in caring for care receivers comes in many forms. There is guilt over not having done enough to have prevented them from getting sick in the first place. There is guilt over feeling like you want this to end. Or guilt over having been impatient with your care receiver too much. There is guilt over not loving or even liking the care receiver at times. There is guilt over not doing enough for the care receiver or not doing a good enough job as a caregiver. And if the care receiver falls or something else happens, there is guilt about it being your fault that it happened. And sometimes caregivers feel guilty about thinking of their own needs and see themselves as selfish, especially if they should do something like go to a movie or out to lunch with a friend.

Coping: You need permission to forgive yourself. You can't be perfect 24/7. It's impossible to be in perfect control of how you feel at all times. We all carry around a lot of "shoulds," such as "No one will do as good of a job as I do, so I have to be here all the time." Or "If I leave and something happens, I will never forgive myself." Consider changing guilt into regret, "I'm in a difficult situation and I have to make difficult decisions sometimes." "I regret that I am human and get impatient sometimes." "I am dong the best I can even though things go wrong from time to time and I regret that I am not perfect."

Impatience

How difficult is it to get your care receiver up in the morning? How about up, dressed, given breakfast and to their doctor's appointment all before 10 a.m.? And you have other things to accomplish that day. All this and the care receiver is acting unhelpful and moving slowly. Perhaps the care receiver refuses to use his walker even though he has fallen many times and the doctor and physical therapist have emphasized he always needs to use it. It is understandable that you would get impatient at times.

Coping: Forgive yourself. When tired, frustrated, and trying to keep things under control, it's natural to want to speed up and have compliance from the care receiver to keep them safe and healthy. So, first, slow down. Leave a lot of time to accomplish tasks. Leave a LOT of time. Control the environment as much as you can, but know you can't always prevent your father from taking off without his walker. Create a list of the things you are in control of and are not. Understand what you can and cannot control.

Jealousy

Do you sometimes feel jealous of your friends who are able to go out and do things that you can no longer do, because of your caregiving responsibilities? Are you jealous of your siblings who are not doing their share to help? Do you feel jealous of a friend whose parent died quickly and easily while you take care of a parent who has had dementia for many years? Are we jealous of someone who got a big inheritance since we are struggling to pay bills and to be a good caregiver? We often don't admit to this feeling, because we have always been told not to be jealous. But that doesn't mean that we don't, in fact, feel jealous from time to time, of those who have it easier or better than us.

Coping: It's okay to admit to being jealous. Because things are not fair, we often have flashes of resentment and envy at other people's good fortune compared to our own. Jealousy is a problem when we wallow in it and prevent ourselves from enjoying the things we DO have. Focus on what you do have, whatever that may be, and find a place in your heart for gratitude.

Lack of Appreciation

Most of us do not want to be dependent on someone else. Learning to accept help is hard. So, the care receiver is often pushing away our attempts to be helpful and caring. If someone has dementia, this problem is often much worse. And we get our feelings hurt because the care receiver does not thank us or even see how much we are giving up in order to care for them.

Coping: Sometimes we have to give ourselves our own pat on the back. Writing in a journal about the things you do each day might help you to appreciate how much you give and how much you do. Having a support group or a group of friends/family to cheer you on is important, and both comforting and necessary to remain resilient through your caregiving journey.

Loneliness

The longer you are a caregiver, the more isolated you become. With no one to talk to day in and day out except the care receiver, it is easy to lose a sense of yourself. Friends stop calling since we are no longer available and we hesitate to call them because we know “they don’t want to hear about it any more” or “I have nothing to talk about because my life is all about caregiving.”

Coping: Find ways to get out of the house and involved in something other than caregiving. Learn about resources from your local Area Agency on Aging about respite programs or day care programs that will allow you to get a much-needed and well-deserved break. No one can do this job alone. Look at your wider circle of support—faith community, neighbors, friends, distant relatives, etc. to see where you might get some nurturing for you.

Loss

Caregivers experience many losses, some of which have already been mentioned: loss of control, loss of independence, loss of income, loss of your best friend, loss of the future, loss of a sense of yourself. Loss leads to grief and depression.

Coping: Identifying your losses can help you to cope with them. For each of us, the losses will be different. When you know what you are feeling, you will be able to look at the loss and think about what might work for you to help you deal with it. (See FCA fact sheet *Caregiving and Ambiguous Loss*.)

Resentment

When put in a situation not of our choosing, it’s not uncommon to feel negative and resentful. Perhaps you have siblings who are not helping provide care or maybe you are an only child, became the caregiver by default, and feel you have very little desire or support to offer care. Little things easily become big things when we feel unappreciated and unacknowledged. And feeling like you have to do it all, and do it all by yourself, is a guaranteed way to feel resentment.

Coping: Family situations and dynamics can be a real challenge. Having help from family may make your situation easier, but sometimes family tensions make it even harder to get help. (See FCA Fact Sheet *Caregiving with Your Siblings*.) The more help and support you accept, the easier it will be to let go of feeling burdened and resentful of those who are not doing their share. If family tensions are getting in the way, it could also help you to refer to the FCA fact sheet *Holding a Family Meeting*. If you can’t get help from the people you think should be offering it, then you need to broaden your circle of people to include those who can and will help. It is easy to forget about the good things that have happened or are happening when we only focus on the negative.

Tiredness

As a caregiver, how often do you get the full eight hours of sleep they always say you need? Sleep is often postponed while you grab a few minutes of alone time after the care receiver goes to bed. Sleep is often disturbed because the care receiver gets up at night and needs help going to the bathroom or being re-directed back to bed. Sleep is often disturbed because you can't fall asleep or stay asleep because you are worrying about all the stressors that come with being a caregiver.

Coping: Sleep has to be put on the priority list. Lack of sleep leads to obesity, illness, crankiness, impatience, inefficiency in accomplishing tasks, and a state of mental fogginess among other issues. If you are having trouble falling asleep or staying asleep not related to direct caregiving, talk to your physician. If you are having trouble sleeping due to caregiving problems, talk to the care receiver's physician. There are ways to help both of you to get the rest you need. As a caregiver, you do amazing work caring for others in need. But as a caregiver, you also need to think about yourself. (See FCA fact sheet *Taking Care of YOU: Self Care for Family Caregivers*, and also the fact sheet *Caregiver Health*.) Just pushing through each day will eventually wear you out and cause you to burn out. Emotional issues can weigh you down and impact not only your ability to cope and provide care, but they can also harm your health and well-being. It is important to learn to ask for help and prioritize getting breaks from caregiving, so that you can be the caregiver you want to be.

Resources

Family Caregiver Alliance
National Center on Caregiving
(415) 434-3388 | (800) 445-8106
Website: https://www.caregiver.org/
Email:
FCA CareJourney: www.caregiver.org/carejourney
Family Care Navigator: www.caregiver.org/family-care-navigator

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers through education, services, research, and advocacy. Through its National Center on Caregiving, FCA offers information on current social, public policy, and caregiving issues and provides assistance in the development of public and private programs for caregivers. For residents of the greater San Francisco Bay Area, FCA provides direct support services for caregivers of those with Alzheimer's disease, stroke, traumatic brain injury, Parkinson's, and other debilitating health conditions that strike adults.

FCA Fact Sheets

A listing of all facts and tips is available online at www.caregiver.org/fact-sheets.

Other Organizations and Links

Eldercare Locator
eldercare.acl.gov

National Association of Area Agencies on Aging
www.n4a.org

Alzheimer’s Association
www.alz.org

Lotsa Helping Hands
www.lotsahelpinghands.com

Recommended Reading

The Caregiver Helpbook
www.powerfultoolsforcaregivers.org

The Emotional Survival Guide for Caregivers: Looking After Yourself and Your Family While Helping an Aging Parent, Barry Jacobs, 2006.

Passages in Caregiving: Turning Chaos into Confidence , Gail Sheehy, 2011.

This fact sheet was prepared by Family Caregiver Alliance and written and reviewed by Donna Schempp, LCSW.

4 Sources of Affordable Counseling Services to Reduce Caregiver Stress

DC dailycaring.com/low-cost-therapy-options-help-caregivers-cope/

To help cope with the added stress of the coronavirus pandemic, we've added a section with organizations that are currently providing free Covid-19 counseling and mental health resources.

Counseling or therapy helps you manage caregiving stress

Talking with a counselor or therapist is a shortcut to figuring out how to deal with the stress and emotional conflict that come with being a caregiver.

Instead of struggling on your own, why not talk with an expert who can give you advice and tools to cope with the emotional and physical challenges?

Some people roll their eyes when they hear about therapy. But don't dismiss it so quickly.

Therapists or counselors are experts who help people deal with negative thinking, stress, depression, anxiety, major life changes, and more.

We explain how therapy helps caregivers, share 4 sources of affordable counseling services, and explain how to find a therapist in your area.

How does therapy help caregivers?

A therapist is a trained listener who won't judge you. Their advice is unbiased, everything that's said is confidential, and you can talk about topics you wouldn't feel comfortable discussing with your spouse, family, or friends.

They're especially helpful when you're struggling with tough decisions like moving your older adult to assisted living or hiring in-home care against their wishes.

4 sources of affordable counseling services

1. Therapists covered by health insurance
Many large healthcare organizations offer therapy that's covered by their insurance plans.

Talk with your doctor to get a referral or call your health insurance provider to see if therapy is a covered service.

2. Free workplace Employee Assistance Programs
Many large companies have Employee Assistance Programs (EAP) where counselors help you deal with life changes and other stressful situations.

If you haven't seen or heard about these programs at your office, check with your Human Resources person. Usually, the company won't be told who uses these services, so you shouldn't be afraid to use the help.

3. Low cost or sliding scale therapists
Many therapists offer low cost or sliding scale fees. Sliding scale means that they charge people differently based on their financial situation.

Fees range from completely free to around $100. Here are a few options:

- Academy of Cognitive Therapy
- Network of Care – click the "Mental Health / Behavioral Health" section on the left
- U.S. Dept. of Health & Human Services health centers

4. Free resources for coping with the coronavirus pandemic

- Mental Health America Covid-19 Information and Resources for Caregivers
- Talkspace Covid-19 Resources – Free therapist-led Facebook support groups, 16-day anxiety relief program for COVID-19, support and resources from licensed therapists, discounted subscriptions

- BetterHelp – one free month of therapy from BetterHelp licensed therapists
- Headspace's Weathering the Storm collection – It includes meditations, sleep, and movement exercises to help you out, however you're feeling.
- NAMI Helpline – HelpLine volunteers answer questions, offer support, and provide practical next steps.
- Crisis Text Line – Get free 24/7 support by texting HOME to 741741 to connect with a Crisis Counselor (from the U.S.) and a live, trained Crisis Counselor receives the text and responds, all from their secure online platform.
- National Suicide Prevention Lifeline – Call 1-800-273-8255 for 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones.

How to find a therapist in your area

If the options above don't work for you, there are plenty of private pay therapists around.

Click here to visit the Psychology Today website and enter your zip code.

You'll get a list of therapists in your area. There's a lot of detail on each therapist, including:

- Fees
- Degrees and credentials
- Areas of practice / specialties
- Years of experience
- State license number

Next Step Find a local therapist who will give you tools and techniques for reducing and managing caregiver stress

Recommended for you:

- 11 Private Support Groups for Caregivers on Facebook
- How to Cope with Compassion Fatigue: 8 Tips for Caregivers
- Caring for the Caregiver: 6 Ways to Get Help and Improve Your Health

By DailyCaring Editorial Team

Image: Dr. Susan Goldsmith & Associates

Care. Easier.

Free practical caregiving tips make life easier

Virtual Caregiver Support Groups during COVID-19

Please note: Virtual support programs are continually changing to better fit community needs. This document will be updated regularly with any new information. Please reach out to the organization listed below prior to attending a support group to make sure that there haven't been any changes and to see if the group is a good fit for you. For help finding resources or information, please contact Natalie Alcorta, Caregiver Support Manager at AGE of Central Texas at 512-600-9275 or resourcecenter@ageofcentraltx.org.

Organization & Contact information	Focus	When	Technology used	How to attend	Additional information
AGE of Central Texas	Early stage dementia	Fridays 10:30am	Zoom	Preregistration is required. Please call or email us.	Facilitated by a licensed counselor
AGE of Central Texas	General Caregiving	Every other Tuesday	Zoom	Preregistration is required. Please call or email us.	
AGE of Central Texas	General caregiving	4th Wednesday of the month 1:30pm	Zoom	Preregistration is required Please call Barbara Wiederaenders 512.451.0684	

Organization & Contact information	Focus	When	Technology used	How to attend	Additional information
AGE of Central Texas	General caregiving	2nd Tuesday of the month 1:30pm	Zoom	Preregistration is required Please call Barbara Wiederaenders 512.451.0684	
Alzheimer's Texas 512-241-0420 TXPrograms@TXAlz.org	Dementia	Tuesdays 1pm	Telephone	Preregistration is required. Please visit: https://alzheimerstexas.salsalabs.org/telesupportgroup5192020/index.html	Conference Call Information will be sent to you the day before by Stephen Catoe
Alzheimer's Foundation of America 866-232-8484	Dementia	Mondays 6-7pm Thursdays 6-7pm	Telephone	Call to 866-232-8484 to register	Facilitated by AFA's licensed social workers, designed to give caregivers a place to connect and share with one another.
Alzheimer's Foundation of America 866-232-8484	For family members of someone in a care facility	Wednesdays 2:30-3:30pm	Telephone	Call to 866-232-8484 to register	Facilitated by AFA's licensed social workers, designed to give caregivers a place to connect and share with one another.

Organization & Contact information	Focus	When	Technology used	How to attend	Additional information
Alzheimer's Foundation of America 866-232-8484	Family conflict and stress	Fridays 2:30-3:30pm	Telephone	Call to 866-232-8484 to register	Facilitated by AFA's licensed social workers, designed to give caregivers a place to connect and share with one another.
HopeHealth	Dementia	Fridays 10 -11:30am	Video meeting via Zoom link	Click this link to join the meeting; https://hopehealthco.zoom.us/j/612379574	
HopeHealth	General caregiving	Tuesdays 3-4:30pm	Video meeting via Zoom link	Click this link to join the meeting; https://hopehealthco.zoom.us/j/95415840170?pwd=d1loT2Q3Z0VLTFhqRUU1WE5FZXByQT09&status=success	
Alzheimer's Association or North Central Texas 800.272.3900	Dementia For family members of someone in a care facility	Wednesdays 4pm	Video support group	Preregistration is required. Please visit: https://www.alz.org/northcentraltexas/helping_you/support_groups	If registering for a session starting in less than 24 hours, please call to register by phone.

Organization & Contact information	Focus	When	Technology used	How to attend	Additional information
Alzheimer's Association or North Central Texas 800.272.3900	Dementia	Fridays 10:30am	Video support group	Preregistration is required. Please visit: https://www.alz.org/northcentraltexas/helping_you/support_groups	If registering for a session starting in less than 24 hours, please call to register by phone.
Family Caregiver Alliance	General caregiving	Anytime	Email	To register visit: http://lists.caregiver.org/mailman/listinfo/caregiver-online_lists.caregiver.org	A group is an email based discussion group that is self-monitored and based on self-help models. For an FAQ please visit: https://www.caregiver.org/caregiver-online-faq

Updated 5.14.2020

How can Task Breakdown be Helpful for Those Living with Early Memory Loss?

Task breakdown is the process of helping a person successfully participate in or complete an activity by making it a step-by-step process. People living with early memory loss may become confused or upset when there are many steps in a sequence. However, when we break an activity into its individual steps, and present each step one at a time, they are more likely to achieve success and feel good about it.

The best way to assist a person to complete a task is for you, as the care partner, to determine how much breakdown of a task is appropriate for your care recipient. Breaking down a task also helps people living with early memory loss maintain control and dignity by ensuring they participate meaningfully rather than having a care partner do an activity for them. It’s always important to take safety into consideration when making these decisions.

For example, if someone with dementia was given a variety of ingredients at once and asked to “cook dinner,” the person might get started right away, or sit and stare, or leave, or say no. Depending on the person, this task may need to be broken down into smaller, more manageable pieces. That is why knowing the person is critical. Having an understanding of your care recipient’s skills and abilities is essential in making any modifications they need to succeed. For example, if someone is having a hard time with the task of stirring cookie dough, for the first step, the care partner may take all of the ingredients and put them on the counter. The care partner may then say to the person living with early memory loss, “Now read the first instruction on the box.”

Successful Task Guiding Strategies

1. Tasks should be broken down into steps that are accessible for the care recipient and the care partner should use a “demonstrate then follow” method.
2. Make sure the space you are working in is clutter-free.
3. Only have the items needed for the task present.
4. Lay supplies out in order of use from left to right and are to be used one step at a time.
5. Make sure the area you are working in is well lit, with no shadows.
6. Contrast helps people see object more clearly. Try placing all of the items needed for the task on a placemat that is a contrasting color from the work surface.
7. Demonstrate the steps of a task- one at a time- for the person and then invite them to follow after each step. This verbal invitation leads to the person following the guide, but often no words are even needed. Many people with dementia will follow the actions of their care partner when they are working on a task together. Often, following their care partner’s actions is easier than following written or verbal directions.
8. Do not assume that the care recipient knows what to do or what is next.
9. Believe that the person living with early memory loss wants to be able to complete the activity. They just need some assistance to complete is successfully.

10. Consider using visual or verbal cues.

Sources:

1. Brush Development company – How Task Breakdown can help people with Dementia.

https://brushdevelopment.com/how-can-task-breakdown-help-people-with-dementia/

Early Memory Loss and Dementia

Dementia is not a specific disease, but a set of symptoms that can be caused by many different diseases. A person with dementia has trouble with memory, language, planning, and judgment. Alzheimer's disease is the most common cause of dementia, but there are several others. While these diseases do not have a cure, there are medications and treatments that can help manage symptoms. Symptoms of dementia start slowly and usually progress over a number of years. *Please note that symptoms of memory loss can be different in different people.*

A person who is **Aging Normally…**	A person with **Early Memory Loss…**	A person with **Moderate Dementia…**
➢ Is able to take care of all daily tasks ➢ Our bodies and brains slow down a bit	➢ Early memory loss disrupts day to day life and is noticeable to others ➢ Likely can still do many things themselves ➢ A doctor's diagnosis is Mild Cognitive Impairment, early stage dementia, mild dementia, or a specific type of dementia	➢ Needs help with many daily tasks, such as personal hygiene and getting dressed ➢ Can go out to social activities or do chores, needs to be accompanied and is not safe to be left alone
➢ Sometimes forgets names or appointments, but remembers them later	➢ Often forgets information that is usually easily remembered: when to take medicine, conversations, or appointments ➢ Routinely misplaces belongings, such as wallet or keys ➢ Often cannot find the right word ➢ Asks the same question repeatedly	➢ Has significant memory loss ➢ Does not recognize or confuses people that they know well ➢ Is not able to remember anything new, including someone they just met
➢ Knows where they are ➢ Gets confused about the day of the week but figures it out later	➢ Has difficulty driving and may have trouble remembering directions, even in familiar places	➢ Gets lost easily or forgets where they are ➢ Loses track of the day of the week or the season
➢ Makes occasional errors when balancing a checkbook	➢ Struggles to solve problems, such as keeping track of bills or making financial decisions	➢ Is not able to solve problems
➢ Occasionally needs help to use the settings on a microwave or to record a television show	➢ Has difficulty completing familiar tasks, such as dialing the phone or reading the clock	➢ Needs help and direction to complete tasks
➢ Sometimes feels weary of work, family, and social obligations	➢ Has difficulty performing tasks in social or work settings ➢ Withdraws from work or social life, like when a regular churchgoer stops attending services ➢ Personality changes, such as being more irritable or angry than usual	➢ Significant changes in personality or behavior, such as unfounded suspicions or refusing to bathe ➢ Wanders and gets lost ➢ May sleep during the day and become restless at night

Early Memory Loss and Dementia
Common Questions

What should you do if you or someone you know is experiencing these symptoms or is concerned about their memory?

Make an appointment to talk with a doctor. These symptoms could be signs of dementia, or they could be caused by something else. Medical conditions – such as medication side effects, thyroid problems, or depression – could cause memory loss and are treatable. *It's important to be evaluated by a doctor to determine what is causing the symptoms.*

What can be done to help if I have early memory loss?

- Talk to a doctor about medications that can help improve symptoms in some people.
- Eat a healthy diet that includes lots of fruits and vegetables, especially leafy green vegetables.
- Engage in mentally stimulating activities like puzzles or games.
- Socialize. Spend time with friends and family. Join a group at a church or community center.
- Stay physically active. Attend an exercise class at a senior center, go for a walk, or spend time gardening.

How common is dementia?

14% of people ages 71 and older living in the U.S. have dementia. 5.7 million Americans are living with Alzheimer's disease. In Texas, there are approximately 380,000 people living with Alzheimer's.

What increases a person's risk for early memory loss or dementia?

- Age is the biggest risk factor. Most people with dementia are above the age of 65.
- Some types of dementia are hereditary.
- Lifestyle factors – such as exercise, nutrition, and other medical conditions – can increase the risk of dementia.

How can the AGE of Central Texas Memory Connections program help?

- A community of support and the opportunity to connect with others who are experiencing similar challenges with early memory loss.
- The program's challenging and engaging activities include brain games, reading and discussing interesting news articles, gentle physical exercise, a professionally facilitated support group, and creative activities such as art, creative writing, or music. Although there is no cure for dementia, research shows that exercising the brain promotes brain health.

Thank you to our sources. For more information, please contact:
Alzheimer's Association of Central Texas: http://www.alz.org/texascapital - 24/7 Helpline: 1.800.272.3900
Mayo Clinic: http://www.mayoclinic.org/diseases-conditions/alzheimers-disease/in-depth/memory-loss/art-20046326
Texas State Plan for Alzheimer's: https://www.dshs.state.tx.us/alzheimers/default.shtm

If you are interested in joining our program, please contact us to schedule an admissions interview:

AGE of Central Texas - Memory Connections
Phone: 512-451-4611, ext. 236
Email: memoryinfo@ageofcentraltx.org
www.AGEofCentralTX.org

11.1.18

Encouraging Participation in Activities

Fun, meaningful activities are as important to the well-being of an individual living with early memory loss as they are for anyone. Caregivers may feel it's challenging to involve their person in meaningful activities and even describe it as feeling like "pulling teeth." If you agree with these statements, you are not alone.

Your person may experience apathy, lack of motivation, or even depression which may inhibit their desire to remain active. If you feel like the person you are caring for may be experiencing depression, it is important to talk with your doctor as treatment can help with these symptoms.

Many individuals with early memory loss may require more management and support to get started and stay involved in tasks that they enjoy. Early memory loss symptoms can lead to an increased reliance on others to schedule activities and initiate tasks. Here are some tips for engaging your person:

Variety

- Start with what the person can do, enjoys and finds meaningful, building on the interests and preferences of your person.
- Consider using encouragement and reminders to engage your person in activities previously enjoyed.
- Have a conversation with your person about their preferences and what they enjoy in their daily life. Write an agreed-upon daily routine in a place where you can both see it, and use it to gently remind the person that they agreed to do an activity at a particular time.

Language

- The way you present an activity to your person can make a difference. Consider using more directive language instead of requesting they participate in the activity. For example, "Let's go out to lunch today" instead of, "Would you like to go out to lunch today?"
- Consider making activities personal and specific. "We are going to lunch at The Market with your sister at noon. The Market has that peanut butter pie that is our favorite!" It implies that the plans are all set at a specific time and place you both enjoy and look forward to. Giving too many details may confuse your person, so it can help to adjust according to what works best for both of you.
- Consider balancing being directive with making sure your person feels valued and their opinions are heard. Talking about what activities are important to them – and to you – can help. That way, you both are able to spend time doing what is valuable to you and you both have a voice in how your time is spent.

Seek outside help from non-family members

- Your person may respond better to a non-family caregiver when it comes to initiating and participating in activities. For example, you may work with a personal trainer to develop an exercise program. Allow the trainer to initiate and monitor the program, acting as the external motivating factor for your person.
- The use of community based programs, like respite programs, senior centers and Memory Connections, is a great way for your person to engage in social, cognitive and physical activities.

Utilize your relationship

- Let your person know that it would be helpful *to you* if they participate in a specific activity. Communicating specifically how it effects your life positively may be a motivating factor for them. For example, "It's important to me that you have a social group for yourself, so that I can also have time for myself with my friends. Please try the respite group."

Make tasks more manageable

- You may often need to start the activity, as well as gently prompt, or help the person during the activity.
- Break tasks down into smaller chunks. Several smaller steps may be easier than one bigger step. The person may feel more accomplished and may be more likely to complete some of the task on their own.

Stay Positive

- Providing frequent positive feedback and "rewards" for engaging in activities helps ensure that the person continues to do the activities and benefit from them. Offer encouragement to keep them engaged, but don't fuss over them. Focus on what they have achieved.
- Try not to blame the person. It's natural to have an emotional reaction if it seems that the person is being lazy, unhelpful, or uncaring. Try to remember that it's not their choice. If you notice that you are feeling frustrated, take a moment to calm down.
- Encouraging someone with early memory loss to engage in an activity can be exhausting! It's important to look after yourself. Take regular breaks and see if replacement (respite) care is an option. Talk to someone you trust or join a support group, perhaps online, as others may have helpful tips to share.

Sources:

1. Alzheimer's Society United against Dementia, Apathy and Dementia. https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/apathy
2. Alzheimer's Texas, Creating fun, meaningful moments for elders with dementia. https://www.dementiaguide.com/symptomlibrary/leisureactivities/?pageContent=social_interaction

Memory Connections At-home Activities
Set #7 – Brain Boosters

Brain exercise includes trivia, word games, & puzzles.

Benefits: Research shows that brain exercise may help cognitive function, attention, memory, mood, and quality of life. However, more research is needed.

Brain Booster 1: Find the Words

Rearrange letters of a word or phrase to make new words or phrases. See how many you can come up with!

Brain Booster 2: Wacky Wordies

Pictures are used to represent a word or phrase. Take note of the word position in the box to solve the riddle! We have included some examples to get you started.

Brain Booster 3: Trivia

Brain Booster 1: Find the Words

Rearrange letters of a word or phrase to make new words or phrases. See how many you can come up with!

Instructions for family member:

1. Look at the next page together.
2. Explain the instructions: How can we rearrange the letters in this word or phrase to make new 3, 4 or 5 letter words? Provide an example.
3. Family member writes down words as the person says them. Also consider checking them off the answer sheet.
4. If the person says a word that doesn't fit the rules, encourage them by saying, "that was close, but we are missing that letter."
5. When the person slows, ask if they would like hints. If so, look over the answer sheet, and provide hints.
6. Stop when the person seems done – even if they haven't gotten all the words.
7. Congratulate them for how many words they came up with and how well they exercised their brain.

Instructions for working independently:

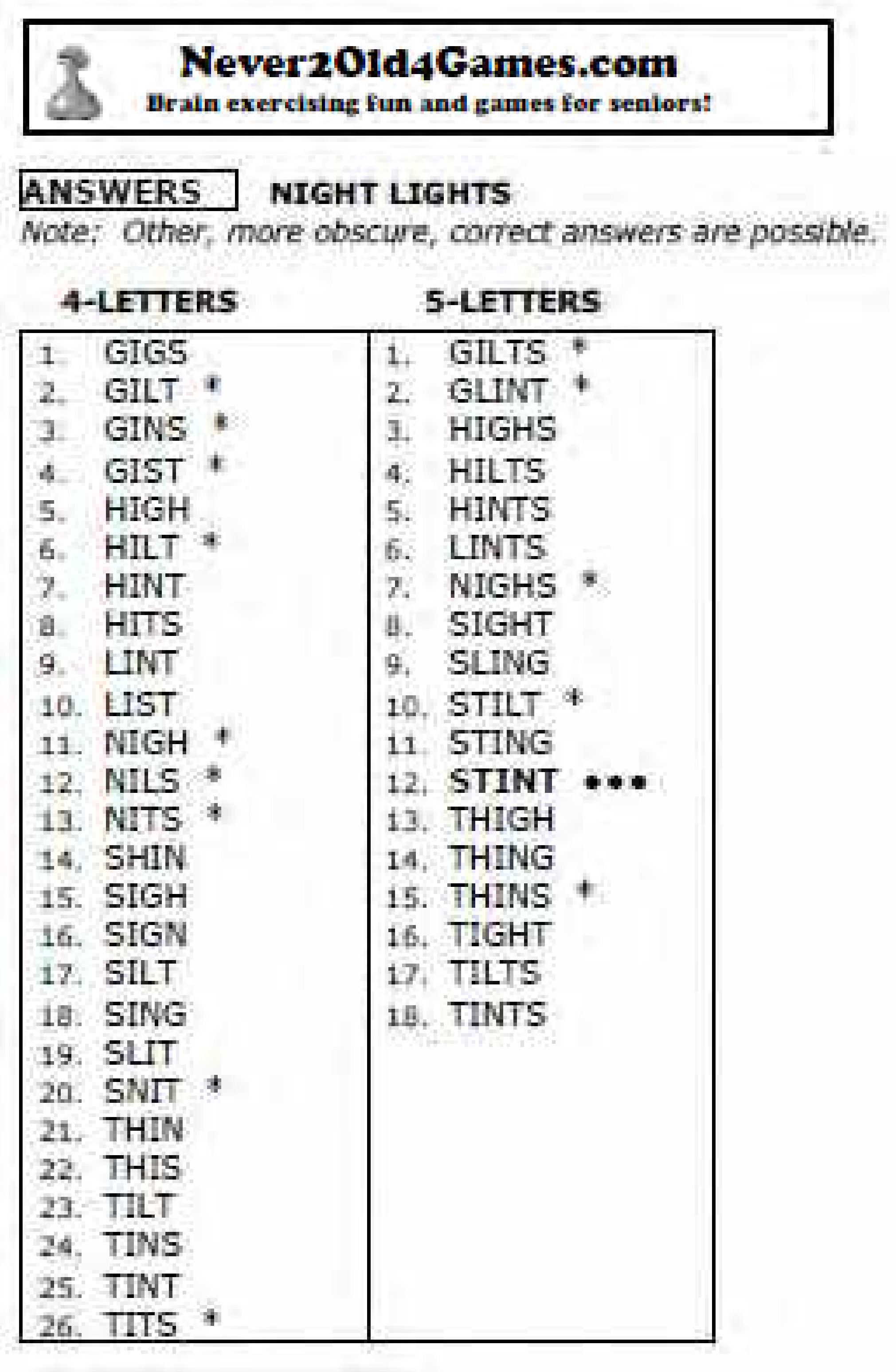
1. See instructions at the top of the next page.
2. Once you're done, compare your answers to those listed on the Answer sheet.
3. Move on to the next Brain Booster when you are ready.

Brain Booster 1: Find the Words - Let’s get started!

- How can we rearrange the letters in the word or phrase below to make new 3, 4 or 5 letter words?
- Be sure not to add any new letters!
- Stop when you feel done – even if you haven’t filled the page.

NIGHT LIGHTS

Brain Booster 1: Find the Words Answer Sheet



Never2Old4Games.com

Brain exercising fun and games for seniors!

ANSWERS **NIGHT LIGHTS**

Note: Other, more obscure, correct answers are possible.

4-LETTERS

1. GIGS
2. GILT *
3. GINS *
4. GIST *
5. HIGH
6. HILT *
7. HINT
8. HITS
9. LINT
10. LIST
11. NIGH *
12. NILS *
13. NITS *
14. SHIN
15. SIGH
16. SIGN
17. SILT
18. SING
19. SLIT
20. SNIT *
21. THIN
22. THIS
23. TILT
24. TINS
25. TINT
26. TITS *

5-LETTERS

1. GILTS *
2. GLINT *
3. HIGHS
4. HILTS
5. HINTS
6. LINTS
7. NIGHS *
8. SIGHT
9. SLING
10. STILT *
11. STING
12. **STINT** ***
13. THIGH
14. THING
15. THINS *
16. TIGHT
17. TILTS
18. TINTS

* Indicates harder words

Brain Booster 2: Wacky Wordies

Pictures are used to represent a word or phrase. Take note of the word position in the box to solve the riddle! We have included some examples to get you started.

Instructions with family member:

1. Discuss the instructions: we are going to figure out how each picture represents a word or phrase. Let's do the examples together.
2. Ask them to complete the rest independently, to the best of their ability. Remind them that the purpose is brain exercise, not to get the right answer.
3. After a few minutes, check in. If they are frustrated or stuck, offer a hint, or encourage them to keep going.
4. When they're done, review the answers together. Provide encouragement: you get the benefits of brain exercise just by trying!

Instructions for working independently:

1. Each picture represents a word or phrase.
2. Look over the examples to get a hang of how the puzzles work.
3. Try to figure out the 10 puzzles – what word of phrase does each represent? Take note of where each word is located in the box.
4. Remember that it's not about getting the right answers; you get the benefits of brain exercise just by trying!
5. Check the answer sheet if you want to see if you got them all.
6. Move on to the next Brain Booster when you are ready.

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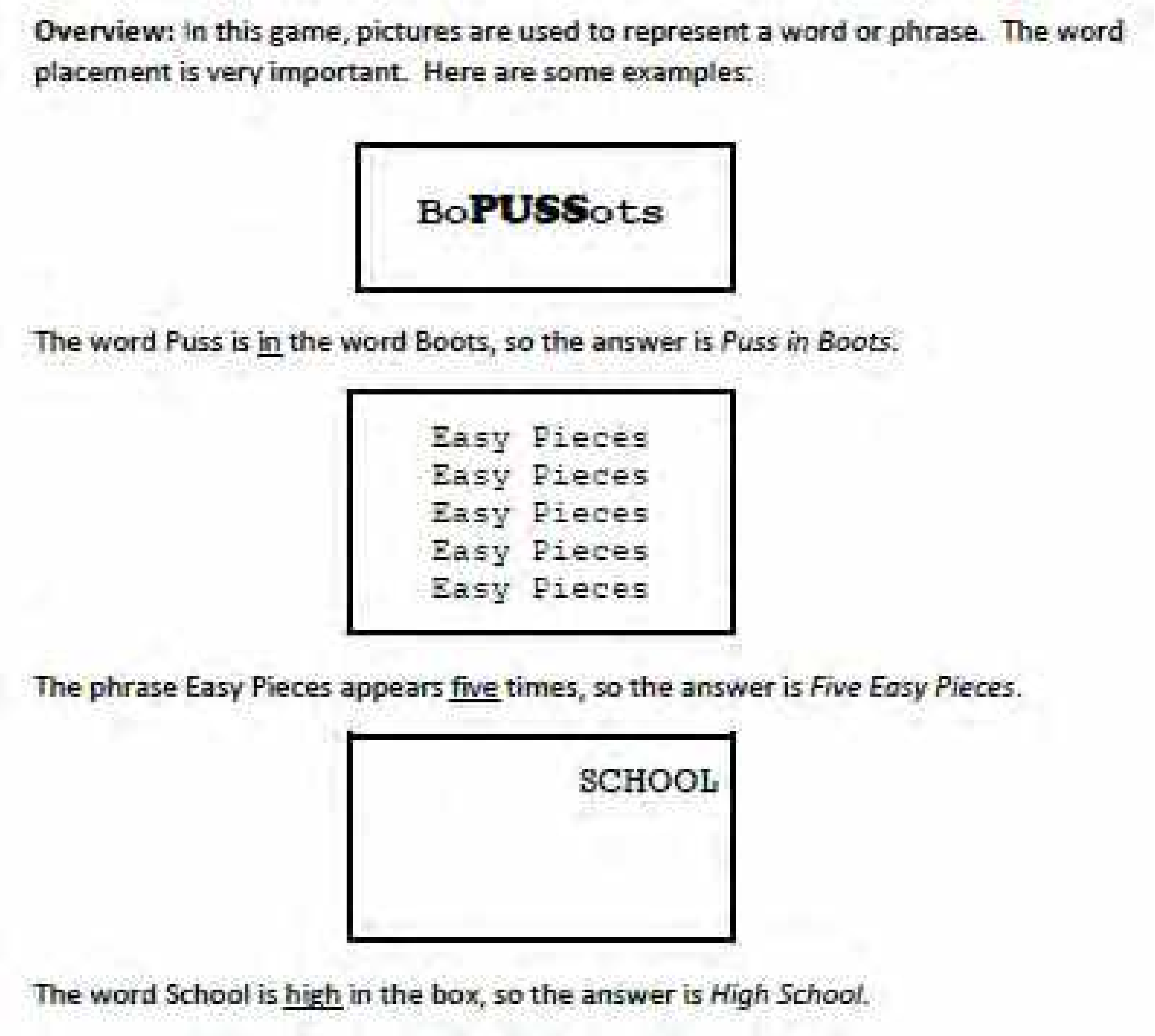
EXAMPLES



Overview: In this game, pictures are used to represent a word or phrase. The word placement is very important. Here are some examples:

Bo**PUSS**ots

The word Puss is in the word Boots, so the answer is *Puss in Boots*.

Easy Pieces
Easy Pieces
Easy Pieces
Easy Pieces
Easy Pieces

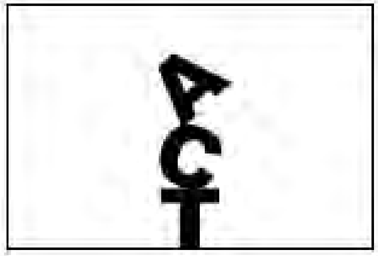
The phrase Easy Pieces appears five times, so the answer is *Five Easy Pieces*.

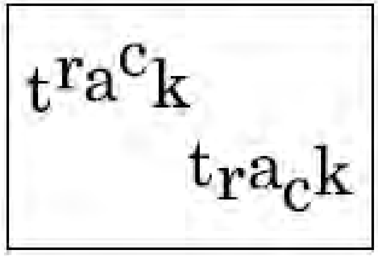
SCHOOL

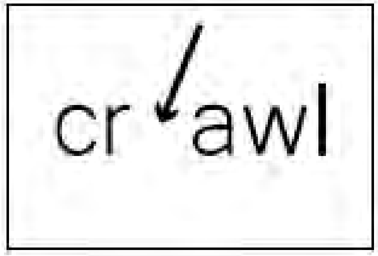
The word School is high in the box, so the answer is *High School*.

Brain Booster 2: Wacky Wordies - Let's get started!

Each of the puzzles below provides a visual representation of a common word or phrase.
Can you decipher the clues in each puzzle box?





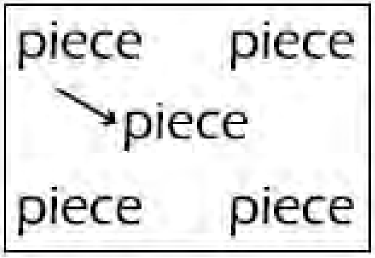


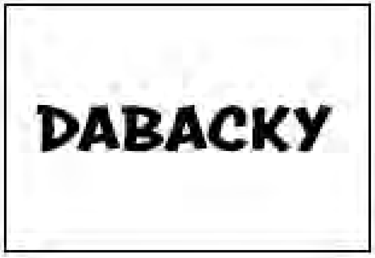
1.__________________

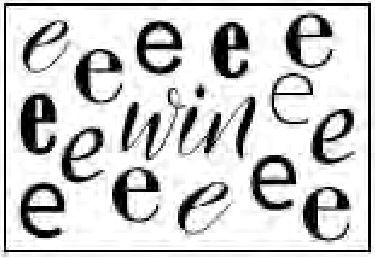
2.__________________

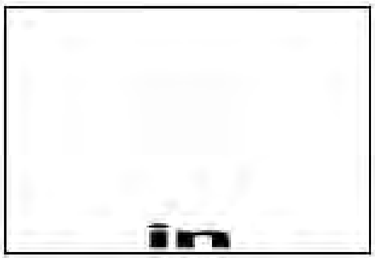
3.__________________

4.__________________







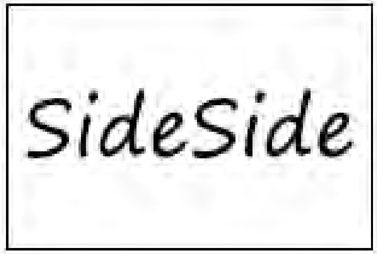


5.__________________

6.__________________

7.__________________

8.__________________



9.__________________

10.__________________

11.__________________

12.__________________

Brain Booster 2: Wacky Wordies Answer Sheet

Wacky Wordies

(solutions)

1. Balancing act
2. Uneven tracks
3. Crawl space
4. United we stand
5. Centerpiece
6. Back in the day
7. Win with ease
8. In short
9. Stay in touch
10. The glass is half full
11. Be on the right side of history
12. Side by side

Brain Booster 3: Trivia

Instructions with family member:

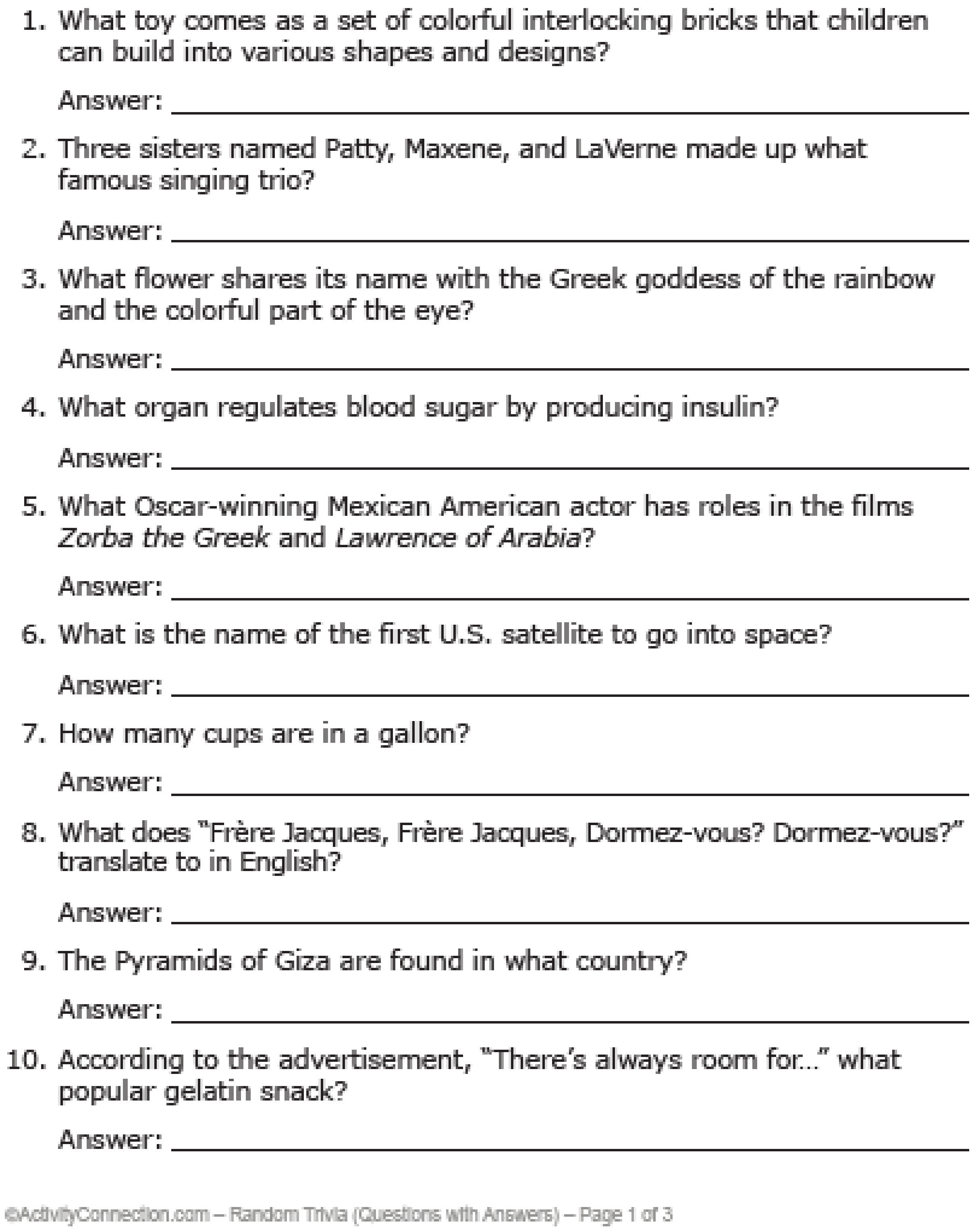
1. Look at the next page together.
2. Either go through the questions and answer together, or ask them to complete them independently. Remind them that the purpose is brain exercise, not to get the right answer. If they can't get one, go to the next one.
3. If they are working independently, check in after a few minutes. Offer hints or support if they are frustrated or stuck.
4. When they're done, review the answer sheet together. Provide encouragement: just thinking about the questions is great brain exercise!

Instructions working independently:

- Look at the next page.
- When complete, compare your answers to those on the answer sheet.
- It's not about getting the right answers; just thinking about the questions is great brain exercise!

Brain Booster 3: Trivia – Let's get started!

Answer as many of the questions below as you can. If you can't get one, move on to the next one. Have fun!



1. What toy comes as a set of colorful interlocking bricks that children can build into various shapes and designs?

   Answer: ______________________________

2. Three sisters named Patty, Maxene, and LaVerne made up what famous singing trio?

   Answer: ______________________________

3. What flower shares its name with the Greek goddess of the rainbow and the colorful part of the eye?

   Answer: ______________________________

4. What organ regulates blood sugar by producing insulin?

   Answer: ______________________________

5. What Oscar-winning Mexican American actor has roles in the films *Zorba the Greek* and *Lawrence of Arabia*?

   Answer: ______________________________

6. What is the name of the first U.S. satellite to go into space?

   Answer: ______________________________

7. How many cups are in a gallon?

   Answer: ______________________________

8. What does "Frère Jacques, Frère Jacques, Dormez-vous? Dormez-vous?" translate to in English?

   Answer: ______________________________

9. The Pyramids of Giza are found in what country?

   Answer: ______________________________

10. According to the advertisement, "There's always room for..." what popular gelatin snack?

    Answer: ______________________________

11. What symbol is in the center of the Canadian flag?

    Answer: ______________________________

12. *The Birds*, *Psycho*, and *Rear Window* were made by what famous director and producer?

    Answer: ______________________________

13. What English word refers to a head covering and translates to the word for *grandmother* in Russian?

    Answer: ______________________________

14. What is a triangle with two sides of equal length called?

    Answer: ______________________________

15. What was Norma Jeane Mortenson's stage name? **Hint:** She starred in the movie *Gentlemen Prefer Blondes*.

    Answer: ______________________________

16. What is the job title of a person who studies insects?

    Answer: ______________________________

17. According to the proverb, a bird in the hand is worth how many in the bush?

    Answer: ______________________________

18. What kind of hats do the queen of England's guards wear?

    Answer: ______________________________

19. What Australian city hosted the 2000 Summer Olympics?

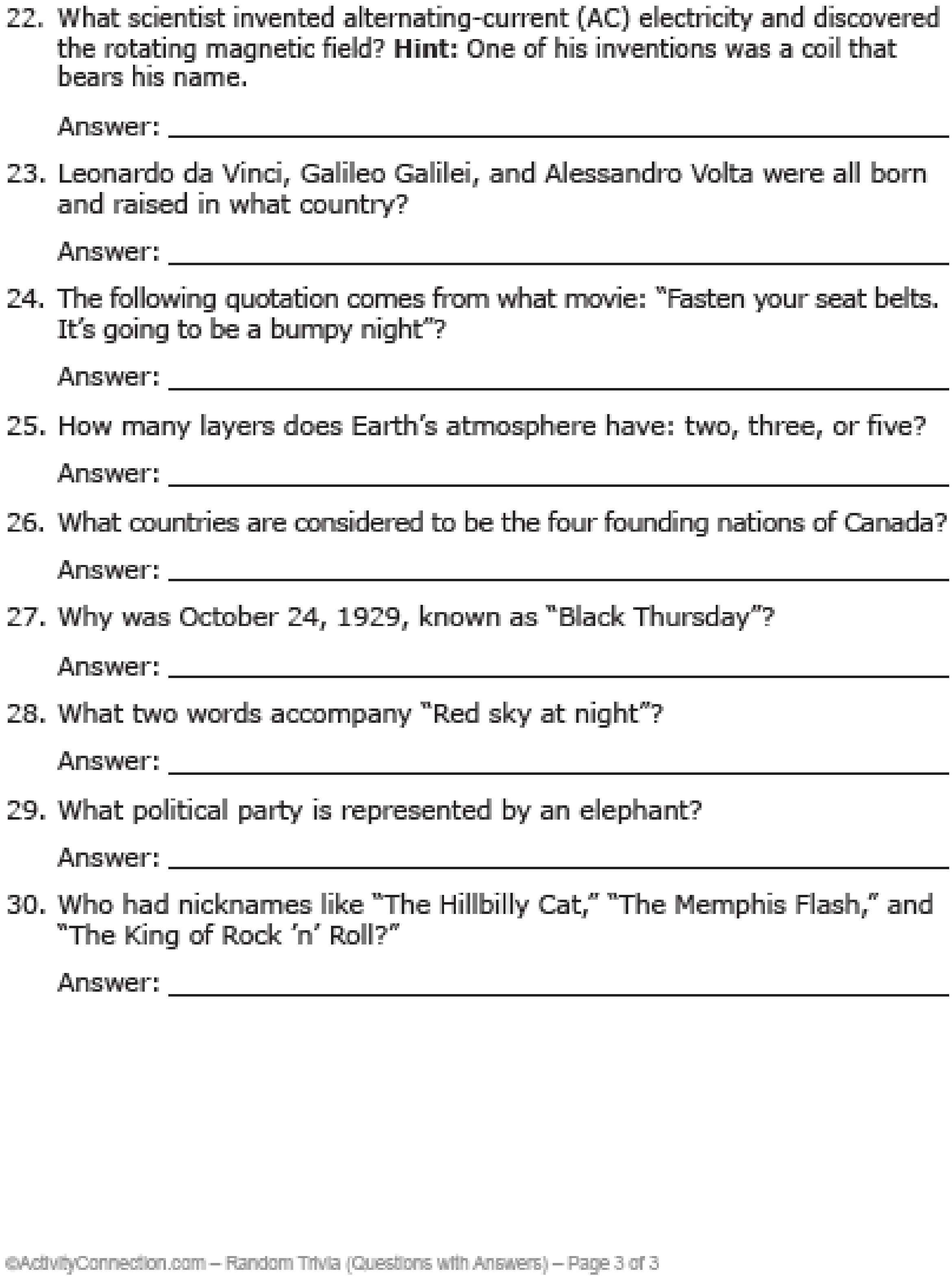
    Answer: ______________________________

20. What 1940s radio program centered around an aircraft plant worker who was always getting into trouble and saying, "What a revoltin' development this is"?

    Answer: ______________________________

21. What is the capital of Cuba?

    Answer: ______________________________



22. What scientist invented alternating-current (AC) electricity and discovered the rotating magnetic field? **Hint:** One of his inventions was a coil that bears his name.

    Answer: ______________________________

23. Leonardo da Vinci, Galileo Galilei, and Alessandro Volta were all born and raised in what country?

    Answer: ______________________________

24. The following quotation comes from what movie: "Fasten your seat belts. It's going to be a bumpy night"?

    Answer: ______________________________

25. How many layers does Earth's atmosphere have: two, three, or five?

    Answer: ______________________________

26. What countries are considered to be the four founding nations of Canada?

    Answer: ______________________________

27. Why was October 24, 1929, known as "Black Thursday"?

    Answer: ______________________________

28. What two words accompany "Red sky at night"?

    Answer: ______________________________

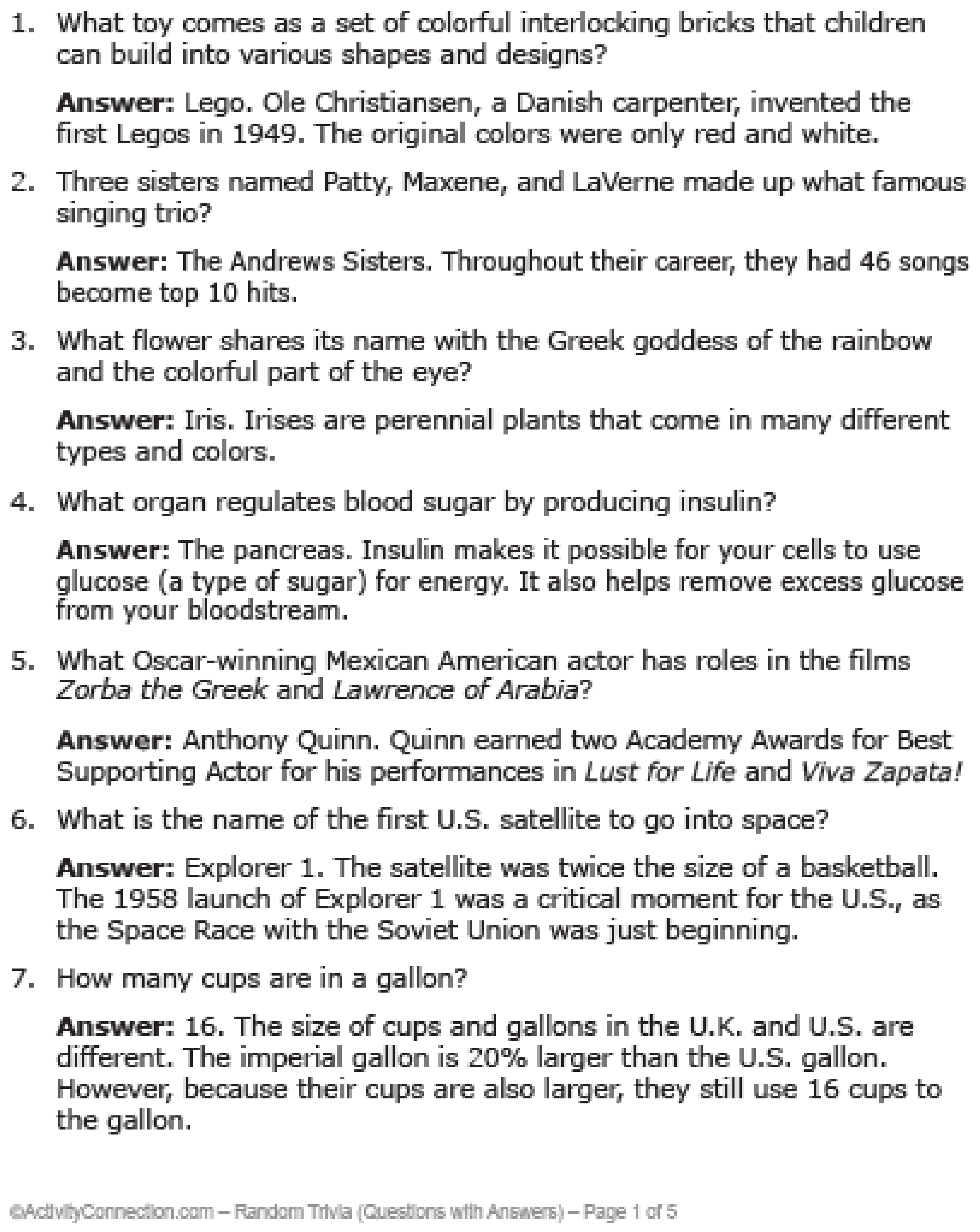
29. What political party is represented by an elephant?

    Answer: ______________________________

30. Who had nicknames like "The Hillbilly Cat," "The Memphis Flash," and "The King of Rock 'n' Roll?"

    Answer: ______________________________

Brain Booster 3: Trivia Answer Sheet



1. What toy comes as a set of colorful interlocking bricks that children can build into various shapes and designs?

   Answer: Lego. Ole Christiansen, a Danish carpenter, invented the first Legos in 1949. The original colors were only red and white.

2. Three sisters named Patty, Maxene, and LaVerne made up what famous singing trio?

   Answer: The Andrews Sisters. Throughout their career, they had 46 songs become top 10 hits.

3. What flower shares its name with the Greek goddess of the rainbow and the colorful part of the eye?

   Answer: Iris. Irises are perennial plants that come in many different types and colors.

4. What organ regulates blood sugar by producing insulin?

   Answer: The pancreas. Insulin makes it possible for your cells to use glucose (a type of sugar) for energy. It also helps remove excess glucose from your bloodstream.

5. What Oscar-winning Mexican American actor has roles in the films *Zorba the Greek* and *Lawrence of Arabia*?

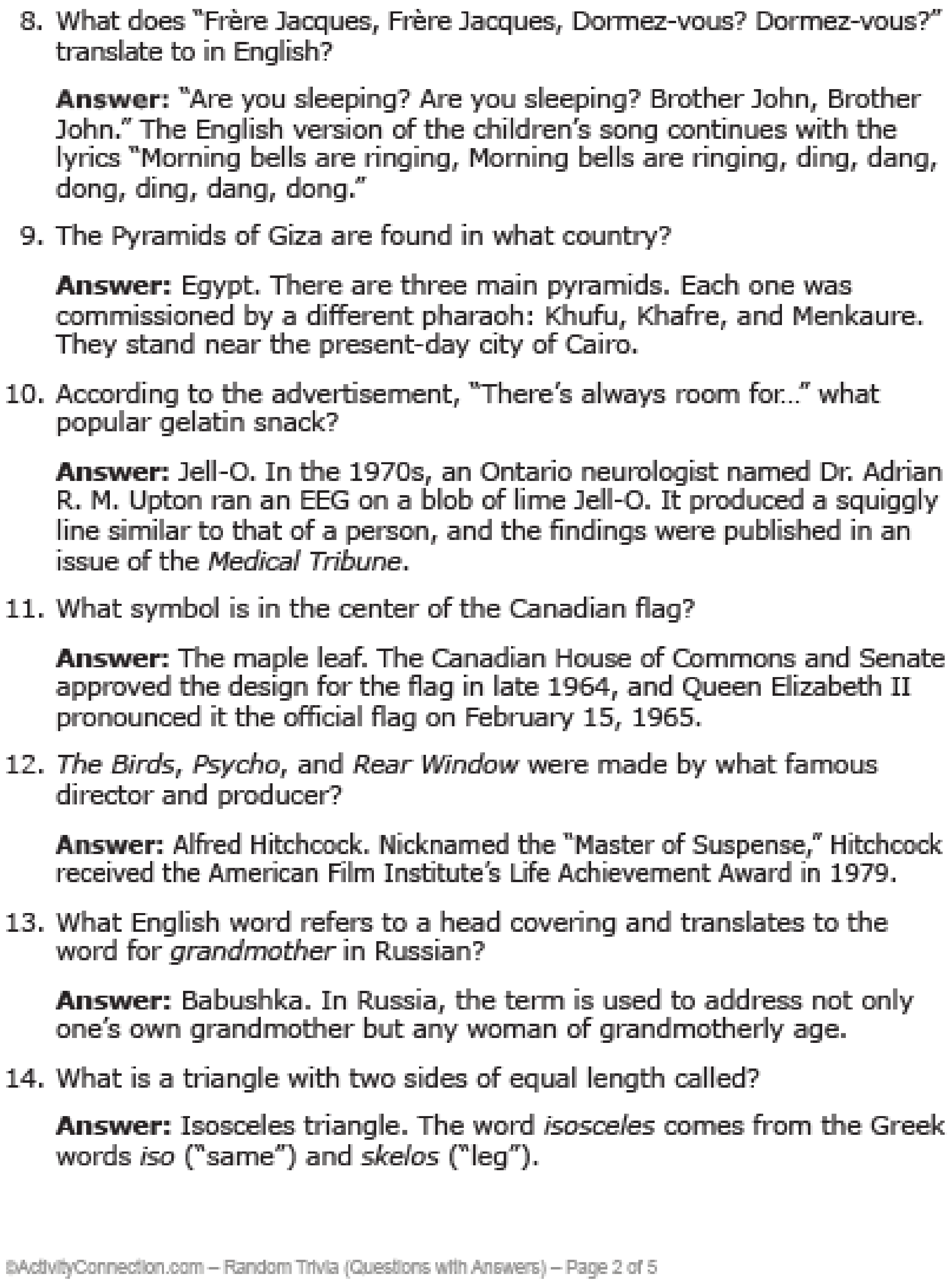
   Answer: Anthony Quinn. Quinn earned two Academy Awards for Best Supporting Actor for his performances in *Lust for Life* and *Viva Zapata!*

6. What is the name of the first U.S. satellite to go into space?

   Answer: Explorer 1. The satellite was twice the size of a basketball. The 1958 launch of Explorer 1 was a critical moment for the U.S., as the Space Race with the Soviet Union was just beginning.

7. How many cups are in a gallon?

   Answer: 16. The size of cups and gallons in the U.K. and U.S. are different. The imperial gallon is 20% larger than the U.S. gallon. However, because their cups are also larger, they still use 16 cups to the gallon.



8. What does "Frère Jacques, Frère Jacques, Dormez-vous? Dormez-vous?" translate to in English?

   Answer: "Are you sleeping? Are you sleeping? Brother John, Brother John." The English version of the children's song continues with the lyrics "Morning bells are ringing, Morning bells are ringing, ding, dang, dong, ding, dang, dong."

9. The Pyramids of Giza are found in what country?

   Answer: Egypt. There are three main pyramids. Each one was commissioned by a different pharaoh: Khufu, Khafre, and Menkaure. They stand near the present-day city of Cairo.

10. According to the advertisement, "There's always room for…" what popular gelatin snack?

    Answer: Jell-O. In the 1970s, an Ontario neurologist named Dr. Adrian R. M. Upton ran an EEG on a blob of lime Jell-O. It produced a squiggly line similar to that of a person, and the findings were published in an issue of the *Medical Tribune*.

11. What symbol is in the center of the Canadian flag?

    Answer: The maple leaf. The Canadian House of Commons and Senate approved the design for the flag in late 1964, and Queen Elizabeth II pronounced it the official flag on February 15, 1965.

12. *The Birds*, *Psycho*, and *Rear Window* were made by what famous director and producer?

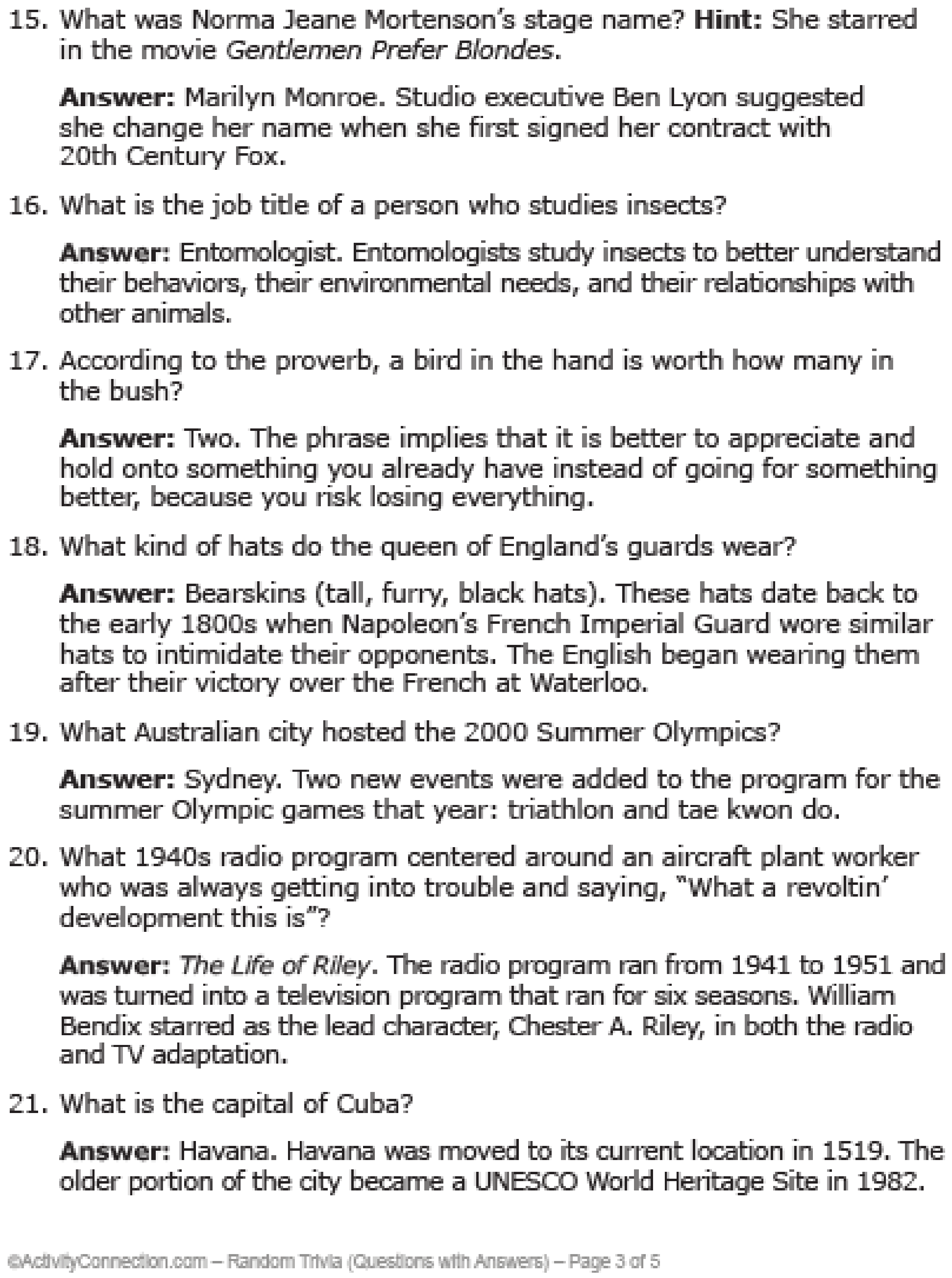
    Answer: Alfred Hitchcock. Nicknamed the "Master of Suspense," Hitchcock received the American Film Institute's Life Achievement Award in 1979.

13. What English word refers to a head covering and translates to the word for *grandmother* in Russian?

    Answer: Babushka. In Russia, the term is used to address not only one's own grandmother but any woman of grandmotherly age.

14. What is a triangle with two sides of equal length called?

    Answer: Isosceles triangle. The word *isosceles* comes from the Greek words *iso* ("same") and *skelos* ("leg").



15. What was Norma Jeane Mortenson's stage name? **Hint:** She starred in the movie *Gentlemen Prefer Blondes*.

    Answer: Marilyn Monroe. Studio executive Ben Lyon suggested she change her name when she first signed her contract with 20th Century Fox.

16. What is the job title of a person who studies insects?

    Answer: Entomologist. Entomologists study insects to better understand their behaviors, their environmental needs, and their relationships with other animals.

17. According to the proverb, a bird in the hand is worth how many in the bush?

    Answer: Two. The phrase implies that it is better to appreciate and hold onto something you already have instead of going for something better, because you risk losing everything.

18. What kind of hats do the queen of England's guards wear?

    Answer: Bearskins (tall, furry, black hats). These hats date back to the early 1800s when Napoleon's French Imperial Guard wore similar hats to intimidate their opponents. The English began wearing them after their victory over the French at Waterloo.

19. What Australian city hosted the 2000 Summer Olympics?

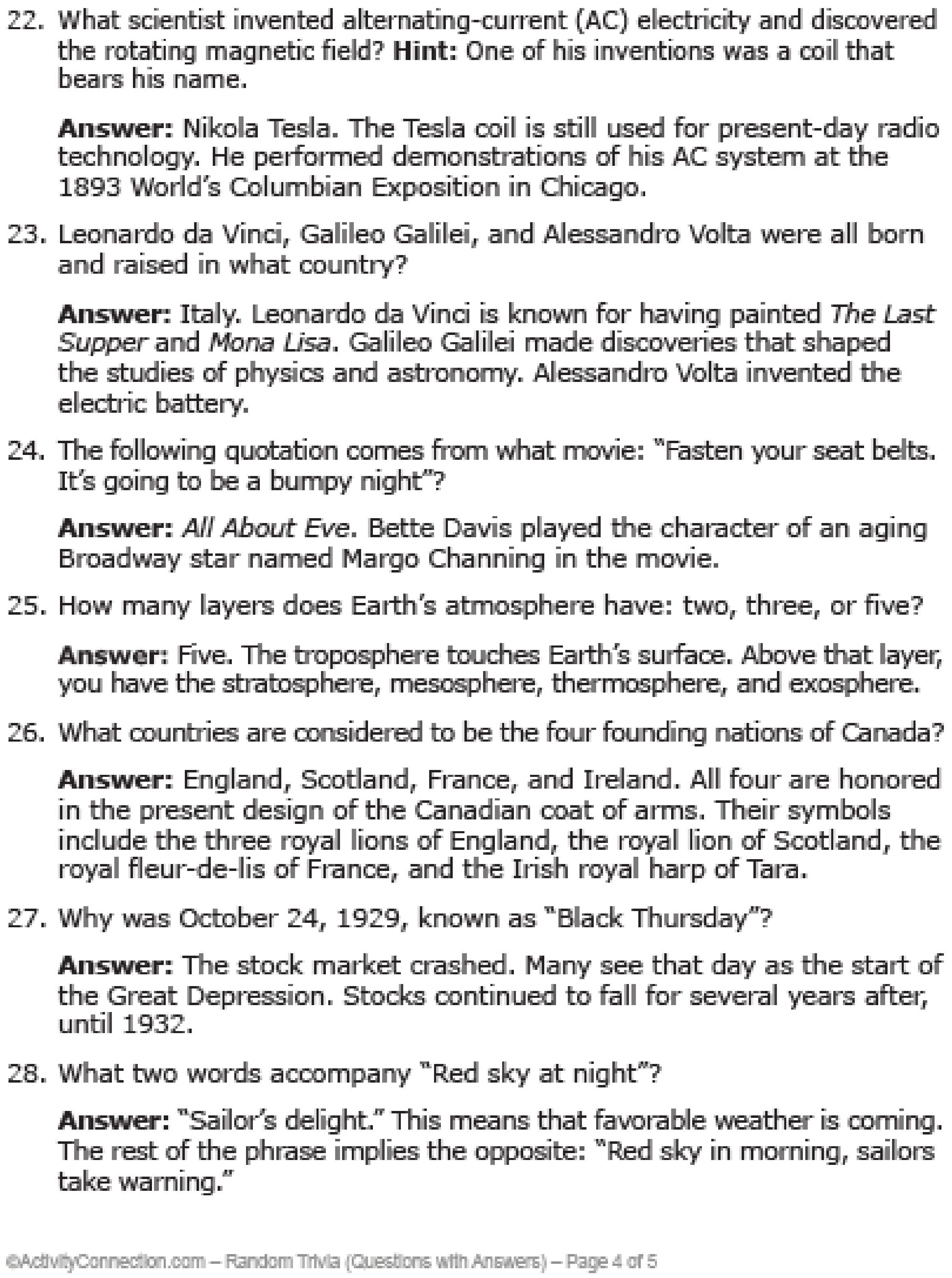
    Answer: Sydney. Two new events were added to the program for the summer Olympic games that year: triathlon and tae kwon do.

20. What 1940s radio program centered around an aircraft plant worker who was always getting into trouble and saying, "What a revoltin' development this is"?

    Answer: *The Life of Riley*. The radio program ran from 1941 to 1951 and was turned into a television program that ran for six seasons. William Bendix starred as the lead character, Chester A. Riley, in both the radio and TV adaptation.

21. What is the capital of Cuba?

    Answer: Havana. Havana was moved to its current location in 1519. The older portion of the city became a UNESCO World Heritage Site in 1982.



22. What scientist invented alternating-current (AC) electricity and discovered the rotating magnetic field? **Hint:** One of his inventions was a coil that bears his name.

    Answer: Nikola Tesla. The Tesla coil is still used for present-day radio technology. He performed demonstrations of his AC system at the 1893 World's Columbian Exposition in Chicago.

23. Leonardo da Vinci, Galileo Galilei, and Alessandro Volta were all born and raised in what country?

    Answer: Italy. Leonardo da Vinci is known for having painted *The Last Supper* and *Mona Lisa*. Galileo Galilei made discoveries that shaped the studies of physics and astronomy. Alessandro Volta invented the electric battery.

24. The following quotation comes from what movie: "Fasten your seat belts. It's going to be a bumpy night"?

    Answer: *All About Eve*. Bette Davis played the character of an aging Broadway star named Margo Channing in the movie.

25. How many layers does Earth's atmosphere have: two, three, or five?

    Answer: Five. The troposphere touches Earth's surface. Above that layer, you have the stratosphere, mesosphere, thermosphere, and exosphere.

26. What countries are considered to be the four founding nations of Canada?

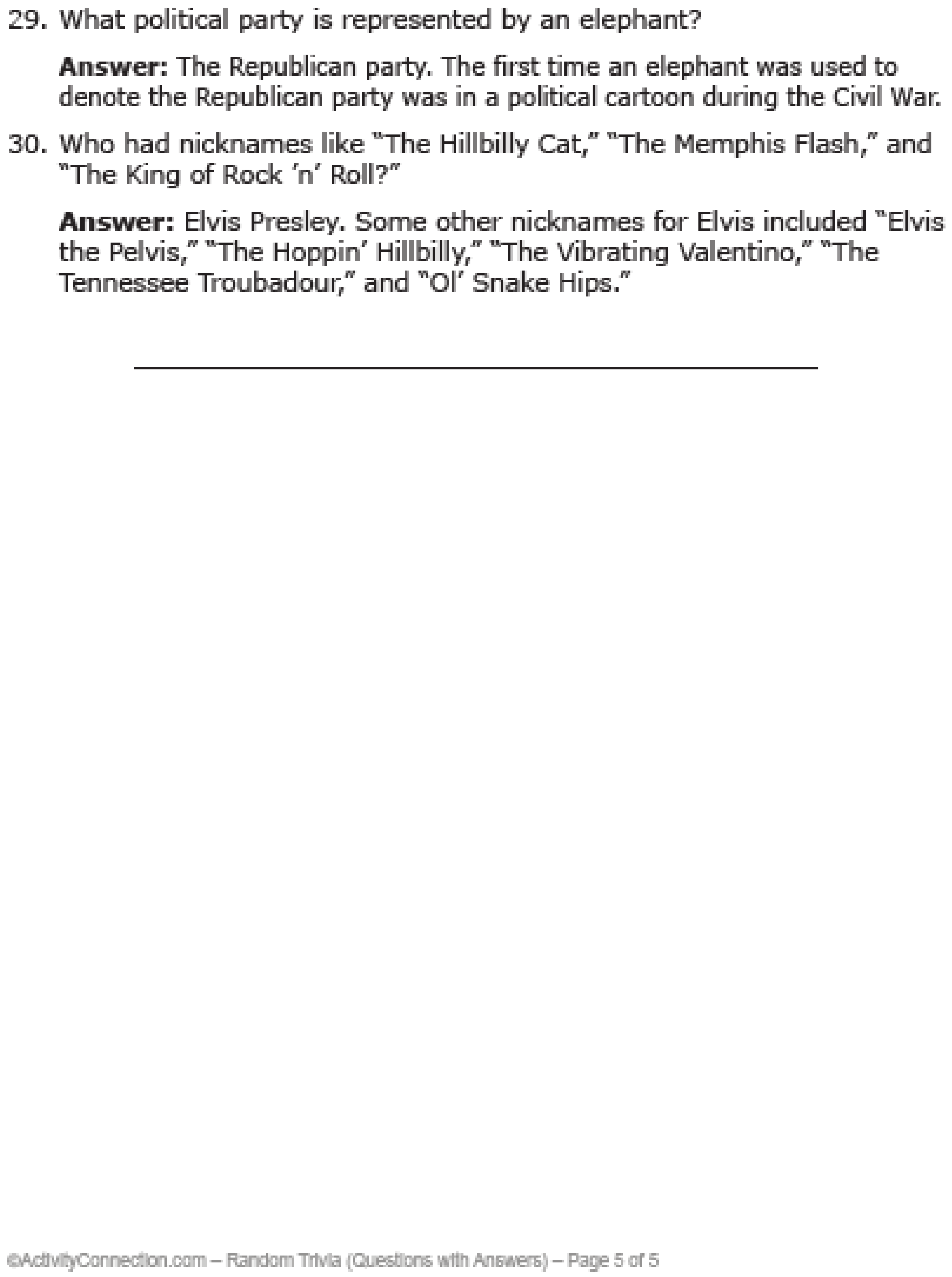
    Answer: England, Scotland, France, and Ireland. All four are honored in the present design of the Canadian coat of arms. Their symbols include the three royal lions of England, the royal lion of Scotland, the royal fleur-de-lis of France, and the Irish royal harp of Tara.

27. Why was October 24, 1929, known as "Black Thursday"?

    Answer: The stock market crashed. Many see that day as the start of the Great Depression. Stocks continued to fall for several years after, until 1932.

28. What two words accompany "Red sky at night"?

    Answer: "Sailor's delight." This means that favorable weather is coming. The rest of the phrase implies the opposite: "Red sky in morning, sailors take warning."



29. What political party is represented by an elephant?

    Answer: The Republican party. The first time an elephant was used to denote the Republican party was in a political cartoon during the Civil War.

30. Who had nicknames like "The Hillbilly Cat," "The Memphis Flash," and "The King of Rock 'n' Roll?"

    Answer: Elvis Presley. Some other nicknames for Elvis included "Elvis the Pelvis," "The Hoppin' Hillbilly," "The Vibrating Valentino," "The Tennessee Troubadour," and "Ol' Snake Hips."

Sources:

1. Activity Connection – paid subscription game service
   https://www.activityconnection.com/
2. Never2Old4Games – paid subscription game service

   https://www.never2old4games.com/

Memory Connections At-home Activities
Set # 7– Creative Activity

Art, music, creative writing, and reminiscence are included in creative activities. This is a time to try or learn something new, express yourself in new ways and maybe even find a new hobby.

Benefits: Improved mood, increased calmness & motivation, improved communication, and improved quality of life are benefits of creative activities discussed in the research.

Creative Activity: Photo Walk:

A creative opportunity to recognize your environment and capture it all of the small moments.

Instructions:

1. Use a cell phone camera or any other camera you have access to.
2. Go for a walk around your house, your yard or in your neighborhood.
3. During this walk capture some of the suggested items below on your camera.
4. Try different angles and lighting to add interest to your photographs.
5. After you after captured the photos you may want to review them and see what kind of story your photos tell. Consider sharing them with a friend or family member.

Suggestions for Photo Ideas:

Prompt 1: Take pictures of 5 different plants or animals you can find.

Prompt 2: Take pictures of 5 different items that are meaningful to you.

Prompt 3: Take a portrait or self-portrait (You can set up self-timer on your phone or camera).

Prompt 4: Try to take an abstract photo of something in a way that others might not be able to identify the item easily.

Memory Connections At-home Activities
Set #7 – Interesting News of the Day

Read and discuss interesting articles (included) to provide brain exercise and opportunities for discussion and reminiscence.

Benefits: Reading aloud (optional), answering questions about what has been read, and connecting what we read to our personal experiences, is all great brain exercise. Additionally, reminiscence acknowledges, affirms, and values our life experiences.

Article 1

Alan Shepard becomes the first American in space

Article 2

How the Trampoline Came to Be

Interesting News of the Day Articles

Instructions with family member:

1. Invite the person to read each paragraph aloud. If it feels right, you both may take turns reading one paragraph at a time. If the person is hesitant to read aloud, you could both read the article on your own and come together once you've both finished. Reading is great brain exercise, and it's important to provide encouragement if the person has challenges reading. Similarly, try not to correct them if they make a reading error. Give them at least 6 seconds to try on their own and if they are still having difficulties, considering asking if they would like help.
2. As you are both reading article, invite the person to answer the questions included, either by writing them down or discussing verbally. You may answer the questions as well – the goal is to promote conversation.

Instructions for working independently:

1. Read the article, taking as much time as you need. You may choose to read this article aloud – either to yourself or a pet. You may also read the article silently to yourself. Do what you feel most comfortable with – reading is great brain exercise.
2. We have included questions throughout the article, to encourage brain exercise by thinking more deeply about the article. Pause as you are reading to write down the answers to those questions that appeal to you. Challenge yourself to answer all the questions if you would like to do so.

Article 1

Alan Shepard becomes the first American in space

By the editors at Hisotry.com May 5, 2020

From Cape Canaveral, Florida, Navy Commander Alan Bartlett Shepard Jr. is launched into space aboard the Freedom 7 space capsule, becoming the first American astronaut to travel into space. The suborbital flight, which lasted 15 minutes and reached a height of 116 miles into the atmosphere, was a major triumph for the National Aeronautics and Space Administration (NASA).

Review: What was the name of the space capsule launched into space?

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NASA was established in 1958 to keep U.S. space efforts abreast of recent Soviet achievements, such as the launching of the world's first artificial satellite–Sputnik 1–in 1957. In the late 1950s and early 1960s, the two superpowers raced to become the first country to put a man in space and return him to Earth. On April 12, 1961, the Soviet space program won the race when cosmonaut Yuri Gagarin was launched into space, put in orbit around the planet, and safely returned to Earth. One month later, Shepard's suborbital flight restored faith in the U.S. space program.

Review:

NASA continued to trail the Soviets closely until the late 1960s and the successes of the Apollo lunar program. In July 1969, the Americans took a giant leap forward with Apollo 11, a three-stage spacecraft that took U.S. astronauts to the surface of the moon and returned them to Earth. On February 5, 1971, Alan Shepard, the first American in space, became the fifth astronaut to walk on the moon as part of the Apollo 14 lunar landing mission.

Reminiscence: Where were you when the first human landed on the moon?

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Thoughts and reflections from this article: ___________________________

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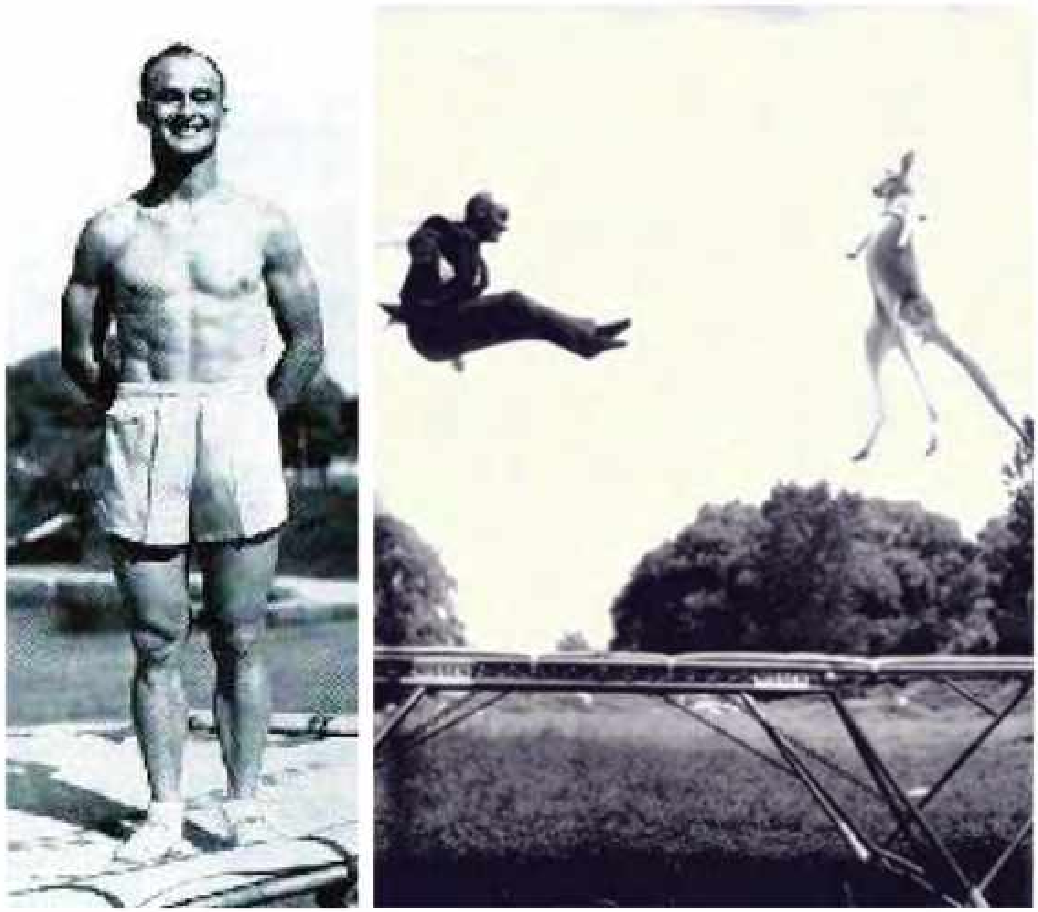
Article 2

How the Trampoline Came to Be

By David Kindy for Smithsonian Magazine March 5, 2020



When 16-year-old George Nissen of Cedar Rapids, Iowa, attended the circus in 1930, an idea started to form within the young gymnast's mind. He watched the aerialists drop from their perches up high in the big top and land with a soft bounce on the safety net below. Could he create a contraption that would allow a person to keep on bouncing?

It would take a number of years and a few failed prototypes, but Nissen finally found success. His invention, which he labeled a “tumbling device,” was granted a patent 75 years ago on March 6, 1945. He later received a registered trademark for “Trampoline,” which came from el trampolín, the Spanish word for “diving board.”

Review: What was Nissen’s invention called? ________________________

Reminiscence: What circus or city fairs have you attended? ____________

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Nissen would go on to receive 44 patents, many of them related to his tumbling device, and helped create the gymnastic sport of trampolining, which combines acrobatics with bouncing. He lived long enough to see it become an Olympic event at the 2000 Games in Sydney and got to test the trampoline at the Beijing Games in 2008. Trampolining has become immensely popular with nearly $400 million in sales for backyard setups and at indoor parks around the country.

Reminiscence: What types of Olympic events do you enjoy watching?

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After his inspiring visit to the circus, Nissen began working on ideas, stretching canvas across wood beams in an effort to create something that would allow him to bounce. He even dismantled his own bed and tried to use the frame for his invention. “My grandfather couldn’t understand why he would take apart his bed like that,” Dian says.

World War II is when the trampoline’s potential began to bounce into view. The military latched on to it as a training device for pilots, to allow them to learn how to reorient themselves to their surroundings after difficult air maneuvers. The pilots practiced pirouetting in midair on the trampolines to simulate combat conditions. That relationship with the military would later extend to the space program, thanks in part to a fortuitous meeting. Near the end of World War II, Nissen was introduced to a young pilot who had gone through the trampoline training. Both were in the Navy and so shared that fraternal bond. They hit it off and became friends for life.

Review: How did the trampolines help the pilots? ____________________

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The pilot was Scott Carpenter, who would later become one of the original Mercury 7 astronauts. Together, they would help introduce the trampoline into space training at NASA and eventually create a game known as Spaceball. Two people would face off on a three-sided trampoline with a frame in the middle featuring a hole. While bouncing to and fro, one competitor would throw the ball through the hole and the other would have to stop it to save a point. Carpenter called the game “the best conditioning exercise for space travel.”

Review: What game did Scott Carpenter create? ____________________

Reminiscence: If you could create any type of game, what would you create? ____

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As trampolining took off, Nissen jumped to the challenge. It was recognized as an official sport in 1962 by the International Gymnastics Federation and the inventor was part of the USA team to capture the first world title in the finals with Great Britain. Jump centers became a thing in the 1970s. Facilities where kids and adults could bounce away on trampolines sprung up across the nation. Unfortunately, these businesses were poorly regulated with little safety training for staff, resulting in a rash of serious injuries and lawsuits. Nissen spoke out against this use but could do little to control it.

Reminiscence: Do you have any memories of enjoying a trampoline? Tell us about them here:

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The inventor sold his company in the late 1970s but would remain close to the sport he loved. He was a tireless advocate for its health benefits as an exercise and also worked to promote safe practices of the sport as it spread. One of his proudest moments was when he was in Australia to witness trampolining welcomed into the Olympics. “That was always my goal and my dream,” Nissen said at the games. “The struggle and the journey—that’s the Olympic spirit.”

His daughter, Dian, and wife, Annie, a Dutch acrobat, were with him throughout much of the growth of the sport and business. Dian became a champion athlete and also a fitness expert. Along with her mother and father, she starred in a series of videos focusing on lighter exercises for seniors, as well as pilates and other training techniques. Today, Dian coaches trampolining from her own Nissen Trampoline Academy in San Diego. Her father died at 96 in 2010, but she believes he is never far from her. “There’s a moment at every competition when it hits me,” she says. “I’ll look around and see all the athletes and people, and I’ll feel my dad’s presence. I’ll say to him, ‘Can you believe it?’ It’s such a wonderful feeling.”

Thoughts and reflections from this article: ___________________________

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